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EXPERT INSIGHT | Healthy America

Real Food, Real Recovery: Putting America's Patients First

Hannah Anderson & Taylor Hood

TOPLINE POINTS

- Whole and locally sourced foods in hospitals support healthy recovery from treatment and injury.
- Many patients in hospitals are malnourished, eat foods that are highly processed, or do not fully support healing or long-term recovery.
- Food is Health is an initiative that uses institutional procurement policy to provide locally sourced food in hospitals alongside clinical care to improve patient outcomes, enhance workforce health, and reduce health care costs.
- Nutritious food for patients at hospitals helps inform patients when they return home.

Introduction

America has the best doctors in the world, the most innovative medicine in the world, and the most well-funded health system in the world, yet Americans have increasingly been getting sicker. In 2023 alone, national health expenditures were projected to grow by 4.4%, outpacing real U.S. GDP growth of just 2.5% (The White House, 2025). A 2017 RAND report attributes 90% of this spending to patients with at least one chronic disease (many of which are preventable), and that number has likely grown in the last decade (Buttorff et al., 2017). Multiple conditions, less synchronized care among multiple specialists, and more drug interactions add complexity and cost to care (Centers for Disease Control and Prevention, 2015).

Optimal nutrition is critically important for patients with complex medical conditions. Practically speaking, all preventable illnesses can be improved through healthy food. America's epidemic of obesity and type 2 diabetes mellitus (T2DM) is just the tip of the iceberg.

Cancer creates extraordinary nutritional demands during treatment and recovery. The National Cancer Institute (NCI) recognizes that extra protein and calories help patients maintain strength through treatment side effects, prevent malnutrition, and support tissue repair (NCI, 2026). A 2024 NIH systematic review of dietary interventions during active chemotherapy found that nutritional interventions were feasible, safe, and demonstrated preliminary efficacy to improve nutritional status, cancer-related fatigue, chemotherapy tolerance, and other outcomes (James et al., 2024). Patients on multiple treatments (known as polypharmacy) might suffer from malnutrition, whereas different interventions have varying impacts on the nutrient levels in the body - another area where whole foods can provide supplementation.

Nutrients found in real food, as outlined in the *Dietary Guidelines for Americans* (*Dietary Guidelines*), *2025- 2030* (U.S. Department of Agriculture & U.S. Department of Health and Human Services, 2026) are critical for all Americans to get healthy and stay healthy. This expert insight takes a special look at one patient population, those currently going through medical treatments, to understand how introducing healthy foods in the clinical setting and adhering to the new dietary guidelines can help them as well.

The Chronic Disease Crisis

The Trump Administration, through HHS, has made meaningful progress shifting American diets away from ultra processed food and petroleum-based dyes (U.S. Food and Drug Administration, 2025). In addition, the Department has launched a program with 53 medical schools to better support nutrition education (U.S. Department of Health and Human Services, 2026). However, many hospitals and doctors' offices do not recommend or offer whole foods to patients who are in critical need of real, healthy food, and they fail to address the underlying problem of nutrition in the clinical setting. Anecdotally, patients joke about hospital food that is high in processed sugars, refined carbohydrates, and other ultra-processed foods. Patients are offered Cheerio's for heart health, Jello after surgery, or 'rubber chicken' during cancer treatment. While the choices are well-meaning, and likely due to a combination of a cascading set of regulations, medical guidelines, precedent, and perceived financial necessity, they are not the best for the health and recovery of the patient.

