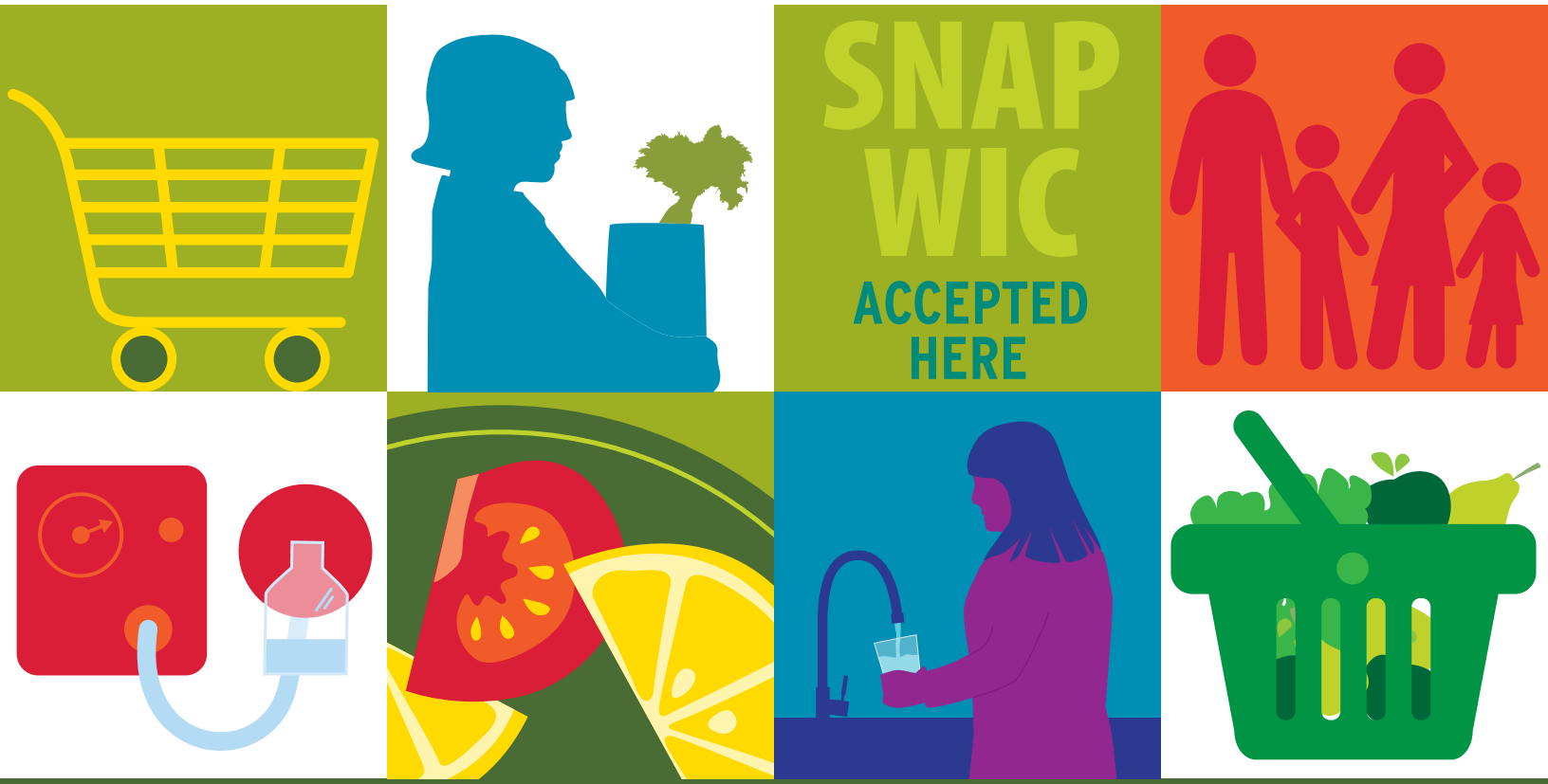
Legal & Policy Strategies for Health Care & Food System Partners

Addressing Individual Food Insecurity



ChangeLab Solutions

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This publication is the second part of ***Legal & Policy Strategies for Health Care & Food System Partners***, a guide for health systems, local governments, and community organizations working at the intersection of health equity, health care, and food systems. Please see the first part of the guide for introductory material, including partnership roles and key terms in addition to background on the values of a just food system and the fundamental drivers of health inequity. See the third and fourth parts for guidance on other food system interventions.

