

Food is Medicine

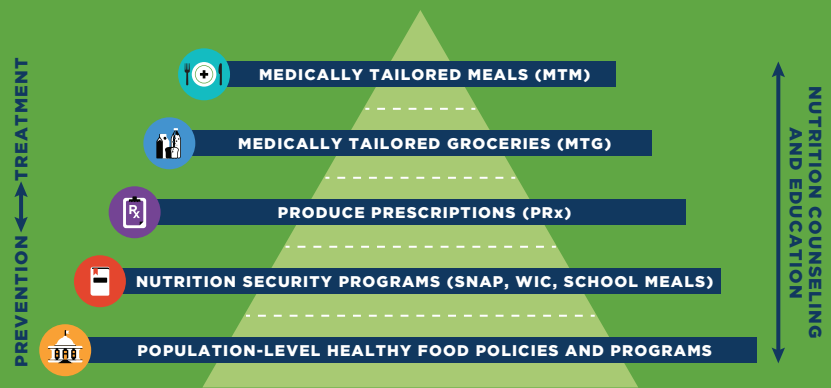
Food is Medicine is poised to play a critical role in addressing the growing disease burdens and costs of diet-related illnesses in your community and across the nation. Americans recognize that healthy foods are important for both prevention and treatment of many health conditions, and public interest in Food is Medicine is high.ⁱ

This document was created collaboratively by these organizations to help educate about **Food is Medicine**:



What is “Food is Medicine”?

Food is Medicine (FIM) interventions reflect the critical link between nutrition and health, integrated into healthcare delivery. These programs provide medically tailored meals, groceries, and produce to support disease management, in combination with nutrition and culinary education, as part of a patient’s healthcare treatment plan.



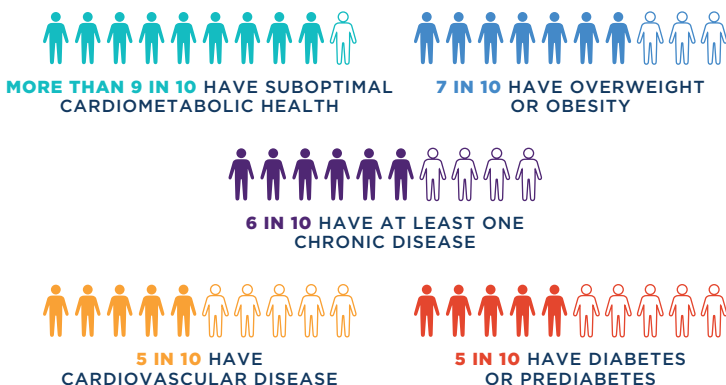
Source: Adapted from J Am Coll Cardiol. 2024 Feb, 83 (8) 843–864.

Why is Food is Medicine Important?

Good nutrition is fundamental for restoring and maintaining health.

- Poor diets are the **leading cause** of death and disability in the United States,ⁱⁱⁱ with strong ties to obesity, diabetes, heart disease, stroke, gut health, mental health, cancer, and more.
- 1 in 4 U.S. teens has prediabetes.^{iv}
- Most Americans – across geographies, demographics, and education or income level – have dietary patterns that do not align with recommendations for good health.^v

Among U.S. Adultsⁱⁱ



The costs of treating diet-related disease are crushing healthcare, federal and state budgets, private employers, and our economy.

- Healthcare spending for people with chronic diseases – many of which are diet-related – and mental health conditions accounts for 90% of annual U.S. healthcare costs.^{vi} The combined healthcare spending and lost productivity from suboptimal diets and food insecurity are estimated to exceed **\$1.1 trillion** each year.^{vii}

Drugs alone will not solve the chronic disease epidemic. The root causes must be addressed.

- GLP-1 weight loss medications can play a role, but they come with extremely high costs,^{viii} low adherence, and common weight regain.^{ix} Federal costs for these medications could rapidly increase.^x Moreover, about 2 in 3 patients stop using the medications after one year,^{xi} typically resulting in weight regain when not combined with changes in nutrition and lifestyle.
- GLP-1 medications should be used with comprehensive lifestyle support, including Food is Medicine programs for appropriate patients, to maximize effectiveness and cost-effectiveness. According to a 2024 survey, most Americans would rather change their lifestyle than take medication for a health condition.^{xii}

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FIM initiatives can be a cost-effective or even cost-saving^{xiii} approach to treating, managing, and/or preventing a range of diet-related illnesses through the provision of healthy food:

Eligibility criteria generally include the presence of a diet-sensitive condition (e.g., diabetes, heart failure, obesity, hypertension, kidney disease, cancer, high risk pregnancy), as well as social stressors like low income, food insecurity, housing instability, or limitations in activities of daily living.

Nutrition and culinary education are an important part of FIM interventions. These can be delivered through one-on-one, group, or telehealth Registered Dietitian Nutritionist (RDN) or community health worker counseling; cooking classes; and online, email, and SMS text and videos.

Medically tailored meals (MTM)

MTM are customized for patients with severe, complex, or chronic conditions based on therapeutic, evidence-based dietary specifications. Patients are identified and referred in partnership with healthcare personnel and meal plans are assigned based on an assessment of the individual's nutritional needs by an RDN.

