Legal & Policy Strategies for Health Care & Food System Partners

Introduction: Partnerships Between Health Care & Food Systems

ChangeLab Solutions

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Preface: Addressing food insecurity via cross-sector partnerships during crisis

Since the beginning of the COVID-19 pandemic, **food insecurity rates in the United States have risen to levels unprecedented in modern times**.[1] We can see the scope of the problem in news reports and photographs depicting mile-long lines of cars outside of food banks, full of people waiting for bags of free food.[2] Food insecurity is deeply intertwined with health and economic disparities, as an underlying factor in risk for COVID-19 and as an effect of the economic crisis the pandemic has triggered. Pre-existing health inequities[3-7] and an increased risk of job loss or loss of income[3,8,9] mean that Black, Latinx, and Indigenous people as well as other people of color have been disproportionately affected by COVID-19,[4,5,10-15] further compounding inequities that existed long before the pandemic began.[3,16,17]

The racial, health, and economic inequities during the COVID-19 pandemic — including rising rates of food insecurity — are a legacy of the structural racism that has restricted the health and wealth of Black people in the United States for generations.[4,8] Furthermore, Black, Latinx, and Indigenous people face ongoing racism in institutions ranging from police to health care providers, schools, and employers.[18-20] Beyond the immediate need to more effectively acknowledge and address these inequities in light of COVID-19, the underlying systems that created and perpetuate them must be reimagined. Communities need new laws, policies, and institutional practices that directly target structural discrimination, income inequality, and other fundamental drivers of food insecurity and health inequity.[21-22]

Check out the **Key terms** section for definitions of the terms *food insecurity, just food system, fundamental drivers of health inequity, and* more.

Cross-sector partnerships of community-based organizations, local governments, and health systems will be essential in order to affect food insecurity, food systems, and the underlying structural drivers of inequity. Each of these types of partners is facing limited funding and increased demand for services at a time when the social safety net is increasingly inaccessible and under attack.[23-32] Pooling resources and working together is an essential way forward.

In response to this public health crisis, federal, state, local, and tribal institutions are identifying quick solutions that clear legal and political hurdles to get help and resources to those who most need them,[33-41] creating a roadmap for building a more resilient and just food system for the long term. Creating long-term stability and justice in the food system means going beyond food access and nutrition to

stable employment, income supports, and community health. We can acknowledge and remedy existing safety net services that fail to address systemic inequities even in the best of times. We can respect our food system workers as essential workers and find ways to protect and compensate them. Every community has assets, experiences, leaders, and anchor institutions that must be at the foundation of any effort to improve community health and integrate the contributions, resources, and political power of its participants. The intersection and coordination of health systems and food systems are at the core of these efforts and represent a promising space for sustainable, long-term change.

Key terms

Food access. Availability of nutritionally adequate, affordable, and culturally responsive food for all residents.[42,43] There are three common barriers to food access:

- *Physical issues.* Is healthy, affordable, and culturally responsive food easy to find in a neighborhood or region? Do residents perceive that it is safe to travel to these food sources?

- *Economic issues.* Do residents have income sufficient to purchase and prepare healthy and culturally appropriate food?

- *Resource issues.* Do residents have resources for shopping and cooking, including personal time and ability, access to a kitchen, and access to transportation (e.g., a car, carpooling options, or bus routes to grocery stores)?[44]

Food insecurity. The US Department of Agriculture defines *food insecurity* as "a household-level economic and social condition of limited or uncertain access to adequate food."[45] "The food security status of each household lies along a continuum from high food security to very low food security."[46] Households with low or very low food security are classified as *food insecure.* "Lack of access is, in all cases, due to lack of monetary resources or the inability to afford adequate food."[46] Food insecurity is thus distinct from *hunger,* which is defined as "an individual-level physiological condition that may result from food insecurity."[45]

Food security. The Food and Agriculture Organization of the United Nations states, "Food security exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life."[45-48]

Food sovereignty. While *food sovereignty* is hard to define and may be different for different groups,[49,50] one helpful definition is "the right of peoples to healthy and culturally appropriate food produced through ecologically sound and sustainable methods, and their right to define their own food and agriculture systems. It puts the aspirations and needs of those who produce, distribute and consume food at the heart of food systems and policies rather than the demands of markets and corporations."[51]

Fundamental drivers of health inequity. Five factors that shape places, social environments, and living conditions: structural discrimination, income inequality and poverty, disparities in opportunity, disparities in political power, and governance that limits meaningful participation. Deliberate intervention through the tools of law and policy to address the distribution of money, power, and resources can undo fundamental drivers of inequity and thereby increase health equity.[22]

Health equity. A "state in which everyone has the opportunity to attain their full health potential and no one is disadvantaged in achieving this potential because of social [or economic] position or any other socially defined circumstance."[52]

Health inequity. A health disparity resulting from systemic barriers to education, employment, housing, income, self-determination, and other elements needed to attain full health.[53] Also, "differences in health which are not only unnecessary and avoidable but, in addition, are considered unfair and unjust."[54]

