



FEEDING
AMERICA

Food as Medicine 3.0

YEAR 3 REPORT

JANUARY - DECEMBER 2025

Adriana, California

ACKNOWLEDGEMENTS

Feeding America thanks the neighbors who shared their time and insights, helping ensure the Food as Medicine 3.0 (FAM3) program, funded by Elevance Health Foundation, remains grounded in lived experience and delivers resources in ways that remove barriers and respect choices. There are 21 Feeding America partner food banks participating in the FAM3 program, working to implement program activities with their health care partners. Feeding America extends our gratitude to those teams and the food bank staff who managed program activities and contributed to this report through grant reporting mechanisms and ongoing meetings with the Feeding America and the Center for Nutrition & Health Impact (CNHI) teams.



ABOUT FEEDING AMERICA

Rooted in the voices of neighbors facing hunger, Feeding America® unites the country ensuring everyone has access to nutritious food and a thriving future. We support tens of millions of people as part of a nationwide network of 250+ food banks, 20+ statewide food bank associations, 10+ regional co-ops and 60,000+ agency partners, food pantries and meal programs. Powered by leaders and volunteers embedded in local communities, we are one of the nation's most effective food distribution systems driving immediate impact today—and a catalyst for long-term change through advocating for legislation that improves food security and work to address its factors. We partner with people experiencing food insecurity, policymakers, organizations and supporters united with the unwavering commitment to provide nourishing food and work to end hunger at its roots so everyone can live fuller, healthier lives. Visit [FeedingAmerica.org](https://www.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](https://twitter.com/ElevanceFND) on X and [Elevance Health Foundation](https://www.facebook.com/ElevanceHealthFoundation) 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. CNHI's 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, CNHI is 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](https://www.centerfornutrition.org) to learn more.

AUTHORS

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Amy, Washington, D.C.

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 Foodbank

EXECUTIVE SUMMARY



Largest national Food as Medicine evaluation with food banks and health care partner programs



Improved food and nutrition security across all sites



Lowered ER visits and hospitalizations across all FAM3 program participants



General health improved most among participants enrolled in comprehensive programs

161,972

participants were supported in bringing food home over the three-year initiative

35,620

participants referred to Supplemental Nutrition Assistance Program (SNAP) over the three-year initiative

5,624

baseline and follow-up surveys completed

343

participants in the claims data analysis

35

participants interviewed

24

learning collaborative sessions attended by grantees

“

For the first time I had some good decent meals, the vitamins that I needed.

PARTICIPANT FROM VIRGINIA

“

The nutrition education we provide becomes even more impactful because it's paired with a tangible tool... the care relationship deepens. Offering support in a way that feels dignified — where someone can make their own choices — truly changes the dynamic.

HEALTH CARE PARTNER FROM INDIANA



Complete findings will be shared in the FAM3 cumulative evaluation report in Summer of 2026!

Funded by Elevance Health Foundation

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— Why Food as Medicine Matters for Neighbors and Communities

Kathryn, Washington, D.C.



Food insecurity is a critical social determinant of health. Many neighbors face barriers to accessing sufficient nutritious food, which can contribute to chronic health conditions such as diabetes, hypertension and heart disease. These challenges are compounded by economic pressures, limited access to health services and unfair systems¹².

The Feeding America network of food banks plays a unique role in addressing the intersection of hunger and health. By connecting health care providers with community-based food programs, neighbors can access both the nutrition and the supportive services they need to manage health conditions and thrive.

Ending hunger requires listening to the voices of people with lived experience of food insecurity as experts on their own lives, priorities and aspirations. Feeding America's [2025 Elevating Voices: Insights Report](#) reinforces this approach, with 79% of neighbors saying that they are not as healthy as they would like to be and 68% of neighbors saying they want to eat healthier but can't afford to right now. The FAM3 program responds to these priorities by expanding access to nutrient-dense foods that neighbors say are important for their health and well being. Through neighbor surveys and interviews, this initiative elevates and integrates neighbor priorities and experiences into the design and implementation of food as medicine interventions across the country.



