FEEDING AMERICA®

Food as Medicine 3.0

Year 2

MAY 2025

Acknowledgements

There are 21 Feeding America partner food banks participating in the Food as Medicine 3.0 (FAM3) program. Teams at each site are working to implement program activities with their health care partners. Feeding America extends our gratitude to those teams and the food bank staff who manage program activities and who contributed to this report through grant reporting mechanisms and ongoing meetings with the Feeding America and Center for Nutrition & Health Impact teams. The Center for Nutrition & Health Impact (CNHI)* evaluation team included Dr. Eric Calloway, Dr. Christopher Long, Dr. Eliza Short, Dr. Bailey Houghtaling, Dr. Betsy Anderson Steeves, Dr. Victoria Zigmont, Laura Flournoy, Maryan Isack, Gabi Talavera, Ashleigh Floyd Clark, Clare Milburn Atkinson and Nicole Cawrse. Feeding America is grateful for their expertise and work, including their significant contributions to this report.

** Between Years one and two, the Center for Nutrition and Health Impact rebranded from its former name: Gretchen Swanson Center for Nutrition.*

About Feeding America

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as health, cost of living and employment. We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger. Visit feedingamerica.org to learn more.

About Elevance Health Foundation

Elevance Health Foundation is the philanthropic arm of Elevance Health Inc. The Foundation works to improve the health of the socially vulnerable through partnerships and programs in our communities with an emphasis on maternal and infant health; behavioral health; and food as medicine. Through its key areas of focus, the Foundation also strategically aligns with Elevance Health's focus on community health and becoming a lifetime, trusted health partner that is fueled by its purpose to improve the health of humanity. To learn more about Elevance Health Foundation, please visit www.elevancehealth.foundation or follow us @ElevanceFND on X and Elevance Health Foundation on Facebook.

About Center for Nutrition & Health Impact (CNHI)

CNHI is a nonprofit research institute providing expertise in measurement and evaluation to develop, enhance, and expand public health programs. Our research focuses on encouraging healthy eating and active living, improving food security and healthy food access, and promoting local food systems. With expertise in public health nutrition, we are dedicated to building measurement strategies to assess the impact of innovative health-related programs. CNHI works nationally and internationally, partnering with other nonprofits, academia, government entities and private foundations to conduct research, evaluation and strategic planning. Visit centerfornutrition.org to learn more.

Authors

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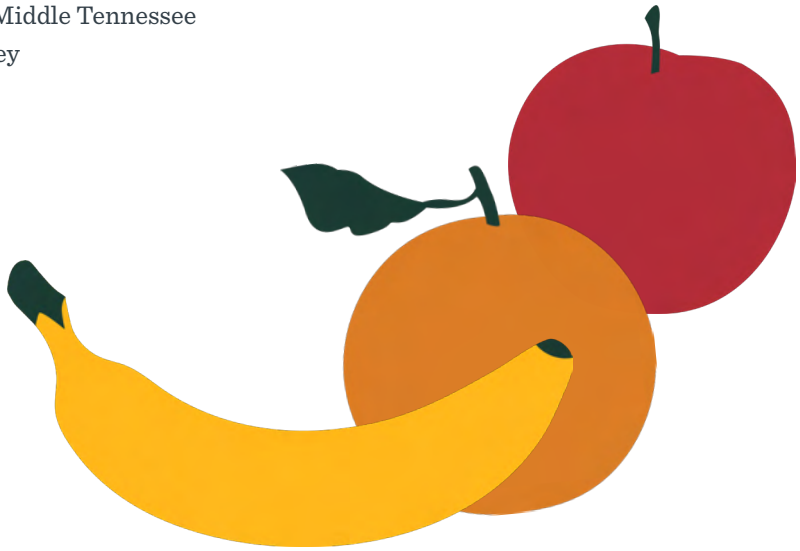
See FAM3 Year Two Recommended Citation on page 36.

Participating Partner Food Banks

Atlanta Community Food Bank
Capital Area Food Bank
Dare to Care Food Bank
Feed More
Feeding America Riverside and San Bernardino Counties
Feeding Westchester
Food Bank For New York City
Food Bank of Northern Nevada
Food Bank of Northwest Indiana
Freestore Foodbank
Gleaners Food Bank of Indiana, Inc.
Greater Baton Rouge Food Bank
Greater Cleveland Food Bank
HACAP Food Reservoir
Houston Food Bank
Island Harvest Food Bank
Mid-Ohio Food Collective
Regional Food Bank of Northeastern New York
Second Harvest Food Bank of Middle Tennessee
Second Harvest of Silicon Valley
St. Louis Area Food Bank



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Introduction

This report describes key activities and learnings from Year Two of the Food as Medicine 3.0 (FAM3) program, a three-year initiative supporting food bank-health care partnerships that screen patients for food insecurity in health care settings and connect them to nutritious food and related supports. Funded by Elevance Health Foundation and implemented across 21 food banks nationwide, this program demonstrates how targeted food interventions can address participant health needs. This report presents a comprehensive overview of program implementation, evaluation methodology, Year Two findings, participant demographics, participant feedback, partnership experiences, and plans for Year Three evaluation and grantee learning.

Ending hunger requires listening to the voices of people with lived experience of food insecurity as experts on this issue. Feeding America's 2024 Elevating Voices: Insights Report reinforces this approach, with 91% of surveyed neighbors affirming that "food is medicine" and emphasizing that consistent access to healthy, culturally preferred food is essential for well-being, particularly for children. The FAM3 program builds on these insights to provide nutrient-dense foods that neighbors say they need. Through neighbor surveys and interviews, FAM3's first two years have helped to identify neighbor needs and experiences in Food as Medicine interventions across the country.

