

HHS Authorities and Programs that Support Health Through Food and Nutrition

Food and nutrition play a key role in promoting health and healthy outcomes. Likewise, food and nutrition insecurity¹ are associated with increased risk for multiple chronic health conditions, including diabetes, obesity, heart disease, mental health disorders, and other chronic diseases.² Food insecurity among children also has implications for human development and school experience.³

According to the U.S. Department of Agriculture, in 2023, 47.4 million people in the U.S. lived in food-insecure households (about 15 percent of households).⁴

As the Department of Health and Human Services (HHS) works to promote health, NASDOH strongly encourages the Department to consider the importance of food and nutrition security in advancing these goals. HHS has several programs and authorities that help to address food and nutrition, including those discussed below, and can be further leveraged to support better health outcomes for all Americans.

Centers for Medicare and Medicaid Services (CMS):

- **Medicaid Flexibility for Food and Nutrition Support to Improve Health Outcomes**—Medicaid programs are the primary provider of healthcare benefits to tens of millions of Americans with limited incomes and resources, many of whom are more likely to experience food and nutrition insecurity. Section 1115 waivers and In Lieu of Services (ILOS) allow states address health-related needs, including food and nutrition, among Medicaid enrollees in order to improve health outcomes. For example, North Carolina’s Healthy Opportunities Pilot program, approved under the first Trump Administration, allows Medicaid managed care plans to provide fruit and vegetable prescriptions, healthy food boxes, and medically tailored home-delivered meals.⁵ Additionally, the Arkansas Health and Opportunity for Me (ARHOME) 1115 waiver established a Life360 HOMEs program which provides intensive care coordination and connection to services to different focus populations, including individuals with behavioral health needs who live in rural areas, individuals with high-risk pregnancies, and young adults at high risk for long-term poverty. Through the waiver, Arkansas’ Medicaid program covers nutrition supports, and case management, outreach and education for Life360 HOME beneficiaries. [HHS can further support these flexibilities and waivers to allow states to provide vital non-medical services that improve health outcomes of Americans enrolled in Medicaid.](#)
- **Medicare Advantage (MA) Food Benefits**—Beginning in 2020, the CHRONIC Act allowed MA plans to offer non-primarily health-related Special Supplemental Benefits for the Chronically Ill (SSBCI). MA plans can offer supplemental benefits to enrollees with chronic illnesses. Since 2020, these

¹ Food security means having access to enough food for an active, healthy life. Nutrition security means consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, treat disease.

² <https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html>

³ <https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html>

⁴ <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics>

⁵ <https://www.theregreview.org/2024/12/04/totz-expanding-access-to-food-as-medicine/>

benefits have food and produce,⁶ such as grocery stipends for people with diabetes or heart disease.⁷ In 2024, approximately 74% of MA enrollees had access to meal benefits through their plans. This percentage is even higher among enrollees in Special Needs Plans (SNPs), with about 85% having access to such benefits.⁸ [HHS can encourage MA plans to provide innovative benefits, and MA beneficiaries to utilize benefits, that support access to healthy and nutritious foods to improve health outcomes.](#)

Administration for Community Living:

- **Older Americans Act (OAA) Nutrition Programs**—The OAA supports crucial nutrition services for older adults, including congregate meals at community-sites and home-delivered meals for those who are homebound. These programs not only address food insecurity but also provide nutrition education, nutrition-risk screening and nutrition counseling to older adults, and offer valuable social interaction, reducing isolation and improving overall well-being.⁹ Through the OAA, 46% of congregate meal participants and 60% of home-delivered meal recipients report that the provided meals constitute half or more of their total daily food intake.¹⁰ Additionally, around 76% of congregate meal participants and 81% of home-delivered meal recipients report healthier eating habits due to their involvement in these program.¹⁸ Title VI Native American Aging Programs within the Older Americans Act also specifically supports the health and wellness of American Indian, Alaska Native and Native Hawaiian elders and caregivers by awarding grants to tribal organizations for nutrition and supportive services.¹¹ [HHS can work with Congress to reauthorize the Older Americans Act and fund programs that support the health and wellbeing of older Americans by supporting nutritional food for these populations.](#)

Indian Health Service:

- **Produce Prescription Pilot Program**—In the past 20 years, American Indian/Alaskan Native (AI/AN) households have been at least twice as likely to have experienced food insecurity when compared with White households, often exceeding rates of 25% across different regions and AI/AN communities.¹² The Indian Health Service’s Produce Prescription Pilot Program (P4) addresses this by providing fresh fruits and vegetables, nutrition education, healthy cooking classes, and by working with local farmers and grocery stores to increase access to healthy foods. [HHS can expand the reach of the P4 pilot program to reduce food insecurity and address dietary health among AI/AN populations.](#)

⁶ <https://www.gao.gov/assets/gao-23-105527.pdf>

⁷ https://health.usnews.com/medicare/articles/medicare-grocery-allowance?ABSwitch_varName=MedicareSponsor&ABSwitch_varValue=variation1

