Legal & Policy Strategies
for Health Care & Food System Partners

A tool for health systems, local governments & community organizations working at the intersection of health equity, 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
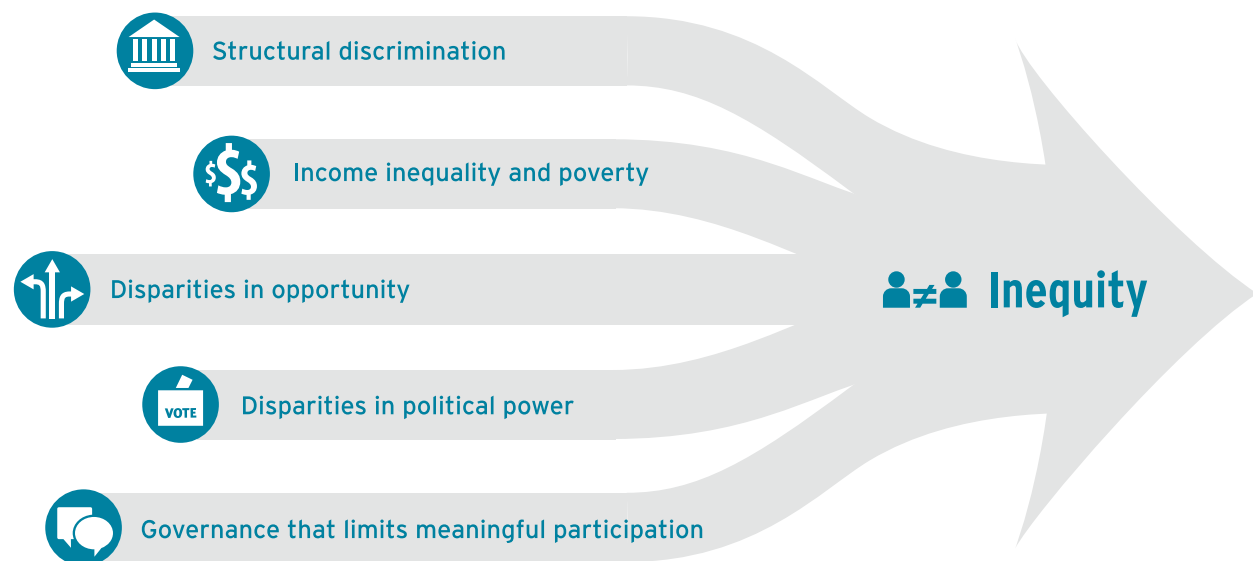
This framework can help cross-sector partnerships prioritize public health efforts and focus them where they are most needed. A food system that values diversity in business, a safe and valued workforce, nutrition, animal welfare, and environmental sustainability can improve health equity at individual 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.

LEARN MORE

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
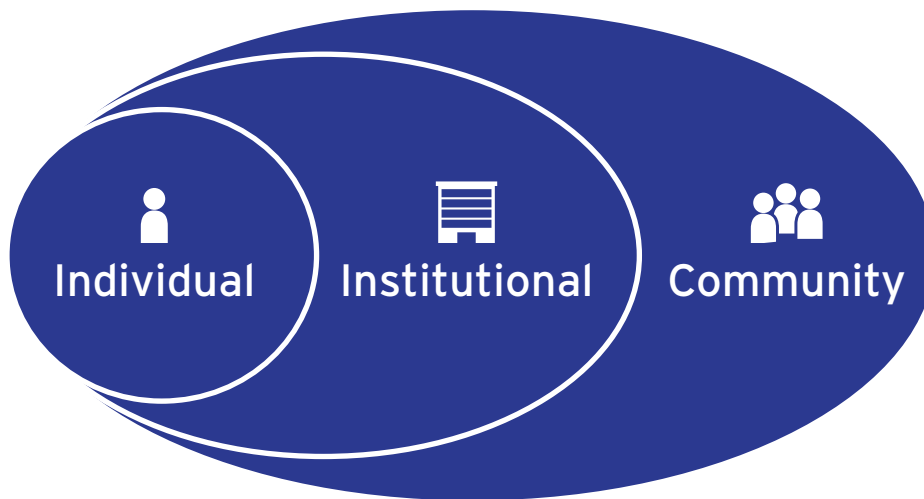
Individual level. At the individual level, community members intersect with food systems as patients, clients, and nearby residents. They are consumers. They receive services and benefits. They are employed by community-based organizations, local governments, and health systems and health providers. 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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Food System Interventions:
Legal & Policy Considerations