Medically tailored groceries (MTG)

MTG are healthy, curated food products that aim to treat specific diet-sensitive conditions and support health. Appropriate foods are identified by an RDN or other medical professional. The groceries may be picked up in the clinic, purchased with an electronic debit card in the grocery store, or ordered online and delivered to patients at home.

Produce prescriptions (PRx)

PRx is a medical treatment or preventative service for eligible patients due to diet-related health risks or conditions, food insecurity, or other documented challenges in access to nutritious foods, and is referred by a healthcare provider or health insurance plan. These prescriptions are fulfilled through food retail and enable patients to access healthy produce (according to USDA WIC-eligible fruits and vegetables) with no added fats, sugars, or salt, at low or no cost to the patient.

FIM initiatives can also include broader interventions to empower Americans to support their health and well-being by promoting healthier eating habits:

Nutrition security programs include federal, state, and charitable programs that aim to help individuals with food and nutrition insecurity eat a better diet, such as through food pantries, school meals, WIC, and SNAP. The healthcare system can intersect with these programs through screening for food and nutrition insecurity and providing application assistance or referral to these programs.

Population-level healthy food policies and programs are interventions to address systems and environmental barriers to healthy eating. Examples include national dietary guidelines; FDA efforts around food labeling and use of food additives in the food supply; and nutrition standards for foods procured by worksites, meals for the armed forces, and other institutions.

Research Findings Highlight the Potential of FIM

- National implementation of MTMs in Medicare, Medicaid, and private insurance for the estimated 6.3 million Americans who have both a major diet-related condition and limited ability to perform activities of daily living could avert approximately 1.6 million hospitalizations and result in net savings of \$13.6 billion in healthcare costs in the first year alone, after accounting for program implementation and meal costs.^{xiv}
- Real-world data from a major healthcare institution found that providing high-risk patients with 14 MTM/week for 3 months significantly reduced emergency department visits and hospitalizations, with an average healthcare cost savings of \$12,046 per person.^{xv}
- National implementation of produce prescriptions for the estimated 6.4 million Americans who have diabetes and food insecurity could avert 274,000 cardiovascular events and add 257,000 quality-adjusted life years – a measure of how well a treatment lengthens or improves patients' lives – over a lifetime, while being cost saving from both a health care system perspective and societal perspective, and for both private and public payers.^{xvi}

A focus on nutrition is largely missing from the healthcare system. Food is Medicine programs respond to that gap by targeting the strong links between nutrition and disease. They also respond to public demand for participating in programs that provide healthy foods to prevent, manage, and treat many diseases.

Food is Medicine can play a critical role in combatting the chronic disease epidemic, but sustained investment in FIM research and interventions, along with clinician education and training, is needed to build a stronger evidence base for effectiveness and impact on health outcomes, which can better inform policy and program decisions.

ⁱ <https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2024.00585>

ⁱⁱ Figure reproduced from the *Task Force on Hunger, Nutrition, and Health. Ambitious, Actionable Recommendations to End Hunger, Advance Nutrition, and Improve Health in the United States, August 2022*: <https://informingwhc.org/wp-content/uploads/2022/08/Informing-White-House-Conference-Task-Force-Report-Aug22.pdf>

ⁱⁱⁱ *JAMA*. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158

^{iv} *JAMA Pediatr*. 2022;176(6):608-611. doi:10.1001/jamapediatrics.2022.0077

^v Scientific Report of the 2025 Dietary Guidelines Advisory Committee.

^{vi} https://www.dietaryguidelines.gov/sites/default/files/2024-12/Part%2520A_ExecutiveSummary_FINAL_508.pdf

^{vii} <https://www.cdc.gov/chronic-disease/data-research/facts-stats/>

^{viii} <https://www.rockefellerfoundation.org/report/true-cost-of-food-measuring-what-matters-to-transform-the-u-s-food-system/>

^{ix} <https://www.kff.org/report-section/kff-health-tracking-poll-may-2024-the-publics-use-and-views-of-glp-1-drugs-findings/>

^x <https://doi.org/10.1001/jama.2023.24945>; <https://doi.org/10.1038/s41591-022-02026-4>; <https://doi.org/10.1001/jama.2021.3224>

^{xi} CBO analysis <https://www.cbo.gov/publication/60441>

^{xii} doi:10.1001/jamanetworkopen.2024.57349, <https://www.jmcp.org/doi/10.18553/jmcp.2024.23332>

^{xiii} International Food Information Council. 2024 Food & Health Survey. June 20, 2024. <https://foodinsight.org/2024-foodhealth-survey/> (slide 54)

^{xiv} <https://journals.sagepub.com/doi/10.1177/02601060241307980> and <https://pubmed.ncbi.nlm.nih.gov/36251292/>

^{xv} *JAMA Netw Open*. 2022;5(10):e2236898. doi:10.1001/jamanetworkopen.2022.36898.

^{xvi} Lu Wang et al., Food is Medicine Institute submitted manuscript.

^{xvii} *Nutrition and Health*. 2025;0(0). doi:10.1177/02601060241307980