



# Food as Medicine 3.0

Highlights and Key Findings from  
a Three-Year National Initiative



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Foundation





## **ABOUT FEEDING AMERICA**

Rooted in the voices of neighbors facing hunger, Feeding America® unites the country to ensure everyone has access to 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.

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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-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](https://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://centerfornutrition.org) to learn more.



Adriana, California

**PROGRAM SITE MAP** ———



Programs implemented across

**13 states**

- Atlanta Community Food Bank
- Capital Area Food Bank
- Dare to Care Food Bank
- Feed More
- Feeding America Riverside | San Bernardino
- 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
- 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
- Second Harvest Food Bank of Middle Tennessee
- Second Harvest of Silicon Valley
- St. Louis Area Foodbank

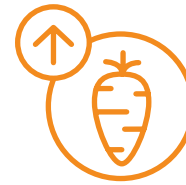
## AT A GLANCE



Largest and one of the first national food as medicine evaluations focusing on healthy grocery provisions through food bank and health care partner programs



Reduced self-reported emergency room visits and hospitalizations across all participants.



Improved self-reported food and nutrition security across participants.

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# 21 food banks, alongside food pantries and meal programs, partnered with more than 50 health care sites

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# 1.4M

patients screened for food insecurity

# 161,972

participants supported in accessing food for themselves and their families

# 35,620

participants referred to the Supplemental Nutrition Assistance Program (SNAP)

# 5,624

baseline and follow-up surveys were completed

# 343

participant health insurance claims records analyzed

# 1,240

participants' clinical health records analyze

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The Food as Medicine 3.0 program was made possible by funding from the [Elevance Health Foundation](#).

# Foreword

**Food as Medicine (FAM) programs across the country are improving health outcomes, relieving pressure on patients and health systems, and expanding access to nutritious food for neighbors facing hunger — people who access food and resources through the Feeding America network.** When neighbors have consistent access to nutritious food, they experience meaningful improvements in health and well-being, as well as greater household stability and independence.<sup>1</sup> Yet too many individuals and families continue to face barriers to accessing the nutrition they need to manage and prevent chronic conditions such as diabetes, hypertension and heart disease — conditions that disproportionately affect the communities that food banks serve.

The Feeding America network of food banks reaches every county in the United States, including rural and hard-to-reach communities, making it uniquely positioned to address these intersecting challenges. With deep roots in communities nationwide, food banks serve as trusted community connectors and entry points linking people to nutritious food, health services and other essential supports in ways that reflect local context, culture and preferences.

Today, three-fourths of Feeding America partner food banks have active health care partnerships. Among them, 84% integrate food insecurity screening at health care sites, with services like food provisions; 67% incorporate nutrition education; and over 50% survey neighbors about healthy food preferences.<sup>2</sup> This national scale, combined with deep local trust, has positioned food banks as effective partners in advancing healthy food and nutrition programs alongside health care.



Brittany, Maryland

Throughout this report, food interventions are referred to as healthy groceries — encompassing options ranging from general selections of healthy food (e.g., whole grains, fruits and vegetables) to groceries designed to support diet-related health conditions (e.g., low-sodium versions of canned foods).

Food as Medicine 3.0 (FAM3), funded by Elevance Health Foundation, builds on more than a decade of innovation, supporting food banks in creating and strengthening health care partnerships and expanding access to not only healthy food but also nutrition education, benefits enrollment and other supports that contribute to long-term health. The Center for Nutrition & Health Impact (CNHI) led the evaluation of the three-year initiative (April 2023–December 2025), drawing on multiple sources of data, including participant surveys, clinical records, insurance claims, and interviews with participants and program staff, all of which are detailed in the FAM3 Cumulative Report. Together, these insights illustrate how food bank-health care partnerships can improve food and nutrition security, support better management of chronic conditions, and reduce reliance on high-cost health care services.

Over the course of the initiative, 21 food banks, numerous pantries and more than 50 health care sites in 13 states led unique programs across the country. FAM3 programs ranged from providing healthy food boxes alongside informational resources to models offering structured nutrition education, benefits enrollment support and condition-specific enrollment criteria.