- Addressing Individual Food Insecurity

- Modeling Healthy Institutional Purchasing & Sales

- Supporting Local Food Production & Retail
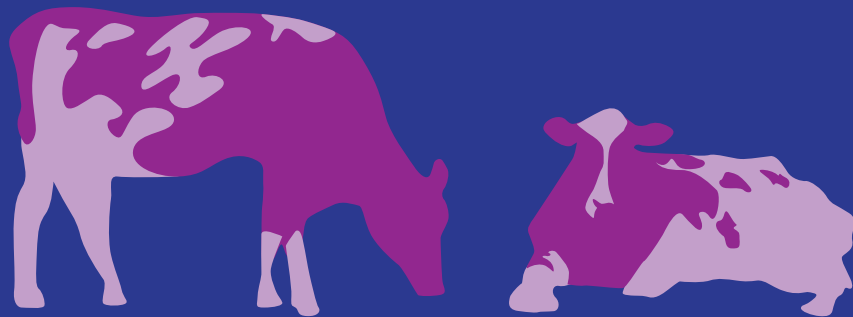
Legal & Policy Strategies for Health Care & Food System Partners

Addressing Individual
Food Insecurity

SNAP
WIC
ACCEPTED
HERE

ChangeLab Solutions

Contents

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.

Acknowledgments

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.

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

> "
> *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*

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]

i

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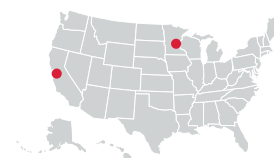
See **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium** for more detail on beneficiary inducements (pp. 435–442), funding sources (pp. 444–449), and SNAP-Ed funding (pp. 97–100).

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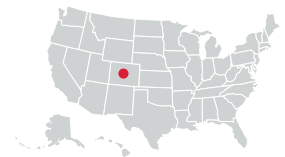
See **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium** for more details on benefits for immigrants (pp. 105-107) and SNAP use at farmers markets (pp. 118–162).

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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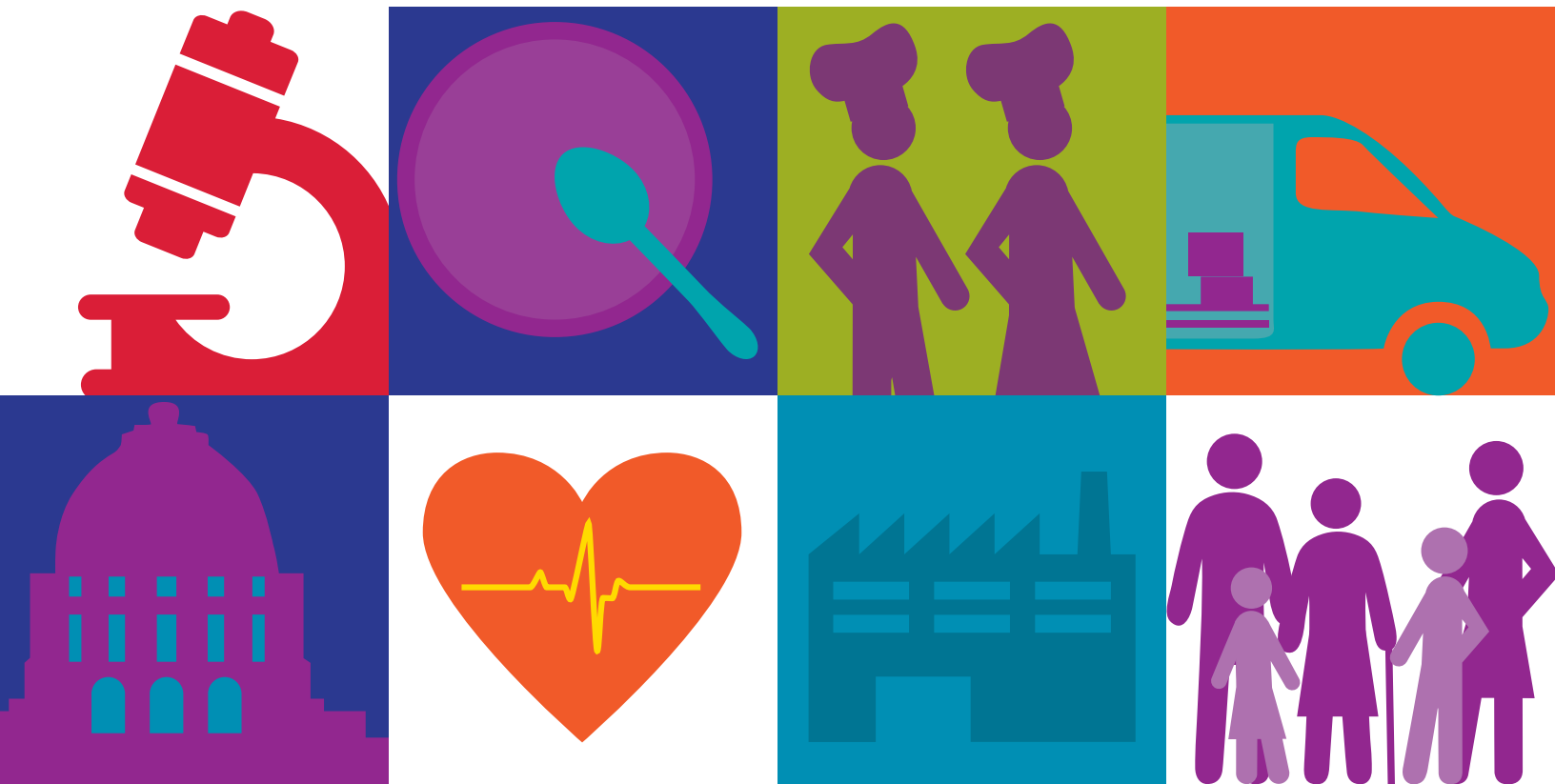
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Modeling Healthy Institutional Purchasing & Sales