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ChangeLab Solutions is a nonprofit organization that provides legal information on matters relating to public health. The legal information in this document does not constitute legal advice or legal representation. For legal advice, readers should consult a lawyer in their state.

Sidebar quote on page 2-6 courtesy of National Academies of Sciences, Engineering, and Medicine. *Investing in Interventions That Address Non-Medical, Health-Related Social Needs: Proceedings of a Workshop*. Washington, DC: The National Academies Press; 2019:chap 4. doi.org/10.17226/25544.

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Overview

Addressing food insecurity is critical to improving community health. Initiatives to address food insecurity serve people whose lives are acutely affected by health risks associated with an inadequate, unequal food system. Community organizations, local government, and health system partners can improve local food security by helping to identify gaps and needs, fulfilling related health care and social service needs, and connecting people to benefit programs. Upstream policy work is strengthened by support from direct services that raise awareness of immediate needs, track them, and address them. The COVID-19 pandemic has contributed to health and economic conditions that have led to rapidly rising rates of food insecurity. Directly addressing food security needs during this ongoing crisis can be an entry point for new partnerships that will build a base of support for upstream and systemic policy changes in the long term.

Addressing Individual Food Insecurity discusses just food system interventions that are appropriate for cross-sector partnerships between health care providers, local governments, and community-based organizations and also provides links to examples, resources, and relevant research. We discuss (1) screenings and referrals to free or low-cost food, and (2) food access benefit programs.

For each intervention, we include two lists of considerations for partners to discuss and address: legal considerations and policy considerations. *Legal considerations* are concrete legal questions or challenges that can arise when partners work to implement a particular intervention. Legal considerations may be related to federal, state, or local laws and regulations that require certain actions. *Policy considerations*, on the other hand, are legislative or organizational policy changes that partners can advocate for in order to support community uptake of an intervention; promote a healthier, more sustainable food system; and improve health outcomes. These considerations come into play when the success rate for a specific intervention could be improved (or its challenges could be reduced) by a systemic policy change. The policy considerations are organized by level of impact (individual, institutional, and community). Finally, we highlight policy considerations that address equitable outcomes and mitigate unintended negative consequences of food system interventions.

We have compiled additional resources pertaining to each food system intervention in the **Key resources** section.

Why invest in addressing individual food insecurity?

Improving people's access to healthy foods can have positive physical and mental health outcomes.[1–3] For example, caretakers and family members can feel satisfaction in providing healthy food for loved ones.[4,5] Harms from food insecurity may include stress and anxiety, malnutrition, undernutrition, hunger, fatigue, anemia, chronic illnesses, and starvation, not to mention additional harms from related increases in health care and other costs.[6,7–11] Data show that people who are food insecure experience higher rates of chronic diseases, such as cardiovascular issues and diabetes.[12–18] Moreover, people who are Black or Latinx and people with low income experience both food insecurity[17–23] and associated health conditions[24,25] at disproportionate rates. The fundamental drivers of health inequity leave many individuals, especially people with low incomes, more susceptible to food insecurity and its health consequences.[26,27] One estimate of the annual economic burden of food insecurity in the United States puts it at over $167.5 billion.[19]

To understand the full impact of improved food security, we can "look at return on investment from the broad perspective of health care dollars saved, reduced health care utilization, patient-reported, health-related quality of life, and quality metrics associated with disease control," among other things.[28] But the savings hit closer to home in the form of reduced individual health costs and increased patient resilience and capacity for self-management of existing conditions.[29–35] Policies and programs to improve food security — from the federal Supplemental Nutrition Assistance Program (SNAP)[6,36] to food prescription programs[33,34,37–39] and medically tailored meals[40–43] — are associated with lower health care expenditures and, in some cases, direct economic stimulus.

We must also acknowledge, however, that community-based organizations, local governments, and especially health systems are strained, facing reduced resources, supplies, and staffing.[44] In times of crisis like a pandemic, partnerships are especially critical to taking advantage of the financial and economic benefits of improved food security. Partnerships that leverage innovative funding and resource collaborations will be most effective in addressing food insecurity.