This clear disconnect points to a larger national challenge. The United States is in the midst of a health crisis, primarily driven by chronic diseases caused by a poor diet. According to HHS, 90% of healthcare spending is dedicated to those with at least one chronic disease, 72% of American adults are overweight or obese, and 33% of adolescents are prediabetic (U.S. Department of Health and Human Services, 2026). While most of the responses to this epidemic have been focused on medical intervention and pharmaceuticals, one of the root causes continues to be overlooked: diet. The Centers for Disease Control and Prevention (CDC) identified poor nutrition as a primary contributing factor to chronic diseases (CDC, 2025). Supporting

this, a *JAMA* study revealed that almost half the deaths in the United States are caused by cardiometabolic diseases and are linked to poor diets that is high in sodium, sugary beverages, and highly processed foods (Micha et al., 2017). Further data highlight the scale of this trend, as according to a 2025 report from the CDC, 55% of Americans' daily calories come from ultra-processed foods, and specifically in children 18 and under, that number increases to 62% (CDC, 2025).

Beyond patient outcomes, the repercussions of poor dietary patterns and high rates of chronic disease place a significant burden on the U.S. healthcare system. According to the Centers for Medicare and Medicaid Services (CMS), about 1 in 3 beneficiaries have diabetes, which is a mostly preventable and common diet-related chronic disease (CMS, 2026). Many of these individuals have other comorbidities (*e.g.*, kidney failure, blindness, and amputation) that increase their need for care and associated costs. Medicare beneficiaries with multiple chronic illnesses make up a large portion of health expenditures and often have higher hospital readmission rates and prescription use. Obesity alone costs the U.S. healthcare system about $173 billion each year, while diabetes costs $413 billion a year—two diseases that are heavily influenced by diet (CDC, 2025). Absent system-wide change in dietary habits, nutrition knowledge, and institutional change Americans will continue to face poor health outcomes and shorter life expectancies. Structural shifts in food and nutrition are essential to the prevention of chronic diseases that can reduce the financial burden on individuals, families, and taxpayers.

Despite the extensive evidence linking diet to chronic diseases, the institutions that are meant to heal have been ill-equipped to respond, serving food that fails to support prevention and healing and instead exacerbates the conditions they treat. More importantly, the impact that this has on children who are being treated in the hospital is alarming, with poor nutrition often delaying their recovery, including longer stays, higher risks of infection, and increased complications (Briassoulis et al., 2024). Pediatric patients, especially those facing complex conditions, deserve better.

Making Hospital Food Great Again

Hospitals Fall Short as a Model of Healthy Eating

Hospitals were designed to be a place of diagnosis, treatment, and healing. Chronic disease patients are especially vulnerable, battling heart disease, T2DM, obesity, hypertension, and other conditions. These patients rely heavily upon hospitals for treatment. Hospitals need to be leaders in providing optimal nutrition to accelerate healing and long-term health and teaching their patients about the food they need to be healthy. Despite research that shows the value of these practices, hospitals fail to serve foods that reach basic nutrition standards and lack the nutritional density that doctors recommend to their patients. Hospital food programs and patient

education programs often fail to teach patients about dietary habits that can improve their health.

When evaluating the current landscape of the nutritional quality of hospital foods, the literature points to several shortfalls. A study examining a network of New York City hospitals evaluated the hospitals' menus for patients and found that no menu supplied food options that met basic nutritional standards. Most of the meals that were served exceeded limits for calories (often empty calories), fats, and ultra-processed foods, while protein, fruits, vegetables, and whole grains were underrepresented (Moran et al., 2015). In South Carolina, a cross-sectional study observed that food and beverages available to patients in the cafeteria were mostly ultra-processed, with the nutrition environment score being extremely low. This means that the hospitals lacked access to healthy food options, did not have availability of healthy food options, or had low-quality healthy food options (Dias et al., 2022).

This problem does not only exist on patients' plates but extends to the entire hospital environment. In 2019, a study within Veterans Affairs (VA) Hospitals—government-run facilities with the largest integrated health system in the U.S.—analyzed vending machines within these hospitals and observed the number of processed foods available to patients and staff. In the findings, almost half of the beverages contained over 55 grams of sugar, and the majority of snacks available contained high-processed ingredients, including candy, chips, and baked goods (Champ et al., 2019). Hospitals should be a model for public health, yet these observations show that they fall short of that standard.