Health justice. "Policies and societal behaviors that are evenhanded with regard to and display genuine respect for *everyone's* health and well-being."[55,56]

Health system. (1) The larger system of organizations, institutions, regulations, policies, resources, and people that drive health actions across communities; (2) more specifically, a hospital or group of hospitals and physicians providing health care services within a community.[57]

Institutions, or anchor institutions. "Entities that are important, long-term fixtures in a community and take some responsibility for that community's successful development. They are usually non-profit organizations – such as universities, hospitals and health systems, and school systems – but may consist of large corporations, government centers, military bases, or sports teams…. They control large amounts of community capital and can influence the kind of employment options available, the quality of foods that are offered to students and employees, what medical care benefits are provided, or the reach of public transportation."[58] The power and responsibility they carry gives them an important role in community health.

Just food system. A just food system purposefully leads to health and equity for all participants, especially those with the fewest resources and greatest need.[22] It is transparent, equitable, and built on the values of supporting local economies, diversity in business, valued workforce, health, environmental sustainability, and animal welfare.[59] It encompasses the elements of the food supply chain (production, processing, distribution, consumption, reuse or redistribution, and disposal) as well as organizations, institutions, regulations, policies, resources, and people that drive activities across the food supply chain.

Social determinants of health (SDOH). The US Centers for Disease Control and Prevention (CDC) defines SDOH as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."[60,61] While use of the word *social* is intended to promote understanding of upstream, systemic issues that have a greater effect on health than personal behavior does, its use creates some ambiguity. Effective public health advocacy demands a broader understanding of upstream health determinants, including, for example, economic, political,[62] and legal[63] determinants.

Structural racism. A "system in which public policies, institutional practices, cultural representations, and other norms work in various, often reinforcing ways to perpetuate racial group inequity. It identifies dimensions of our history and culture that have allowed privileges associated with 'whiteness' and disadvantages associated with 'color' to endure and adapt over time. Structural racism is not something that a few people or institutions choose to practice. Instead it has been a feature of the social, economic and political systems in which we all exist."[64]

Upstream. Upstream approaches and solutions attempt to address the root causes of health problems. For example, public health efforts have focused on preventing obesity and heart disease by creating environments that support physical activity and provide access to healthy food.

Overview: Advancing health equity through the health & food systems

Food systems provide many opportunities to shape social, economic, and environmental outcomes in our communities. Each component of the food system – production, processing, distribution, consumption, reuse or redistribution, and disposal – can have dramatic impacts on health equity because individual and community health outcomes are strongly linked to social, economic, and environmental settings. These food system components are also intertwined with health systems – in the provision of health services, institutional procurement and food service, community investments, and policy advocacy, for example. (See the section **Where health & food systems intersect** for a deeper dive into this topic.) As such, coordinated efforts by stakeholders from both systems are critical to addressing the complex roots and symptoms of health inequities.

Both systems provide an entry point for addressing systemic, structural, upstream elements in social, economic, and environmental settings in order to improve health equity. ChangeLab Solutions' publication *A Blueprint for Changemakers: Achieving Health Equity Through Law & Policy* describes five fundamental drivers of health inequity:[22]

- Structural discrimination
- Income inequality and poverty
- Disparities in opportunity
- Disparities in political power
- Governance that limits meaningful participation

Inequity
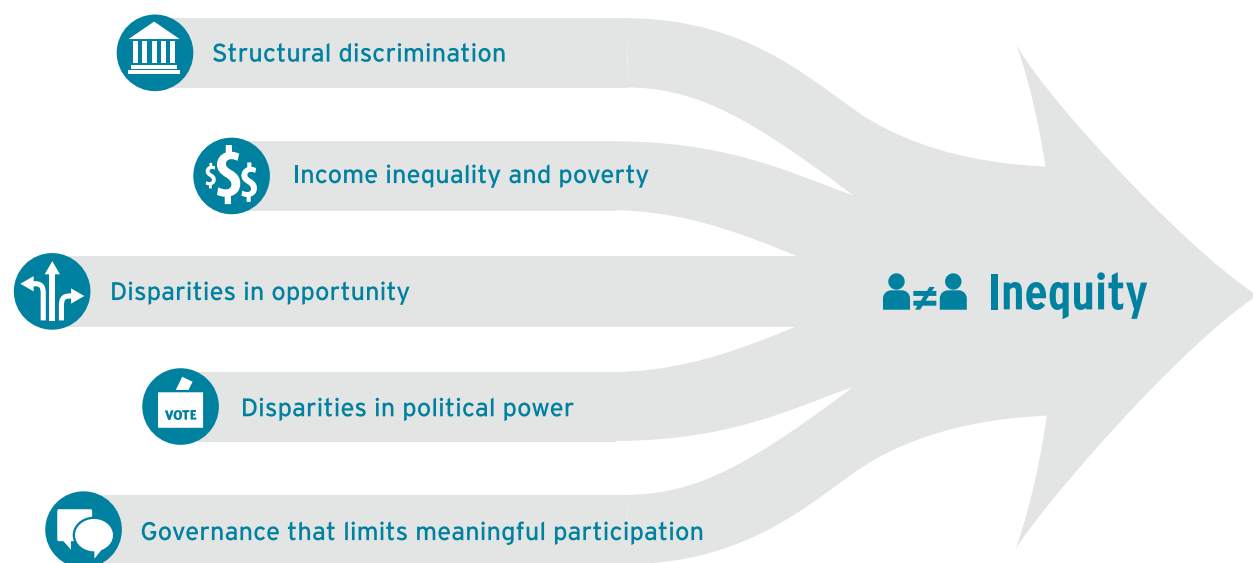
This framework can help cross-sector partnerships prioritize public health efforts and focus them where they are most needed. A food system that values diversity in business, a safe and valued workforce, nutrition, animal welfare, and environmental sustainability can improve health equity at individual and community levels, which in turn will be reflected in health systems where they engage in food system activities. A food system embedded with these values drives activities that support food security, empower historically disadvantaged populations, and promote local wealth creation and reinvestment.