> *Hospitals are getting exposed to their communities' food needs in ways that were unimaginable a couple months ago. We're seeing leaps to do things that previously would have taken a lot of red tape.*
>
> **EMMA SIROIS**
> ***NATIONAL DIRECTOR, HEALTHY FOOD IN HEALTH CARE PROGRAM, HEALTH CARE WITHOUT HARM***

DISASTER RESPONSE & EMERGENCY FOOD SERVICES

Food system disruptions in the wake of public health emergencies such as natural disasters, economic downturns, and public health crises such as the COVID-19 pandemic can have a significant impact on food security and health, especially for populations that are already food insecure.[45] Furthermore, diet-related health disparities can make people more vulnerable during times of crisis or disaster.[46-48] Community organizations, local governments, and health care providers are also strained at these times, facing reduced resources, supplies, and staffing.[44] In such circumstances, partnerships to address immediate food insecurity needs and fill gaps in local food systems become particularly important, facilitating endeavors that no single entity could undertake alone. Partners can support efforts to meet increased demand while maintaining the nutritional quality and medical tailoring of emergency foods provided.[49] They can start by mapping and reaching out to existing networks of disaster responders in their area.

Times of urgent demand put the strength and versatility of food systems to the test:

- How healthy are the foods produced within the system?
- How responsive is the food system to shifting community needs?
- How well are workers in the food system protected and supported?

Multi-sector partnerships can facilitate efficient response activities in the midst of emergencies and help ensure more resilient community food systems in the long run.

For more information, see **Disaster response & emergency food services** in the **Key resources** section.

Screenings & referrals to free or low-cost food

Food insecurity is often invisible — and it is uncomfortable for people to talk about. A great deal of stress and stigma is associated with having a low income, having to cut corners on essential needs, and not knowing where one's next meal will come from. Better understanding of these stressors as symptoms and health outcomes may shift our approach from a focus on behavior and individual responsibility to a focus on underlying inequitable structures that facilitate and perpetuate food insecurity. That shift in focus can create space for sharing information, resources, and solutions that address the issue at a systemic level. Food insecurity screenings can be a first step toward bringing the issue to light in a trusted setting, validating the patient or client's experience as one deeply connected to their health and health care needs.

Health care providers, local governments, and community organizations can also address individual food insecurity by providing — or making connections to those who provide — free or low-cost food services. Here are some of the many ways to facilitate food access and referrals:

- Prescriptions for healthy foods, like produce, or for medically tailored meals (fulfilled on site[50] or through community partners)
- Meal delivery programs
- Vouchers to spend on healthy foods at local retailers like grocery stores and farmers markets
- Referrals to food pantries or other social service providers, perhaps with vouchers (See the **Food access benefit programs** section for suggestions on how to connect potential beneficiaries to federal meal and income support programs.)
- Transportation support (bringing food closer to recipients or providing transit or vouchers to help recipients get to food service sites)

Partnerships can increase the reach of free and low-cost food services like food pantries and meal delivery programs while bolstering their resources in order to help them meet increased demand. Partnerships can also address uptake barriers such as transportation limitations and costs, feelings of stigmatization, or distrust of authorities (particularly for members of groups that are subject to high rates of enforcement action, such as Black and immigrant populations). For example, health departments can leverage connections with government transportation agencies to address access barriers, and community-based organizations can provide trusted connections to local communities.

There is a great deal of shame involved in asking for help around food, but when your doctor tells you to go get healthy food from a food pantry, it proves to be a very effective way to get someone to walk through the food pantry door.[28]

KATE LEONE
CHIEF GOVERNMENT RELATIONS OFFICER, FEEDING AMERICA

For more information, see **Food insecurity screening & referral** in the **Key resources** section.