Catherine, Island Harvest's nutrition coordinator, New York

“ We're able to help people eat more whole foods, fruits, vegetables and whole grains...to also help them live a healthier lifestyle and reduce the risk of chronic illness and disease.

FOOD BANK PROGRAM LEAD FROM NEW YORK



ABOUT THE FAM3 INITIATIVE:

Advancing Health Through Food and Partnership

Kesu, Maryland

This report describes key activities and learnings from Year Three of the Food as Medicine 3.0 (FAM3) program, funded by Elevance Health Foundation, 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. Implemented across 21 food banks nationwide, this program represented one of the largest food as medicine efforts nationally and demonstrates how food-based programs coordinated across clinic and community partners can address participant health needs.

Feeding America partner food banks are uniquely positioned to lead food as medicine efforts nationwide. Their comprehensive reach into every county, parish and congressional district—including rural and hard-to-reach communities—has established them as trusted community connectors and entry points to address social determinants of health. Combined with Feeding America’s national implementation expertise and neighbor-centered insights, food banks are equipped to deliver food as medicine interventions at the scale required to meet the greatest need.



Food as medicine (FAM) initiatives are gaining momentum nationwide, with Feeding America partner food banks playing an essential role in connecting patients experiencing food insecurity at health care sites to nutritious foods. Beyond the FAM3 initiative, Feeding America has strengthened its food as medicine leadership through participation in various external initiatives. For example, FAM3 food banks have contributed to a Community Action Plan developed by Food & Society at the Aspen Institute, created new Medically Tailored Grocery standards for community-based organizations, and conducted an internal landscape analysis of food as medicine interventions within the charitable food network. At the national level, Feeding America has advanced strategic partnerships with organizations such as the Academy of Nutrition and Dietetics and are in the process of formalizing a partnership with the National Association of Community Health Centers (NACHC) to advance food and health service integrations, among others.



Louisiana

“

People experiencing food insecurity are more likely to be diagnosed with chronic diseases such as hypertension, coronary heart disease and diabetes. While research demonstrates that diets rich in fresh produce have been shown to lower the risk of many conditions and improve health outcomes, these foods are among the most expensive to purchase, making them unaffordable and inaccessible

FOOD BANK PROGRAM LEADER FROM OHIO



Dr. Raul Lopez works with Linda, a patient who has been referred to the Houston Food Bank's "Food Pharmacy."

Food as medicine has continued to gain recognition through research, policy developments and practical implementations, with health care providers, policymakers and community leaders increasingly recognizing food's critical role in supporting health outcomes.

The Food as Medicine Pathway

Feeding America identifies food as medicine as a food bank-health care intervention that follows a screen, refer and nourish model:



In FAM3, patients are screened for food insecurity by their health care providers, often using the two-item Hunger Vital Sign™. Patients who screen positive for food insecurity and meet any other eligibility criteria (commonly, a diagnosis of diabetes or hypertension) are referred to interventions provided in partnership by the food bank and health care partner. Examples of 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



Referral to food pantries within the community

“

Being able to offer...nutritious food options to take home...is a wonderful way not just to help [participants] stay healthy, but also to remind them that they can still experience kindness and warmth.

HEALTH CARE PARTNER FROM TENNESSEE

“

I am so honored to be leading the nutrition program at Riverside Free Clinic, where we serve about 30 patients at each clinic, offered twice a month, providing them with nutrition counseling, workshops and resources, which include information about other food pantries and the FoodRx boxes.

HEALTH CARE PARTNER FROM CALIFORNIA

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 are often tailored to patients' specific dietary or health conditions such as diabetes or hypertension. By centering neighbor priorities and experiences, FAM3 combines evidence-based practice with community-driven solutions to improve health outcomes and strengthen food security.

“

I am reminded of the patient with celiac disease who was no longer able to stretch her SNAP dollars as far — she could use the voucher to purchase some staple groceries and proteins. I also think about the patient who rarely ate fruits or vegetables and had limited cooking skills. Together, we were able to identify some simple fruits and vegetables he could purchase with a voucher to successfully increase his intake.

**HEALTH CARE PARTNER
FROM INDIANA**



“

I'm walking, eating better. My stomach feels better and my sugar is better.