**Across these programs, health care providers screened more than 1.45 million patients for food insecurity**, helping identify neighbors who could benefit from accessing food and nutrition support. More than 161,000 households were then connected to food as medicine programs across the country. Together, these numbers reflect both the widespread impact of food insecurity across our communities and the power of coordinated, community-based solutions to address it. These connections were made possible through strong partnerships between Feeding America partner food banks and health care organizations.



# Key Findings

FAM3 demonstrated that food as medicine programs deliver measurable improvements in health, food security and health care utilization. Across program types, findings showed promising trends that warrant continued study, while several results reflect the tangible impact of connecting neighbors to consistent, high-quality food support.



**Hospitalization rates fell by 14% (a 3 percentage point decrease from 19.2% to 16.5%) and emergency department visit rates fell by 11% (a 4 percentage point decrease from 36.7% to 32.7%) from baseline to follow-up.** Participants in foundational and comprehensive program models saw significant decreases in hospitalizations. The largest reductions were among participants in programs offering food provision on-site, regardless of model. Other studies show that decreased hospitalizations benefited entire families — reducing financial strain and freeing up time and energy for life beyond medical care<sup>3</sup>, while also producing savings for the health care system.<sup>4</sup>



**Participants in programs offering structured nutrition education were 6.6% less likely to delay care due to cost and 8% more likely to afford medications from baseline to follow-up** — a more than 2 percentage point improvement in each measure — with similar gains seen in programs offering active benefits enrollment support and condition-specific enrollment criteria.



**Among the four programs that shared data, clinical biomarkers improved significantly among participants with both baseline and follow-up values.** Improvements were observed for the patients who attended three or more dietitian visits, including improved HbA1c values (a decrease of 1.1%), LDL cholesterol values (a decrease of 5.5 units), and BMI values (a decrease of 0.80 units) over time.<sup>5</sup>



**Food security improved by 47%** — a nearly 7 percentage point increase, from 13.7% to 20.2%, demonstrating that consistent access to nutritious food can support greater stability for neighbors. Food security is associated with decreased risk for chronic disease and improvement in mental health.<sup>6</sup>



**Nutrition security increased by 4%** (2.43 to 2.52 - out of a maximum score of 4) — indicating potential for sustained health impact beyond the program period.



**Fruit and vegetable intake improved meaningfully for participants in programs with condition-specific enrollment criteria.** Greater produce consumption is associated with improvements that support stronger long-term health trajectories.<sup>7</sup>



**Interviewed participants emphasized the importance of dignity, choice and flexibility** in FAM programs, highlighting the value of accessing support in a stigma-free environment, choice in food selection and co-locating food access with health care appointments.



**An insurance claims sub-study found beneficial trends in reduction in inpatient hospital visits, emergency room visits and clinical lab values** when comparing baseline to follow-up values; however, similar trends were seen among the control group. This analysis provided important pilot data, along with insights on how to examine cost in future studies.



**Food banks and health care partners reported strong overall capacity to sustain FAM programs.** Both demonstrated strong environmental support and leadership buy-in, with opportunities to strengthen information and data-sharing, partnerships and organizational readiness.

Complete methods, results, glossary and case studies can be found in Food as Medicine 3.0: A Cumulative Report on Impacts and Implementation.



## Catherine Tulloch

**NUTRITION  
COORDINATOR,  
ISLAND HARVEST  
FOOD BANK,  
NEW YORK**

“

We're able to help people eat more whole foods, fruits, vegetables and whole grains.

Across the country, health starts with what's on your plate. Expanding access to nutritious foods and nutrition education helps improve neighbors' health and well-being.

In Long Island in New York, Island Harvest Food Bank — a FAM3 program site — has deployed food bank nutritionists inside two local health clinics. Patients are referred to the nutritionists, who provide nutrition education, as well as access to a food pantry within the clinic. Here, patients can choose from healthy fresh fruit, vegetables and protein.

“We're able to help people eat more whole foods, fruits, vegetables and whole grains,” said Catherine Tulloch, Island Harvest's nutrition coordinator. “We're able to also help them live a healthier lifestyle and reduce the risk of chronic illness and disease.”

Catherine is passionate about ensuring neighbors have access to the healthy food we all need to thrive — because she knows firsthand what it means to struggle with diet-related health challenges. “I knew I needed to do something for my own health, and that got me into learning about exercise and eating healthy. I wanted to teach people how they can make an impact on their health as well.”