Legal considerations

- **Insurance, Medicaid, or Medicare coverage.**[51,52] Proper coding can ensure that clinical and staff time (including the time of community health workers) spent screening and diagnosing food insecurity or writing food access referrals or prescriptions for healthy or medically tailored meals are covered as costs of medical care and treatment. Such coverage contributes to policy sustainability.
- **Patient privacy and compliance with the Health Insurance Portability and Accountability Act (HIPAA).**[53] Partnership contracts, memoranda of understanding, standard practices, and/or additional patient consent forms can ensure that referrals to non–health system partners maintain HIPAA compliance, particularly when using electronic data systems (e.g., connecting to electronic medical records) and data-sharing practices. HIPAA establishes minimum national standards for use and disclosure of protected health information. By design, HIPAA aims to balance protection of sensitive health information from unauthorized disclosure with the need to use and share such information in the provision of and payment for health services.[54]
- **Anti-Kickback[55] compliance.** Partnerships should be structured to ensure that any referrals comply with the Anti-Kickback Statute or fall within the safe harbors of the law. The federal Anti-Kickback Statute "prohibits paying or receiving any remuneration (directly or indirectly, overtly or covertly) for referring, purchasing, or ordering goods, facilities, items or services paid for by Medicare or Medicaid. . . . The Statute is not limited to physicians and health care entities, but includes any person in a position to recommend or refer federally reimbursed items and services."[56] The statute does, however, include a safe harbor provision that excludes "certain payment and business arrangements between parties in a position to refer or generate business for each other that would otherwise constitute illegal remuneration under the statute."[56] Legal counsel should be consulted to determine whether a payment or business arrangement satisfies the requirements of the safe harbor provision.
- **Restrictions on beneficiary inducements.**[57] Food access programs should ensure that food does not constitute "gifts" (for free or at a below-market price) that are inducements to Medicaid and Medicare beneficiaries to receive care or treatment. (See **Community Examples & Creative Solutions** for a case example.)
- **Recipient documentation.** Some recipients may be wary of food access referrals due to requirements that may (or may seem to) involve government bodies. Partners can provide information and support related to legal requirements and ramifications of, for example, information sharing, consent forms, or identification requirements for pickup, particularly for patients or clients with concerns about immigration enforcement or the public charge rule.[58]

LEARN MORE

For more information about Medicaid-based funding options for preventive and social services, including community examples, see Nemours' **A Roadmap of Medicaid Prevention Pathways**.

- **Volunteers/staff and liability protections.** Partnerships with health systems, in particular, can sometimes result in special requirements for volunteers, community health workers, or other staff who implement food access interventions. Partners should discuss liability waivers, training, background checks, and allocations of risk and responsibility if volunteers or staff are injured or otherwise harmed during their involvement in activities such as food pantries. Delineating insurance options (or requirements, in some cases) and mitigation strategies is helpful preparation for any risks. Note that partners often exercise flexibility in addressing these requirements, to ensure that the partnership doesn't lose access to valuable people and expertise.
- **Food safety and liability protections.** To promote the safety of food recipients and avoid liability for any risks of harm to them, distributors of free or low-cost foods may be required to comply with growing, handling, processing, storage, or distribution requirements and certifications — for example, guidelines related to soil quality or soil contamination or regimes such as Good Agricultural Practices (GAP).[59] Additional requirements may apply when serving people with allergies or those who require medically tailored meals. Specific liability protections apply to donated foods (e.g., the Bill Emerson Good Samaritan Food Donation Act[60] and related state and local policies).[61,62]

Policy considerations

- **Institutional-level policies.** Screenings and referrals can be implemented through institution-wide policies that provide clear guidance, evidence-based best practices, plans for training and back-end procedures, and accountability to ensure that practices are standardized and sustained.
- **Community-level policies.** Governments can facilitate free and low-cost food access by reducing the barriers that make it complex or risky to provide these services. For example, it's possible to expand liability protections for food donations in specific cases, as some communities have done to accommodate cottage food laws,[63] produce gleaning policies,[64] and food recovery interventions.[65]

COMMUNITY EXAMPLES & CREATIVE SOLUTIONS

Clearing a legal hurdle for food access, in time for the holidays. In November 2018, partners from the Cancer Center at the University Medical Center New Orleans and the Second Harvest Food Bank were hoping to establish an on-site food bank for patients. The hospital's general counsel was wary of providing food to patients at the risk of the food being viewed as a beneficiary inducement prohibited by the Social Security Act. However, additional research assistance from ChangeLab Solutions revealed that through careful application of multiple exceptions in the act, the partnership could provide the food without risking violation. The team also connected with an attorney in the Office of the General Counsel at Boston Medical Center, which has a thriving on-site food pantry. The upshot was that the Cancer Center's pantry was up and running in time to provide food to patients in need for the December holidays and beyond.