Contents

This publication is the third 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 second and fourth parts for guidance on other food system interventions.

Acknowledgments

Overview

Improving purchasing and sales practices can change the ways that stakeholders with purchasing power interact with local food businesses; their own staff; and the patients, clients, or other community members who purchase and consume food on site. Community-based organizations, health care providers, and local governments can partner to influence purchasing and sales practices through (1) values-driven institutional procurement policies and (2) healthy food service and sales practices. **Modeling Healthy Institutional Purchasing & Sales** discusses these two types of just food system interventions and provides links to examples, resources, and relevant research.

For each type of 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 improving institutional foods?

Purchasing and offering healthier foods on and near a purchasing institution's campus can make healthier choices easier, improving the physical[1,2] and mental health[3,4] of employees, clients, patients, visitors, and nearby residents. Healthier food options, thus, can lower health care costs,[5-12] improving finances for communities, employers, care institutions and insurers, and individuals.

Furthermore, institutions can use procurement dollars to support local economies by investing in just food systems, creating stronger businesses,[13] promoting higher rates of employment and worker satisfaction,[14-17] and helping to keep wealth and investment dollars nearby. Institutions can invest in businesses that contribute to social health in their communities — for example, those that produce culturally relevant foods that nurture food sovereignty for local groups who have been disenfranchised by the existing food system, such as Black, Indigenous, and communities of color.[18-22] Procurement policies can also support businesses that prioritize environmental sustainability, helping to maintain healthy local air,[23-28] water,[25,29-32] and land.[23-28,33-36]

Institutional procurement

Values-driven procurement policies and practices enable stakeholders with purchasing power — for example, institutions like hospitals — to contribute to community health in various ways, from the quality of the products they purchase to the places they buy from — for example, businesses that foster local economic or workforce development, social or environmental health, or health equity. Institutions may work with food service management companies or group purchasing organizations,* distributors, cooperatives, food hubs,** community-supported agriculture, or directly with producers, and in each case may prioritize partnerships and contracts that set health as a cornerstone of their business model. Institutions may favor specific partners in order to provide healthier food and beverage options; support local businesses and hiring practices; foster the community and cultural significance of the local food scene; prioritize business enterprises owned by people of color, people with disabilities, or women; or reduce their impact on nearby natural resources (e.g., by supporting businesses that focus on local goods with fewer transit requirements).

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* Group purchasing organizations (GPOs) are typically groups of member hospitals that leverage their group purchasing power to get lower prices and eliminate duplicative transaction costs when purchasing medical equipment, bulk supplies, and food. (Klein K. Values-based food procurement in hospitals: the role of health care group purchasing organizations. *Agric Hum Values*. 2015;32:635–648. **link.springer.com/article/10.1007/s10460-015-9586-y**.)