Which is exactly what Catherine is doing at the food bank. When patients visit the pantry in the clinic, she walks them through nutrition education and explains how the food they receive can be used to create healthy meals. “I teach people about food pairing and the benefits of each food and what they have to offer and how it can impact their health and also help their health.”

“I've seen people who have reduced their blood sugar by simply coming in and learning how to add fiber to their diet. That's the best part of this work ... seeing how this is benefiting not only the patient, but their family as well. Because they're taking that information home and sharing with their community.”

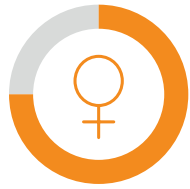
# Whom FAM3 Reached – and What We Heard

FAM3 programs reached patients navigating both food insecurity and significant health challenges, including high rates of diet-related conditions like hypertension, cardiovascular disease and diabetes. Participants reflected the diversity and strengths of the communities served, bringing different experiences, cultures and priorities into how they engaged with programs. Communities represented a range of racial and ethnic backgrounds. More than half of participants reported having children in the household at the time of screening, underscoring that healthy food provisions support entire families in accessing the nourishment that they need.

## PARTICIPANTS WERE

An average of

# 47 years old



## 3 in 4

were women



## 1 in 2

had children in the household

## 38%

Black or African American

## 27%

Hispanic or Latino

## 26%

White or European American



## 1 in 6

preferred to engage in Spanish



Draelyn, Belinda, A.J., Tyleeq, Virginia



Kaycee, Washington



Pedro, Nevada

**This work is grounded in listening to the voices of people with lived experience of food insecurity as experts on their own lives, priorities and aspirations.** Across 5,624 surveys and interviews with 35 participants conducted throughout the FAM3 program, consistent themes emerged on the importance of choosing from healthy options, flexibility in access times or locations, and being treated with dignity. Participants described the value of choice and flexibility in food selection — including the ability to select foods that reflected their cultural preferences and health needs — as central to feeling respected and supported by the program. Participants also shared that being connected to food support through a trusted health care setting opened the door to conversations about other barriers, including utility costs, transportation and mental health. When participants felt respected and supported, they were more willing to share what else they were navigating, and programs were better positioned to connect them to additional resources.

“

For the first time, I had some good decent meals, the vitamins that I needed. ... I'm walking, eating better. My stomach feels better and my sugar is better.

**PARTICIPANT FROM VIRGINIA**

“

[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.

**PARTICIPANT FROM NEW YORK**



Mu, New York

Many food banks in the network are expanding access to nutrient-dense foods that neighbors say are important for their health and well-being. More than eight registered dietitian nutritionists were involved across the 21 partner food banks programs across the initiative, providing one-on-one support, working to select healthy and culturally preferred foods, and designing programs tailored to chronic disease management that reflected the priorities of their communities.

“

Every time I've shared a voucher, you can almost feel a weight lift from the person receiving it — there's a real shift in the energy of the room. Offering support in a way that feels dignified — where someone can make their own choices — truly changes the dynamic.

**HEALTH CARE PROGRAM LEADER FROM INDIANA**

“

We want to take away the stigma and provide a nonjudgmental atmosphere so our patients can meet their basic needs.

**HEALTH CARE  
PROGRAM LEADER  
FROM OHIO**

## Initiative Spotlight: The Health Impacts of Comprehensive Programming

### DIABETES SUB-STUDY | REGIONAL FOOD BANK OF NORTHEASTERN NEW YORK

Within the broader FAM3 initiative, St. Peter's Hospital, a health care partner of Regional Food Bank of Northeastern New York, conducted a focused sub-study among approximately 70 participants enrolled in a diabetes management cohort. Participants received nutritious foods alongside structured health education designed for blood sugar management.

Across the cohort, participants achieved an average HbA1c reduction of over 2.1% over the course of the program — a clinically meaningful improvement that reflects the potential of intensive, condition-specific food as medicine interventions to drive measurable change in chronic disease management.

These findings are partner-reported and reflect a specific sub-population rather than the full FAM3 evaluation sample.