Food as Medicine initiatives are rooted in research that consistently demonstrates the link between food insecurity and poor health: limited food access may lead to coping strategies that compromise health and disease management, which increases health care costs and further strains household budgets, perpetuating food insecurity.[1,2] Recognizing these interconnections, Feeding America and network food banks have prioritized understanding and addressing the food insecurity-health nexus through targeted partnerships and interventions. By evaluating these programs and listening to participant experiences, we continue to refine our approaches to better serve neighbors' needs. Feeding America aspires to ensure that all people experiencing food insecurity and hunger have the support they need to thrive.

> **"Patients can select food such as milk, bread, eggs, frozen meat, produce, dairy, and canned goods. The online system includes a nutritional ranking to help guide healthier choices. Once orders are placed, Gleaners Food Bank assembles and delivers them to designated pick-up sites."**
>
> - Gleaners Food Bank of Indiana

The Broader Context

FOOD AS MEDICINE (FAM) initiatives are gaining momentum nationwide, with Feeding America network food banks serving as crucial intermediaries between food-insecure communities and health care providers. Over the past year, Feeding America has strengthened its food as medicine leadership through participation in various external initiatives. For example, FAM3 food banks have participated in advancing medical codes for food interventions through the Coding4Food initiative.

Food as Medicine has evolved from a niche to an increasingly mainstream concept in recent years, with health care providers, policymakers, and community leaders increasingly recognizing food's critical role in health outcomes. This growing recognition spans clinical interventions, public health initiatives, and community-based programs, reflecting a broader cultural shift in how we view food's relationship to individual and population health.

The evidence linking food security to improved health outcomes has been further validated through research, policy developments, and practical implementations across multiple sectors.[3] Amid these landscape changes, food banks have emerged as leaders in Food as Medicine efforts nationwide.

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> **"In 2024, the Second Harvest hosted a series of Health care Co-Creation Sessions, which brought together key players from the local health care ecosystem. This collaborative effort involved 27 organizations (including Neighborhood Health Clinics) and 33 attendees representing Davidson County and its surrounding areas. These sessions were instrumental in [creating] actionable strategies to integrate food insecurity screenings with other essential wraparound services."**
>
> - Second Harvest Food Bank of Middle Tennessee

> **"Launched three years ago, the program finished its first year in 2022 with 18 health care partners. Today, we are partnered with 63 health care partners, including 8 special community events."**
>
> - Greater Baton Rouge Food Bank

Feeding America's Food as Medicine Model

Feeding America defines **Food as Medicine** as a food bank-health care intervention that follows a screen, refer, and nourish model:

REFER

Food insecure patients referred to Feeding America partner food bank programming.

1

3

2

SCREEN

Patients are screened for food insecurity at health care provider visits.

NOURISH

Patients redeem food from a program supported by a Feeding America partner food bank.

FIGURE 1. FOOD AS MEDICINE MODEL

In FAM3, patients are screened for food insecurity by their health care providers, often using the two-item Hunger Vital Sign™.[4]

Patients who screen positive for food insecurity and meet any other eligibility criteria (commonly, diagnosis of diabetes or hypertension) are referred to interventions provided in partnership by the food bank and health care partner. Examples of those interventions include, but are not limited to, client choice pantries located onsite at hospitals and health care clinics, emergency food boxes or food bags available for pickup at a health care appointment, or enrollment in a produce prescription program. FAM3 interventions often include wraparound services and benefits assistance, including enrollment in the Supplemental Nutrition Assistance Program (SNAP), cooking demonstrations, or nutrition education courses. The food and programming provided in FAM3 interventions is often tailored to specific dietary or health conditions such as diabetes or hypertension.

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FAM3 Program Overview

The Food as Medicine interventions supported by FAM3 integrate food insecurity screening into health care visits, establish food distribution at health care sites, facilitate SNAP enrollment and wraparound services, evaluate health impacts, and identify successful intervention models across different settings. The 21 food banks use grant funding to partner with health care providers to deliver diverse interventions, including 11 onsite food pantries, 5 mobile distributions, 11 onsite emergency food packages, 4 prescription voucher programs, and 2 home delivery services.

In FAM3's **first year,** food banks provided nutritious food and health education while establishing evaluation plans, which included neighbor surveys and the collection of quarterly screening and referral data. Cohort learning sessions provided tailored support for evaluation and implementation initiatives.

In the second year of FAM3, partner food banks built on their existing partnerships with health care clinics to screen more patients for food insecurity, connect them to nutritious foods, and enhance evaluation efforts through increased neighbor surveys.

Looking ahead to Year Three, food banks will use the data collected and the educational opportunities provided by the Feeding America and CNHI teams to further tailor their programs, ensuring interventions effectively address the needs of their communities.

> **"[Success is] creating another point of entry into the pantry network. So many people don't know the size of the network available to them."**
>
> - HACAP Food Reservoir

> **"Fresh produce & lean meats have been introduced to pantries with refrigeration ...[as well as] new food distribution methods such as the HealthLinc locker system in Valparaiso, Indiana."**
>
> - Food Bank of Northwest Indiana

<< ***Foodbank of Northwest Indiana*** *staff and partners in front of the HealthLinc locker system*