Healthy Food Supports Clinical Care

Evidence reveals that patients experience positive metabolic changes when they eat healthier, including reduced inflammation, improved glucose regulation, and diversified gut microbiota (Gropper, 2023). There is growing research showing how specific dietary changes can improve outcomes for certain chronic diseases. The Mediterranean diet, which is rich in vegetables, fresh fruit, olive oil, nuts, and fish, reduces the risk of cardiovascular disease between 10% to 67% for fatal events and 21% - 70% for nonfatal events due to its high prevalence of antioxidants, which serve as an anti-inflammatory (Alyafei & Daley, 2025). The ketogenic ("keto") diet promotes high fat and low carbohydrates, has shown anti-seizure benefits with children with epilepsy, and is linked to lowering hemoglobin A1c, glucose regulation, and weight loss for patients with type 2 diabetes (Alyafei & Daley, 2025).

For those in the hospital after surgery, patients often follow the Enhanced Recovery After Surgery (ERAS) protocol. This protocol recommends beginning a high-protein oral diet unless otherwise suggested by the doctor, prioritizing overall protein goals instead of total calorie targets. Micronutrients, not just macronutrients, are also important after surgery. Food with arginine and Omega-3s, such as salmon, sardines, mackerel, or grass-fed beef, is

important for their immune-modulating capabilities and is recommended for major abdominal surgery. High-protein diets post-surgery have been shown in a randomized double-blind placebo-controlled trial to improve vertebral fusion and posterior spine fusion, decrease surgical site infection, and decrease postoperative pain. However, protein supplements often lack the vitamins, minerals, and fiber found in whole foods, so it is often recommended that patients switch to whole foods, taken orally, to support both tissue repair and recovery. Whole foods are also broken down more slowly by the body, which can support recovery after a prolonged anabolic response, like surgical interventions. A prolonged anabolic response can begin to break down muscle tissue (Hirsch et al., 2021).

Patients have unique carbohydrate needs as well; while carbohydrates provide different benefits from those of protein, they can meet critical energy needs associated with post-surgical metabolism and wound healing (Hirsch et al., 2021).

For pediatric patients, especially those who are undergoing cancer treatment or who are immuno-compromised, nutrition is crucial for survival. Research demonstrates that malnutrition in pediatric oncology patients creates an increased risk of infection, higher rates of readmission, and difficulty completing treatment (Tripodi et al., 2023). For these patients, food is used as a tool for healing. They must be given optimal protein and sufficient micronutrients, such as vitamins A and C found in fruits, which work for building and maintaining a strong immune system. In this case, food is not simply preventative but is an integral component of treatment.

Critically ill patients undergo profound metabolic changes, such as hypermetabolism (extremely high metabolism), catabolism, and systemic inflammation that rapidly erode nutritional stores. The 2024 review in the *Journal of Parenteral and Enteral Nutrition* (Viner Smith et al., 2024) specifically addressed patients with persistent critical illness (i.e., an ICU stay that is longer than 10 days), identifying unique nutritional considerations distinct from acute ICU care. Medical guidelines align with early enteral nutrition, or tube-feeding, with protein targets of 1.2–2.0 g/kg/day, while recommending a low-calorie diet in the first few hours after surgery to prevent overfeeding. Overfeeding can be associated with adverse outcomes, including hyperglycemia and immune suppression (Viner Smith et al., 2024). If a patient is unable to eat by mouth, enteral nutrition is preferred as it prevents gut atrophy, preserves the intestinal barrier function, and allows for better nutrient utilization (Adeyinka et al., 2022).

Nutritional support during hospitalization has a demonstrated impact on post-discharge health. The JAMA Network Open study of 77,460 patients receiving nutritional support found a significantly lower 30-day readmission rate in the nutritional support group, and patients receiving nutritional support were significantly less frequently admitted to post-acute care facilities after discharge. The most common reasons for readmission within 30 days of a surgical

procedure are gastrointestinal complications, surgical infections, and malnutrition, all of which are addressable through perioperative nutritional intervention (Kaegi-Braun et al., 2021).