PARTICIPANT FROM VIRGINIA





YEAR 3 LEARNING JOURNEY:

Strengthening the Field Through Collaboration

Ricky, Indiana

580724

In FAM3's third year, food banks deepened their alignment on learning opportunities with external experts, developed statewide food as medicine coordination plans, and integrated health-focused programs more broadly across their operations.

All grantees participated in a Learning Collaborative featuring webinars and panel discussions focused on food as medicine program design, implementation and evaluation. Many sessions featured leaders from participating food banks alongside national experts in the field, supporting shared learning and continuous improvement across the network.



FAM3 Houston Convening & Peer Exchange

Grantees gathered in Houston for a two-day in-person FAM3 convening, which brought together leaders from the CNHI, the Center for Health Law and Policy Innovation at Harvard Law School, UCSF, the Feeding America national organization and representatives on behalf of the Wellpoint Foundation, an affiliated arm of Elevance Health Foundation. The convening explored advances in policy alignment, best practices in sourcing culturally preferred foods and emerging opportunities in the food as medicine landscape.

“

I learned so much about other food banks' programs, frameworks, and innovative ways of operating.

**FOOD BANK LEADER
FROM CALIFORNIA**

“

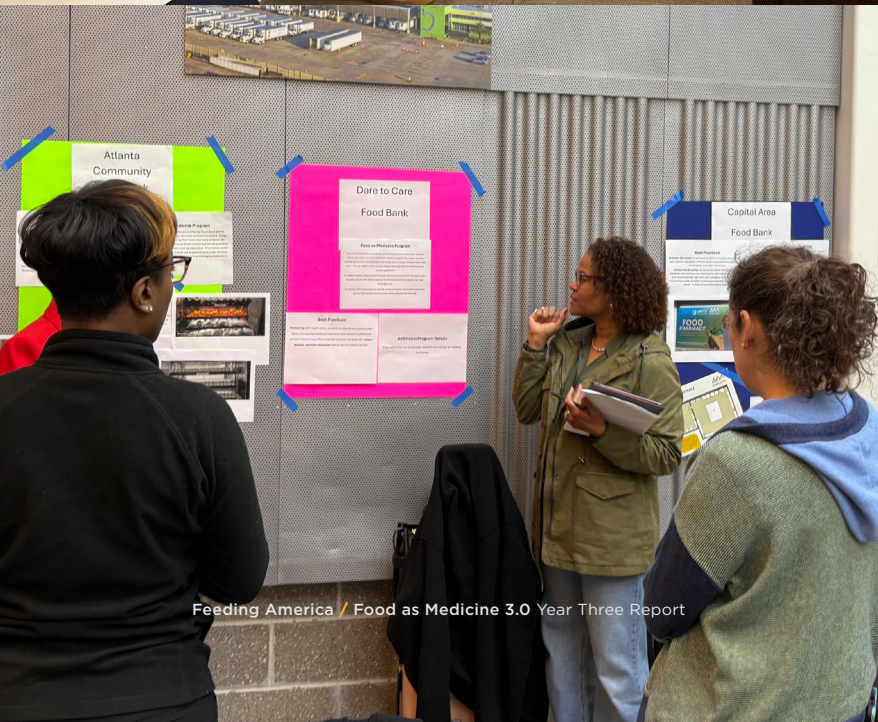
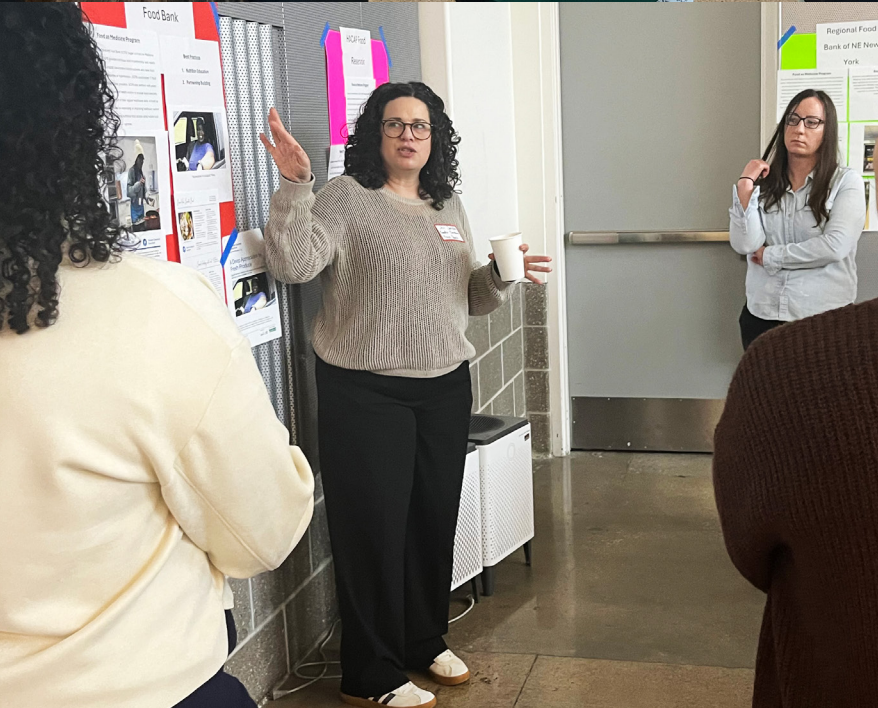
I learned a ton of practical learnings and more about how things actually run on the ground.