Funding partnerships where health care policies meet federal benefit dollars. One growing strategy around the country is using SNAP-Ed funding (7 U.S.C. § 2036a) to support screening-and-referral efforts. In 2016, the University of Minnesota Extension partnered with the Minnesota Chapter of the American Academy of Pediatrics in using SNAP-Ed funds to implement a food insecurity screening-and-referral project with a strong education program for both providers and clients. In California, the Department of Public Health, Nutrition Education and Obesity Prevention Branch (an implementing agency for SNAP-Ed) and the University of California, San Francisco, have partnered since 2014 to offer the Champion Provider Fellowship, which promotes provider-community partnerships that address upstream community health issues. Fellows of the program have helped facilitate food insecurity screening-and-referral programs in multiple counties throughout the state.

See **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium** for more detail on beneficiary inducements (pp. 435–442), funding sources (pp. 444–449), and SNAP-Ed funding (pp. 97–100).

Scaling up by partnering with a strong local organization. After partnering with a local Federally Qualified Health Center (FQHC) in Franklin County, Ohio, to establish the Mid-Ohio Farmacy Program, a successful food insecurity screening-and-referral program, the Mid-Ohio Foodbank — with 650 partner agencies across the state — was looking to expand its clinical connections. Although there were regulatory, data, funding, and legal concerns to address, the organization was able to scale the program by partnering with the Department of Family Medicine at The Ohio State University Wexner Medical Center.

For more information about the partnerships and solutions that allowed the Mid-Ohio Foodbank to scale its program, see the *Health Affairs Blog* post **Addressing Food Insecurity In Clinical Care: Lessons from the Mid-Ohio Farmacy Experience**.

Using data and staff experience to bolster implementation. Starting at two of its pediatric clinics in Colorado, Kaiser Permanente implemented a food insecurity screening-and-referral pilot program with a strong evaluation component. Analyzing internal dissemination of the pilot program allowed the clinics to develop procedures and policies for broader implementation that could be responsive to settings, resulting in better outcomes. For example, when an office had staff experienced in making social services connections — such as social workers — uptake and referral rates improved. Some offices were also able to make stronger connections to SNAP and WIC program data to streamline and improve the screening process.

For more information, see Lessons **Learned from Implementation of the Food Insecurity Screening and Referral Program at Kaiser Permanente Colorado**.

BREASTFEEDING SUPPORTS

Information about and support for breastfeeding is another type of conversation related to food insecurity that may be effective in a clinic or service-provider setting. For mothers who are able — taking into account their work environment, benefits,[66,67] and child care situation, in addition to their health and physiology — breastfeeding can provide nutritional, developmental, and other health benefits for both mother and baby, as well as economic benefits for their entire family by reducing or eliminating the need to buy formula.

LEGAL CONSIDERATIONS

- **Insurance coverage.** The Affordable Care Act (ACA) requires that most health insurance plans cover the cost of a breast pump as part of women's preventive health services. This reduces the barriers of cost and convenience associated with breastfeeding, especially for mothers who are working or away from their child for other reasons.[68,69] Hospitals and health systems can partner with local WIC offices or community-based organizations engaged in maternal and child health work to inform new mothers of their benefits. Note that coverage may depend on the insurer, is not guaranteed under Medicaid, and may also be accessible for WIC participants via their local clinic.
- **State law.** While there is a national law about break time to breastfeed as well as breastfeeding health insurance benefits, state laws on breastfeeding supports vary. Some of the areas covered by state laws are child care facilities and breastfeeding; the procurement, processing, distribution, use, or reimbursement of human milk; workplace supports; and hospital supports.[69] Partners should consult existing state law in addition to national law to ensure that policies and practices are in compliance or to identify gaps in the legal landscape.

POLICY CONSIDERATIONS

- **Institutional-level policies.** Baby-friendly hospital certification and other institutional policies can support new mothers in breastfeeding their babies. Such policies can broaden the institutional supports covered by insurance and expand the base of lactation professionals (e.g., by partnering with doula organizations and community health workers). Policies that support breastfeeding can also limit or mitigate the pervasive[70] and inequitable[71] influence of baby formula marketing.[72] However, potential benefits must be weighed against the potential harms of any policies that restrict choice and access, particularly in light of efforts (e.g., the "fed is best" movement[73]) to ensure that mothers can easily make healthy feeding decisions for their babies when breastfeeding isn't desirable, available, or sustainable.
- **Community-level policies.** For many new parents, income and job security must be balanced with the need to care for a new infant, and the need to return to work is a common roadblock to breastfeeding efforts. Paid parental leave policies can level the playing field, protecting parental leave across employers, industries, and income levels.[66,67]

For more information, see **Breastfeeding support** in the **Key resources** section.