This guide is designed to help on-the-ground staff who represent key food system and health system stakeholders (community organizations, local governments, and health systems) as they partner to create equitable healthy food access and food system initiatives. The remainder of this overview section highlights the key stakeholders commonly involved in these partnerships, describes why people-centered community engagement is critical for effective partnerships, and summarizes the intersections between health systems and local food systems.

Next, the section **Community partnerships for health equity** provides a collaborative framework for effective and sustainable interventions, to support key stakeholders in navigating a successful partnership. This section includes detailed descriptions of health system entities, local governments, and community-based organizations as partners in food system interventions, lists the types of partnership roles they often play, and provides more detail on community engagement.

Finally, we present **Food System Interventions: Legal & Policy Considerations**. This section, presented in three stand-alone subsections, provides a menu of options intended to inform conversations and help establish understanding between partners across sectors. While it is not possible to provide specific legal solutions, which will vary by jurisdiction and circumstance, each subsection includes resources and examples of how such considerations have played out in real community initiatives. The interventions are divided into the three subsections according to whether they focus on individuals, institutions, or communities. We present these three subsections as modular, stand-alone publications for ease of use in specific contexts.

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When digging deeper on a particular legal or policy issue, you might find it helpful to review **Good Laws, Good Food: Putting Local Food Policy to Work for Our Communities**, a publication from the **Food Law and Policy Clinic at Harvard Law School** and the **Johns Hopkins Center for a Livable Future** that is "intended to educate, inspire, and empower… local food advocates and local food policy councils across the United States to continue building healthier and more sustainable communities" and covers issues such as land use planning and regulation, urban agriculture, procurement, school food programs, and food waste recovery.

LEGAL & POLICY CONSIDERATIONS: AN EXAMPLE

A community organization, a local public health department, and a hospital might partner to establish a community garden on hospital property.

A **legal consideration** might be how the risk of someone getting hurt in the garden will be allocated between the community gardeners, the community organization, the local government, and the land-owning hospital. The stakeholders might allocate the risk through a written agreement and public notices on the site.

A **policy consideration** might be how to work with local government partners to ensure that nearby or similar properties are zoned to encourage community gardening. The partners might use informational meetings and policy advocacy to obtain changes to the local zoning code.

The legal and policy considerations that make up the bulk of this resource are intended for both lawyers and non-lawyers. Familiarizing themselves with these considerations can help legal staff spot issues and differentiate true legal or regulatory limitations from barriers that can be overcome, for example, through careful documentation or risk mitigation strategies. The legal and policy considerations in this guide can help non-legal staff identify what questions to ask and how to prepare for potential barriers early, so they can be stronger partners in evaluating options and developing creative solutions.

For lawyers and non-lawyers alike, these considerations can provide a starting point for conversations that bolster support and buy-in, particularly among organizational leadership, legal counsel, and staff members who would be responsible for implementing legal or policy solutions.

Regardless of who you are working with, being aware of the priorities and common roles of partners can help establish a strong foundation for determining the scope of joint projects. Whether you find yourself in conversation with residents, community leaders, a board of directors, a board of supervisors, policymakers, a municipal attorney's office, or a health system's general counsel, our hope is that the insights collected in this guide will prepare you to better engage with your partners and understand each other's shared goals for improving health equity through local food system interventions.

ChangeLab Solutions has developed these considerations over 15 years of providing technical assistance on law and policy to stakeholders working at the intersection of health systems and food systems. We have also provided technical assistance for multiple national initiatives, working with dozens of interdisciplinary teams in communities around the country. Every team has included a community-based organization, a local public health department, and a health system partner, all working toward an upstream, community-based public health intervention.

We hope that the options, checklists of considerations, and ideas in this guide will foster brainstorming across local partnerships.

Key stakeholders

This resource focuses on three types of key stakeholders: community-based organizations, local governments, and health systems or health care providers. These entities can meld investment and community leadership to improve local food systems and community health outcomes.