**RESEARCH AND EVALUATION
LEADER FROM THE
CENTER FOR NUTRITION
AND HEALTH IMPACT**

“

Food as medicine can expand beyond the walls of health care.

**FOOD BANK LEADER
FROM TENNESSEE**



Key sessions included a food bank panel highlighting innovative sourcing strategies for culturally preferred foods at Atlanta Community Food Bank and Gleaners Food Bank of Indiana, workshops on navigating health policy and legal considerations and presentations on food as medicine evaluation approaches within the Feeding America network. Participants emphasized the importance of strong partnerships between program teams and food-sourcing staff to successfully deliver culturally preferred, medically supported foods. Atlanta Community Food Bank highlighted their collaborative approach with sourcing teams to secure alternative foods like plant-based milks, low-sodium options and culturally preferred items such as lentils and oyster mushrooms paired with recipes. Gleaners Food Bank of Indiana demonstrated how organization-wide buy-in on nutrition policies—approved by their board and informed by all stakeholders—created the foundation for implementing Healthy Eating Research (HER) guidelines and ensuring neighbors receive predominantly HER green and yellow-coded foods.

A Food Bank “Wall Walk” workshop created space for peer sharing of best practices and cross-site learning, while research presentations from Mid-Ohio Food Collective and Greater Cleveland Food Bank showcased emerging findings from the field.

“

Inspirational and informative... I loved the Wall Walk and being able to learn more about what other Food Banks are doing. I'm taking back many, many ideas.

FOOD BANK LEADER FROM GEORGIA

“

I really liked meeting with the dietitian. She helped me plan meals and showed me how to use the foods I received. It was great to try new things like brown rice.

PARTICIPANT FROM NEW YORK

SITE VISITS

Seeing Models in Practice

Team members from Feeding America and CNHI visited multiple FAM3 grantee programs to observe programs in action and learn from diverse implementation models.

During a site visit to Houston Food Bank, participants observed the onsite Healthy Pantry Rx, where community members select from a diverse array of culturally preferred foods through a choice-based pantry shopping model. This approach creates a trusted, dignified experience for neighbors while connecting them to wraparound services including public benefits enrollment, workforce development, culinary education and job placement opportunities.



Maryam, New York

NEW YORK CITY AREA



In June 2025, site visits included **Food Bank For New York City**, **Feeding Westchester** and **Island Harvest Food Bank**. At Food Bank For New York City, participants toured a church-based pantry in Brooklyn that integrated choice-based food distribution with access to second-hand clothing and household items. The pantry was bustling with community members selecting healthy foods while receiving nutrition information from dedicated staff and volunteers.