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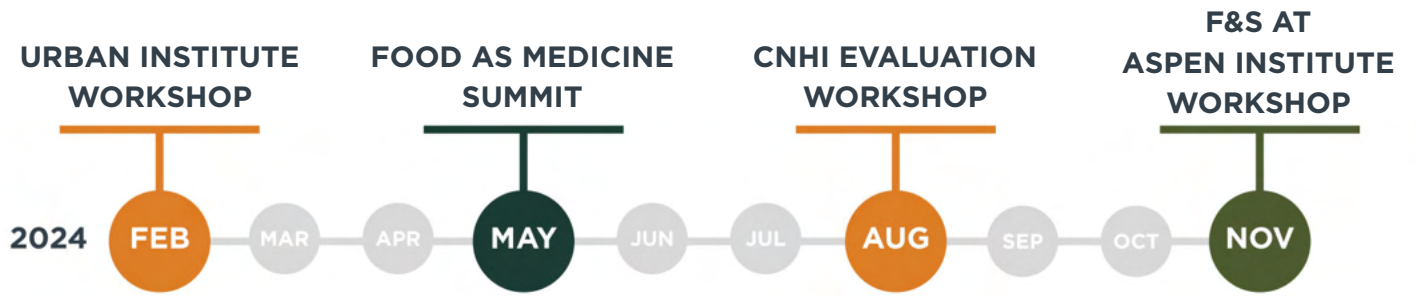
Year Two Program Activities

In addition to the services provided by food banks, all grantees participated in a Learning Collaborative featuring webinars and discussions about Food as Medicine programming and evaluation. Many sessions featured panelists from participating food banks or experts from the field.

Learning Collaborative Activities



Urban Institute, a partner of Feeding America, presented a workshop on designing data analysis visualizations.

Grantees gathered for the "Food as Medicine Summit" in Chicago, which featured speakers from Feeding America's Research & Innovation team and provided food banks with context for their FAM3 efforts within the broader policy, business, and research world of Food as Medicine.

The Center for Nutrition & Health Impact presented initial evaluation findings from Year One.

Food & Society at the Aspen Institute shared their findings from the Food as Medicine Research Action Plan, released in 2024.

SITE VISITS

Throughout Year Two, Feeding America, CNHI, and Elevance Health teams visited several FAM3 grantees, including Feed More, Food Bank of Northwest Indiana, Mid-Ohio Food Collective, and Greater Cleveland Food Bank. These trips often included visits to partner health care clinics to deepen understanding of screening and referral workflows and to provide technical assistance to support successful program implementation.

TAILORED SUPPORT

Feeding America and CNHI teams provided tailored support in quarterly "Action Period Meetings" between each food bank and their health care partners.

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Evaluation Overview

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Program Evaluation Overview

The Center for Nutrition and Health Impact (CNHI) is the lead evaluation partner for the FAM3 program. The CNHI team led the process to design the FAM3 evaluation and is responsible for providing evaluation support to food banks and health care partners, developing data collection tools, and performing data analysis. The overall FAM3 programmatic goal is that patients with chronic diseases who are experiencing food insecurity have access to nutritious food that facilitates better health. The evaluation of FAM3 is an effort to assess how well that goal is achieved.

The CNHI team approached the FAM3 evaluation with four key aims:

1. Co-create an evaluation and data collection approach with food banks, their health care partners, and Feeding America
2. Evaluate effects of FAM3 activities on participating neighbors' health
3. Evaluate effects of FAM3 initiatives on participating neighbors' food security, dietary factors, and household economic outcomes
4. Evaluate successes and challenges of FAM3 implementation

The first year of the FAM3 evaluation focused on the co-creation of an evaluation and data collection approach. The second year of evaluation focused on putting the data collection approach into practice with the 21 participating food banks and their health care partners.

The Year Two findings will inform grantees' efforts to refine and expand their programs. The findings will be useful to Feeding America and the Elevance Health Foundation as they consider future possibilities for the initiative. Additional findings related to FAM3's impacts on participants' health, quality of life, health care utilization, nutrition security, and much more will be reported in 2026's FAM3 final evaluation report. (See **Looking Ahead: What Will We Learn in Year Three?** on page 33.)

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Summary of Year Two Findings

FAM3's second year has successfully engaged more participants and identified initial learnings. As a result of FAM3, the 21 grantee partnerships have provided food to 107,305 people and counting.

Through ongoing surveys and interviews, FAM3 participants have begun to tell us who they are and what they are experiencing. Most participants (73.9%) are women, participants' ages range from 18 to 88, and about half (52.7%) of participants live in households with children. Around 7 in 10 participants reported at least one chronic health condition, most commonly including high blood pressure, diabetes, and/or high cholesterol. That finding is not surprising considering that all participants recently screened positive for food insecurity, that some programs specifically target participants with chronic health conditions, and that each of these chronic health conditions is more likely to be present among people reporting food insecurity.[3] Forty percent of FAM3 participants report an emergency room visit in the past six months, and around a quarter of FAM3 participants report a hospitalization in the past six months. This underscores that food insecurity is associated with increased health care utilization and cost.[5,6]

Perhaps more surprising is that relatively few FAM3 participants live in households who participate in SNAP (only 38%) or WIC (only 14%). SNAP and WIC are both impactful programs associated with promoting food security and improved health.[7-11] Relatively low rates of SNAP and WIC participation among FAM3 participants may be due to the program's eligibility requirements (e.g., SNAP and WIC both have stringent income requirements, and WIC is only available to households with pregnant and postpartum women, breastfeeding moms, and children up to age five).[12,13]

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FAM3 participants shared positive experiences with FAM3 programs. Participants frequently shared how FAM3 helped them improve their eating habits, stretch their food dollars, and feel better physically and emotionally. They also shared ideas for how FAM3 programs could be even more effective.