Community-based organizations work on food access at a local level. Community-based organizations can include food banks and other emergency food providers; organizations that run urban farms; shared use kitchens; food business incubators; farmers markets; local food policy councils; congregate feeding spaces (e.g., after-school programs); faith-based organizations; community centers; and environmental groups focused on reducing food waste and promoting sustainable farming.

LEARN MORE

You can dig into some of ChangeLab Solutions' historical work at the intersection of food systems and health systems as part of **Moving Health Care Upstream's Policy Learning Lab**, led by Nemours Children's Health System. The goal of the effort was to help health care providers collaborate with community-based organizations in order to help children, patients, and families access new resources to address upstream drivers of health. Check out the **Compendium of Research and Technical Assistance Memos 2017** and **Compendium of Research and Technical Assistance Memos 2018**, which are collections of how-to materials, including sections on food security.

Local governments include health and public health departments working to improve health through a variety of initiatives, such as bolstering local food production and access, broadening healthy food retail options, and facilitating nutrition education and assistance programs. This category also includes local government agencies that administer food assistance programs such as WIC and SNAP.

Health systems broadly encompass all organizations, people, and actions whose primary intent is to maintain, restore, and promote health.[65] Health systems can include hospitals, health information systems, health insurance organizations, and health care providers. Hospitals and health care providers are the most likely to be involved in implementing the food system interventions in this guide.

These three types of stakeholders often serve populations that are at high risk for health inequities associated with food insecurity and for other harms caused by food system failures – populations such as children, elderly people, people with low income, immigrants, and people of color. Consequently, partnerships between these types of local stakeholders can have a strong impact on health equity when they work to improve access to healthy, affordable, culturally appropriate food as well as increase access to safe, healthy economic, social, and environmental settings for those who need it most.

Community partnerships

The structure of a community partnership depends on the context, resources, timing, and needs of a particular initiative, but one key ongoing element is a people-centered approach. **People-centered community engagement** focuses on the needs and perspectives of communities affected by health disparities and advances their power to influence, advocate for, and make changes to policies that affect them. A shared commitment to work with such community members and incorporate them into decisionmaking processes and evaluation of the work increases the likelihood that resulting policies, programs, and investments will increase underserved community members' wealth and opportunities to live healthy lives.

Many initiatives and partnerships may start their food system improvement efforts with a broad goal of "engaging the community." *Engagement* is a catchall term that can be applied to activities as simple as an informational workshop or as robust as a resident-led campaign. Different levels of engagement are appropriate in different contexts. In this guide, the term *community partnerships* refers to sustained engagements in which community members influence the planning, activities, and outcome goals that drive an initiative, as well as how the resources of that initiative are allocated. For more detail on these types of partnerships, see the **Community engagement** section.

> *An assessment can be done to determine what is immovable from a legal standpoint versus what can be done if there's enough political capital and interest. This then shifts the focus from ensuring that community partners are compliant to thinking about the many pathways that partnership can take.*
>
> **ABBY MASSEY**
> *FORMER SENIOR ASSOCIATE, HEALTHCARE ANCHOR NETWORK*

Making the case

Throughout this guide, we have identified existing research to help communities make the case for the interventions we have described in the later sections. These citations provide an evidence base for how just food systems and increased food security can contribute to individual and community health, including physical, mental, economic, social, and environmental outcomes.

Research shows broadly that public health interventions are effective in improving health outcomes and save costs for communities and local stakeholders.[66,67] However, local stakeholders, decisionmakers, and communities are working with limited resources. Having a strong evidence base for an intervention's success – and its financial justifications – increases its chances of being adopted. More research is needed to better quantify the return on investment of some of the cross-sector collaborations described in this resource.[68-70] One way that these partnerships can contribute to widespread change is by providing strong evaluation reports and evidence of impact. We can bolster the case for food system interventions by showing the many ways that they can further health equity and improve overall health outcomes.[71-74]

LEARN MORE

Health Care Without Harm (HCWH) is a global organization with a mission to "transform health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice." This organization has great expertise in working with the US health care sector to improve food in health care. HCWH's resource **Community Benefit and Healthy Food: A National Assessment** includes recommendations on evaluating healthy food programs (see pp. 64–76).

Where health & food systems intersect

Local community-based organizations, government agencies, and health systems interact with community members at multiple levels (see Figure 1), and health and food systems intersect in different ways at each level. Keeping these levels in mind will help partners identify the primary means by which they influence people's lives, which can highlight priorities and differentiate between possible interventions based on reach and impact. In the sections on food system interventions, the policy considerations listed under each intervention are organized by these levels of impact.

