



FOOD IS MEDICINE

**A Scan of Partnerships between
Community-Based Organizations
and Healthcare Providers
in North Carolina**

Food is Medicine:

A Scan of Partnerships between Community-Based Organizations and Healthcare Providers in North Carolina

Published for
Blue Cross and Blue Shield of North Carolina Foundation
2025

Report Author: LaShauna Austria,
Seeds of Change Consulting

Report Design: Iximché Media

Illustrations: Emily Gibson Rhyne

This report is the result of a multi-year investigation carried
out by Seeds of Change and Food Insight Group.

Special thanks to

participating Community-Based Organizations: Appalachian Sustainable Agriculture Project (ASAP), Conetoe Family Life Center, Inc., Feast Down East, Green Rural Redevelopment Organization (GRRO), Highland Neighborhood Association (fiscally sponsored by Kintegra Health), Hunger and Health Coalition, Nourish Up (formerly Loaves & Fishes Friendship Trays), Reinvestment Partners, SHARE Winston-Salem, Inc., TRACTOR Food & Farms

and participating Healthcare Organizations: Council on Aging of Buncombe County, MAHEC (Mountain Area Health Education Center), ECU Health, Novant Health, MedNorth Health Center, Access East, Kintegra Health, Seby B. Jones Regional Cancer Center, Appalachian Regional HealthCare System, Atrium Health Mobile Medicine, Novant Health Heart and Vascular, United Health Centers, Mountain Community Health Partnership, Toe River Project Access



Table of Contents

1 Introduction pg.6

The introduction outlines the transformative role of Food is Medicine (FiM) initiatives in North Carolina, emphasizing the importance of collaboration between Healthcare Organizations (HCOs) and Community-Based Organizations (CBOs) to improve health outcomes, address social determinants of health, and overcome challenges to program success.

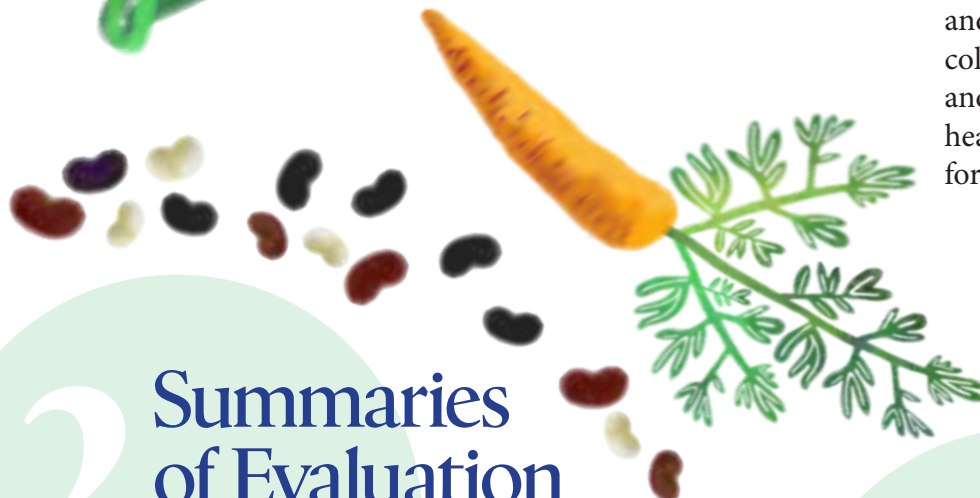
- Background
- Importance of Partnerships
- Challenges and Opportunities
- Purpose of this Exploration
- Guiding Evaluation Questions



2 Summaries of Evaluation Phases I & II pg.10

The Summaries of Evaluation Phases I & II section details the methods and findings from the two evaluation phases, focusing on the development of tools to assess FiM partnerships, the in-depth interviews and analysis of key partners' perspectives, and the identification of essential capacities, challenges, and strategies for strengthening these partnerships to enhance program effectiveness and sustainability.

- Phase I Methods
- Phase II Methods
- Phase II Analysis
- Data Summaries and Partner Perspectives



3 Partnership Highlights and Insights pg.26

This section highlights successful partnerships between Community-Based Organizations (CBOs) and Healthcare Organizations (HCOs), focusing on trust, communication, shared goals, and innovation. It examines how these collaborations overcome challenges and deliver impactful community health solutions, offering key lessons for building resilient partnerships.

- Key Insights
- Barriers and Facilitators to Partnership
- Burden Distribution



5 Overview of Partnership Impacts pg.34

This section explores the impact of partnerships between Community-Based Organizations (CBOs) and Healthcare Organizations (HCOs) in Food is Medicine (FiM) programs. It highlights how these collaborations integrate resources, enhance food access, improve health outcomes, and foster social cohesion within communities, demonstrating the significant benefits of nutrition-focused healthcare initiatives.

- Partnership Functionality
- Direct Impact
- Ripple Effect



4 Future Directions pg.36

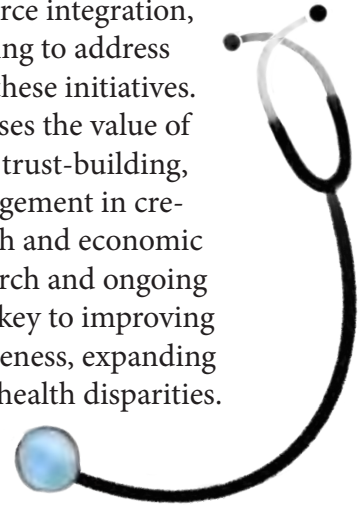
This section outlines future directions for scaling Food is Medicine (FiM) programs, focusing on stronger cross-sector collaboration, clinical integration, addressing transportation barriers, and improving data tracking. It emphasizes the need for broader stakeholder involvement in funding and the importance of education and long-term impact measurement for sustainability.

- Strengthening Clinical Integration and Expanding Access to Education
- Addressing Transportation Barriers
- Data Collection and Tracking for Long-Term Impact



6 Conclusion pg.38

The conclusion emphasizes the importance of strong partnerships between healthcare organizations (HCOs) and community-based organizations (CBOs), and offers considerations for the success of Food is Medicine (FiM) programs. It highlights the need for policy changes, resource integration, and sustainable funding to address challenges and scale these initiatives. The section also stresses the value of cultural competency, trust-building, and community engagement in creating long-term health and economic benefits. Future research and ongoing collaboration will be key to improving FiM program effectiveness, expanding access, and reducing health disparities.



Introduction

Background

North Carolina is a key player in the Food is Medicine (FiM) movement, with a robust landscape of community-based FiM initiatives that are vital in addressing the state's unique health challenges. The commitment to integrating food and nutrition security into healthcare through local partnerships and grassroots efforts underscores why the evaluation and growth of these programs are crucial for improving health outcomes statewide.

The emergence of FiM initiatives in recent years marks a transformative shift in the healthcare landscape, underscoring the vital role of nutrition in both preventing and managing chronic illness. By emphasizing the integration of nutrition into healthcare strategies, FiM programs provide a proactive approach to health, prioritizing dietary interventions as a means of enhancing overall well-being and reducing healthcare costs. This approach aligns with the principle that access to nutritious food is fundamental to health, especially for underserved populations that face food insecurity and elevated rates of chronic illnesses.

FiM initiatives provide an alternative to the traditional healthcare model, which often focuses on treating diseases after they occur, by shifting the emphasis towards prevention and health promotion. These programs incorporate nutrition education, food access, and nutritional support into routine healthcare practices, designed to address the root causes of health issues through diet. By doing so, FiM initiatives strive to improve patient outcomes and reduce long-term healthcare expenditures.

A cornerstone of FiM in North Carolina is the collaboration between Healthcare Organizations (HCOs) and Community-Based Organizations (CBOs). HCOs contribute medical expertise, infrastructure, and access to patient populations, while CBOs bring local knowledge, community trust, and direct connections to individuals and families in need. This synergy between sectors creates a comprehensive, community-centered strategy that enhances the effectiveness of FiM programs.

Importance of Partnerships

The success of FiM initiatives leveraging CBO-HCO collaboration hinges on robust partnerships between them. HCOs offer clinical oversight, health screenings, and nutritional counseling, ensuring dietary interventions are medically appropriate and integrated into patient care plans. HCOs provide access to healthcare professionals who can prescribe food as medicine, embedding nutritional assessments into standard care practices.

Conversely, CBOs address critical social determinants of health such as food access, affordability, and cultural relevance within local communities. They operate essential resources like food pantries, community gardens, and farmers markets, and provide nutrition education that encourages individuals to make informed dietary choices. CBOs also engage with the community to build trust and facilitate program participation, ensuring the benefits of FiM initiatives reach those who need them most.

In the abstract, partnerships between HCOs and CBOs should produce exponentially positive outcomes for participants because of CBOs' community trust and connections, as well as long standing understanding of working upstream of social determinants of health, combined with HCOs' clinical capacity and integrated care practices. The combination should ultimately put the participant-patient at the center of a holistic approach to health and wellness.

Challenges and Opportunities

Despite the promise of FiM initiatives, several challenges impede their full potential. Funding constraints, logistical hurdles, and disparities in resource allocation between healthcare and community sectors are significant barriers. HCOs may struggle with incorporating nutritional services into their existing workflows, while CBOs often face limitations in capacity and sustainability.

However, these challenges also present opportunities for innovation and growth. Leveraging technology, data analytics, and evidence-based practices can enhance program scalability and improve the measurement of health outcomes. Strategic collaborations with governmental agencies, philanthropic organizations, and private sector entities can provide additional funding and support, helping to overcome financial and logistical obstacles.

Purpose of This Exploration

The primary purpose of this scan is to elevate the practices and capacities of FiM partnerships by highlighting the unique contributions of CBOs rooted in community perspectives. The partnerships highlighted in this scan were grantee partners of the Blue Cross and Blue Shield of North Carolina Foundation (the Foundation).