Participants appreciated when programs:

1. Emphasized friendly interactions between staff and participants
2. Addressed transportation and time commitment barriers
3. Communicated frequently and provided detailed program information
4. Offered choice, flexibility, and tailored options

FAM3 food banks and health care partners communicated their commitment to Food as Medicine programs. The FAM3 food banks and health care partners voiced a need for long-term stable funding to cover staff time, fill expertise gaps, implement more effective workflows, help participants engage with the program, and acquire healthier foods. The FAM3 food banks and health care partners wanted their teams to have better training for Food as Medicine and better understanding of how to implement best practices in their programs. As FAM3 heads into its final year, Feeding America and CNHI will be addressing requests like these to support FAM3 grantees in sustaining and expanding their programs to serve more participants.

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> **"The food pantry has been such a blessing. During [cancer] treatment, it's hard to keep up with everything and having this access has made a big difference. Thank you to everyone who makes this possible."**
>
> – FAM3 participant from Ohio

> **"They (vouchers) have been a life saver. I've been able to use [the vouchers] whenever my Food Stamps would run out before the end of the month. I've been able to get the foods I've learned in my Eskenazi Health Diabetes Class and make the recipes. I've noticed a difference [in my health] with getting access to fresh foods."**
>
> – FAM3 participant from Indiana

Program Metrics: How Many People Has FAM3 Reached?

Each food bank grantee works with their health care partner to share the number of people reached by FAM3 programs, shown in the table below. Across Years One and Two (April 1, 2023 to December 31, 2024), a total of 869,596 unique individuals were screened for food insecurity at FAM3 partner clinics. FAM3 partner clinics use varying methods to screen individuals for food insecurity (e.g., the 2-item Hunger Vital Sign™). Among those screened, 30% (261,796 people) were positive for food insecurity. Among those screening positive for food insecurity, 136,792 (52%) met program eligibility requirements and were referred to FAM3 programs. Health systems often report food security screening numbers (i.e., number of patients screened for food insecurity, number of patients screened positive) across their entire patient population but may only be conducting referrals or have established food bank partnerships within limited clinics/practices (e.g., diabetes care clinic). Further, some FAM3 programs have additional eligibility criteria (e.g., high blood pressure) based on their program goals. This may result in a smaller number of people being referred. Through the end of Year Two, 107,305 people have received food from FAM3 programs.

Table 1. FAM3 Grantee Program Reach Data - Years One and Two (Aggregated)

REACH DATA (AGGREGATED)	RESULTS		
	YEAR 1 4/23 - 12/23	YEAR 2 1/24 - 12/24	TOTAL 4/23 - 12/24
# patients screened for food insecurity	287,949	581,647	869,596
# patients screened positive for food insecurity	94,494	167,302	261,796
# patients referred to a FAM3 program	45,295	91,497	136,792
# patients receiving food from FAM3 program	40,950	66,355	107,305
# patients referred to SNAP	8,190	12,589	20,779
# SNAP applications initiated	2,126	5,456	7,582
# SNAP applications completed	1,506	3,690	5,196

SNAP participation is associated with positive health outcomes and can be a source of healthy food for participants long after the FAM3 program ends.[7-9] For these reasons, food bank grantees also provide SNAP application assistance to FAM3 participants.

THIS ASSISTANCE MAY INCLUDE:

1. Providing information about SNAP
2. Helping FAM3 participants initiate the SNAP application process
3. Helping FAM3 participants complete and submit SNAP applications

Across the 16 grantees that track SNAP data, at least 20,779 FAM3 participants have been referred to SNAP, at least 7,582 SNAP applications were initiated, and at least 5,196 SNAP applications were completed.†

† *Some grantees track and report only the number of applications they verified as submitted, even though they likely referred and initiated many more applications that were not tracked. For this reason, these numbers are best interpreted independently from one another, as conservative indicators of the number of participants helped.*

FAM3 Across Year Two

The table below shows the number of people reached quarterly throughout Year Two. Grantees are now screening over 117,000 people and referring over 20,000 people to food and other resources per quarter. Each quarter, more than 24,000 participants receive food and many of them receive food multiple times across their involvement in the program.

Table 2. FAM3 Grantee Program Reach Data - Year Two (Quarterly)

REACH DATA (QUARTERLY)	RESULTS			
	Q1 1/24 - 3/24	Q2 4/24 - 6/24	Q3 7/24 - 9/24	Q4 10/24 - 12/24
# patients screened for food insecurity	123,425	117,667	130,278	210,277
# patients screened positive for food insecurity	38,859	40,400	40,615	47,428
# patients referred to a FAM3 program	22,099	21,600	20,631	27,167
# patients receiving food from FAM3 program (can include patients who were previously referred)	26,895	26,943	24,904	30,494
# patients referred to SNAP	2,520	4,431	2,607	3,031
# SNAP applications initiated	1,243	1,204	1,950	1,059
# SNAP applications completed	870	865	1,215	740

Program Metrics: Who Is Participating in FAM3?

Between November 2023 and December 2024, 2,534 FAM3 participants across 20 food bank grantees completed baseline surveys when they first engaged with a FAM3 program.[‡] This survey included questions to determine who FAM3 participants are (demographics) and to gather information on topics such as participant health care utilization, dietary patterns, and health-related quality of life. Post-surveys are being implemented across all sites during Year Three, and results from those surveys will be discussed in the final report.

Participant Demographics at Enrollment

Table 3 summarizes participant demographics. Participants' average age was 47, and their ages ranged from 18 to 88. Most participants were women (73.9%), and most participants identified English as their preferred language (80.3%).