FIGURE 1. LEVELS OF INTERACTION BETWEEN FOOD SYSTEMS AND COMMUNITY MEMBERS
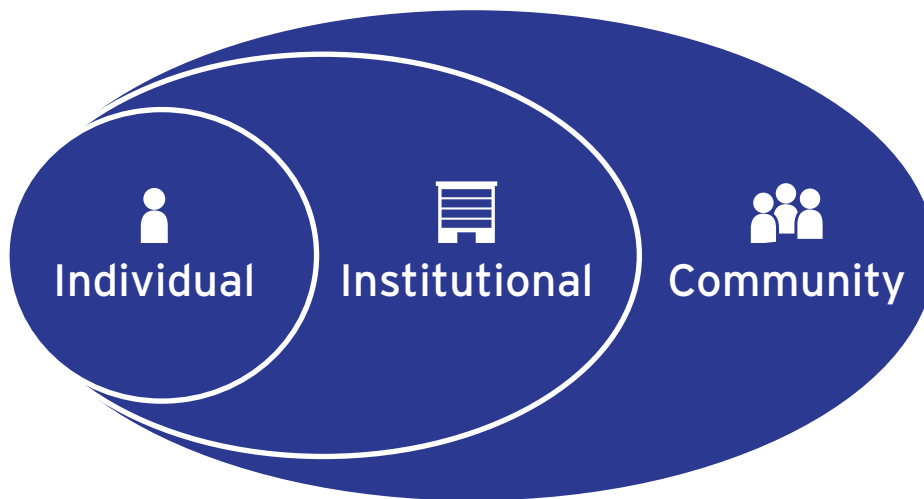
Individual level. At the individual level, community members intersect with food systems as patients, clients, and nearby residents. They are consumers. They receive services and benefits. They are employed by community-based organizations, local governments, and health systems and health providers. They may live near food producers or retailers or near the infrastructure that foods and food system actors pass through. Partner stakeholders can help to address individual needs through direct interactions – for example, screenings, surveys and other data collection activities, educational engagements, support groups, clinical advice and interventions, linkages to social services, and benefits enrollment and management. Stakeholders can respond directly to input from community members to improve services and tailor interventions. Stakeholders can also involve community members and elevate community voices in partnership conversations that drive priorities and decisionmaking.

Institutional level. It is important to identify how many of the stakeholders in a partnership are anchor institutions[58] with a long-time presence in their community and a stake in community development (for example, hospitals, school systems, or government centers). Anchor institutions have significant power and responsibility, control large amounts of community capital, and can "influence the kind of employment options available, the quality of foods that are offered to students and employees, what medical care benefits are provided, or the reach of public transportation."[58] For the local food system, intersections at the institutional level (where these institutions implement internal, organization-wide policies) can include institutional food procurement and food sales practices (for example, in purchasing, cafeterias, vending machines, or food service for patients or clients); employee wellness; meeting places; and food-related community events.

Community level. Stakeholders also reflect and shape their broader communities in many direct and indirect ways, from interactions with residents to influences on social, environmental, and political settings. While local governments lead local policymaking, local health providers and community-based organizations are also policy actors in their communities. Many stakeholders recognize the role that local policies can play in influencing health at the community level — the health of their workforce, patients, and clients — and, therefore, their bottom line or their mission. Stakeholders can provide resources — time, staff, money, land or space, networks, etc. — to further community policies that aim to improve local food systems. Stakeholders may also directly represent the interests of priority populations on a given issue by sharing data, stories, and insights to inform local decisionmaking. Stakeholders can use their connections and their power to advocate for the involvement and interests of people who may be underserved or disenfranchised.

While the intersections of food systems and health at all of these levels are helpful and may be mutually reinforcing, sustainable change is most likely to occur at the community level. Upstream, systemic, structural factors can have far more influence on health outcomes than individual behavior.[75] The COVID-19 pandemic has made health inequities and the structural factors that influence them much more visible to many people, including local stakeholders and decisionmakers. Long before the pandemic and largely due to institutional racism and sexism, Black and Latinx people faced high rates of poverty, unemployment, poor health conditions, and material hardship. These conditions have been exacerbated and compounded by the health and economic crises caused by COVID-19. Black and Latinx people are about three times more likely than white people to contract COVID-19.[76] Additionally, in June 2020, almost two-thirds of Latina women and more than half of Black women with incomes below $35,000 reported losing employment income since the start of the pandemic; about a third of Black and Latina women missed their rent payment in May 2020 or paid it late; and an even greater proportion feared not being able to pay June's rent.[77,78] In recognition of these factors related to structural discrimination, public health and health care continue to move away from their historic focus on individual behavior — an approach that can be actively harmful — and toward improving the social (and other) determinants of health by addressing the fundamental drivers of health inequity.

LEARN MORE

For a different perspective on community-level policies that influence food systems, see **Local Laws & Policies That Promote Access to Healthy Food: A Food System Crosswalk**, a resource from the **Healthy Food Policy Project**. The policy examples they include are structured by six food system components: grow, process, distribute, get, make, and surplus/waste management.

Community partnerships for health equity

Community-based organizations, public health departments, health care systems and providers, and other local partners regularly serve and interact with the people who stand to benefit the most from improving food systems and increasing food security via interventions such as those outlined later in this guide – including people with low income and people of color. Each partner has unique resources to address issues in food systems, but their resources and power can be even more profound when leveraged in partnership.