Healthier Foods in Hospitals

Hospital systems and health providers across the United States have begun to integrate healthier food into their procurement practices and as part of medically tailored meals, leveraging food for clinical intervention. This initiative, Food is Health (FIH), focuses on using nutrition for the prevention and treatment of chronic diseases. This program focuses on institutional procurement reforms, which transform how hospital systems source and distribute their food. Instead of purchasing food that has a longer storage life, which is often ultra-processed, these hospitals partner with local farmers and state agricultural programs to procure locally grown produce and protein. The FIH framework also emphasizes medically tailored meals for chronic disease patients, dietary education, and wellness programs for hospital staff. The mission of this program is to utilize food as a tool for prevention and healing.

Health Benefits of Eating Local

The argument for locally sourced food is not merely economic but deeply nutritional. Fruits and vegetables begin losing nutrients immediately after harvest; vitamin C, a water-soluble nutrient that is essential for healthy skin, tissue repair, and immune function, degrades shortly after harvesting, and antioxidant content declines during storage. Since locally grown produce typically travels shorter distances and spends less time in storage, it retains more of its original nutrient profile at the point of consumption. Local, in-season produce also provides the consumer with the maximum natural ripening cycle, during which a plant develops its fullest spectrum of vitamins and minerals.

In addition, local sourcing reduces the need for chemical ripening agents and preservatives required when food is transported long distances, and shortens the time between harvest and consumption, resulting in more nutrient-dense, bioavailable foods. Eating locally is correlated with improved nutrition, increased likelihood of making healthier food choices, obesity prevention, and reduced risk of diet-related chronic disease, largely because local food is fresher, more nutritious, and less processed (Office of Disease Prevention and Health Promotion, 2024). Locally grown food and whole proteins naturally contain micronutrients that must be artificially added when designing nutrition programs in hospitals. Together, these points highlight the impact of agricultural partnerships and local sourcing, while further research on soil health will clarify how these practices shape the nutritional density of food.

Spotlight on Soil Health

Soil health is critical in determining the micronutrient content of crops, recognized as equally important as genetic variation in controlling the mineral and the phytochemical levels in food crops. Soils differ in their mineral composition, organic matter content, pH, and microbial communities across geographic regions, and these factors directly shape the nutrient profiles of the crops grown in them. Research consistently demonstrates that crops grown in healthier soils contain higher concentrations of micronutrients and phytochemicals.

Studies have also shown that locally grown food, particularly those grown with high soil microbial diversity, provides natural probiotic-like exposure to beneficial soil microbes that support microbiome diversification.

Recognizing the immense health impact of local foods, many hospital systems have turned to local procurement through the FIH structure. In Pennsylvania, 68 hospitals across 31 counties have pledged to the Good Food Healthy Hospital program that focuses on purchasing balanced, locally sourced, and healthy meals for patients and hospital staff. The program started 10 years ago, and in that time, almost all the hospitals have not only pledged to this initiative but have implemented health and wellness strategies, including food served within hospitals, patient meals, cafeteria, catering, and vending (Food Fit Philly, 2025). This program goes beyond improving what goes on patients' and staff's plates; it has strengthened collaboration between the hospitals and the regional farms, working together to put their procurement efforts toward healthier, local food.

Additionally, Appalachian Regional Healthcare has turned to FIH for institutional procurement. Located in predominantly rural areas of Kentucky and West Virginia, this system implemented an FIH initiative that works to improve patient and community outcomes through nutrition and education. This effort includes nutritional education for chronic disease patients, producing vouchers for fresh produce to children and adults with diabetes, enrolling patients in medically tailored meal studies, and partnering with local farmers to provide food at their facilities (Appalachian Regional Healthcare, 2025).