[‡] *One food bank is not conducting surveys due to their unique patient population (children).*

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Table 3. Characteristics of FAM3 participants according to enrollment survey data (n=2,534)[A]

CATEGORY	n (%)
AGE	**n** (%)
18 to 34	**610** (24.3%)
35 to 47	**636** (25.4%)
48 to 59	**615** (24.5%)
60 to 88	**647** (25.8%)
GENDER IDENTITY	**n** (%)
Woman	**1853** (73.9%)
Man	**641** (25.6%)
Another response	**13** (0.5%)
RACE/ETHNICITY	**n** (%)
Black or African American	**833 (33.8%)**
Hispanic or Latino	**704 (28.6%)**
White or European American	**693 (28.1%)**
Multi-racial/-ethnic	**117 (4.7%)**
Asian or Asian American	**53 (2.2%)**
American Indian or Alaskan Native	**29 (1.2%)**
Middle Eastern or North African	**21 (0.9%)**
Native Hawaiian or Pacific Islander	**9 (0.4%)**
African	**6 (0.2%)**
LANGUAGE PREFERENCE	**n** (%)
English	**2035 (80.3%)**
Spanish	**480 (18.9%)**
Another response[B]	**19 (0.7%)**
CHILDREN IN HOUSEHOLD	**n** (%)
None	**1171 (47.1%)**
One	**479 (19.3%)**
Multiple	**835 (33.4%)**
SNAP[C] HOUSEHOLD	**n** (%)
Yes	**945 (38.3%)**
No	**1521 (61.7%)**
WIC[D] HOUSEHOLD	**n** (%)
Yes	**339 (13.7%)**
No	**2127 (86.3%)**
FOOD PANTRY HOUSEHOLD[E]	**n** (%)
Yes	**1045 (42.4%)**
No	**1421 (57.6%)**

[A] *Sample size may vary across variables due to missing data*
[B] *Arabic, Haitian Creole, Simplified Chinese, and Vietnamese*
[C] *Current enrollment in Supplemental Nutrition Assistance Program*
[D] *Current enrollment in Special Supplemental Nutrition Program for Women, Infants, and Children*
[E] *Currently receives food from a food pantry, food bank, food shelf, or similar site that provides access to free food*

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Participant Diet and Health at Enrollment

Before starting the FAM3 program, participants reported consuming fruits and vegetables an average of 2.3 times per day (including fruits, non-fried potatoes, salad/greens, beans, other vegetables, and whole fruits), which is less than the national average of around 2.6 times per day. Given that about 90% of Americans do not meet the recommended daily intake of fruits and vegetables, the FAM3 intake sample being at or below the national average underscores the need for additional support in improving dietary habits.[14]

In the six months leading up to the survey, the majority faced significant challenges accessing food. More than 77.3% reported that their food supply ran out and they lacked money to buy more, while 80.3% worried about running out of food. Additionally, over 60% of FAM3 participants had to eat the same thing for several days in a row due to financial constraints, and approximately half reported consuming foods that were not good for their health because they had no other options.

Health concerns were widespread among participants, with nearly 70% reporting at least one chronic condition. **Table 4** summarizes participants' self-reported health related characteristics at enrollment. The most common diagnoses included high blood pressure (46.3%), diabetes or pre-diabetes (40.5%), and high cholesterol (33.9%). Many participants described their recent health as "poor" or "fair" (43%), and a significant portion experienced pain (41.9%) or feelings of anxiety and depression (35.1%). In the previous six months, financial barriers led many to delay medical care (31.5%) or go without necessary medications (30.6%). Even so, health care utilization was also high, with nearly a quarter of participants experiencing at least one overnight hospitalization and more than 40% visiting the emergency room during this period. This is a much higher utilization than findings from studies that show only 7% of U.S. adults required an overnight hospital stay and 22% required an emergency department visit in the previous 12 months, respectively.[15,16]

Table 4. Self-reported health related characteristics of FAM3 participants according to enrollment survey data (n=2,534)[A]

CATEGORY	n (%)
GENERAL HEALTH	**n** (%)
Excellent	**152** (6.1%)
Very Good	**337** (13.6%)
Good	**926** (37.3%)
Fair	**837** (33.7%)
Poor	**231** (9.3%)
HEALTH CONDITIONS[B]	**n** (%)
High blood pressure	**1137** (46.3%)
Diabetes/pre-diabetes	**993** (40.5%)
High cholesterol	**833** (33.9%)
Heart disease	**218** (8.9%)
Kidney disease	**135** (5.5%)
Cancer	**131** (5.3%)
Stroke	**100** (4.1%)
HEALTH-RELATED QUALITY OF LIFE[C]	**n** (%)
Pain or discomfort	**1049** (41.9%)
Anxious or depressed	**877** (35.1%)
Problems walking	**549** (21.8%)
Problems doing my usual activities	**523** (21%)
Problems washing or dressing	**167** (6.6%)
HEALTH CARE UTILIZATION	**n** (%)
Recent ER[D] visit	**1036** (40.9%)
Delayed medical care[E]	**648** (31.5%)
Short on medication[F]	**602** (30.6%)
Recent overnight hospitalization	**591** (23.3%)

[A] *Sample size may vary across variables due to missing data*

[B] *Self-reported*

[C] *Percentages refer to the proportion of participants who selected "moderate," "severe," or "extreme" problems or inability to perform the task.*

[D] *ER = Emergency room*

[E] *Percentage of participants that selected "sometimes" or "often" in response to the question: "In the past 6 months, how often have you missed or delayed medical care because you could not afford it?" Those who selected "not applicable" were removed for calculating percentages.*

[F] *Percentage of participants that selected "sometimes" or "often" in response to the question: "In the past 6 months, how often were you short on medications because you could not afford them?" Those who selected "not applicable" were removed for calculating percentages.*

Participant Feedback and Testimonials

From April through November 2024, we interviewed 35 FAM3 participants from 16 food banks as they progressed through three key points in the FAM3 program: as they were being screened for program eligibility and referred to the FAM3 program, after they first engaged with the FAM3 program, and one month after starting the program. We interviewed them to better understand their perception of FAM3's impact.