Nourish Up partners with hospitals and community clinics in Mecklenburg County, NC to provide healthy food boxes to individuals with a chronic illness identified as food insecure. Photo courtesy of Nourish Up

The scan explores opportunities to strengthen FiM partnerships, aiming to move beyond simple patient referrals to CBOs. It investigates how these collaborations can be reimaged to foster deeper, more integrated support, enabling healthcare providers to actively engage with CBOs in ways that improve patient outcomes, address social determinants of health, and create long-term, sustainable partnerships. By identifying best practices and challenges for FiM partnerships, the scan suggests a more holistic approach to patient care, ensuring that HCOs and CBOs work together to provide comprehensive, patient-centered services. This critical examination seeks to ensure that both healthcare organizations and CBOs are effectively integrated, with CBOs becoming supported and resilient partners in improving overall health and well-being.

FiM initiatives represent a revolutionary approach to healthcare that integrates nutrition as a core element of disease prevention and management. Effective collaboration between HCOs and CBOs is crucial for overcoming existing barriers and maximizing the impact of these programs. This scan seeks to advance the field by examining current practices, identifying areas for improvement, and reinforcing the importance of partnerships in achieving equitable access to nutritious food and improved health outcomes.



Guiding Evaluation Questions

The Foundation’s primary focus through this evaluation was to understand the nature and nuances of the relationships between CBOs and HCOs working together in this FiM space that facilitate or hinder delivery of FiM programs. What makes a partnership work well? Where are the challenges? What supports, training, or learnings could strengthen CBO and healthcare partnerships for greater FiM success in the future? To guide this investigation, the Foundation collaborated with Seeds of Change Consulting (SOC) and Food Insight Group (FIG) to develop key questions for exploration.

SOC and FIG were tasked not with direct evaluation of FiM program outcomes, but rather generating evidence on the capacities necessary for mutually supportive and sustainable Food is Medicine partnerships between healthcare organizations and community-based nonprofits. Guiding questions included:

1 Capacities for Mutually Supportive Partnerships

- What are the essential capacities for effective collaboration between Healthcare Organizations (HCOs) and Community-Based Organizations (CBOs)?
- How do varying definitions of “mutually supportive” impact the collaboration between HCOs and CBOs?
- What specific resources, skills, or practices are necessary for these partnerships to thrive?

2 Capacities for Sustainable Partnerships

- How can partnerships be structured for long-term sustainability and impact?
- In what ways can the concept of “sustainable” be interpreted differently by HCOs and CBOs, and how does this affect partnership structures?
- What strategies or models have proven effective in maintaining and growing these partnerships over time?

4 Relationship Dynamics and Challenges

- What makes a partnership between CBOs and HCOs work well, and what challenges do they face?
- What are the critical factors that facilitate or hinder effective FiM program delivery within these partnerships?

3 Factors Contributing to the Effectiveness of FiM Programs

- What factors enhance the effectiveness of FiM initiatives in improving health outcomes?
- What are the key elements that contribute to successful FiM program delivery and impact?
- How do the relationships between CBOs and HCOs influence the effectiveness of FiM programs?

5 Support and Development for Future Success

- What supports, training, or learnings could strengthen CBO and healthcare partnerships for greater FiM success in the future?
- What types of support or training have been most beneficial in past partnerships?
- How can future collaborations be enhanced based on lessons learned from Phase 2 and evolving definitions of mutually supportive and sustainable partnerships?

In addressing these questions, we recognize the varied definitions of “mutually supportive” and “sustainable” as they pertain to partnerships between CBOs and HCOs.

Feast Down East staff work at the Food Hub in Burgaw, NC. Feast Down East connects local farmers to local communities by organizing wholesale distribution of fresh high-quality produce, meat and eggs. Photo courtesy of Feast Down East



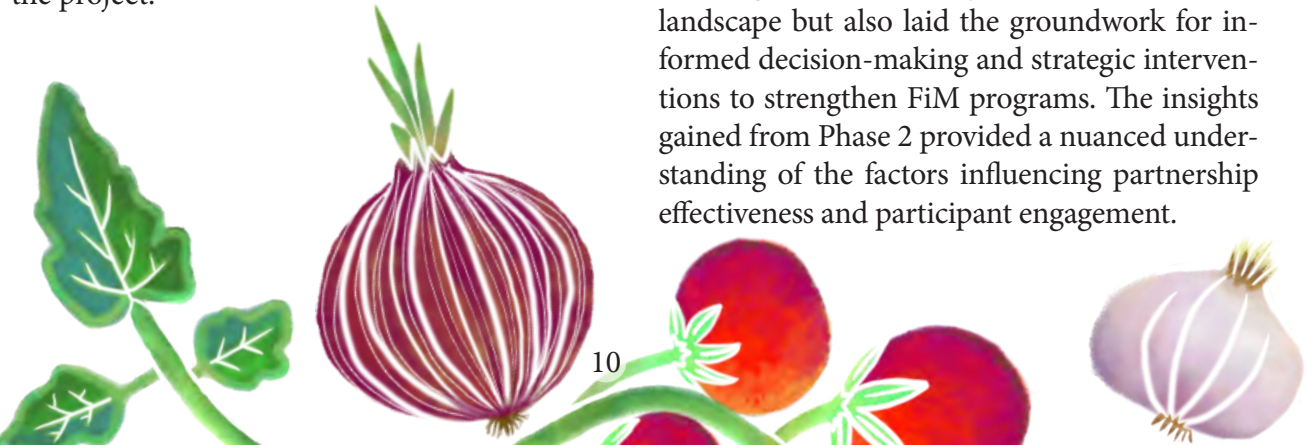
Summaries of Evaluation Phases I & II



Phase I Methods

During Phase 1 of the evaluation, significant groundwork was laid for understanding and evaluating FiM partnerships. This phase primarily focused on the development of robust interview guides and survey tools specifically tailored to capture the complexities and nuances of FiM partnerships. These tools were designed to elicit detailed insights into the collaborative efforts between HCOs and CBOs, aiming to identify key success factors and challenges.

In addition to tool development, Phase 1 involved an initial exploration into the landscape of CBOs funded by the Foundation engaged in FiM initiatives. This exploratory phase was crucial as it provided foundational insights into the diverse roles, capabilities, and contributions of CBOs within FiM partnerships. By gaining a comprehensive understanding of CBOs' operational frameworks, community reach, and partnership dynamics, Phase 1 set the stage for informed decision-making and strategy development in subsequent phases of the project.



Phase II Methods

Phase 2 of the initiative marked a pivotal stage in the evaluation process, characterized by in-depth interviews and surveys conducted with key partners including CBOs, HCOs, program participants, and Foundation staff. These engagements were instrumental in gathering first-hand perspectives and experiences related to FiM partnerships, shedding light on both the successes and challenges encountered in program implementation.

Key activities from Phase 2 included the identification and analysis of critical challenges faced by FiM programs in effectively engaging participants. These challenges ranged from logistical barriers to participant reluctance and varying community needs. Importantly, Phase 2 also focused on understanding actionable strategies and best practices from CBO insights to enhance participant engagement strategies. Phase 2 underscored the importance of collaborative learning and knowledge exchange among partners.

Overall, Phase 2 not only deepened the understanding of partnership dynamics within the FiM landscape but also laid the groundwork for informed decision-making and strategic interventions to strengthen FiM programs. The insights gained from Phase 2 provided a nuanced understanding of the factors influencing partnership effectiveness and participant engagement.

Phase II Analysis

Phase II involved an in-depth analysis of data from CBOs, HCOs, program participants, and Foundation staff. This phase was critical for uncovering insights and formulating recommendations to enhance FiM partnerships. The analysis drew from qualitative data gathered through interviews and surveys, aiming to understand the complex dynamics, successes, and challenges within these collaborations.