A well-functioning partnership brings diverse stakeholders together and expands available networks and other resources. It focuses on a shared problem and coordinates resources to minimize duplication of efforts. Organizational partnerships can create unique opportunities to support one another's work, increase credibility, eliminate silos (both at the community level and within institutions), encourage strategic and collaborative thinking, and allow partners to share costs and associated risks. In short, organizational partnerships allow partners to operate more efficiently and effectively.[79] This section provides a detailed overview of the three types of partners that are discussed throughout this guide, the roles they can play when collaborating, and a discussion of people-centered community engagement.

Stakeholder partnerships

It's important to remember that any individual stakeholder, regardless of its sector, has its own perspective and limitations that can hinder the creativity and feasibility of possible solutions. An organization's perspective might be too narrow or entrenched, might be limited by existing relationships, or might perpetuate harmful processes or policies despite good intentions.[62] Partnerships can

- Provide mutually reinforcing support (e.g., financial resources, staff, power, credibility, or stakeholder engagement);
- Broaden the base of expertise and ways of engaging with communities (in order to elicit real stories unencumbered by historical or structural biases and trust issues); and
- Broaden how – and how many – stakeholders are held accountable for change.[80]

Through these actions, partnerships can redistribute power in communities while supporting and elevating the voices of the entities with the strongest ties to residents' lived experiences. Identifying demand for services and making connections to providers are often first steps in creating change. Partnerships can also help ensure that service providers can sustain their roles and grow with demand rather than buckle under additional strains on time, money, and staff.[80]

The following descriptions and examples of three types of partners are intended to facilitate brainstorming and help identify potential stakeholders who might want to be included in a just food system intervention. These lists are not all-inclusive; we might not have included all types of partners. We welcome input and suggestions on how to improve our information. Please feel free to **reach out to ChangeLab Solutions** with questions, additions, or corrections as you apply the information in this guide to your own work.

Health systems

Health systems broadly encompass all organizations, people, and actions whose primary intent is to maintain, restore, and promote health[65] – including hospitals, health information systems, health insurance organizations, and health care providers. The health care sector is uniquely situated to invest in food access and healthy local food system initiatives because their bottom line is directly affected by improvements in food security and community health.[72, 81-86] Health systems serve millions of people in the United States and spend billions in community benefits, not to mention the program dollars some of them spend to improve community health in their service areas. In 2016 alone, hospital community benefit spending provided $95 billion in benefits to their communities.[87] To qualify for nonprofit status and be exempt from paying federal taxes, a hospital must demonstrate that it is providing a benefit to the community either through charitable care or through other services and activities.[88] For example, hospitals can promote access to healthy foods by hosting farmers markets and community gardens.

Hospital community benefit dollars have traditionally been the driver for many of the food system strategies pursued by health systems in the United States. Furthermore, health systems often have significant political capital and relationships with decisionmakers in local, state, and federal government, so they are well positioned to support or advance policy initiatives to promote food access and food security. Health care providers also have access to clients and patients, especially caretakers, vulnerable populations, people with preexisting conditions, and others who are disproportionately suffering harmful effects of unhealthy food systems and food insecurity. Providers can be a direct conduit for information, resources, and linkages to partners and services in the local food system.

Hospitals and health care providers are most likely to be involved in implementing the food system interventions in this guide. However, health insurers are getting involved in food security through food delivery and medically tailored meals.[89, 90]

> *Hospitals are understanding their role as the last anchor standing and their ability to mobilize their connections in the community to ensure food access for their members, for their frontline staff.*
>
> **EMMA SIROIS**
> *NATIONAL DIRECTOR, HEALTHY FOOD IN HEALTH CARE PROGRAM, HEALTH CARE WITHOUT HARM*

Examples of health system partners

- For-profit hospitals, health systems, and other providers

- Nonprofit hospitals, health systems, and other providers

- Government hospitals, health systems, and other providers

- State and local government hospitals

- Federally Qualified Health Centers (FQHCs) and other local clinics

- Community health workers

- Hospital food service, marketing, community benefit, government affairs, legal or general counsel, and other health care provider offices related to food system interventions

- Insurers of and payers for services (payers of services that pay for medical services on behalf of the insured include government agencies, insurance companies, health maintenance organizations [HMOs], and employers)

- Professional organizations of health care administrators, practitioners, and other health care personnel

Community-based organizations

Community-based organizations working on food access and healthy food systems in the United States include entities such as food banks and other emergency food providers; organizations that run urban farms; shared use kitchens; congregate feeding spaces (such as after-school programs); food business incubators; farmers markets; local food policy councils; and environmental groups focused on reducing food waste and promoting sustainable farming. The benefits these types of organizations provide to local communities are not limited to food and meal services[92] but also include regional development and job creation,[93,94] poverty reduction,[95,96,97] outreach to unhoused individuals, mental health and substance use treatment, affordable housing, workforce development, youth development, and senior services.[98,99] All of these services can help to alleviate poverty and food insecurity indirectly.[97] These local organizations can play a vital role in providing public health department and health sector partners with access to target populations and community connections in order to implement complementary programs. Above all, using community-based organizations to help health system and local government partners engage with communities that are experiencing inequities increases the likelihood that resulting policies, programs, and investments will increase wealth and opportunities to live healthy lives for people in those communities.