“

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**



Dr. Raul Lopez, Texas

## How Food Banks and Health Care Partners Worked Together

At the core of this work is a screen-refer-nourish model. Health care providers screen patients for food insecurity at health care visits using validated screening questions and then refer neighbors experiencing food insecurity to a Feeding America partner food bank's program. Participants can then access nutritious food and may also receive nutrition education, benefits navigation and other supportive services.

Food banks bring more than food to the health care partnership; they bring trusted relationships, community-based expertise and the infrastructure needed to deliver coordinated, participant-centered support that strengthens both care delivery and outcomes. FAM3 demonstrates that food bank-led, healthy grocery programs are not only feasible at scale but also represent a lower-cost complement to clinical, medically tailored meal programs — expanding the reach of food as medicine without duplicating existing health care infrastructure. Across the FAM3 programs, dietitians, community health workers and benefits navigators worked alongside clinical staff to coordinate and connect neighbors to nutritious food, condition-specific dietary guidance, and enrollment in other critical supports and programs like SNAP. Many of the programs took intentional steps to reflect their local communities: offering materials in multiple languages, sourcing healthy foods preferred by participants and sharing recipes that aligned with participants' cultures and traditions.





Linda, Texas

# Program Models

Food banks and their health care partners took a shared approach to address food insecurity as a driver of chronic disease, integrating food access directly into care delivery. Programs varied across sites in their design and intensity, driven by unique population needs and organizational capacity. Some programs prioritized broader reach; others focused on more intensive health impacts with condition-specific criteria, integrated nutrition education and benefits support.

Programs were grouped into three categories:



**Foundational programs** focused on immediate healthy food access at or near a health care visit, often accompanied by informational materials about nutrition, food pantry locations and public benefits programs.



**Enhanced programs** integrated further supports like structured food distribution and active benefits enrollment support.



**Comprehensive programs** combined multiple supports, including structured nutrition education and condition-specific enrollment criteria.

This range of approaches was intentional, creating an opportunity to learn from varied program models — understanding how each supports different outcomes and identifying what works across diverse communities and program capacities.

In addition to program implementation, FAM3 also advances the field through two novel methodological contributions: a framework for national-scale evaluation across diverse FAM program models and a proof of concept for food bank–insurance organization partnerships to evaluate the impact of food as medicine on health care cost and utilization.

“

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

**FOOD BANK PROGRAM LEADER FROM GEORGIA**



## Josephine, Texas



“

I have changed my diet, and I'm getting better quality food for my body.

When access to nutritious food isn't available, neighbors are more susceptible to chronic conditions like diabetes, heart disease and high blood pressure. That's why the Feeding America network is helping make nutritious food more accessible so people can lead fuller, healthier lives.

The Houston Food Bank — a FAM3 program site — has implemented a “food pharmacy” model. When visiting a health care provider, neighbors are asked about their access to healthy food. If needed, they are referred to one of several “food pharmacies” to pick up nutritious fruit, vegetables and protein. One of those locations is at the food bank. Set up like a grocery store, the “food pharmacy” allows neighbors to choose the nutritious food that works best for them.

Many neighbors are managing serious health challenges, including heart concerns and family histories of diabetes and high blood pressure. At the “food pharmacy,” Josephine is accessing fresh fruit, vegetables and protein — as well as nutrition demonstrations and education materials. And that's made a tremendous difference in her day-to-day life.

“I have changed my diet, and I'm getting better quality food for my body,” she said. “I didn't have the energy before. I can take walks now,” she added. “I'm able to do that on my own.”



# How Program Design Influenced Participants' Health

“ Nutrition education... becomes even more impactful because it's paired with a tangible tool... [and] the care relationship deepens.

**HEALTH CARE PROGRAM LEADER FROM INDIANA**

The variation across sites made it possible to understand how program design influenced participant outcomes. While all programs showed positive impact, several design elements were consistently associated with stronger results.



**Nutrition education was the most consistently impactful program characteristic associated with gains in participants' general health** — along with decreases in missing or delayed medical care, as well as an increase in medication adherence, making the strongest case for what belongs at the core of effective food as medicine design.