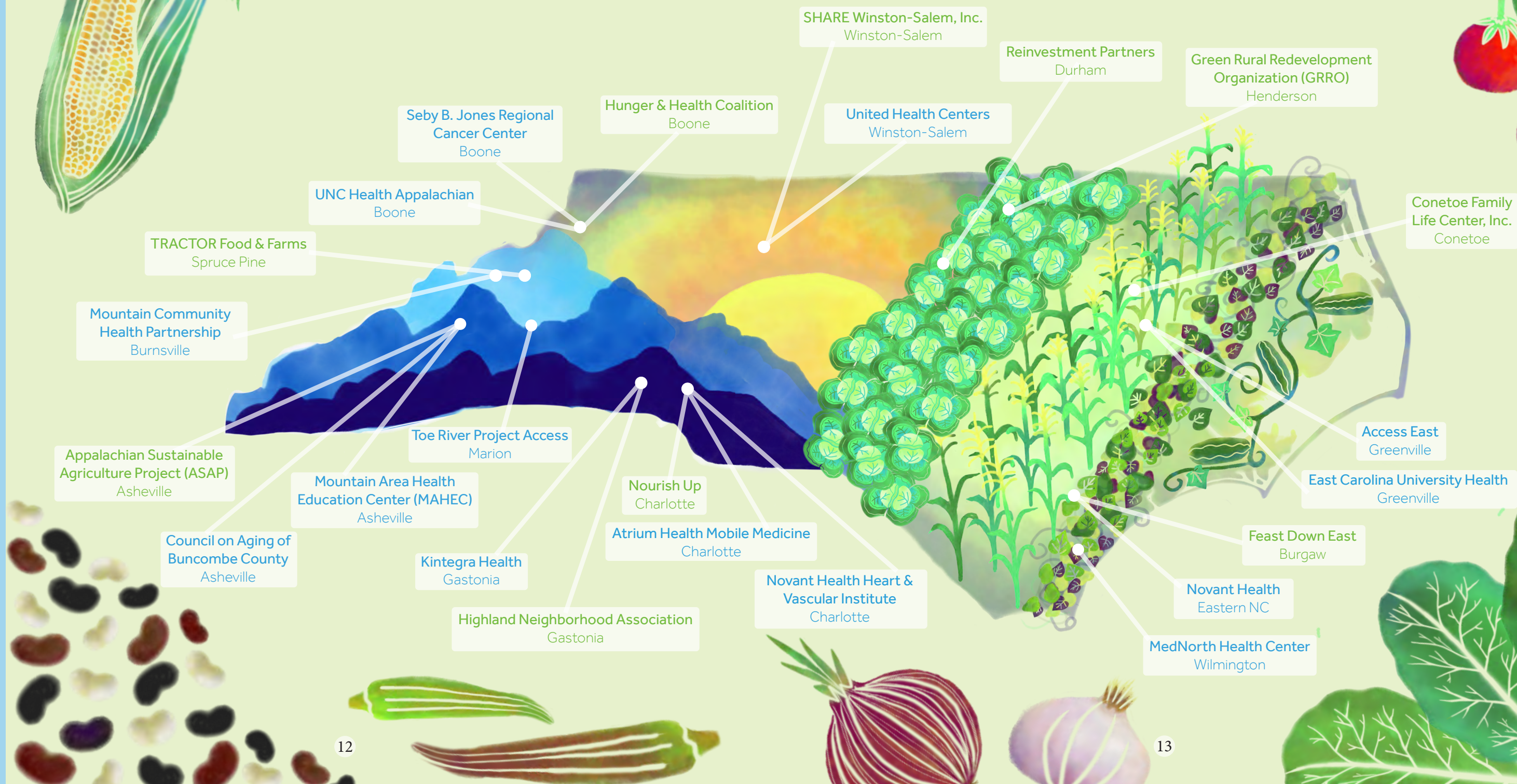


Photo courtesy of Appalachian Sustainable Agriculture Project



Mapping

Community-Based Organizations (CBOs)
& Healthcare Organizations (HCOs)



Data Summaries & Partner Perspectives

Capacities for Mutually Supportive Partnerships

The partnership between CBOs and HCOs is critical to the success of FiM programs. These collaborations bring together community trust, health-care resources, and effective referral systems to improve access to nutritious food. However, as we ask in the Overarching Question: "What capacities are needed to sustain effective, mutually supportive partnerships?", partners on both sides of the relationships noted challenges with limited engagement capacity, high staff turnover, administrative barriers, and funding instability.

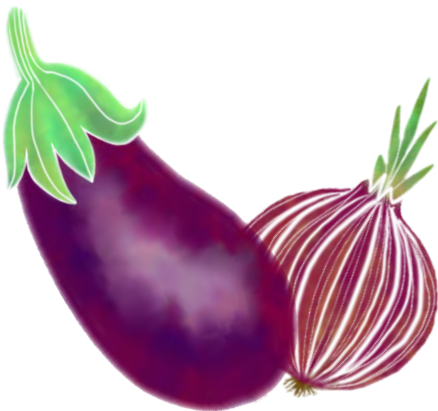
To overcome these challenges, CBOs highlight the need for transparency, effective communication, and equitable resource distribution from their healthcare partner. For example, one partner noted, "We need to make sure that all partners are aligned, with clearly defined roles and expectations. Clear communication goes a long way to reduce misunderstandings and build trust." This speaks directly to the importance of shared understanding in sustaining collaboration.

Furthermore, the need for community involvement in decision-making is critical. As one respondent stated, "We've seen that when the community is involved in planning, it fosters greater buy-in and more meaningful participation." This reinforces the idea that partnerships should not only be built on institutional collaboration but should also deeply engage the people they strive to serve.

Capacities for Sustainable Partnerships

In answering the Overarching Question: "What capacities are required to ensure long-term sustainability?", long-term funding and robust infrastructure are central to the sustainability of FiM programs. As noted by several partners, stable funding and diverse revenue sources are critical for ensuring that these programs can continue to grow and adapt. One partner highlighted that, "Sustainability comes down to reliable funding streams. Without that, we're always looking for the next grant and can't focus on long-term goals." Strong infrastructure is equally vital for scalability and impact. For example, the development of technology platforms that integrate patient data with food access programs ensures seamless delivery of services, allowing for better tracking and responsiveness to community needs.

Additionally, sustainable partnerships rely on measurable health outcomes. Collecting data on how these interventions impact health is a key priority for both CBOs and HCOs. One interviewee shared, "When we can show how these programs improve health outcomes, it makes the case for more support, not just from funders, but from the healthcare providers who see the results in their patients."



Moreover, addressing the intangible costs of relationship building and prioritizing staff wellbeing are often overlooked but are essential to sustaining these partnerships. As one respondent shared, "The time and effort invested in building trust and keeping everyone engaged is a cost that doesn't always get factored into the sustainability model."

With stable funding, health data, and strong infrastructure—CBOs and HCOs can build more resilient Food is Medicine models.

Factors Contributing to the Effectiveness of FiM Programs

When considering the Overarching Question: "What factors contribute to the effectiveness of FiM programs?", it becomes clear that the strength of the partnership between CBOs and HCOs is foundational. Trust and mutual respect between organizations drive effective referral systems, enhance access to services, and ensure that clients receive the support they need.

For example, one partner emphasized, "The most important thing in our partnership has been trust. Without it, the referrals and the services we provide would fall apart." However, challenges such as limited engagement capacity and inconsistent funding can undermine these partnerships. A program leader shared, "We have great relationships, but without the resources to fully support them, it's hard to keep momentum."

In this context, transparency and equitable resource distribution are essential. One healthcare provider noted, "We need to be upfront with each other about the limitations we face and be willing to share resources in ways that benefit the whole system, not just one partner."



TRACTOR's local food subscription program, Farefield, provides produce shares to clients and customers through partnerships with local businesses, regional health care providers, clinics, hospitals and health and relief agencies. Photo courtesy of TRACTOR

Relationship Dynamics and Challenges

The Overarching Question: "How do relationship dynamics between HCOs and CBOs affect FiM program success?" highlights the essential role that trust, mutual respect, and institutional support play in creating successful partnerships. The effectiveness of referral systems and access to services is contingent on how well CBOs and HCOs communicate and collaborate.

A key challenge expressed by partners was misalignment of roles. One respondent explained, "Sometimes, the lack of clarity around who is responsible for what leads to confusion and delays. That's a major barrier in maintaining a smooth workflow." Addressing these misalignments requires strengthened institutional support from healthcare leaders and clear role delineation across organizations.

Moreover, the intangible costs of relationship building, such as the time and energy required to maintain trust, often go unrecognized. A partner noted, "It's easy to overlook the work that goes into maintaining these relationships. It's not just the paperwork or the referrals—it's the ongoing communication and the effort to stay connected."

In tackling these challenges, prioritizing staff wellbeing and recognizing the emotional and intellectual investment in relationship-building will support stronger, more effective collaborations in the future.

Support and Development for Future Success

For FiM programs to thrive in the long term, support and development are key, especially in light of current challenges in healthcare and funding. The Overarching Question: "What support and development strategies are essential for future FiM success?" probed the role of stable funding, infrastructure, and staff wellbeing. One partner emphasized, "We need to be proactive in ensuring that we have the resources and the people in place to not just manage today's needs but also plan for future growth."

Programs should focus on building strong community relationships and continuing education to ensure that both healthcare providers and the community understand the long-term benefits of Food is Medicine. As one partner shared, "By bringing people together around food, we are teaching them not only how to cook but how to view food as medicine—a tool for better health."

Support from funding sources is equally critical. One partner shared, "Without stable, sustainable funding, we can't expand our reach or deepen our impact. This is where the insurance companies and Medicaid need to step up and provide ongoing support."

By prioritizing supportive infrastructure—such as stable funding, strong relationships, and a focus on community wellbeing—and combining it with long-term planning, FiM programs can lay the foundation for sustainable success.

Registered dietitians with Hunger and Health Coalition provide medically-tailored food boxes catered to the specific nutrition needs of their clients. Photo courtesy of Hunger and Health Coalition

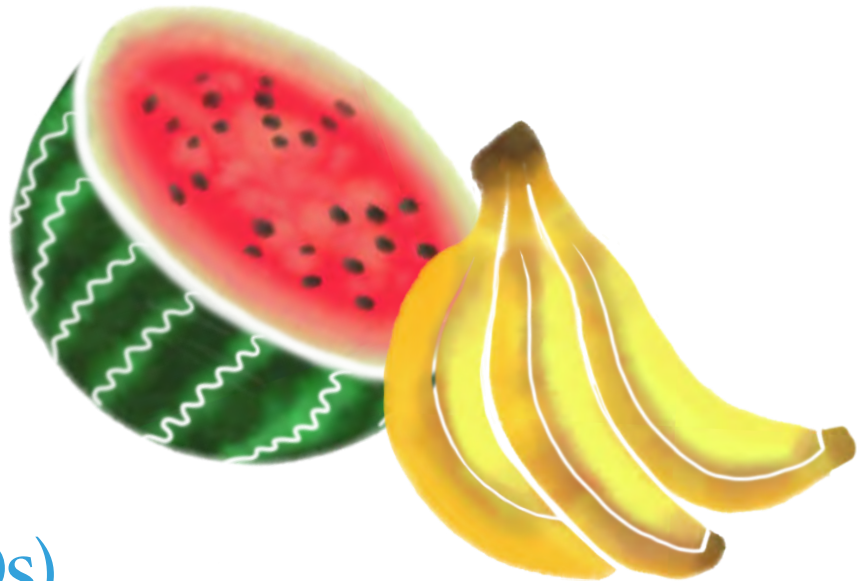


Partner Perspectives

Community-Based Organizations (CBOs)

This section explores the perspectives of Community-Based Organizations (CBOs) involved in Food is Medicine (FiM) programs, highlighting their key challenges and strategies. It examines how resource constraints impact their ability to sustain partnerships and deliver culturally tailored interventions, while also showcasing examples of CBOs leveraging local networks to enhance program effectiveness and community impact.