Examples of community-based organizations and partners

- Community organizations, including those based on social identity – e.g., race, ethnicity, gender, immigration status, sexual orientation, place of residence, neighborhood – or any population group that experiences health inequities

- Community advocacy groups and experts

- Faith-based organizations

- Schools and child- or youth-focused advocacy groups

- Universities or research institutions, including cooperative extensions

- Professional or collegiate organizations (e.g., associations, sororities, fraternities)

- Food-related nonprofits (e.g., food banks, groups working to prevent food insecurity, policy think tanks)

- Food policy councils

- Local and regional food-related businesses (e.g., producers, farms, distributors, restaurants, retailers, farmers markets, local food service providers)

- Senior centers and senior residential settings, child care centers, and community centers (as sites for fruit and vegetable incentive program enrollment, voucher distribution, farmers markets, mobile food pantries, etc.)

- Legal aid providers

- Philanthropic funders

BREAKING DOWN SILOS THROUGH *INTRA*-SECTOR PARTNERSHIPS

While this guide focuses primarily on cross-sector partnerships, intra-sector partnerships also have many benefits. Connecting community organizations can help clarify relationships, identify opportunities for efficiency, and bolster the power and voice of each organization. Coordinating efforts across agencies within local government can contribute to more streamlined, coordinated, and resource-supported interventions.

Health in All Policies is one model for cross-sector collaboration to improve health equity. Check out an **informational video and resources** from ChangeLab Solutions.

The benefits of working across silos within a health system can also be far-reaching. For example, a food service department can partner with employee wellness administrators to implement a healthy food incentive program for hospital employees. A legal team can be a key partner in implementing a local food purchasing program that is initiated and led by a hospital's community benefit officers. Offices across health systems have myriad opportunities to discover and support complementary goals. The information and resources in this guide may be helpful in inspiring and shaping such conversations.

Local governments

Local governments are jurisdictions below the level of state government, including county and municipal entities with decisionmaking authority over issues such as public health, environmental regulation, taxation, zoning, retail environments, and a variety of public programs and services. Relevant initiatives under the jurisdiction of local government and public health departments include bolstering local food production and access, broadening retail options for healthy food, and developing nutrition education and assistance programs. Many drivers of health and equity can be influenced through decisions about how local programs and services are delivered.[100,101] Local governments are uniquely situated to build relationships and help form partnerships to address population-based health and food system challenges. Health departments' data resources can, for example, be crucially important in helping to make the case for policy changes to promote food access and security. In addition, given the wide range of stakeholders that local agencies work with, they are well placed to play a central role in educating the public about the importance of just food system initiatives.

Examples of government and local health department partners

- Government grant makers and funders
- Government benefit program offices (e.g., SNAP, WIC, Social Security, Medicaid, Medicare, unemployment)
- Local government agencies related to health care, public health, and food systems (Besides health and public health departments, these might include agencies that deal with environmental health, nutrition, agriculture, education, or planning; school food service providers; school administrators; school boards; or Head Start child care providers.)
- Local housing authorities and public housing agencies as sites for fruit and vegetable incentive program enrollment, voucher distribution, farmers markets, mobile food pantries, or other initiatives
- Legislators and policymakers

STATE GOVERNMENT PARTNERS

This resource focuses on local government partners, but it's important to highlight the role that state governments can play in furthering partnerships to improve food systems. The **Massachusetts Food Is Medicine State Plan** shows how that state supports nutrition interventions through data gathering and analysis as well as strategic guidance.

Partner roles

In this section, we have listed roles that partners can take in efforts to create food systems that are more just. Most of the time, who does what depends on the existing resources that each entity brings to a partnership, such as time, money, staff, experience, and community support. All of the roles are appropriate for any of the three types of stakeholders discussed in this guide.

Educator

- Educate community members directly or via a service provider (e.g., in clinical settings, at on-site clinics in schools or housing facilities, at food banks or similar locations where social services are provided, or in community outreach settings like health fairs and farmers markets)

- Educate and support partners (e.g., by providing assessment information or input on community needs, goals, and priorities; bringing resources into clinical settings or to other partner locations; or sharing information in meetings and virtual workspaces)

- Educate decisionmakers and other leaders or champions (e.g., in local government or community meetings or in private informational meetings with decisionmakers)

Resource provider

- Collect assessment data
- Provide data analysis
- Gather on-the-ground stories
- Offer staff time and expertise
- Facilitate network and community member connections
- Fund the partnership
- Sponsor specific programs or activities
- Coordinate funding through outside sources
- Offer technological support (e.g., linkages to electronic medical records, data systems)
- Offer legal guidance and support