Food access benefit programs

Local stakeholders can raise awareness and help increase uptake of federal benefit programs intended to address food insecurity, such as the US Department of Agriculture's (USDA) Supplemental Nutrition Assistance Program (SNAP)[74] and its Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);[75] USDA's child nutrition programs;[76] including the National School Lunch Program, School Breakfast Program, and Child and Adult Care Food Program; and the US Department of Health and Human Services' Temporary Assistance for Needy Families.[77]

Clinical and social service settings may be the only opportunities for potential beneficiaries to learn about federal programs available to them. Given the number of states and localities that implemented shelter-in-place orders during the COVID-19 pandemic, many people who were newly eligible for these food services may not have had other touchpoints with support networks and social service providers that could inform them about their options. Organizational partnerships can enable communication between service providers to help ensure that no one slips through the cracks. Organizations can also partner to assist with navigating enrollment and establish auto-enrollment procedures when possible. Stakeholders can incentivize the use of these programs — for example, through vouchers or funding matches that help the benefit dollars go further when used on healthy foods like produce.[78] Finally, stakeholders such as hospitals can provide guidance and education on nutrition for partners responsible for implementing benefit programs, such as schools[79] and child care facilities.

For more information, see **Benefit programs** in the **Key resources** section.

Legal considerations

- **Patient privacy and compliance with the Health Insurance Portability and Accountability Act (HIPAA).**[53] Partnership contracts and practices or additional patient consent forms can ensure that referrals to federal benefit programs (or any referrals to social services) maintain HIPAA compliance, particularly when using electronic data systems (e.g., electronic medical records) or data-sharing practices.
- **Recipient documentation.** Some recipients may be wary of referrals to federal benefit programs that entail involvement with government entities. Partners can provide information and support related to legal requirements and ramifications of, for example, information sharing, consent forms, or identification requirements for enrollment, particularly for patients or clients with concerns about immigration enforcement or the public charge rule.[58]

Policy considerations

- **Institutional-level policies.** Key stakeholders that function as institutions can support and incentivize benefit uptake and use through internal or community-wide policies. Policies can promote education about benefit programs; facilitate referrals to benefit programs from other service settings (such as health care or social services); support assistance with enrollment; and aid the flow of information or other support (such as vouchers or fund matching) to incentivize the use of benefit dollars on healthy products like produce.
- **Community-level policies.** To improve the nutritional quality of foods purchased with benefit dollars, partners can advocate for and support community-wide policies — for example, school district wellness policies that influence federal school meal program implementation. Communities sometimes enact more restrictive policies — for instance, stocking requirements for retailers that accept SNAP and WIC, or limitations on the products that can be purchased with benefit dollars — however, the success of such policies in improving health outcomes is debatable.[80,81] Restrictions may increase the stress and stigma associated with benefit use. Mental, social, and political health drawbacks may prevent restrictive policies from furthering public health efforts in some communities.