ASAP Staff members crunch into apples from Creasman Farms in celebration of "NC Crunch." Photo: Courtesy of Appalachian Sustainable Agriculture Project (ASAP), 2024



Key Findings

1 CBOs reported significant challenges in resource allocation, including financial constraints and limited personnel.

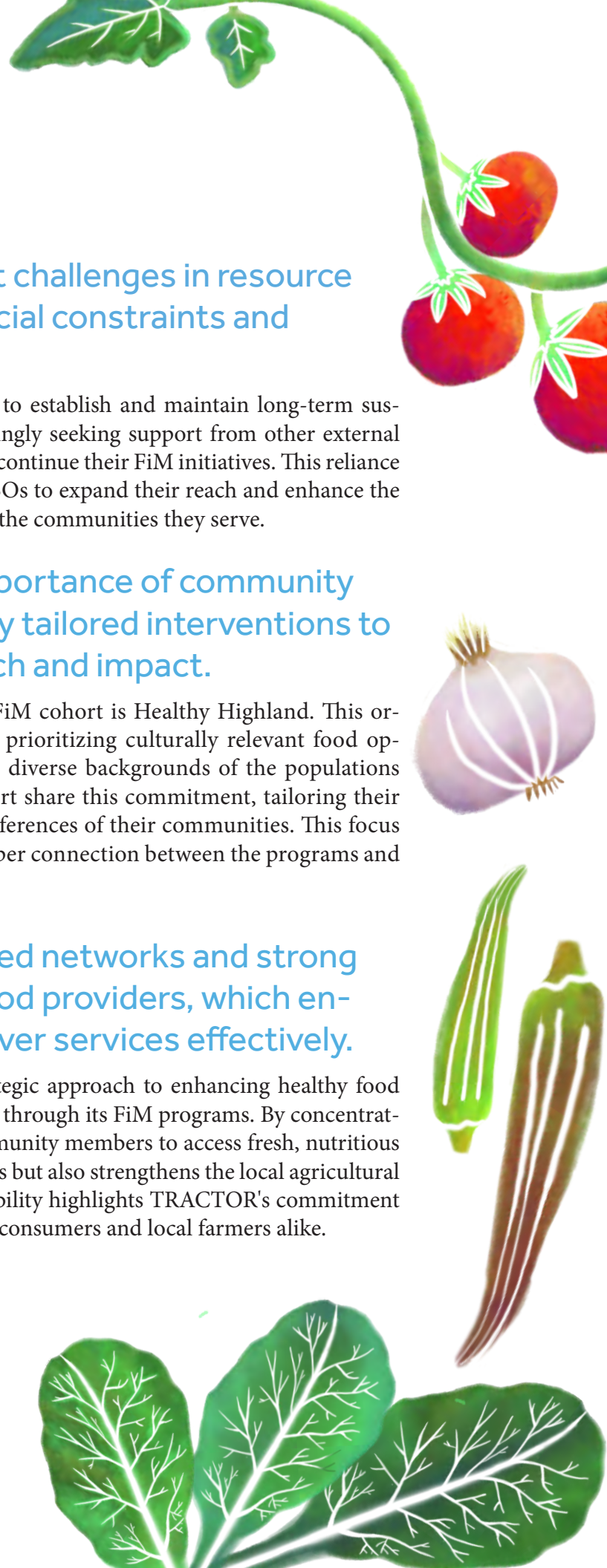
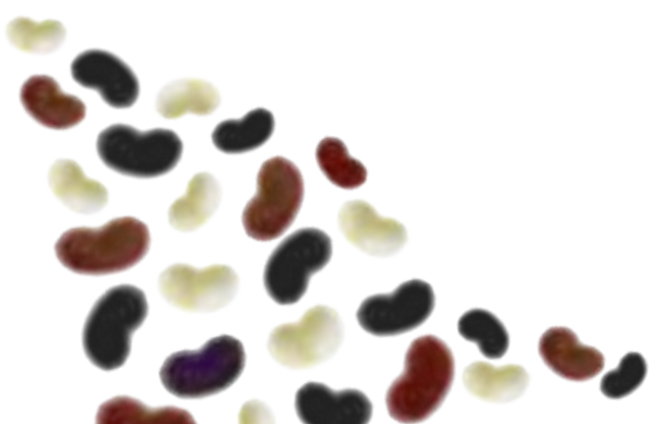
These limitations significantly hinder their capacity to establish and maintain long-term sustainable partnerships. As a result, CBOs are increasingly seeking support from other external funders to secure the financial resources necessary to continue their FiM initiatives. This reliance on outside funding sources is crucial for enabling CBOs to expand their reach and enhance the effectiveness of their programs, ultimately benefiting the communities they serve.

2 CBOs emphasized the importance of community engagement and culturally tailored interventions to improve FiM program reach and impact.

One noteworthy example within the Foundation's FiM cohort is Healthy Highland. This organization actively addresses community needs by prioritizing culturally relevant food options, ensuring that the offerings resonate with the diverse backgrounds of the populations they serve. Many of the CBOs included in the cohort share this commitment, tailoring their services to meet the unique cultural and dietary preferences of their communities. This focus not only enhances accessibility but also fosters a deeper connection between the programs and the individuals they support.

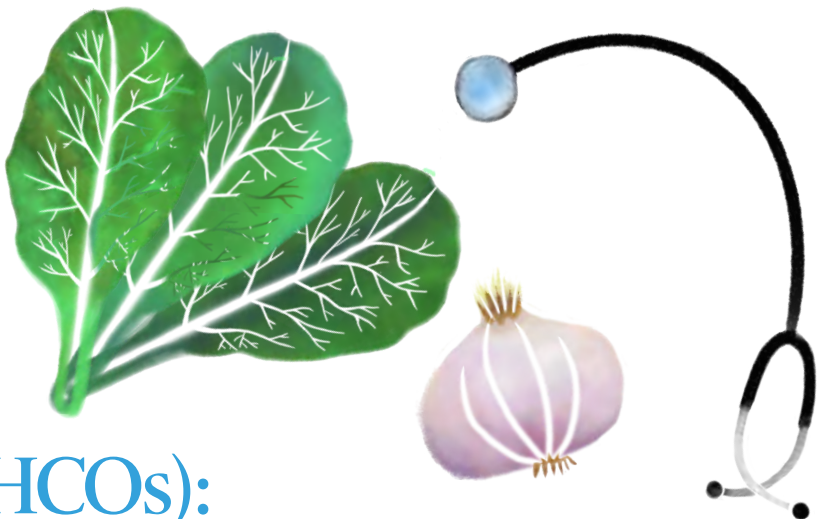
3 CBOs often had established networks and strong relationships with local food providers, which enhanced their ability to deliver services effectively.

For example, TRACTOR adopts a focused and strategic approach to enhancing healthy food access while simultaneously supporting local farmers through its FiM programs. By concentrating their efforts on creating direct pathways for community members to access fresh, nutritious produce, TRACTOR improves public health outcomes but also strengthens the local agricultural economy. This dual emphasis on health and sustainability highlights TRACTOR's commitment to fostering a resilient food system that benefits both consumers and local farmers alike.



Partner Perspectives

Healthcare Organizations (HCOs):



This section examines the perspectives of Healthcare Organizations (HCOs) in relation to Food is Medicine (FiM) initiatives, focusing on the integration of nutrition into broader care models and the challenges they face. It highlights the need for long-term commitment, alignment with clinical workflows, and the importance of communication and trust in fostering successful collaborations with Community-Based Organizations (CBOs).

Key Findings

1 HCOs highlighted the necessity of integrating FiM initiatives into broader care models to ensure continuity and alignment with health objectives.

One HCO stated, "The goal of our partnership is simple: give patients the tools they need to improve their health through nutrition. It's not just about the food—it's about empowering them to manage chronic conditions better and ultimately reduce their reliance on medication."

This highlights the need for FiM to be embedded into a comprehensive approach to patient care, linking nutrition with chronic disease management.

Another HCO noted, "We're working toward a future where every patient has access to nutritious food, but we know it's not going to happen overnight. This is a long-term investment in both the health of our community and the sustainability of the organizations involved."

This shows that FiM's integration into care models requires long-term vision and sustained effort across multiple sectors.



2 Barriers included bureaucratic hurdles and insufficient alignment of FiM programs with clinical workflows.

One respondent pointed out, "The program is so small right now it's hard to say if it's equitable. If more insurance companies would contribute, then we can serve more patients."

This indicates that limited funding and fragmented support systems can hinder the scalability and impact of FiM programs.

Another challenge was raised by an HCO that emphasized the need for data to demonstrate FiM's efficacy, stating, "We need really good data to support the 'why' and the 'so what.' But we also need funding...from grants or different contracts with our insurers if we can show reduction in certain metrics."

Addressing these barriers will require alignment between healthcare providers, insurers, and CBOs, as well as the creation of streamlined processes that facilitate integration.

3 HCOs that succeeded in collaboration often had dedicated liaison roles or teams that facilitated communication and coordination with CBOs.

One example illustrates this well: "We bring the healthcare resources, and the CBO brings the local knowledge and direct support to patients—together, we make it work."

This speaks to the critical role of structured communication and dedicated staff in ensuring that both partners leverage their strengths effectively.

Additionally, the importance of strong relationships and trust was highlighted by another respondent, who said, "Trust, collaboration, communication—those are the pillars of our partnership. Without those, it wouldn't work."

By establishing clear roles and open communication channels, these organizations were able to overcome potential barriers and create more successful, sustainable partnerships.