At Feeding Westchester, participants visited a clinic-based program featuring a live cooking demonstration led by a culinary educator in both English and Spanish. The room was full of individuals picking up their bags of healthy food and collaboratively learning, in community, about helpful ways to improve healthy eating. Tying in these behavioral approaches to food as medicine programs, particularly when they are delivered from a trusted community voice, can help influence more positive eating behaviors in the long term.

Site visits concluded at Island Harvest Food Bank, where participants observed an onsite choice pantry where community members learned how to tailor their food choices to their dietary conditions from registered dietitians. New members received a cooking kitchen toolbox of pots, pans, knives and other kitchen tools to support meal preparation at home.



Javier, Indiana

Learning Collaborative Sessions

The FAM3 initiative hosted three targeted virtual learning collaborative sessions throughout the year:



Cultural Foods in Food as Medicine Interventions

explored how food choices are influenced by family and social dynamics, the role of Community Advisory Boards and strategies for balancing personalization with scalability. This session also provided continuing education credits for Registered Dietitians.



The Role of Registered Dietitians in Food as Medicine Interventions

featured a discussion on the critical roles RDs play in designing and implementing food as medicine programming.



Working with External Evaluation Partners

brought together food banks, CNHI, and Feeding America research directors to present case studies and recommend best practices for selecting and collaborating with evaluation partners.

These learning sessions were valued components of the FAM3 initiative, fostering peer connection, shared learning and alignment and advancement from the food banks as they learned from each other's work.

Evaluation Overview

Feeding America recognizes the importance of evaluating what works to inform replicable models and best practices and ensure that programs meet the needs of the communities that they serve. This evaluation assessed FAM3's impacts on participating neighbors' health, food security, dietary factors and household economic outcomes, while identifying successes, challenges and promising practices in program implementation across health care partners and the Feeding America network. Improved outcomes in nutrition security, health and positive participant feedback across a diverse array of program models demonstrate how food banks are successfully tailoring their food as medicine interventions to meet distinct community needs.

PROGRAM METRICS:

How Many People Has FAM3 Reached?

The FAM3 initiative reached participants across 13 states and the District of Columbia, representing one of the largest overall national evaluation of food as medicine programs to date. Across three years (April 1, 2023 to December 31, 2025), a total of **161,972 unique individuals** were supported in bringing food home.

Each quarter, grantees screened over 130,000 people and referred over 20,000 people to food and other resources. More than 23,000 participants received access to food each quarter, with many receiving food multiple times across their involvement in the program. Thus, the total number of patients receiving food is higher than the total number of patients being referred to FAM3 across time.



Rhonda, South Dakota



TABLE 1. FAM3 GRANTEE PROGRAM REACH DATA - YEAR THREE (QUARTERLY)

| REACH DATA (QUARTERLY) | Q1 1/25-3/25 | Q2 4/25-6/25 | Q3 7/25-9/25 | Q4 10/25-12/25 |
|---|-----------------|-----------------|-----------------|-------------------|
| # patients screened for food insecurity | 133,989 | 142,762 | 162,863 | 175,249 |
| # patients screened positive for food insecurity | 42,870 | 41,854 | 43,441 | 41,342 |
| # patients referred to a FAM3 program* | 24,913 | 20,803 | 23,695 | 22,651 |
| # patients receiving food from FAM3 program (can include patients who were previously referred) | 27,270 | 23,975 | 27,154 | 27,677 |
| # patients referred to SNAP | 3,148 | 4,965 | 2,604 | 4,124 |
| # SNAP applications initiated | 1,378 | 1,114 | 1,236 | 786 |
| # SNAP applications completed | 960 | 765 | 749 | 459 |

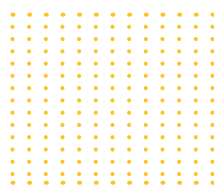
*FAM3 partner clinics used varying methods to screen individuals for food insecurity (e.g., the 2-item Hunger Vital Sign™). Health systems often report food security screening numbers (i.e., number of patients screened for food insecurity, number of patients screened positive) across their entire patient 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 program goals. This may result in a smaller number of people being referred.