Coordinator or connector

- Coordinate logistics and distribution of responsibilities for the partnership

- Lead the policy advocacy that underlies or guides the work of the partnership

- Provide referrals or connections (e.g., write prescriptions, distribute information to patients, distribute health-related information to potential patients, provide information to potential beneficiaries of support programs, distribute information across the community on a broad scale – for example, via ads, texting, or websites)

- Offer policy support (e.g., provide information or evidence from clinical or patient experiences; accounts of lived experiences of clients; research or assessment efforts; letters of support; or in-person advocacy)

Decisionmaker

- Authorize policy adoption and implementation (e.g., approve institutional-level policies or adopt community-wide policies that will influence the health of all residents)
- Champion the effort among other decisionmakers
- Facilitate community-informed decisionmaking processes
- Guide the partnership on policy objectives
- Gather data and evidence to help prioritize options

Implementer

- Enact the initiative
- Disseminate policy, compliance, or benefit information to those whose lives it affects
- Support rollout, outreach, and compliance
- Coordinate programs to complement implementation

Evaluator

- Collect evaluation data
- Provide data analysis
- Prepare reports of outcomes
- Recommend improvements to the policy based on evaluation data
- Publish or otherwise distribute or publicize report findings
- Prepare presentations for stakeholders and decisionmakers

FIGURE 2. CENTRAL ROLE OF COMMUNITY ENGAGEMENT

Community engagement

The process of policy development as well as partnerships to create healthy, equitable communities must put the people most affected at the center. While the roles described earlier focus on stakeholder partners representing an institution, organization, or group, the role of community members is crucial throughout (see Figure 2). The actions of each stakeholder should be informed primarily by the lived experiences of those who are most affected by the issues the partnership is hoping to address. In every role and at each step of the process, connecting with community members as partners should be foundational to how the work gets done.

Many populations that community-based organizations, public health departments, and health care providers and systems serve may have experienced intergenerational disinvestment, discrimination, and disenfranchisement. Experiencing ongoing poverty, racism, and other forms of systemic and institutional discrimination is traumatic. Creating inclusive community partnerships is one way to begin to remedy the harms of disinvestment, discrimination, and disenfranchisement.

Community members bring valuable experience and insight into what's needed, what works, and how people are already navigating the local food system, whether as business owners, employees, consumers, or beneficiaries of safety net services. Community members can also pull in new resources and partners to advocate for supportive policies. Sometimes a partnership can learn from or augment community engagement that is already happening. Examples to look out for include community health assessments or community needs assessments conducted by community-based organizations or local governments as well as efforts by local or regional foundations to engage residents.

Investing the time to ensure that community members are not just learning about an initiative but actively shaping its direction contributes to the ultimate success of the effort and is itself a health-promoting activity.[102-106] Building trust and cohesion in communities has been shown to reduce mortality,[107-109] coronary heart disease,[110,111] and mental disorders[112] and increase healthy behaviors.[110,111,113,114] Community members can work with staff to shape the direction of a stakeholder's resources, policies, and practices and thus confront the inequitable conditions that cause poor health.[115,116] Public forums that generate authentic discussions about the trade-offs of particular efforts and create pathways into decisionmaking processes are integral to individual and collective well-being. Addressing barriers to participation — such as poor access to public transportation, lack of internet connectivity, or community members' need to be financially reimbursed for their time — can also reveal opportunities for longer-term investments to promote community cohesion and well-being.

Conclusion

Although the body of research showing specific returns on investment for just food system interventions within health systems is still growing, researchers have found that food security and just food systems can lead to physical and mental health improvements for individuals. A just food system can also provide communities with social, economic, and environmental benefits. Conversely, food insecurity and unhealthy food systems lead to costly physical and mental health issues, a lack of community cohesion and increased social isolation, draining of wealth from local communities to big businesses, scarcity of work, and pollution-addled environments that can harm nearby residents. As health systems aim to position power, players, and resources to promote individual and community health, food system interventions that address those health issues become an integral part of these efforts.

All of this evidence points to a need for interventions to ensure that all people have food security and can tap into a local food system that promotes their health and the health of their communities. The impacts of food insecurity and economic instability that communities across the nation are facing, caused not just by COVID-19 but also by systemic failures that are being exposed by the virus, make it crucial that health system collaborations and partnerships engage in interventions to improve food systems and tie them to health systems. Local stakeholders like community organizations, government agencies, and health care providers can partner to undertake interventions that target the specific populations and communities that are at highest risk for the harms associated with unhealthy food systems. Through collaboration and innovation, these partnerships can change health outcomes and improve health equity at a systemic level.

While the legal and policy considerations involved in these partnerships can seem daunting, by engaging in creative problem solving and open dialogue that involves relevant stakeholders and community members from the start, these partnerships have proven effective at implementing interventions that improve the health of local food systems and the well-being of communities.

CONTACT US

At ChangeLab Solutions, we are interested in hearing from you as you navigate these 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 reach out and **contact us**.

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