The FIH framework extends not only patient health but also workforce wellness. Baptist Health in Mississippi has created wellbeing programs for its workforce to improve health outcomes related to its own chronic diseases. They launched the BESTHealth program in 2018 with the goal of improving the health of their employees through early prevention screenings, annual wellness visits, nutritional interventions through healthier food options in the cafeteria and vending machines, and lifestyle programs. Employee health screenings reached 97%, and annual wellness visits at 90%, revealing a workforce that is eager to take responsibility for their health. The results of this model showed substantial clinical improvement in employees' health in multiple chronic disease indicators, including a 60% decrease in hypertension, a 51% decrease in prediabetes, and a 43% decrease in metabolic syndrome. This reduced preventable

diseases in the employees by 31%, saving the hospital around $3 million in healthcare costs (inHealth Strategies, 2025). This demonstrates a measurable, lasting economic impact if hospitals focus on prevention and the overall health of their employees.

Policy Recommendations

Institutional procurement of healthy foods is largely driven by voluntary action by hospitals and health partners. However, policymakers should consider the following policy actions to encourage healthy eating at hospitals and other institutions.

- **Rural Health Transformation Program (RHTP).** States and their health partners can direct RHTP dollars towards one-time capital investment that would help rural hospital kitchens integrate locally grown food into hospital food programs and medically tailored meals. Eligibility criteria can include hospitals that are procuring fresh, minimally processed foods with whole ingredients.

- **Procurement at Federally Funded Facilities.** Federally funded and operated hospital systems like the U.S. Department of Veterans Affairs (VA), Department of War (DoW) Military Treatment Facilities, and other CMS affiliated hospitals can implement reporting requirements for nutrition quality and patient wellness, as well as change procurement and contracting requirements to allow for more locally grown products to be served to patients.

- **Research on Whole Foods in Hospitals.** The National Institutes of Health (NIH) can expand research on the impact of using whole foods when designing medically tailored meals for patients, including pediatric patients. Longitudinal studies can assess economic and clinical influence, capturing chronic disease treatment/recovery, cost of care, and readmission rates, along with a study comparing micronutrients (both synthetic and those in whole foods). In addition, HHS could consider the creation of a Center for Nutrition and Health.

- **Partnership between states' departments of Health and Agriculture.** Partnerships between Departments of Health and Agriculture can help build the "Food is Health" initiative within hospital systems and clinics across their individual states. Focusing on connecting hospitals to local partners, like food distributors and in-state suppliers, becoming a resource for these hospitals to implement real, healthy food. States can also work to help with infrastructure needs for local distribution, including transportation, storage, and on-site facilities.

- **Regulatory Barriers**. CMS regulates Food and Dietetic Services as part of the Conditions of Participation for Medicare. Food procurement is regulated under

these services, as long as the food procurement meets federal, state, or local food safety guidelines. States and localities should ensure that food safety and processing requirements are not unintentionally hampering FIH partnerships. In addition, CMS could consider better incorporating the DGAs as part of these nutrition requirements.

- ★ **Farm Bill.** Congress could consider ways to encourage voluntary compacts to support farm-to-hospital initiatives and medically tailored meals that use whole food.

Conclusion

The Make America Healthy Again movement is more than nutrition; it is the foundation of prevention, treatment, and the well-being of all Americans. The chronic disease crisis continues to burden American families, the U.S. health system, and the federal government. Hospitals have a unique opportunity to be a leader in changing how Americans view the food they put in their bodies as a mechanism of prevention and healing. The integration of programs like the "Food is Health" initiative helps hospitals procure locally sourced food that uplifts American farmers and provides fresh, nutrient-dense foods to the most vulnerable population. Institutional procurement practices that bridge the gap between local agricultural resources and major organizations can be replicated across sectors such as schools and military bases, supporting access to healthy food and strengthening the local economy. Moving forward, to build back a stronger, healthier America requires going back to the basics and giving patients real food.

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Hannah I. Anderson *is the Senior Director of Policy and the Director of Healthy America Policy at the America First Policy Institute.*

Taylor Hood *is an Analyst for Healthy America Policy at the America First Policy Institute.*