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

TABLE 2. FAM3 GRANTEE PROGRAM REACH DATA - YEARS ONE THROUGH THREE (AGGREGATED)^A

| REACH DATA (AGGREGATED) | Year One 4/23-12/23 | Year Two 1/24-12/24 | Year Three 1/25-12/25 | Total 4/23-12/25 |
|--|------------------------|------------------------|--------------------------|---------------------|
| # patients screened for food insecurity | 281,236 | 566,998 | 614,863 | 1,463,097 |
| # patients screened positive for food insecurity | 93,776 | 165,042 | 169,507 | 428,325 |
| # patients referred to a FAM3 program | 44,577 | 89,237 | 92,062 | 225,876 |
| # patients receiving food from FAM3 program | 40,232 | 64,095 | 57,645 | 161,972 |
| # patients referred to SNAP | 8,190 | 12,589 | 14,841 | 35,620 |
| # SNAP applications initiated | 2,126 | 5,456 | 4,514 | 12,096 |
| # SNAP applications completed | 1,506 | 3,690 | 2,933 | 8,129 |

^AAdjustments to the reach metrics within the Year 1 and Year 2 FAM3 report were made as new data from grantees were available, to reflect improved accuracy in reporting. The final reach data reported here reflect the final/most accurate estimates.





— **Looking Ahead
to the FAM3
Cumulative
Report**



Thomas, New York



Brittany, Maryland

LOOKING AHEAD:

What We Will Learn in the FAM3 Comprehensive Report

As FAM3 concludes its three-year journey, Feeding America will release a summative report in Summer 2026 that brings together multiple data sources and diverse perspectives to demonstrate how food as medicine interventions can strengthen health, nutrition and food security, and improve individual and household well-being.

The cumulative report will include:



Neighbor Survey Findings examining how FAM3 participation impacted fruit and vegetable intake, food and nutrition security status, general health outcomes and health care utilization patterns. These results center the experiences and perspectives of neighbors who participated in FAM3 programs.



Reach Data Analysis documenting the full scope and scale of FAM3's impact, quantifying participant engagement across all 21 FAM3 programs and exploring patterns in program utilization over time.



Health Data Analysis drawing from multiple data sources, including electronic health records and claims data, to summarize the health and health care utilization characteristics of FAM3 participants and improvements among FAM3 program participants.



Engagement and Satisfaction Findings to illustrate how valued these programs are to neighbors and identify factors that support sustained participation.



Case Studies showcasing each grantee's unique program model and highlighting how local context, partner capabilities and community priorities shaped program design and delivery across the diverse FAM3 portfolio

Early participant survey findings across the FAM3 initiative indicate:



Improved food and nutrition security



Reduced emergency department visits and overnight hospitalizations



General health improved most among participants enrolled in comprehensive programs



Advancing Evaluation Methodology

The FAM3 evaluation advances the field through two novel methodological approaches. First, it establishes a framework for conducting national-scale evaluations by aggregating data across 21 unique program models, demonstrating how to identify important insights from diverse interventions and revealing how program design can be tailored to different community contexts. Second, it provides a strong ‘proof of concept’ that partnerships between food banks and insurance organizations may be leveraged to evaluate the impact of FAM interventions on health care cost and utilization. Both approaches represent new methodology in the field that will expand how food as medicine interventions can be rigorously evaluated across the U.S.

Together, these findings will provide the field with actionable evidence and practical guidance for advancing future food as medicine work.



Stay tuned for the release of the cumulative report in Summer 2026!

REFERENCES

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²Gregory CA, Coleman-Jensen A. Food insecurity, chronic disease, and health among working age adults. Published online July 2017. https://ers.usda.gov/sites/default/files/_laserfiche/publications/84467/ERR-235_Summary.pdf?v=79705

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Feeding America® is the largest hunger-relief organization in the United States. As part of a network of more than 200 food banks, 21 statewide food bank associations, and over 60,000 agency partners, food pantries and meal programs, we helped provide 5.9 billion meals to tens of millions of people in need last year.

Join the movement to end hunger.
Donate. Volunteer. Advocate. Educate.