Across conversations with participants, several overarching themes emerged:

❶ Participants face systemic barriers to meeting their financial, mental, physical, and emotional needs.

Participants consistently described financial uncertainty: high living costs, low-wage jobs, and thin grocery budgets. Many participants were managing chronic conditions (e.g., diabetes, arthritis, and heart problems) that have often gone unaddressed due to lack of health care access, unreliable transportation, or inability to take time off work for medical appointments. Ultimately, when joining the FAM3 program many participants reported looking for support in addressing their unique health and food needs.

> **"[I was] pleased with the conversations as well as the types of food that I got from the food program because I do enjoy eating the vegetables that they provided me with. I'm not able to buy a lot of things that I want to buy because of grocery prices increasing. But they actually helped me out a lot, finding out that the program exists, you know."**
>
> – FAM3 participant from Georgia

> **"One challenge that Island Harvest has faced during Year Two is client retention. For some of our clients, returning to the health center for multiple sessions with the dietitian is challenging due to transportation, child care or schedule issues. Island Harvest uses the weekly food packages as an incentive and also offers additional items such as diapers, cooking equipment, and other household products."**
>
> – Island Harvest Food Bank

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❷ Participating in FAM3 programs requires sharing information with health care partners, which may be unfamiliar or uncomfortable at first.

Some potential participants are in vulnerable situations and can experience embarrassment during the screening and referral steps, which can prevent participation in FAM3 programs or acceptance of referrals for other social supports. Participants shared that health care professionals frequently asked about their food situation verbally through structured questions or conversations, or participants filled out a food security questionnaire at their health clinic. Most participants reported positive experiences with FAM3 and advised programs to continue to focus on warm, friendly, and helpful interactions between anyone representing the FAM3 program and participants.

"I felt comfortable with how [the staff member] asked about my food situation because she was very understanding and patient. I appreciated her empathetic and non-judgmental approach."

– FAM3 participant from New York

"It is important to have one-on-one time and tell people what all y'all offer and be real with it. Like my case manager. She made me open up and talk and tell her what I need, so I felt more comfortable."

– FAM3 participant from Kentucky

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❸ Participants appreciate detailed and recurring communication.

Participants appreciated detailed information and/or orientations to the FAM3 program, follow-up calls and reminders, and check-ins through multiple modes of communication. Most participants held positive perceptions about the FAM3 referral process and were excited to begin; however, a few participants noted long wait times to be contacted or to engage with the program and the provision of unclear or confusing information.

> **"One client who was previously incarcerated was grateful for the support the program provides and says their overall wellbeing is improved, they are excited to come to their appointments, and they feel the program helps them stay accountable with their goals, including eating healthier and enrolling in SNAP."**
>
> - Island Harvest Food Bank

> **"I liked the fact that [the health care provider] gave me the opportunity to take the class so I can better help myself... That shows that he cares about my health as well as I do, and I appreciate him telling me about the program."**
>
> – FAM3 participant from Georgia

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4 Participants like program flexibility, food choice, and nutrition education.

Participants expressed appreciation for choice in all aspects of FAM3 programming, including preferences for food insecurity screening (e.g., verbally vs. a written form), participation in program components (e.g., in-person vs. virtual/delivery), and food provision (e.g., choice pantry models or different food options for bagged/boxed food). Also, participants appreciated detailed nutrition information, recipes and cooking demonstrations, quality produce and meat, and streamlined processes for receiving food and services.

> **"By distributing dry pantry staples with pop-tops and pull tabs, we ensure that food is both nutritious and accessible for individuals facing barriers to preparing meals."**
>
> – Second Harvest Food Bank of Middle Tennessee

> **"[The pantry had] real meals... Just had a whole lot of variety. It was like a grocery store set up, you had a grocery basket, and the lady told me how many items I could pick from each shelf and how many points I had and she walked along with me. Then she bagged everything up for me. I left with seven bags of food. It was pretty nice. I don't have to go grocery shopping for a while."**
>
> – FAM3 participant from Kentucky

> **"The client-choice model at our new Community Food Center has further empowered individuals to make healthful food selections tailored to their needs."**
>
> – Atlanta Community Food Bank

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5 Participants were interested in medically tailored and health-promoting food options.

Participants enjoyed receiving foods that they were not typically able to afford, such as fresh fruits, vegetables, and meat. Also, participants appreciated when food they received from FAM3 programs aligned with their specific health conditions. Most participants felt that FAM3 supported healthier dietary patterns, including helping to eat more fruits and vegetables, try new foods, and/or better manage chronic disease.

> **"I've been paying attention to eating more vegetables. I was not good with that before, but I am steaming them in the microwave now."**
>
> – FAM3 participant from New York

> **"I am thankful for this program; I believe that I am healthier because of it. It inspires me to try new things."**
>
> – FAM3 participant from Indiana

> **"Our new Community Resource Center has become a distribution site for our Nourishing Beginnings program [a maternal health initiative at Greater Cleveland food bank] with fresh produce and healthy food packaged and delivered directly from the CRC's on-site healthy choice food market."**
>
> – Greater Cleveland Food Bank

<< ***Greater Cleveland Food Bank*** *opened a Community Resource Center in 2023 which includes a healthy choice food market with extended hours.*

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6 Some participants experienced logistical challenges that could make engagement difficult.

Transportation limitations, child care responsibilities, and inconsistent pick-up scheduling and/or communication made FAM3 program engagement difficult, according to some participants. Participants said assistance like home food delivery or covering transportation costs, convenient and consistent food pick-up locations and times, and more detailed information about what is offered would help them with program access and engagement.

