



February 2026

Food for Health

Food for Health and Community Health Centers: Innovative Approaches to Improved Health

Since they began 60 years ago, Community Health Centers (CHCs) have addressed food insecurity and nutrition with innovative care models. They serve large populations with chronic conditions, such as asthma, diabetes, heart disease, high blood pressure, and obesity, and bring evidence-based interventions into primary care that improve outcomes, build thriving communities, and decrease long-term health care spending.

Food for Health Approaches

CHCs operate a variety of different programs under the Food for Health umbrella, tailored to their community's needs. Common interventions include:

- Identifying food insecurity in the exam room and reducing barriers to healthy food
- Integrating nutrition-based interventions, such as fresh produce prescriptions and medically tailored meals, into clinical care to prevent and manage chronic disease
- Supporting self-management and whole-person care with lifestyle interventions that include nutrition education, cooking classes, and fresh produce distribution
- Making fresh food available to patients through food pantries and community gardens

Studies and data show that CHCs employ groundbreaking strategies that help patients manage their health and avoid more costly Emergency Department care.¹ The Department of Health and Human Services (HHS) recognizes CHCs as “at the forefront of efforts to Make America Healthy Again” through chronic disease prevention, nutrition counseling, cancer screenings, and comprehensive wellness services. Strategic investment in Food for Health initiatives and nutrition programming will help CHCs sustain and scale effective approaches to prevent and treat chronic disease and improve overall patients’ health.

HOPE Clinic in Houston, Texas, launched Bite of HOPE in 2018 as part of its Food for Health approach, integrating food access, chronic disease management, and community engagement. The program serves more than 400 families through regular food distributions and nutrition education, reflecting the clinic’s commitment to upstream, community-based strategies that complement clinical care and support long-term health and economic stability.²



Sources:

¹ <https://www.hhs.gov/sites/default/files/fy-2026-aha-cj.pdf>

² <https://abiteofhope.org/>; Translational Behavioral Medicine Article (2023, May) <https://academic.oup.com/tbm/article-abstract/13/11/845/7175020?redirectedFrom=fulltext>

³ 2024 Uniform Data System, Bureau of Primary Health Care, HRSA, DHHS



Delaware Valley Community Health

Over
7 million
Total Patients
Screened for
Non-Clinical
Factors of Health³

953,843
CHC Patients
Positive for
Food Insecurity³

How Congress Can Help



COMMUNITY HEALTH CENTERS

■ Investing in Nutrition Services within CHCs.

- Congress should recognize nutrition services as a required CHC service under Section 330 and provide dedicated funding to support implementation. This investment would allow a nutritionist or dietitian as part of the CHC care team. Many CHCs already operate Food for Health services in partnership with public and private entities that could be expanded.
- Invest in community kitchens, food pharmacies, and/or community gardens at CHCs.

■ Evaluating the impact of CHCs in connecting patients to federal nutritional programs.

- Congress can support data collection by directing the Health Resources and Services Administration (HRSA) to evaluate how CHCs support patient access to nutrition assistance programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program.
- HRSA has not collected data on WIC services at CHCs since 2007, when 21.5% of CHCs offered on-site WIC services. Given the significant number of CHC patients who use these programs, updated data would help identify opportunities to improve access.



SYSTEMS CHANGE

■ Cut bureaucratic red tape that prevents CHCs from integrating nutrition services into primary care and establish a safe harbor under the Stark anti-kickback law for CHCs to offer these services.



WORKFORCE

■ Directing the Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA) to develop a coordinated Food for Health strategy.

- Congress should direct HHS and USDA to jointly develop a strategic plan to expand access to comprehensive nutrition services, promote long-term healthy eating, and test new payment models for nutrition-based therapies to treat obesity, diabetes, and other chronic diseases.

■ Strengthening the workforce pipeline in primary care delivery and expanding the recruitment and training of nutrition professionals by:

- Investing more resources into the National Health Service Corps (NHSC) to ensure nutritionists and dietitians are eligible.
- Increasing funding for the Teaching Health Center Graduate Medical Education (THCGME) program to include nutritionists and dietitians and embed Food for Health curriculum in primary care physician training;
- Support continuing education for CHC clinicians in Lifestyle Medicine; and
- Enacting the Health Care Workforce Innovation Act (H.R. 935) to support CHC workforce development partnerships with high schools and community colleges with apprenticeships, preceptorship-to-practice, and career opportunities for dietitians and nutritionists.