Highland Neighborhood Association was the winner of the 2019 Improving Quality of Life Region of Excellence Award for their work to reduce disparities in their community through fresh food access, parks and recreation, healthcare, and community engagement. Photo courtesy of Highland Neighborhood Association



Partner Perspectives

Foundation Staff

This section explores the perspectives of foundation staff regarding their role in supporting Food is Medicine (FiM) programs, focusing on financial backing, program sustainability, and the challenges of measuring long-term impact. It emphasizes the need for flexible funding models, effective evaluation frameworks, and collaborative partnerships to address the broader social determinants of health and ensure the success of FiM initiatives.

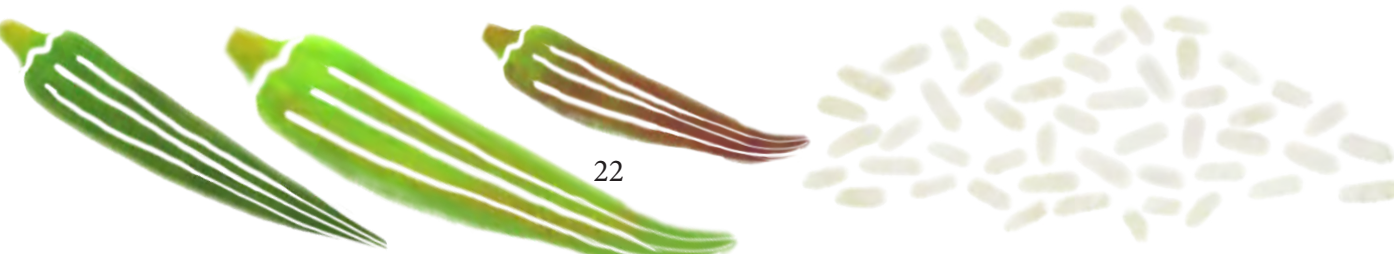
Key Findings

1 Foundations provided crucial financial and logistical support but often faced challenges in measuring and evaluating the long-term impact of FiM programs.

A foundation respondent stated "Sustainability means there would have to be a consistent investment not just in the business side, but the philosophical belief that this is a worthwhile investment year to year, whether your business is profitable. You have to fundamentally believe this is the right and good thing to do, because there are periods of variability, and looking at the numbers may never make the right business case."

Another foundation interviewee stated "We already have the data, but the recurring calls for more data feel unnecessary. It's clear that we need to move forward and actually implement programs. FiM is about recognizing that health outcomes are shaped by more than just clinical encounters; we need to focus on factors like food insecurity, chronic disease, and medically tailored meals. That's where the real impact lies. But the challenge is not just in data collection—it's about integrating those insights into programs that truly address the broader social determinants of health, and doing so in a way that can be sustained."

This speaks to the frustration in the sector about repeatedly seeking more data without action and highlights the complexity of tracking outcomes in diverse and variable FiM programs. It also emphasizes the broader picture of addressing social determinants of health through food, beyond just collecting data, and moving towards sustainable, impactful programs.



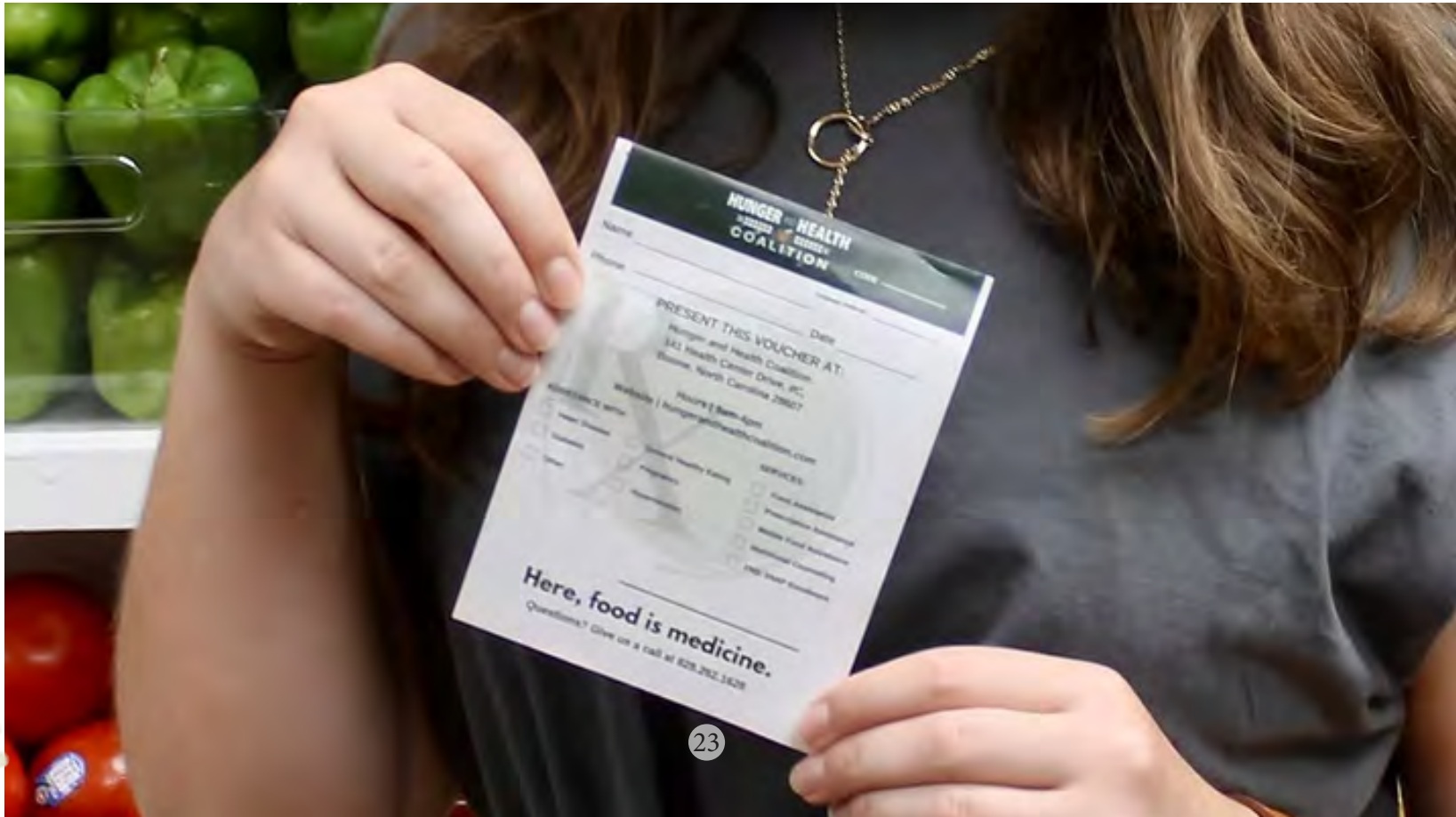
2 Foundations noted the importance of flexibility in funding and the need for robust evaluation frameworks to assess FiM program effectiveness and inform continuous improvement.

A foundation respondent stated: "Foundations need to recognize that flexibility in funding is essential. It's not just about one-size-fits-all solutions; each program and community has unique needs. Without the ability to adapt funding models, we risk limiting the impact and scalability of Food is Medicine programs. Flexibility allows for adjustments in real time, ensuring that we can address emerging needs and sustain these programs long term, especially as we learn and evolve."

3 Successful partnerships were characterized by clear expectations and collaborative goal-setting between funders and implementers.

Another foundation respondent said: "Successful partnerships between healthcare systems and community-based organizations are built on trust, clear communication, and shared goals. When both sides understand and respect each other's expertise and contributions, they can align their efforts to create more impactful, sustainable outcomes for the communities they serve."

Doctors in Watauga County screen for food insecurity and "prescribe" nutrition services through Hunger and Health Coalition. Photo courtesy of Hunger and Health Coalition



Partner Perspectives

Program Participants

Participants are integral voices in Food is Medicine (FiM) programs, providing critical insights into their experiences and the impact of these initiatives on their lives. In-depth interviews were strategically designed to capture participant perspectives comprehensively. Questions delve into their interactions with FiM services, exploring how access to nutritious food influences their health behaviors, dietary choices, and overall well-being. These interviews also aim to uncover broader impacts, such as improvements in chronic disease management, mental health outcomes, and social connections within their communities.

Their feedback not only validates the effectiveness of the program but also informs strategies for future improvements, ensuring that FiM interventions are truly meeting the needs of those they serve.

Analysis of participant data is pivotal in understanding the multifaceted effects of FiM programs. By examining qualitative and quantitative data, the FiM initiative assesses not only health outcomes but also community engagement and empowerment. It highlights how participants perceive the value of FiM interventions, from enhancing food security to fostering a sense of belonging and support. Such insights not only validate program effectiveness but also inform future strategies to optimize participant engagement and satisfaction.



For example, participants said,

“This program goes beyond just providing food – it fosters a sense of community, health, and empowerment. Participants not only gain access to fresh, local produce and nutritious meals that support their well-being, but they also feel valued, respected, and connected. The professional, positive staff, combined with the opportunity to engage with the program in meaningful ways – whether it’s through learning new recipes, supporting local farmers, or sharing with others—creates a partnership where everyone thrives. It’s a model that demonstrates the power of care, consistency, and shared responsibility in building long-term, sustainable change.”



Local produce taste testing with ASAP.
Photo courtesy of Appalachian Sustainable Agriculture Project (ASAP), 2024



Partnership Highlights and Insights

This section highlights key insights from successful partnerships between Community-Based Organizations (CBOs) and Healthcare Organizations (HCOs), emphasizing the crucial role of trust, clear communication, and shared goals in driving positive community outcomes. We explore how innovation and flexibility enable these collaborations to overcome challenges and create lasting impact. By addressing both barriers and facilitators, this section offers valuable lessons for building more resilient and effective partnerships in the future.

Key Insights

1 Communication and Trust

Effective partnerships were marked by transparent communication and mutual trust, which facilitated problem-solving and adaptability.