> **"Sometimes the process is not going as fast, or that many people, I can't just pull up to the side and run in and run out... I have to wait in line, go through the whole process, and trying to spend money to park... that's a lot, for me."**
>
> – FAM3 participant from Georgia

> **"Transportation to clinics and/or pantries has been a huge challenge to many of our Food as Medicine neighbors. To combat this, agencies have been able to schedule pickups and appointments around public transportation schedules to limit the number of trips for the neighbors... [Our health care partner], HealthLinc, was [also] able to qualify for an Uber grant to help transport patients."**
>
> – Food Bank of Northwest Indiana

> **"[We] added an additional menu to our health care box offerings based on neighbor and partner feedback. This box includes 'ready to eat' food, such as food that does not require any preparation for households in transition or lacking specific items."**
>
> – Feed More

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❼ Participants reported that participation in the FAM3 program helped to improve their budgeting and overall wellness.

The provision of food that participants normally could not afford helped them save money for other necessities. FAM3 participants reported improvements in overall health and blood sugar control through opportunities to learn about new foods, change eating patterns, and learn about the importance of medication adherence. Participants also noted that FAM3 programs help with feelings of stress, frustration, and worry about budgets or their next meal. Emotional well-being was also improved by an enhanced ability to eat healthier food for overall wellness or chronic disease management.

"[I've been] much calmer. I've been eating better. I'm staying full longer, they explained to me to [add] a protein. I didn't understand that before, that you need a protein to feel full...So I'm a lot calmer, because I'm feeling better because I'm eating positively."

– FAM3 participant from New York

"It's helpful – they gave me stuff I didn't have to go buy somewhere else. So, instead of spending 15-20 bucks, it's like somebody giving you 15-20 bucks."

– FAM3 participant from Ohio

"Among participants for whom it was appropriate to track BMI, 42% demonstrated an improvement over the course of the program."

– Island Harvest Food Bank

"The impact on health outcomes has been particularly notable. Patients participating in our FAM programs have experienced measurable improvements, including an average 1.5% reduction in A1c levels, indicating better diabetes management. Additionally, participants have reported increased consumption of fresh fruits, vegetables, lean proteins, and whole grains, highlighting the program's effectiveness in fostering long-term healthy eating habits."

– Regional Food Bank of Northeastern New York

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Food Bank and Health Care Partner Feedback and Testimonials

Throughout the FAM3 program, food bank leads, support staff, and health care partners shared key insights into factors considered important for planning and implementing a FAM program. The following section describes lessons learned and considerations from grantees' experiences implementing FAM programs. **Figure 2** at the end of this section lists specific recommendations from FAM3 grantees for others interested in implementing effective FAM programs.

❶ Grantees highlighted the importance of designing flexible, participant-centered FAM programs.

FAM3 grantees emphasized the importance of ensuring that FAM programs are designed with participants' needs in mind. They also described how co-creating FAM programs with partners and other interested parties is a best practice. Grantees recommended exploring opportunities for adapting and testing program components and operations. They considered initial testing of program components a valuable learning opportunity for implementing FAM programs on a wider scale.

> **"Some smaller clinics experienced challenges due to limited space or occasional shortages, impacting their ability to meet patients' preferences. To address this, Dare to Care worked closely with health care partners to improve inventory management and adjust food deliveries based on clinic capacity and patient needs."**
>
> – Dare to Care Food Bank

> **"Our team is so glad to be able to provide food on-site when patients have a need instead of only giving them a list of food pantries."**
>
> – A health care partner of Feed More

> **"I have had patients tell me how beneficial this pantry is for them and their family. This pantry helps patients maintain their weight and nutrition during treatment, which is very important. Some patients rely on this pantry as they cannot always make it to others in the community or run out of food at the end of the month."**
>
> – St. Elizabeth Health care, partner of Freestore Foodbank

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❷ Strong partnerships between food banks and health care professionals provide a stable foundation for program implementation.

Food banks and health care partnerships are a core component of FAM programs. FAM3 grantees described focusing on the shared mission of supporting participant and community health, beyond what medical professionals are typically able to address (e.g., social determinants of health), to frame the mutual benefit of FAM program partnerships. FAM3 grantees reported that developing relationships and partnerships with health care professionals can take time, which should be planned for when starting a new project. FAM3 grantees described how external influences beyond food banks' control can influence FAM programs, such as funding availability and disaster events (e.g., COVID-19).

> **"I think [FoodRx] is great. It's identifying a need where there is food scarcity. In our case, it's veterans coming in for their appointments and being discharged. You know, you don't think about it until it presents itself. If someone is returning from surgery and (the food box) provides a nice-to-have thing."**
>
> – Loma Linda VA Hospital, partner of Feeding America Riverside and San Bernardino Counties

> **"Best of all, because of the variety of goods Second Harvest makes available to us, I was able to pack it full of food that they would actually enjoy eating--She selected the items that she took home herself. By the time her Uber arrived, the mother's breathing had gone from shaky and rapid to a normal and healthy pace... I reviewed everything she was going home with as I got all her goodies packed into the driver's trunk, and she was all smiles when the Uber pulled away."**
>
> – East Side Clinic, partner of Second Harvest Food Bank of Middle Tennessee

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❸ Successful FAM programs rely on dedicated staff, clear training, and strong leadership at food banks and health care partner sites.

FAM projects can face challenges with limited staff and turnover, so staff training and capacity-building preparation is essential. FAM3 grantees reported that having a coordinator or navigator position to aid participants in moving through the FAM program services was important for reach and engagement. Similarly, identifying a person at food banks and health care sites to "champion" the program was reported as a way to improve the likelihood of smooth implementation and ensure buy-in.