COMMUNITY EXAMPLES & CREATIVE SOLUTIONS

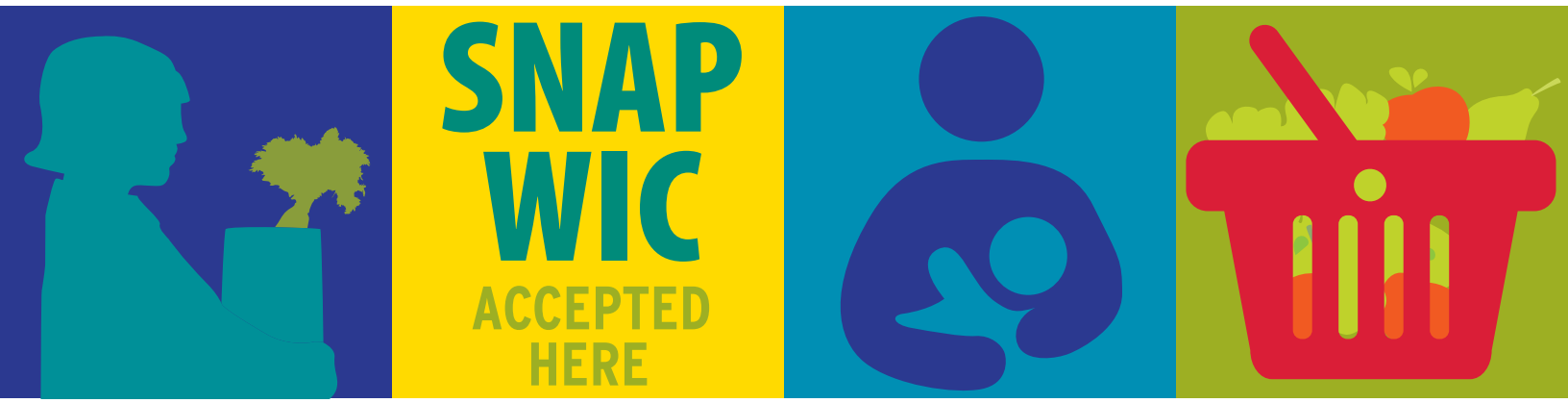
Aligning benefit opportunities, regardless of immigration status. In 2017, partners from Los Angeles County's Department of Public Social Services, Department of Health Services, and Hubert H. Humphrey Comprehensive Health Center wanted to ensure that their food insecurity screening-and-referral policy considered patients with concerns about their immigration status in relation to obtaining federal nutrition benefits. With research assistance from ChangeLab Solutions, the partners identified federal benefit programs for which undocumented immigrants may qualify, including WIC, school breakfast and lunch programs, and summer meal programs. The team also learned of state SNAP programs that children of undocumented immigrants in California may qualify for. The National Immigration Law Center provided information on the best ways to obtain the state benefits.

Filling in the gaps in child nutrition. Hospitals are not new partners in efforts to address children's food insecurity. When school ends for the summer, millions of low-income children lose access to the school breakfasts, lunches, and after-school snacks and meals they receive during the regular school year.[82] The USDA's Summer Food Service Program helps to fill this gap by providing free meals and snacks to children throughout the summer months. Schools, libraries, community centers, hospitals, and other community stakeholders serve as summer meal sites where children typically would come to eat meals in a group setting. While the COVID-19 pandemic has forced child nutrition programs to adjust their meal service to accommodate social distancing practices, hospitals have continued to partner with local education agencies to provide a safe space for children to receive nutritious food. For example, Presbyterian Healthcare Services (PHS), a nonprofit health care system in New Mexico, continues to offer free meals to children at seven hospitals across the state. The health care system

partners with the New Mexico Children, Youth and Families Department to provide free, nutritious food to children aged 18 years and younger, regardless of income. According to PHS's vice president of community health, "New Mexico led the nation in child hunger rates before the current pandemic,"[83] and demand for meals served through its free meal programs increased dramatically during the COVID-19 pandemic. PHS hospitals provided 600% more meals in March, April, and May of 2020 than in the same months in 2019.

Expanding the use of federal benefits for healthy food purchases. A partnership working to eliminate food insecurity in Jefferson County, Colorado, was looking to scale up a city ordinance that amended zoning and planning codes to promote the use of SNAP benefits at farmers markets. With research assistance from ChangeLab Solutions, the team evaluated the feasibility and implications of instituting similar policies in other or all cities in Jefferson County. Equipped with a scan of local and state policy examples, as well as other helpful tools and resources, the team was primed for conversations with local advocates and partners about scaling up a promising approach to increasing SNAP recipients' access to healthy food.

See **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium** for more details on benefits for immigrants (pp. 105-107) and SNAP use at farmers markets (pp. 118–162).



Key resources

These resources are organized by topic in the order they appear in the preceding sections.

Disaster response & emergency food services

- **USDA's National Hunger Hotline** can connect callers with emergency food providers in their community. Call 1-866-3-HUNGRY or 1-877-8-HAMBRE (for Spanish), Monday through Friday, 7am to 10pm ET.
- **211** is a national organization that helps connect people with local services and resources to meet essential needs — including food and financial assistance — especially during times of crisis, emergency, or natural disaster. 211 is connected to communities' service providers and helps millions of people every year.
- **Feeding America** has a nationwide network of partners to facilitate disaster preparedness, response, and recovery efforts. In 2017 alone, they provided "more than 100 million pounds of food, water, and supplies to devastated communities." **Feed the Children** is another resource for disaster relief.
- The **Food Research & Action Center** provides valuable examples of how federal nutrition programs can respond during natural disasters, as well as tips on how advocates can bolster response efforts before, during, and after a crisis.
- The **USDA Foods Program Disaster Manual** (from the US Department of Agriculture's **Food and Nutrition Service**) provides guidance for entities responsible for providing USDA Foods (formerly known as USDA commodities or donated food) to disaster relief organizations in the event of a disaster, emergency, or situation of distress.