This example highlights the success of the partnership between Conetoe Family Life Center (CFLC) and ECU Health: "Our healthcare provider is referring clients over to CFLC produce truck to get



Photo courtesy of Nourish Up



fresh vegetables weekly. Those that are in need health wise, this is helping with providing food to help change our area from being in a food desert as well as changing our poverty level."

This model of mutual trust, respect, and adaptability can be a great model for other healthcare and community-based organizations to emulate. Successful partnership is a long-term commitment to shared community goals, a clear division of labor, and flexibility to adapt as circumstances evolve. Their ability to communicate openly, share resources, and work towards a common purpose in a culturally competent way has enabled them to scale their impact and serve their community effectively.

2 Shared Goals

Successful partnerships had clearly defined, shared goals that were regularly revisited and adjusted as needed.

A shared goal of the partnership between Tractor Food and Farms and its healthcare partners is: "Expanded access. They can do active connecting that otherwise wouldn't be happening without their partnership with us. They also have resources to help with transportation and that adds a lot of value to our programs and the folks in the community."

This demonstrates the mutual goal of improving access to fresh food and health services. By working together, the partners are able to provide tailored, nutritious meals and overcome transportation barriers, ultimately improving the well-being of the community. Both parties are aligned in their aim to reach underserved individuals who would otherwise struggle to access these resources, showing a deep commitment to enhancing health outcomes and supporting community empowerment.

3 Innovation and Flexibility

Partnerships that embraced innovative approaches and maintained flexibility in their strategies tended to be more resilient and impactful.

"One creative approach was adapting our partnerships to meet the unique needs of our community, from providing tailored meals to offering home deliveries for those who can't pick up."

"Meeting them on their terms however that looks... being mindful of language barriers, ability barriers and meeting folks where they are with those circumstances."

This captures the innovative approach of adapting the program to better serve the community's specific needs, such as personalized meals and home delivery.

Barriers and Facilitators to Partnership:

Barriers

1 Resource Constraints

Both CBOs and HCOs struggled with limited financial and human resources, impacting their ability to fully engage in and sustain partnerships.

Resource constraints and organizational barriers in the information provided, could lead to ideas for future investments or policy changes. Here's a relevant example: "The realities of turnover in healthcare agencies. More than one time when things were missed it was because of staffing changes."

This organizational barrier highlights how turnover and staffing challenges within healthcare agencies can disrupt communication and program continuity. It suggests the need for:

Investments in staff retention: Policies that focus on reducing turnover, such as offering better support for staff well-being, competitive salaries, and training programs that keep staff engaged and knowledgeable.

Infrastructure for continuity: Creating systems to ensure smooth transitions when staffing changes occur. This could include better documentation, cross-training, and clearer role definitions to prevent important tasks from being overlooked.



By addressing these barriers, future investments could focus on building organizational resilience and ensuring that healthcare agencies can maintain consistent, high-quality service delivery despite turnover.

2 Organizational Barriers

Differences in organizational cultures, priorities, and administrative processes created friction and slowed down collaborative efforts.

Additional challenges included differences in opinion on the shape and scope of programs, uneven support across healthcare branches, and the administrative capacity of CBOs to meet healthcare requirements, which often slow down program growth from a pilot stage.

Partnership and Coordination Issues: "Currently, there would need to be a shift in the distribution of workload, because currently it feels as though we are doing a lot of work to try to keep moving the program forward, but the healthcare partner has not been doing the things that we had previously agreed upon."



3 Measurement Challenges

Difficulty in evaluating and measuring the outcomes of FiM programs led to uncertainties in demonstrating value and securing continued support.

It is important for funders to acknowledge that demonstration of health impacts at population level requires highly sophisticated and costly monitoring and coordination over a long period of time. Here are additional examples of ways funders can begin to think about measurement and analysis:

- Funders could push for more robust cost-effectiveness analyses that examine not just the immediate savings on healthcare costs but also the long-term financial benefits of improved patient health. This includes tracking both direct and indirect cost savings, such as reduced hospital readmissions, fewer emergency visits, and lower long-term medication needs. The goal would be to build a business case for FiM that highlights its cost-effectiveness, ultimately helping to secure long-term investment from insurers and public funding.
- While health outcomes like reduced medication usage and lower chronic disease markers are critical, measurement should expand to include a broader range of impacts. Funders could invest in creating metrics that capture other dimensions of well-being, such as improved quality of life, better mental health outcomes, or enhanced social determinants of health (e.g., food security, access to healthcare, and transportation).

- Funders should consider supporting flexible evaluation frameworks that allow for continuous improvement over time. Since FiM is an evolving field, it is essential that the evaluation models adapt to new insights and emerging best practices. Funders could help create systems that enable ongoing feedback from patients, providers, and community partners to refine and optimize program delivery. This approach would allow FiM programs to be more adaptive, ultimately increasing their long-term impact.

To illustrate the tangible impact of Food is Medicine (FiM) programs, one partner emphasized the importance of demonstrating the connection between food and health outcomes. As they noted: "Being able to show that Food (fruits and vegetables) is Medicine. The data that we are getting to show that people are getting off of some of the medicines and that they are lowering the amount of milligrams that they are taking will make a huge difference." This highlights the potential of FiM to not only improve health but also reduce dependence on medications, offering a compelling case for the integration of food-based interventions in healthcare.

Expanding measurement to encompass these holistic outcomes would present a clearer picture of the full value of FiM programs. Funders can help ensure that FiM programs are not only financially viable but also effective in achieving lasting health improvements for populations in need.

GRRO Community enjoying a holiday social.
Photo courtesy of Green Rural Redevelopment Organization (GRRO)



Barriers and Facilitators to Partnership

Facilitators

1 Effective Communication

One of the critical factors for the success of FiM programs is establishing and maintaining open, regular communication channels between CBOs and HCOs.

Effective communication helps bridge gaps in understanding and aligns both parties on shared goals. Many successful partnerships reported the importance of dedicated liaison roles or teams that facilitate ongoing dialogue and coordination between the two sectors. These liaisons act as intermediaries, helping to overcome organizational barriers and ensuring that each partner is aligned with the other's expectations and workflows.

As one healthcare provider shared, "Having a liaison ensures that everyone is on the same page and that our objectives are consistently communicated across both organizations. It really makes a difference in streamlining our work together."

These liaison roles not only improve operational efficiency but also help foster stronger personal relationships, which can lead to more effective problem-solving and decision-making. Regular communication is also crucial in quickly addressing any challenges that arise, allowing partners to remain flexible and responsive to each other's needs.



2 Shared Vision

The foundation of any successful partnership, particularly between CBOs and HCOs, lies in aligning on a shared vision and mutually agreed-upon objectives.

When both parties are working toward common outcomes, the collaboration becomes more cohesive, strategic, and impactful. This alignment can take time but is essential for ensuring that each organization brings its strengths to the table in ways that complement one another. Clear, shared goals help mitigate misunderstandings and allow for a unified approach to achieving those goals.

For instance, one CBO noted, "We knew from the start that our ultimate goal was to improve the health outcomes of the community, so we made sure to sit down early on and make sure that everyone was clear on what success looked like for all of us."

This process of setting and revisiting goals helps ensure that both organizations remain focused on their patients or community members, even when the day-to-day realities of running programs get challenging. A shared vision also strengthens accountability on both sides, making it easier to track progress and measure the success of FiM programs.



Photo courtesy of Feast Down East

3 Training and Support

Successful collaborations between CBOs and HCOs often rely on ongoing training and support to build the necessary skills and understanding for effective partnership work.

Joint training opportunities help ensure that both sides understand the intricacies of each other's operations and are equipped to navigate the challenges of working together. These training sessions can cover a wide range of topics, including how to address patients' health and social needs, the logistics of food distribution, communication strategies, and how to integrate FiM into clinical care practices.

As one healthcare representative emphasized, "Our joint training sessions were a game-changer. They helped us understand how we could work better together, and we learned about each other's processes in ways we hadn't even considered."

Ongoing support is just as critical. Having dedicated teams to offer guidance and troubleshooting ensures that any issues that arise during the partnership can be swiftly addressed and resolved. Whether it's helping CBO staff understand the healthcare setting or providing HCO providers with more insight into community-based health interventions, the mutual exchange of knowledge and resources builds stronger and more resilient partnerships.

In summary, effective communication, a shared vision, and robust training and support are essential pillars of successful Food is Medicine partnerships. When CBOs and HCOs commit to working together transparently, with a common purpose and ongoing educational opportunities, they build the foundation for more meaningful collaboration that improves patient outcomes and strengthens the long-term sustainability of their initiatives.

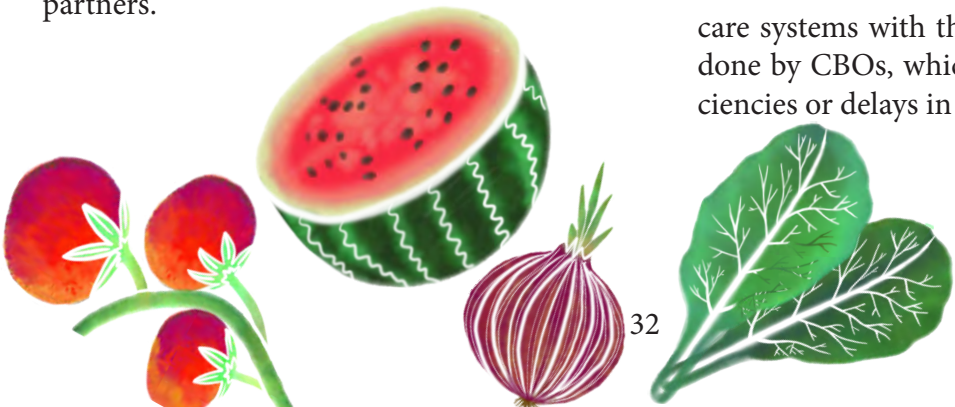


Burden Distribution

In analyzing the dynamics of FiM partnerships, one key area that emerged was the distribution of burdens across CBOs and HCOs. While both partners play essential roles, the responsibilities and challenges each faces vary significantly. Understanding how these burdens are shared—and sometimes unequally distributed—is crucial to optimizing collaboration and ensuring the long-term sustainability of FiM programs. The following breakdown highlights the unique challenges faced by each partner in managing the workload of these initiatives.