"This triad collaboration (Houston Food Bank, Harris Health, and Hearts and Hands of Baytown) between food banks, health care and pantries is one example of how intentional partnerships can make an impact on participants' health outcomes and overall quality of life."

– Houston Food Bank

"To address space and staffing limitations at partner sites, we implemented a new system where food bags are pre-packed at the Regional Food Bank. By utilizing volunteer groups for assembly, we alleviated operational burdens for our health care partners, making it easier for them to distribute food efficiently."

– Regional Food Bank of Northeastern New York

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4 Tracking and sharing data is essential for understanding impact, but it requires careful planning, coordination, and clear agreements between food banks and health care partners.

FAM3 grantees recognized the importance of having procedures to track and share program and participant data to understand how the program is being delivered, who is using it, and how well it works to address food and nutrition security and health indicators. However, FAM3 grantees reported that tracking and sharing data can require a lot of coordination and planning. Having agreements between and within organizations for sharing information is valuable, especially for closed-loop data systems and information from electronic medical records.

FAM3 grantees reported that toolkits/guides, resources, and technical assistance are helpful for supporting FAM program implementation and evaluation. Feeding America provides toolkits and templates for grantees to establish data use agreements and navigate compliance with health care partners.

> **"Some partner sites faced connectivity challenges due to weak Wi-Fi, limiting access to the system. To address this, we are now equipped to provide hotspots and technical support, ensuring seamless use of the platform."**
>
> – Feeding Westchester

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FIGURE 2. RECOMMENDATIONS FOR IMPLEMENTING FOOD AS MEDICINE (FAM) PROGRAMS

1 Program Development

- Explore opportunities to adapt aspects of FAM programming (e.g., food delivery modes, eligibility criteria, service sites, food options) to improve fit and services to reach more participants.
- Seek opportunities to test and learn from smaller-scale FAM programming before adding more services and sites.
- Design FAM programs so that they align with participant needs, which may extend beyond direct food and nutrition services.
- Use co-creation approaches with food bank, health care, and other key partners to design or adapt FAM programs from current models.

2 Program Partnerships, Funding and Community Contexts

- Focus on the shared mission of addressing social determinants of health and supporting community members' (participants') health and well-being to help with establishing health care partnerships.
- Plan for health care partnership development and maintenance to take time and resources. Foster open and honest communication throughout the process.
- Support health care partners with guidance and resources for delivering the FAM program.
- Secure external funding from multiple sources (e.g., grants, city) to support FAM programs.
- Have a plan for continuing or adapting FAM3 programming during emergency events (e.g., weather-related disasters).

3 Program Personnel and Participants

- Assess staffing capacity within and between sites that are implementing the FAM program and fill gaps where needed.
- Include a FAM program coordinator or navigator to help participants utilize services offered by the FAM program.
- Identify a "champion" to help generate interest in and drive forward FAM programming within sites that are implementing the program.
- Identify barriers to participant utilization of the FAM program (e.g., transportation) and plan for services that overcome such challenges.
- Engage and ensure the support of organizational leadership in food bank and health care sites implementing the FAM program.

4 Program Implementation Processes

- Establish a process and plan for data tracking and sharing within and between the food bank and health care organizations to understand how well the program is being carried out and the impacts on outcomes of interest, like participants' food and nutrition security and health.
- Utilize available guides, toolkits, and resources to help with planning and carrying out a FAM program.
- Support staff and volunteers that are implementing FAM programs with trainings and resources.
- Seek out support and technical assistance to help with implementing and evaluating FAM programs. Feeding America and other food banks can be great resources for this.

This information was developed from interviews with grantees on barriers and facilitators to FAM programs.

Looking Ahead: What Will We Learn in Year Three?

Year Three will bring FAM3's most anticipated findings. These findings will include:

1. Survey and interview data analysis to show the impacts of FAM3 participation on participants' food and nutrition security, dietary patterns, health care utilization, and health-related quality of life.
2. Clinical data analysis to show impacts of FAM3 participation on participants' health indicators.
3. Insurance claims data analysis to show impacts of FAM3 participation on participants' health care utilization.

Year Three reporting will include an assessment of the effectiveness of the FAM3 initiative overall, by program type, and within individual programs. Year Three reporting will also include a guide for future Food as Medicine practitioners to learn from FAM3 grantees' successes and challenges. We expect these findings will inform the future of Feeding America's Food as Medicine initiatives. We also expect these findings to influence the growing field of Food as Medicine, which works to support the health and quality of life of people experiencing food insecurity and health challenges.

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Conclusion

The FAM3 program demonstrated significant impact in Year Two, with food banks expanding health care partnerships to address food insecurity and improve health outcomes. The FAM3 Learning Collaborative facilitated peer-to-peer learning and adoption of effective practices across the 21 grantees. In particular, grantees shared and implemented innovative strategies to enhance program accessibility and impact. The relationships built among food banks over Years One and Two will promote continued learnings and connections, empowering food banks to scale effective health care partnerships and community interventions.

FAM3 programs demonstrated significant positive impacts on participants' wellbeing in Year Two. Participants reported improved eating habits with increased consumption of fruits and vegetables, enhanced food security by making it easier to afford nutritious foods amid household needs, and measurable physical health improvements including A1C reductions and better chronic disease management. Beyond physical benefits, participants emphasized the program's positive effect on their mental health, describing reduced stress about food budgets and improved emotional wellbeing. Many participants expressed gratitude for the supportive, non-judgmental environment created by program staff. This Year Two report highlights initial impacts of FAM3 programs. In mid-2026, we look forward to sharing Year Three findings, including participant-reported outcomes, analyses of clinical and claims data, and learnings about implementing and sustaining FAM programs.

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