



# Accountable Food Is Medicine Alliance (AFIM Alliance)

## Overview

The Accountable Food Is Medicine Alliance (AFIM Alliance) is a national nonprofit organization dedicated to integrating Accountable Food Is Medicine (AFIM) into healthcare and public health systems. Its mission is to prevent and reverse chronic diseases by making clinically integrated, outcomes-based nutrition interventions a standard part of care. The model is rooted in accountability to patients, providers, farmers, and payers.

## Core Functions of the AFIM Alliance

### 1. Advocacy

The AFIM Alliance functions as a leading national voice in promoting legislative, regulatory, and administrative policies that support the clinical integration of Accountable Food Is Medicine into healthcare systems.

- **Government Engagement:** The Alliance maintains active relationships with federal and state agencies including the Centers for Medicare & Medicaid Services (CMS), the Department of Health and Human Services (HHS), the Department of Agriculture and key Congressional committees. It regularly provides briefings, submits public comments, and convenes stakeholders to shape funding and coverage policy.
- **Barrier Identification and Policy Reform:** By working with its members on the ground, the Alliance identifies legal and regulatory obstacles—such as limits on Medicaid and Medicare reimbursement or restrictive dietary coverage policies—and develops actionable proposals to eliminate them.
- **Coalition Leadership:** The Alliance brings together public health organizations, healthcare providers, employers, insurers, community-based organizations, food and agriculture interests, universities, foundations and other stakeholders into unified advocacy campaigns, creating momentum for systemic change.
- **Public Engagement:** Regular educational sessions in Washington, DC, focused on Congress and the Administration and high-impact regional events position AFIM programs as a central component of health reform and promote evidence-based models to national leaders.
- **Continuous Campaigns:** Year-round communication and education campaigns keep AFIM on the legislative agenda and build sustained public support for its expansion.

## 2. Policy Development

The Alliance creates policy frameworks, technical guidance, and legislative strategies to enable state and federal agencies to adopt and fund AFIM programs.

- **Thought Leadership:** The Alliance publishes white papers, implementation guides, and strategic roadmaps covering key policy levers such as Medicaid Section 1115 waivers, CMS Innovation Center pilots, and Medicare Advantage benefit design.
- **Policy Consultation:** Alliance experts serve as nonpartisan advisors to state Medicaid programs, CMS and other federal agencies, and legislative staff developing rules or laws that affect nutrition security, chronic disease prevention, and healthcare payment reform.
- **Pilot Program Support:** The Alliance partners with payers and providers to support the design, implementation, and evaluation of alternative payment models—such as bundled payments or per-member-per-month nutrition benefits—that align financial incentives with health outcomes.
- **Model Legislation:** The Alliance develops model state and federal legislation that members and allies can adapt to their own jurisdictions to accelerate policy adoption.

## 3. Member Engagement & Capacity Building

The Alliance strengthens its member organizations' ability to deliver, evaluate, and scale AFIM programs through direct support and peer collaboration.

- **Technical Assistance:** Members receive personalized guidance on everything from data system design and staffing models to payer negotiation and policy engagement.
- **Peer Learning Networks:** Workgroups, learning collaboratives, and site visits facilitate the exchange of best practices among members facing similar challenges and opportunities.
- **Recognition and Visibility:** Members' successes are showcased at conferences, in publications, and on the Alliance's digital platforms—raising visibility with funders, partners, and policymakers.

## Organizational Infrastructure

### Funding and Sustainability

- **Revenue Sustainability:** The Alliance is supported by Membership dues. However, as a not-for-profit organization, the Alliance will also seek a mix of federal and state grants, and philanthropic funding. While the goal is to secure 25 members the first year, the Board of trustees will determine the membership goal each year.
- **Strategic Growth Planning:** The Alliance engages in long-term planning and performance management to ensure operational resilience, program scalability, and the ability to respond to emerging policy and funding landscapes.

### Governance and Membership

- **Board of Trustees:** A multidisciplinary board provides strategic oversight and is drawn from across healthcare delivery, insurance, public health, agriculture, academia, and philanthropy.

- **Membership Composition:** Members include health systems, food companies, Medicaid and Medicare Advantage health plans, large employers, universities committed to regenerative agriculture, research institutions, foundations, and community-based organizations and other entities committed to the goals of Accountable Food Is Medicine.
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## What is Accountable Food Is Medicine (AFIM)?

AFIM is a clinically integrated, outcomes-based approach to Food Is Medicine that embeds accountability across stakeholders. It is designed to be a core component of chronic disease care, combining clinical oversight, culturally relevant nutrition education, and access to nutrient-dense, locally grown food and food produced through the principles of regenerative agriculture.

### Key Features:

- **Clinical Integration:** AFIM is prescribed by healthcare providers, integrated with care teams, and linked to value-based payment models such as bundled payments.
- **Stakeholder Accountability:**
  - **To Patients:** Regular tracking of participation and health metrics, with structured graduation or re-enrollment.
  - **To Providers:** Seamless coordination and reporting on patient progress.
  - **To Farmers:** Emphasis on sourcing from local producers, with preference for regenerative agriculture.
  - **To Payers:** Documentation of clinical outcomes (e.g., A1c, blood pressure) and cost savings (e.g., \$12,000 annually per patient, as seen in FreshRx Oklahoma).
- **Culturally Relevant and Sustainable:** Educational and food resources are tailored to community needs.
- **Data-Driven:** Standardized outcome tracking across programs ensures transparency and scalability.