Food insecurity screening & referral

- **Food Insecurity and Health: A Tool Kit for Physicians and Health Care Organizations** (by **Humana** and **Feeding America**) provides health outcomes research on food insecurity as well as information about screenings, referrals, and the partnerships and resources that make these interventions possible.
- The **Hunger Vital Sign™ National Community of Practice** (co-convened by **Children's HealthWatch** and the **Food Research & Action Center**) provides monthly calls about food insecurity screenings and referrals, as well as a number of helpful resources, such as an **organizational brief**, **policy reports**, and memos on topics such as **workflow and compliance issues**.
- **Community Resource Referral Platforms: A Guide for Health Care Organizations** (from **SIREN, the Social Interventions Research & Evaluation Network**) "outlines new technologies available for health care organizations to document patients' social and economic needs and facilitate relevant referrals to social service organizations." SIREN provides other resources, such as reports, issue briefs, webinars, commentaries, and an evidence library.

Breastfeeding support

- The infographic **Breastfeeding & Racial Equity** and fact sheet **Changing the System to Address Racial Inequities in Breastfeeding** (from **ChangeLab Solutions**) "suggest changes in policies and systems to address barriers to breastfeeding, including changes in workplace policies, hospital practices, and professional support."
- **Breastfeeding-Supportive Hospital Practices** (from **ChangeLab Solutions**) provides fact sheets on the 18 states with relevant laws. The fact sheets "detail the 10 Steps to Successful Breastfeeding, provide information on state performance against the Healthy People 2020 goals for breastfeeding rates, and document to what extent state laws require hospitals to comply with practices that support breastfeeding among maternity patients."
- The infographic **Baby-Friendly Hospital Initiative** (BFHI) and fact sheet **Breastfeeding from the Start: The Health Benefits & Policy Implications of the Baby-Friendly Hospital Initiative** (from **ChangeLab Solutions**) "provide an overview of the research on the cost and efficacy of BFHI. They also present the evidence base for state, local, and hospital policies that support breastfeeding."
- The web page **Breastfeeding State Laws** (from the **National Conference of State Legislatures**) lists federal and state laws related to breastfeeding in hospitals, in workplaces, and in public.

Benefit programs

- The **Federal Food Assistance Programs** chart (from **Feeding America**) helps differentiate and clarify the purposes of various federal food assistance programs and provides links to each program.
- The **Center for Healthy Food Access** (from **The Food Trust** and **Robert Wood Johnson Foundation**) is a national collaborative "serving as a catalyst to share learning and test groundbreaking ideas" for increasing access to nutritious, affordable food, including efforts to strengthen federal nutrition programs such as SNAP, WIC, and SNAP-Ed, as well as expand SNAP-incentive programs that provide support to make healthier food more affordable for people on food stamps.
- The **SNAP Education (SNAP-Ed) Program** (from the US Department of Agriculture) provides funding and guidance (as well as an abundance of **success stories**) to community partnerships working to improve health outcomes for SNAP recipients.
- **Food Access, Nutrition, and Public Health** (from the **Farm Bill Law Enterprise**) "sets goals and makes recommendations to improve food access, nutrition, public health, infrastructure, and economic development" through the US farm bill's "nutrition safety net [SNAP] for low-income families, the elderly, people living with disabilities, and unemployed Americans."
- **Making WIC Work Better: Strategies to Reach More Women and Children and Strengthen Benefits Use** (from the **Food Research & Action Center**) includes research and recommendations to improve WIC uptake and use among potential beneficiaries, including partnerships via referrals.

TELL US YOUR STORIES!

At ChangeLab Solutions, we are interested in hearing from you as you navigate your partnerships. We'd like to learn how to address questions that have come up in your partnership work and are interested in tracking new ideas, nuances, and stories we haven't addressed in this guide. Please don't hesitate to **contact us**.

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