



Healthy Food Prescription Community of Practice Lead – Request for Services

FREQUENTLY ASKED QUESTIONS

We have responded to questions received about this Request for Services. The responses appear in no particular order. Submissions for this fee-for-service contract are due July 27, 2022.

For the full Request for Services (RFS), please review the [RFS](#) on the Foundation's website or [download the RFS](#).

Q: We want to lend our expertise and assets in a manner that would be most advantageous and are considering whether we should take the lead on a submission and pull together partners or identify someone else to lead and support their submission. Can you help us understand the landscape of consultants you hope will apply?

A: This is an open opportunity we don't have any insight into who plans to apply – or have any preconceived ideas about who should apply. As to whether you should take the lead or partner with others, that is up to you. We encourage applicants to consider the aims of this work, connect with any organizations that might complement your services, and decide what roles/responsibilities make the most sense.

The *Desired Skills, Qualities and Attributes* section of the [Request for Services](#) is a good overview of what we are looking for in a contractor(s). This is an interesting opportunity because we are looking for someone who understands strategic decision-making health care, food systems, nonprofit organizational development, strategic partnerships, and health care transformation in NC, strategic communications, etc. In limited circumstances, if there are weaknesses in a team we may recommend potential partnerships – but that wouldn't happen until after proposal submission/review. And generally, we try to stay away from "forced marriages."

Q: What are the parameters for how the 10 organizations in the Healthy Food Prescriptions Cohort can use their existing \$200K Foundation grant?

A: As stated in the Funding Opportunity for the 10 organizations – Building Capacity for Food is Medicine – Healthy Food Prescription Programs:

This opportunity is specifically designed to support organizations with an established Healthy Food Prescription program to improve and/or grow their programs. Grant funds should be used based on individual needs to strengthen and/or grow services to deliver Healthy Food Prescription programs. We anticipate supporting a mix of activities such as:

- Evaluation design, data collection, and/or analysis for program improvement and to provide proof of concept data.
- Legal support to help ensure equitable partnership agreements and contracts.
- Technology support and integration of technology tools for billing, invoicing, reimbursement, among others.

- Finance modeling and budget planning to adequately cover costs and ensure “full costs” are captured in running the program. o Staffing for additional process workflows and managing the programs in partnership with health care and local food hubs, farmers, and others.
- Staff time for partnership development and management with health care, food providers, and others.
- Critical program infrastructure, e.g., refrigeration, enhanced technology to manage invoicing and billing systems for program delivery.

Note: While the Foundation does not typically support capital expenses, we will consider doing so with sufficient rationale in that it will improve quality and/or increase capacity.

See the [Funding Opportunity](#) for more information.

Q: Would all program-related expenses (paid media vendors, designers, travel, etc.) also need to come from the \$500K budget?

A: Yes, all expenses should be included in the \$500,000 total budget. Please design an approach that fits within this budget.

Q: Is the research described in the "Other" section Foundation-financed or would that be drawn from the \$500K budget?

A: The Foundation is funding a separate evaluation to help identify the key capacities necessary for equitable and sustainable partnership between health care organizations and community-based nonprofits. The Community of Practice Lead may be asked to engage in evaluation activities including surveys, sense-making sessions, and focus groups to support learning. You can anticipate that there will be regular meetings between the Community of Practice Lead, the Foundation, and the evaluators with the frequency to be determined based on need and the input from everyone who will be involved.

Q: Is it possible for the organizations comprising the Health Food Prescription program cohort to change over the course of this scope of work?

A: No, the organizations comprising the Health Food Prescription program cohort will not change over the course of this scope of work. Their period of performance is 7/1/22 – 6/30/24. The organizations have already been selected and are listed in the [Appendix of the Request for Services](#) document.

Q: There is uncertainty in the possible technical assistance needs. Is the expectation that all identified needs will be met, or is the consultant expected to set a total budget for that item and then determine the best use of that amount as the project progresses?

A: We expect that the Community of Practice Lead will need to prioritize needs, likely in partnership with the cohort, and deploy training and technical assistance accordingly. Facilitating peer-to-peer connections may also be a way to address certain technical assistance needs since the grantees strengths and weaknesses vary.

Q: Has the Foundation established any measurements that will help track the achievement of the goals described on page 2 of the RFS?

A: Preliminary outcomes/metrics tied to the Foundation’s overall Food is Medicine funding strategy (including direct grantmaking, the Community of Practice and evaluation) include:

- Identify five key elements of viable Healthy Food Prescription models and partnerships that can be spread to strengthen and grow this work across the state.

- Create a networked field of Food is Medicine practitioners that can provide peer learning and support, serve as expert resources on Healthy Food Prescriptions, and act as champions to grow the field.
- Ten existing programs will grow or improve such that 80% of grantees within this initiative will have enhanced capacity to address social needs through Food is Medicine programs as evidenced by changes in at least one of the following:
 - Improved operations/systems to deliver model (e.g., more/appropriate staffing, HIPAA compliance, new technology/software, legal/contracting)
 - Model enhancement (e.g., enrollment technology, delivery method, food choice, food sourcing, nutrition education, etc.)
 - Enhanced monitoring and evaluation (e.g., evaluation plan design, data collection, user experience/client satisfaction)
 - Increased health care partnerships
 - New funding/revenue streams

Q: Is there a reporting structure in place for how the consultant should report milestone progress?

A: There is currently no required reporting structure for this contract. The reporting structure will be developed in collaboration with the contractor. It will likely include regular calls that will likely be more frequent during the start-up phase and informal written updates (frequency TBD) and annual reporting. The Foundation hopes to remain closely connected to this work as a thought partner to the Community of Practice Lead while trusting them to handle the day-to-day

Q: Per the scope of work, we are looking to commit about 50% of our service delivery for this project to different forms of strategic communication. Does this estimation track with your vision for this project?

A: We do not have a preconceived notion of how much time or resources it will take to meet the needs of the Community of Practice Lead and nurture their connectedness versus strategic communications. And, certainly, strategic communications is a key component of helping the cohort amplify their work and better position them for sustainable partnerships with health care as well as other potential funding opportunities. Regardless of how you choose to allocate your resources in the initial proposal, please help us understand what that allocation will make possible.

Q: What do you see as the long-term vision of this initiative, beyond the 26 months of partnered services?

A: The long-term vision of this initiative is that we have helped build the capacity, evidence, and awareness necessary to help demonstrate equitable and sustainable partnerships between community-based organizations and health care providers to deliver healthy food prescriptions and position the community-based nonprofits as a vendor of choice for health care payers and providers that want to address the food-related needs of their patients.

At this point, there are no plans for future funding in this space. That said, we do consider ourselves a learning organization and if we are not able to achieve this vision, we will interrogate why and identify potential future investment opportunities.