⁸ <https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2024-premiums-out-of-pocket-limits-supplemental-benefits-and-prior-authorization/>

⁹ <https://www.usaging.org/nutrition>

¹⁰ <https://acl.gov/programs/health-wellness/nutrition-services>

¹¹ <https://www.usaging.org/Files/24-TitleVI-Chartbook-508-fnl.pdf>

¹² <https://www.nimhd.nih.gov/resources/understanding-health-disparities/food-accessibility-insecurity-and-health-outcomes.html>

Health Resources and Services Administration (HRSA):

- **Federally Qualified Health Centers (FQHCs)**—HRSA-supported FQHCs provide vital health care to millions of patients across the country, including 1 in 8 children. Recognizing the link between food and health, many FQHCs offer innovative food and nutrition programs. These programs demonstrate the powerful “Food is Medicine” approach, directly addressing food insecurity and chronic disease management. Examples include
 - **BITE of HOPE (Houston, TX):** This program at the HOPE Clinic offers cooking classes, after-school activities, and workshops focused on healthy eating and farm-to-table concepts, engaging families and children in practical nutrition education..¹³
 - **"Food Pharmacies":** Several FQHCs operate "Food Pharmacies," where patients receive prescriptions for healthy foods, coupled with nutrition education and cooking demonstrations. Geisinger Health System's "Food Pharmacies" target patients with diabetes, providing groceries, recipes, and 20 hours of nutritional education via a mobile app. This led to a significant decrease in average HbA1c levels (from 9.6% to 7.5% in 18 months) and reduced healthcare costs.¹⁴
 - **Augusta University's "Food is Medicine" Farmacy (Georgia):** This program, partnering with Augusta Locally Grown, serves pregnant and postpartum women with chronic conditions or food insecurity. It provides free local produce prescriptions, nutrition education, cooking classes, SNAP/WIC screening, dietician access, health screenings, and childcare.¹⁵

FQHCs are uniquely positioned, especially in rural areas, to improve health outcomes through nutrition services. [Through HRSA, HHS can utilize funding and authorities for FQHCs to expand these impactful food and nutrition initiatives.](#)

- **Maternal and Child Health Bureau (MCHB)'s Nutrition Training Program¹⁶**—MCHB operates a comprehensive nutrition program focused on promoting the nutritional well-being of maternal and child populations. Over a five-year period, MCHB is training more than 4,500 future nutrition professionals and over 30,000 practicing professionals on key topics including pediatric obesity prevention, household food security, and nutrition during pregnancy. MCHB has developed educational resources about nutrition for distribution through the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) local offices and works with child care centers to improve practices supporting nutrition standards and partners with schools to create environments that provide healthy nutrition. MCHB has developed resources such as the "Obesity Prevention in Rural Early Care and Education Settings Compendium" and "Identifying Evidence-Based and Evidence-Informed Nutrition Interventions to Advance Maternal Health in Title V Maternal and Child Health Services Block Grant Programs." The bureau supports organizations like the Association of State Public Health Nutritionists (ASPHN) Maternal & Child Health Nutrition Council and the Arizona State University TRANSCEND Program, which offer trainings and continuing education. [HHS can](#)

¹³ <https://abiteofhope.org>

¹⁴ <https://www.sciencedirect.com/science/article/pii/S0735109723083171>

¹⁵ <https://jagwire.augusta.edu/food-as-medicine-new-food-farmacy-opens-to-help-pregnant-postpartum-women/>

¹⁶ <https://mchb.hrsa.gov/nutrition>

[utilize MCHB's resources and network to improve nutrition for pregnant women and children to prevent childhood obesity and chronic diseases.](#)

Centers for Disease Control and Prevention (CDC):

- **State Physical Activity and Nutrition (SPAN) Program**—The goal of the SPAN program is to “make healthy eating and active living more accessible.”¹⁷ This program currently provides funding to 17 states to support interventions that support good nutrition and physical activity. SPAN program supports state programs to expand produce prescriptions and vouchers, nutrition education, and work with food pantries and local farms. For example, the program implemented by the New Mexico Supplemental Nutrition Assistance Program-Education (SNAP-Ed NM) demonstrated meaningful impacts across 11 elementary schools from 2018 to 2022. Using the School Physical Activity and Nutrition Environment Tool (SPAN-ET), the evaluation assessed changes in policies, systems, and environmental (PSE) strategies focused on increasing healthy eating and physical activity. Results showed significant improvements in nutrition-related measures, with overall nutrition PSE scores increasing by 17.6 percentage points, primarily driven by substantial gains in nutrition policy environments (+26.0 percentage points) and situational environments (+13.8 percentage points). [Through the SPAN program, HHS can implement and expand evidence-based nutrition and physical activity strategies to reduce chronic disease.](#)
- **High Obesity Program (HOP)**—HOP focuses on increasing access to healthy foods and physical activity, and reducing obesity among adults, primarily in rural areas with high obesity prevalence.¹⁸ Previous HOP grantees have successfully increased access to healthier foods for more than 1.5 million people and improved access to physical activity opportunities for nearly 1.6 million people. HOP has engaged over 100 coalitions, bringing together a variety of stakeholders including health departments, local businesses, faith-based organizations, transportation departments, school systems, and farmers markets, to implement evidence-based obesity prevention strategies in high-risk rural communities.¹⁹ [Through the Health Opportunities Program, HHS can implement and expand evidence-based nutrition and physical activity strategies to reduce obesity in rural areas with high obesity prevalence.](#)
- **REACH Program**—The REACH program aims to improve health, prevent chronic diseases, and reduce health disparities among specific populations with the highest risk, or burden, of chronic diseases, including high blood pressure, heart disease, type 2 diabetes, and obesity.²⁰ [Through the REACH Program, HHS can implement and expand evidence-based efforts to prevent and address chronic diseases.](#)