Community-Based Organizations

Community-Based Organizations often carried the heaviest load in terms of direct service delivery and community engagement. They were responsible for outreach, education, food distribution, and ensuring that individuals received the resources they needed. However, these efforts were frequently not accompanied by commensurate financial support, putting a strain on CBO staff and resources. A critical challenge noted by CBO representatives was the lack of sufficient funding to adequately compensate for the time and effort spent on these services. CBOs were also tasked with coordinating transportation, communication, and overcoming language barriers, which were not always reimbursed or supported by their healthcare partners.



Healthcare Organizations

Healthcare organizations faced their own set of complexities, particularly when it came to integrating FiM programs into existing care models. For example, aligning the medical care protocols with food-based interventions required modifications to workflows, documentation systems, and the involvement of multidisciplinary teams, which often presented significant administrative challenges. The integration also required HCOs to devote resources to ensure staff were properly trained to incorporate food as medicine into patient care, which was a significant adjustment in their existing business models. Many HCOs expressed that while they understood the long-term value of FiM programs, the upfront administrative costs—such as staff training, communication, and tracking—were a barrier to full participation.

Foundations

The Foundation played a crucial role in managing the complexities of funding, program evaluation, and ensuring that the efforts of CBOs and HCOs remained aligned. However, they also faced challenges, particularly in ensuring that their funding structures were adaptable enough to support the diverse needs of each partner. Additionally, managing the evaluation and tracking of FiM programs required significant resources, particularly when attempting to measure long-term health outcomes across large populations. Foundations also had to balance the bureaucratic demands of large healthcare systems with the nimble, grassroots work done by CBOs, which sometimes led to inefficiencies or delays in program rollout.

Feast Down East sets up mobile markets to sell local seasonal foods in Eastern North Carolina. Photo courtesy of Feast Down East



Overview of Partnership Impacts

The success of FiM programs relies heavily on the collaboration between CBOs and HCOs. These partnerships have proven to be a driving force behind the success and scalability of these initiatives, with each partner bringing valuable resources and expertise to the table. In this section, we explore the functionality of these partnerships, how resources are integrated across sectors, and the direct impact they have on communities, health outcomes, and sustainability.

Partnership Functionality Resource Synergies

The success of FiM programs has largely been driven by effective partnerships between CBOs and HCOs. These partnerships typically functioned best with clearly defined roles: CBOs focused on community outreach and direct services, ensuring that food access was prioritized and the community's needs were met. Meanwhile, HCOs brought essential clinical integration and healthcare support, guiding participants with tailored medical advice and nutritional guidance.

Resource Integration

A key strength of these collaborations has been the integration of resources across different sectors. For example, local farms providing fresh produce have been essential to expanding access to healthy food, reducing reliance on processed or unhealthy options. By merging agricultural resources with healthcare initiatives, FiM programs have created efficiencies that not only increased food access but also enhanced the effectiveness of these interventions. The synergy between local farms and healthcare providers has allowed fresh produce to reach those in need more efficiently, improving the overall impact of the program and providing resources to local farms.

Direct Impacts Community Access

One of the most significant benefits of these partnerships is the enhanced community access to fresh and healthy food. The collaboration between local farms and healthcare providers ensured an increase in the availability of high-quality produce. This was often paired with nutritional education that helped participants understand the importance of a balanced diet. Together, these elements contributed to the community's greater awareness of the role food plays in preventing and managing health conditions.

Health Outcomes

Some FiM programs reported tangible health outcomes for participants, such as improved dietary habits and better management of chronic diseases. In some cases, participants have even seen a reduction in their reliance on prescription medications, proving the positive impact that a nutrition-focused approach can have on health. Furthermore, the direct correlation between healthier diets and reduced healthcare costs underscores the long-term potential of these programs to make a significant difference in public health.

Ripple Effect

Beyond health improvements, the partnerships also fostered important social impacts. As individuals received support and education about nutrition, they reported making healthier choices. This education, combined with the availability of fresh food, created a ripple effect throughout the community, where individuals began sharing their knowledge with others. Additionally, these partnerships helped individuals feel more connected to their neighbors and local organizations generating social cohesion.

The partnerships also raised awareness about the importance of healthy food access, not just as a matter of convenience but as a critical factor for better overall health and well-being.

A program participant mentioned

♥♥ This program has been a great experience and has helped us make healthier choices and improve overall well-being, very therapeutic, and creates a stronger bond with me and my child when we get that recipe of the month.♥♥

Another participant said,

♥♥ Having this program in my life helps alleviate the symptoms of my depression. As a single working parent with a disability, having this ritual of getting up and going to the markets and having produce is so uplifting and fills me with hope and abundance. It helps me feel connected to the community even though I'm at work or in bed a lot.♥♥

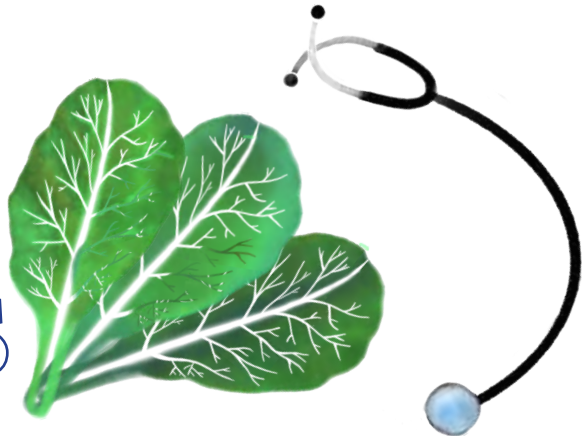
These statements reflect how the programs not only impacts individual health but also fosters stronger social connections, creating a ripple effect in the community as individuals share experiences, engage with one another, and contribute to a sense of well-being and connectedness.



Staff at TRACTOR Food and Farms put together CSA bags. Photo courtesy of TRACTOR



Future Directions



To replicate and expand the success of FiM programs, future investments should focus on deepening collaboration and coordination across various resources and sectors to create a more effective and sustainable system. Expanding partnerships with local farmers, healthcare systems, and insurance payers will help ensure the sustainability of these programs. For example, partnerships with local farmers can provide fresh, culturally appropriate food while supporting local economies. As one healthcare leader mentioned, “Bringing in local farmers ensures the food we provide is fresh, seasonal, and meets community needs.”

However, funding structures often place an undue burden on CBOs. To address this, payers must be brought into funding conversations. One CBO leader stressed, “Insurance companies must be at the table if we want these programs to scale and be sustainable.” By bringing insurance companies into the process, financial

responsibilities can be more evenly distributed, helping to alleviate the burden on CBOs and ensuring the long-term sustainability and scalability of these programs.

To ensure the long-term success and scalability of FiM programs, it is crucial to focus on key areas that can enhance their effectiveness and accessibility. Strengthening clinical integration, expanding access to education, addressing logistical barriers, and collecting comprehensive data are all essential strategies for maximizing the impact of these initiatives.

- **Strengthening Clinical Integration and Expanding Access to Education**

Integrating nutrition assessment and support into clinical care is essential for maximizing the impact of FiM programs. Healthcare providers need training to recognize the importance of nutrition in managing chronic diseases. As one provider noted, “Nutrition needs to be part of the care conversation. Referrals are just the beginning.” Expanding access to health education is equally important, especially for patients who may lack knowledge about healthy food choices. Pairing food distribution with nutrition education can empower patients to make informed decisions. As a CBO leader stated, “When we provide food along with education, the impact is much greater.”

Photo courtesy of Appalachian Sustainable Agriculture Project (ASAP)

- **Addressing Transportation Barriers**
Transportation is often a major barrier to accessing healthy food. Future investments should consider providing transportation support or partnering with local services to ensure food reaches patients who need it most. One healthcare provider shared, “Transportation is the biggest barrier. Without addressing it, even the best programs won’t reach those who need them.”

- **Data Collection and Tracking for Long-Term Impact**
Effective data collection is vital for demonstrating the impact of FiM programs. Tracking health outcomes, patient satisfaction, and healthcare utilization will help build a strong case for the value of these initiatives. As one funder emphasized, “To scale these programs, we need data that shows they reduce chronic disease and healthcare costs.”

To ensure the continued success and expansion of FiM programs, investments should focus on strengthening partnerships between CBOs and HCOs, integrating resources, and addressing barriers like transportation and food access. Engaging financial contributors, including insurance providers, government agencies, and philanthropic organizations, will ensure sustainability and support the scalability of these initiatives. Improving clinical integration through provider training and expanding access to nutrition education will enhance program effectiveness. Additionally, investments in data collection systems will track long-term outcomes, demonstrating the value of FiM programs and informing future strategies.

Appalachian Sustainable Agriculture Project (ASAP) promotes fresh ginger from local farms for gut and stomach health.
Photo courtesy of Appalachian Sustainable Agriculture Project (ASAP)



Conclusion



In conclusion, synthesizing the findings from Phase 2 highlights the critical importance of fostering stronger, more effective partnerships between HCOs and CBOs to enhance the impact of FiM initiatives. The collaboration between these sectors has already demonstrated the potential to improve access to nutritious food, address food insecurity, and achieve better health outcomes across diverse communities. However, several challenges remain, such as administrative burdens and resource limitations, which can impede the scalability and sustainability of these initiatives.

To address these barriers, actionable recommendations for streamlining processes, reducing administrative complexity, and increasing financial resources will be essential. Policy and practice changes that encourage better integration of nutrition services into healthcare systems, as well as funding mechanisms that support direct partnerships between HCOs, CBOs, and local farmers, will help to create an environment where FiM programs can thrive long-term.