**In-clinic food provision brings food and health support together in a single point of care**, reducing the transportation and logistical barriers that fragment care and delivering measurable results — participants had greater reductions in overnight hospitalizations. Co-locating food access with clinical care reduces the logistical burden on participants and strengthens engagement with both.<sup>8</sup>



**Benefits enrollment, sometimes supported by case workers, eased financial trade-offs that may drive poor health** — participants were less likely to delay care and were more able to afford medications, reflecting the downstream power of connecting neighbors to programs like SNAP that reduce pressure on household budgets.



**Diet-related, condition-specific enrollment criteria concentrate support where need and potential impacts are greatest.** Participants reported greater medication adherence and improvements in fruit and vegetable intake, indicating that more intensive, condition-specific programming delivers meaningfully stronger outcomes for neighbors managing the most complex health needs.

Across all approaches, consistent engagement mattered. Participants who picked up food more frequently experienced greater improvements in health and well-being, with comprehensive programs showing the strongest overall gains. Given the range of characteristics of the participants engaged in FAM programs, evidence suggests program design characteristics, such as benefits enrollment and nutrition education, should be tailored to the needs of the population being served.

# Advancing Food as Medicine at a Pivotal Moment

**FAM3 demonstrates that when health care and community-based organizations work together to ensure access to nutritious food, this collaboration leads to improved health outcomes, reduced reliance on high-cost care and stronger, more stable communities.**

The findings highlight that increased investment in these programs will further unlock their potential. With the right data infrastructure, staffing, partnerships and investment, these approaches can reach more communities and deliver even greater impact over time. Meeting neighbors where they are — in community clinics, hospitals and other settings — and connecting them to food and nutrition support are both an immediate response to unmet need and a long-term investment in sustained health for individuals, families and communities.

The impacts of FAM3 extend beyond the clinic visit and food access. Participants reported fewer overnight hospitalizations and emergency department visits — care that can affect employment and financial stability — creating ripple effects for families and employers alike, including more consistent attendance and productivity at work. Improvements in medication access and reduced delays in care further supported neighbors in maintaining their health, stability and ability to engage in work and daily life. Further, studies have shown that improved medication adherence has produced substantial health care savings.<sup>5,7</sup>

Sustaining and expanding this work will require continued alignment across sectors. Policymakers and health care leaders increasingly recognize food insecurity as both a public health and economic concern. FAM3 offers evidence that community-based food and health interventions can reduce avoidable health care utilization while supporting the broader well-being of individuals and families. The economic opportunity extends beyond health care savings — food sourcing for these programs has the potential to strengthen local food economies, support farmers and generate lasting benefits for local communities.<sup>10</sup>

The path forward is clear: improving the connective technologies that link food banks and health care systems, embedding nutrition professionals more deeply into care delivery, expanding how and where neighbors can access nutritious food and care, and building the evidence base to help programs reach more people, more effectively.

“

I am thankful for this program; I believe that I am healthier because of it. It inspires me to try new things.

**PARTICIPANT FROM INDIANA**

FAM3 findings have already shaped Feeding America's work — informing a national nutrition curriculum, strengthening food sourcing practices across the network and advancing medically tailored grocery standards, e.g., foods selected by a registered dietitian nutritionist that are appropriate for participants' specific conditions.<sup>9</sup>

Feeding America is continuing to build on these foundations through partnerships with national organizations, such as the National Association of Community Health Centers (NACHC) and the Academy of Nutrition and Dietetics, to advance food and health service integrations across the country.

FAM3 food banks are shaping this landscape directly, deepening partnerships with large regional health systems, participating in statewide food as medicine collaboratives alongside insurers and hospital networks, and building the track records and data infrastructure needed to pursue durable health care financing. Through this work, food banks are increasingly recognized as credible and essential partners — both in delivering community-based food and health programs and in shaping the conversations that drive this work forward. **There is more work to do, and the Feeding America network is ready to act — expanding access, deepening impact and building toward a future where every community has access to the nutritious food and resources needed to thrive.**



FAM3 Cumulative Evaluation Report, case studies and data appendices can be found at [feedingamerica.org/research/hunger-and-health](https://feedingamerica.org/research/hunger-and-health)

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Feeding America thanks the neighbors who shared their time and insights, helping ensure the Food as Medicine 3.0 program remains grounded in lived experience and delivers resources in ways that remove barriers and respect choices.

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AMERICA**