National Institutes of Health (NIH):

- **The NIH Office of Nutrition Research (ONR)** advances nutrition science promoting health across the lifespan, “coordinates implementation of the Strategic Plan for NIH Nutrition Research” and

¹⁷<https://www.cdc.gov/span/php/about/index.html#:~:text=CDC%20funds%2017%20states%20to,runs%20from%202023%20to%202028>

¹⁸ <https://www.cdc.gov/hop/php/about/index.html>

¹⁹ https://www.cdc.gov/pcd/issues/2020/19_0235.htm

²⁰ <https://www.cdc.gov/reach/php/about/index.html>

“identifies research projects that deserve expanded effort and support by the NIH institutes and centers (ICs).”²¹ ONR also leads research on food and nutrition insecurity through a special interest initiative (NOSI: NOT-OD-22-135) that seeks to understand and address hunger and nutrition insecurity. This program supports research on interventions addressing nutrition security, examines mechanisms of food insecurity on various health outcomes, and focuses on developing and validating tools to measure nutrition insecurity. To provide service and technical support to NIH and agencies across the U.S. government, ONR has established several thematic working groups, including groups focused on Nutrition and Health in Pregnancy and Early Life, and The Intersection of Food Systems, Diet, Nutrition, and Health in a Changing Environment. [HHS can work with NIH on prioritizing critical research related to food and nutrition security, and ensure other federal departments and agencies utilize the finding of this research to implement evidence-based programs for improving health and wellbeing outcomes.](#)

Administration for Children and Families (ACF):

- **Head Start**—Head Start provides meals to children in their care, aligning with Child and Adult Care Food Program nutrition standards, including that meals and snacks should include a great variety of vegetables and fruits, more whole grains, and less added sugar and saturated fat.”²² [HHS can utilize Head Start to reduce barriers to for participating families in accessing healthy and nutritious foods that support better health outcomes.](#)
- **Social Services Block Grant (SSBG)**—The SSBG provides funding to states for social services to address their population’s needs and “reduce dependency and promote self-sufficiency; protect children and adults from neglect, abuse, and exploitation; and help individuals who are unable to take care of themselves to stay in their homes or to find the best institutional arrangements.” For example, Florida has utilized the SSBG to support congregate and home delivered meals for elderly adults.²³ States can also utilize SSBG funding to provide for adequate food for children and families to prevent or remedy abuse or neglect.²⁴ [HHS can utilize SSBG to reduce barriers to accessing healthy and nutritious foods that support better health outcomes.](#)
- **Community Services Block Grant (CSBG)**—States can use funding from the CSBG to support nutrition for Individuals and families with low incomes. Specifically, in 2020, CSBG funding helped to provide millions of boxes of food and groceries and prepared meals and supported nutrition courses and nutrition courses. This funding is also used to support access to fresh and healthy foods.²⁵ [HHS can utilize CSBG to reduce barriers to accessing healthy and nutritious foods that support better health outcomes for low-income populations.](#)

In conclusion, HHS holds significant authority and operates numerous programs that address food and nutrition insecurity. From supporting state Medicaid waivers to providing meals for older adults and

²¹ <https://dpcpsi.nih.gov/onr>

²² <https://headstart.gov/browse/tag/nutrition-assistance>

²³ https://acf.gov/sites/default/files/documents/ocs/rpt_ssbg_focus-report_fi_fy2019.pdf

²⁴ https://acf.gov/sites/default/files/documents/ocs/RPT_SSBG_FY-2022-Annual-Report_Final_508.pdf

²⁵ https://acf.gov/sites/default/files/documents/ocs/Freedom%20From%20Hunger%20Overview_2.pdf

children, these initiatives are crucial for improving health outcomes across the nation. NASDOH urges HHS to prioritize food and nutrition security as a core component of its health promotion agenda. By leveraging existing authorities, fostering cross-agency collaboration, and investing in evidence-based solutions, HHS can ensure that all Americans have access to the nutritious food they need to thrive. We stand ready to partner with HHS in this critical endeavor, working together to build a healthier future for all.