Furthermore, this evaluation underscores the need for continuous investment in capacity-building and the promotion of ongoing dialogue between HCOs and CBOs. Sharing best practices and strengthening trust-based partnerships will be key to achieving the broader goals of these programs, including reducing healthcare costs, improving health outcomes, and promoting sustainable food systems. As we move forward, it is essential to build upon these learnings, advocate for supportive policies, and identify ways to scale FiM strategies to ensure they benefit even more individuals and communities in the future.

Ultimately, the success of these partnerships hinges on a collective effort to integrate health and nutrition more effectively into community care, fostering a holistic approach that addresses both the immediate and long-term needs of the community. By embedding nutrition and wellness into the fabric of local healthcare systems, these partnerships not only improve individual health outcomes but also strengthen community resilience. This integration helps build trust within the community, empowers individuals to take charge of their health, and creates sustainable systems that support both public health and the local economy for years to come.

Things to Consider

The following questions should be considered by healthcare providers, community-based organizations (CBOs), policymakers, program funders, and healthcare administrators. Understanding the motivations and pressures faced by healthcare partners is crucial in optimizing their engagement with FiM initiatives. Balancing healthcare's business priorities with the collaborative efforts required for successful partnerships is a delicate yet essential endeavor. This evaluation acknowledges these dynamics and aims to highlight the unique contributions and perspectives of CBOs rooted in the community.

2 What challenges do CBOs face in establishing and maintaining partnerships with HCOs?

- How can CBOs effectively communicate their value and insights to healthcare partners?
- What resources are necessary for CBOs to enhance their outreach and engagement?

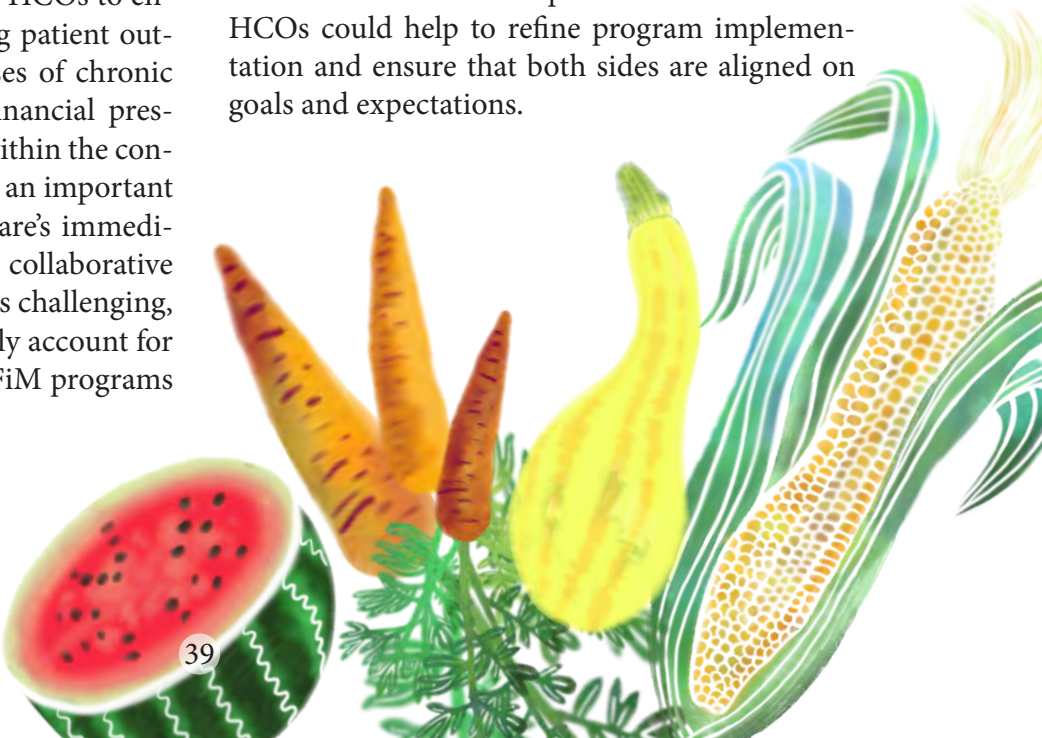
CBOs face several challenges in establishing and maintaining partnerships with HCOs. One key issue is effectively communicating their value, especially given the complex and often strained relationship between healthcare providers and community-based services. CBOs' deep ties to the community, their cultural competency, and their ability to reach marginalized populations are unique strengths that can enhance FiM programs. However, they often lack the resources necessary to scale their outreach and engagement efforts, particularly when it comes to working directly with HCOs on referrals and patient follow-up. Addressing this gap in resources could significantly improve the effectiveness of these partnerships. Additionally, more frequent and structured feedback loops between CBOs and HCOs could help to refine program implementation and ensure that both sides are aligned on goals and expectations.

1 What are the primary motivations for HCOs to engage in FiM initiatives?

- How do financial pressures and business models influence these motivations?
- What role does patient care quality play in their decision-making?

One of the primary motivations for HCOs to engage in FiM initiatives is improving patient outcomes by addressing the root causes of chronic diseases, such as poor diet. The financial pressures faced by HCOs, particularly within the context of value-based care models, are an important driver. However, balancing healthcare's immediate cost saving priorities with the collaborative nature of these partnerships remains challenging, as financial models often do not fully account for the long-term health benefits that FiM programs can provide.

Feast Down East sets up a mobile market to sell local seasonal foods in Eastern North Carolina. Photo courtesy of Feast Down East



3 How do cultural competency and local insights from CBOs contribute to the success of FiM programs?

- In what ways can CBOs leverage their community trust to improve health outcomes?
- How can HCOs better integrate these insights into their service delivery?

Cultural competency and local insights from CBOs play an essential role in the success of FiM programs. These organizations have a unique understanding of the needs, barriers, and aspirations of the communities they serve, which can be leveraged to design more effective, tailored interventions. For instance, CBOs are well-positioned to ensure that marginalized populations are adequately represented in these initiatives, and their local knowledge allows for the development of solutions that resonate with diverse communities. However, for these insights to be fully integrated into service delivery, HCOs must be open to incorporating community-driven perspectives and creating more space for CBOs in decision-making processes.

4 What strategies can be employed to enhance communication and trust between HCOs and CBOs?

- How can regular feedback loops be established to ensure ongoing collaboration?
- What best practices exist for conflict resolution in these partnerships?

Building trust and enhancing communication between HCOs and CBOs are essential for long-term partnership success. As the initiative moves forward, it will be important to identify best practices for conflict resolution and establish clear communication channels that support ongoing collaboration. Regular check-ins and shared data on health outcomes will help both parties evaluate the impact of their work, make adjustments, and ensure that FiM programs are meeting their intended goals.

5 How can partnerships be designed to promote sustainability in FiM initiatives?

- What funding models can support long-term collaborations between HCOs and CBOs?
- How can success metrics be aligned to demonstrate the impact of these partnerships?

The integration of resources across sectors—such as the involvement of local farms providing fresh produce—has demonstrated potential for expanding the reach and impact of FiM programs. Replicating these resource synergies in future phases could help scale successful initiatives, but they will require strong logistical coordination and the alignment of funding sources to support long-term sustainability. Future research into innovative funding models and success metrics will be crucial to demonstrate the impact of these partnerships and ensure their scalability.

The Hunger and Health Coalition partners with local, regenerative farmers to distribute fresh produce and pantry staples in their community. Photo courtesy of Hunger and Health Coalition

6 What role does community engagement play in the design and implementation of FiM programs?

- How can CBOs ensure that marginalized populations are adequately represented in these initiatives?
- What methods can be used to assess community needs and tailor programs accordingly?

Community engagement plays a crucial role in the design and implementation of FiM programs by ensuring that the initiatives are relevant, accessible, and culturally appropriate. It helps identify the specific needs and preferences of the community, fosters trust, and encourages active participation. Engaging community members in decision-making ensures that the programs are tailored to address local challenges, barriers, and health disparities, ultimately improving the effectiveness and sustainability of the FiM initiatives.





7 How can future research inform policy recommendations to support scalable FiM programs?

- What longitudinal studies are needed to evaluate the effectiveness of existing partnerships?
- How can insights from participants enhance the development of policies aimed at reducing health disparities?

Future research can play a pivotal role in informing policy recommendations by providing robust evidence of the long-term benefits and cost-effectiveness of FiM programs. Longitudinal studies are essential to track health outcomes over time, assess the impact of partnerships between HCOs and CBOs, and demonstrate how access to nutritious food reduces healthcare utilization, including hospital visits and prescription medication costs. These studies can also help identify the specific needs of marginalized populations, which can be used to tailor interventions that address systemic disparities. By gathering insights directly from participants, future research can uncover real-world challenges, preferences, and barriers to access, allowing policymakers to develop more targeted, inclusive strategies that support scalable, sustainable FiM programs and contribute to reducing health inequities across communities.

In future model development and analysis, it will be important to further explore how CBOs and HCOs can refine their collaboration processes, particularly in areas like patient referral systems, data-sharing practices, and the integration of nutrition services into healthcare models. Additionally, assessing the long-term impact of these partnerships on both health outcomes and community well-being should be a critical focus. Longitudinal studies and ongoing community engagement will be key to identifying the most effective strategies for expanding FiM programs and addressing the root causes of health disparities.

By continuing to emphasize the role of CBOs in FiM partnerships, this initiative can help build a stronger, more integrated system where healthcare providers and community organizations work together to improve health outcomes, reduce healthcare costs, and promote greater equity in food access. The insights gathered in this scan provide a solid foundation for ongoing work to guide the development of scalable and sustainable FiM programs nationwide.

Celebrating 10 years of Appalachian Sustainable Agriculture Project (ASAP)'s farm tours.
Photo courtesy of Turgua Brewing Company, 2018

