

## QUICK FACTS:

# About 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.<sup>i</sup>

This material is proudly presented by the following collaborators:



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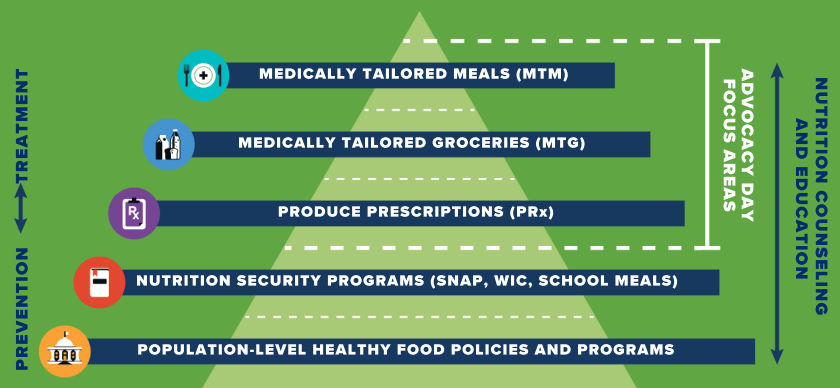


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## What is “Food is Medicine?”

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.

FIM interventions in healthcare are distinct from, but complementary to, federal and state safety net programs.<sup>ii</sup>



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,<sup>iii</sup> with strong ties to obesity, diabetes, heart disease, stroke, gut health, mental health, cancer, and more.
- 1 in 3 U.S. teens has prediabetes.<sup>iv</sup>
- Most Americans — across geographies, demographics, and education or income level — have dietary patterns that do not align with recommendations for good health.<sup>v</sup>

Among U.S. Adults<sup>vi</sup>

  
**MORE THAN 9 IN 10** HAVE SUBOPTIMAL CARDIOMETABOLIC HEALTH

  
**7 IN 10** HAVE OVERWEIGHT OR OBESITY

  
**6 IN 10** HAVE AT LEAST ONE CHRONIC DISEASE

  
**5 IN 10** HAVE CARDIOVASCULAR DISEASE

  
**5 IN 10** HAVE DIABETES OR PREDIABETES

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 and mental health conditions— many of which are diet-related — accounts for 90% of annual U.S. healthcare costs.<sup>vii</sup>
- The combined healthcare spending and lost productivity from suboptimal diets and food insecurity are estimated to exceed **\$1.1 trillion** each year.<sup>viii</sup>

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

- Obesity medications such as GLP-1s can play a role, but they come with high costs, limited adherence, and common weight regain. These medications should be used with comprehensive lifestyle support, including Food is Medicine programs for appropriate patients, to maximize effectiveness and cost-effectiveness.<sup>ix</sup>
- According to a 2024 survey, most Americans would rather change their lifestyle than take medication for a health condition.<sup>x</sup>

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# FIM initiatives can be a cost-effective or even cost-saving<sup>xi</sup> 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 such as 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 by interprofessional teams led by trained providers such as Registered Dietitian Nutritionists (RDN) or community health workers, and take the form of one-on-one, group, or telehealth 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 preventive 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 complement 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 reports 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 MTM in Medicare, Medicaid, and private insurance for an estimated 10.4 million Americans with one or more diet-sensitive conditions and limitations in certain activities of daily living could avert approximately 2.6 million hospitalizations and save \$23.7 billion in healthcare costs in the first year alone, even after accounting for costs.<sup>xii</sup>
- A randomized trial of a FIM intervention on Navajo Nation found culturally tailored MTM (14 MTM/week for 8 weeks) provided to patients with heart failure significantly reduced hospitalizations or emergency department visits at 90 days (40.6% among intervention patients vs. 57.0% among usual care patients) and improved food insecurity.<sup>xiii</sup>
- National implementation of produce prescriptions in Medicare, Medicaid, and private insurance for an estimated 6.4 million Americans with both diabetes and food insecurity could avert approximately 121,000 cardiovascular events and add 122,000 quality-adjusted life years — a measure of how well a treatment lengthens or improves patients' lives — over 10 years, and result in savings of \$29.2 billion in healthcare costs.<sup>xiv</sup>

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 responding to the chronic disease epidemic, but sustained investment in FIM research and implementation, 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.

<sup>i</sup> Health Aff (Millwood). 2025;44(4):398-405. doi:10.1377/hlthaff.2024.00585

<sup>ii</sup> <https://www.healthaffairs.org/doi/10.1377/hlthaff.2024.01343>

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

<sup>iv</sup> <https://gis.cdc.gov/grasp/diabetes/diabetesatlas-statsreport.html>

<sup>v</sup> Scientific Report of the 2025 Dietary Guidelines Advisory Committee.

[https://www.dietaryguidelines.gov/sites/default/files/2024-12/Part%2520A\\_ExecutiveSummary\\_FINAL\\_508.pdf](https://www.dietaryguidelines.gov/sites/default/files/2024-12/Part%2520A_ExecutiveSummary_FINAL_508.pdf)

<sup>vi</sup> 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:

[informingwhc.org/wp-content/uploads/2022/08/Informing\\_White\\_House\\_Conference\\_Task\\_Force\\_Report\\_Aug22.pdf](https://www.informingwhc.org/wp-content/uploads/2022/08/Informing_White_House_Conference_Task_Force_Report_Aug22.pdf)

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

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

<sup>ix</sup> Am J Clin Nutr. 2025;122(1):344-367. doi:10.1016/j.ajcnut.2025.04.023

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

<sup>xi</sup> Health Aff (Millwood). 2025; 44(4):433-442. doi: 10.1377/hlthaff.2024.01307; JAMA. 2025;333(12):1041-1050. doi:10.1001/jama.2025.1042; Hager K, et al., in press, Nature Medicine, 2026

<sup>xii</sup> Health Aff (Millwood). 2025; 44(4):433-442. doi: 10.1377/hlthaff.2024.01307

<sup>xiii</sup> <https://www.tctmd.com/news/navajo-meal-program-makes-headway-heart-failure-mutton-hf>

<sup>xiv</sup> Diabetes Care. 2025; 48(10):1783-1793. doi: 10.2337/dc25-0144