** Food hubs "are an important subset of food value chains. Many farmers and ranchers, especially smaller and mid-sized operations, often lack the capacity to access retail, institutional, and commercial foodservice markets on their own, and consequently miss out on the fastest growing segment of the local food market. By offering a combination of aggregation, distribution, and marketing services at an affordable price, food hubs make it possible for many producers to enter larger-volume markets that boost their income and provide opportunities for scaling up production." (Local food research and publications. Agricultural Marketing Service, US Department of Agriculture website: **ams.usda.gov/services/local-regional/research-publications**. Accessed May 4, 2021.)

Partnerships can also build the capacity of nearby local entities. In some cases, healthier procurement opportunities are not available to smaller institutions and businesses because they cannot meet volume requirements on their own. Cooperative purchasing allows partners to use their collective buying power to expand their options and their bargaining power in order to enter contracts that promote community health. Another way to build local capacity through procurement is to help smaller entities partner with larger institutions by helping them understand and comply with any additional requirements that come with working at a new scale or in a new industry. These different requirements might include, for example, assuming new liability risks, carrying more insurance, or obtaining certifications to provide medically tailored or allergy-sensitive meals (e.g., by implementing specialized processing and separation procedures).

For more information, see **Procurement** and **Farm-to-institution food sourcing** in the **Key resources** section.

Legal considerations

- **Contracting.** Partners may want to forge new business relationships or tweak existing ones to embed certain values in their standard operations. To do so, partners solicit or draft contracts with provisions that support healthy community and food system goals, such as nutritional standards for products or prioritization of healthy, equitable, and sustainable business practices. Often, a large institution will have resources and experience that can be used to support smaller businesses as they work to understand and comply with new requirements and also during the contracting process itself. Furthermore, the risk/liability allocations that are intrinsic to contracting provide another opportunity for larger institutions to shoulder some of the potential costs of entering into business with new partners.

- **Medicaid, Medicare, and Anti-Kickback[37] compliance.** As partners consider changes to purchasing contracts and practices to better support just food systems, they should be mindful of how those agreements influence reporting and compliance requirements for institutions that work with Medicaid and Medicare programs. The reimbursement process for Medicaid and Medicare services includes reporting requirements related to discounts or other special contracting or pricing relationships with food service management companies or group purchasing organizations. Partnerships can be structured to ensure that these contractual relationships 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."[38] 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."[38] Legal counsel should be consulted to determine whether a payment or business arrangement satisfies the requirements of the safe harbor provision.

> *Food safety is the most-cited impediment to getting food from a farm into a cafeteria. We've found no specific regulation that says that you can't do that; it's more a misunderstanding or expectation that there will be a roadblock.*
>
> **EMMA SIROIS**
> *NATIONAL DIRECTOR, HEALTHY FOOD IN HEALTH CARE PROGRAM, HEALTH CARE WITHOUT HARM*

- **Food safety and liability protections.** When entering into purchasing contracts with new suppliers, institutions need to be mindful of compliance needs related to growing, handling, processing, storage, or distribution requirements and certifications (e.g., guidelines pertaining to soil quality or soil contamination or regimes such as Good Agricultural Practices[39]), in part to avoid liability for any risks of harm to consumers. Additional requirements may apply when serving people with allergies or those who require medically tailored meals. Large institutions can play an important role in helping smaller businesses understand and comply with these requirements in order to expand access to healthy foods at institutional and community levels.

Policy considerations

- **Institutional-level policies.** An institutional policy can also support healthy purchasing beyond its walls. Cooperative food purchasing agreements can provide more market or purchasing power, enabling stakeholders to mutually support each other in selecting partners that further their goals for a just food system. These agreements can help organizations meet volume minimums in order to work with larger distributors (which may have more flexibility on healthy food offerings), to create cost savings, or to provide farmers with a guaranteed purchase amount (i.e., a stable income). These cooperatives can include nearby community partners such as health care providers, schools, child and adult care facilities, and detention facilities. Healthcare Without Harm leads an initiative called **ProCureWorks** that leverages the purchasing power of school districts, health care systems, and hospitals to facilitate provision of local and sustainable foods.

- **Community-level policies.** Through their own procurement policies and practices, governments often have the power to influence a number of community stakeholders. Many governments are responsible for funding and operating health care, child care, and adult care facilities; schools; and detention centers. They also fulfill the food service needs of government staff. Local governments' community-wide healthy procurement policies therefore have a potentially wide reach and can be a model for other stakeholders and partnerships. **New York City's Good Food Purchasing Program** is a good example of this approach.

FARM-TO-INSTITUTION FOOD SOURCING

Sourcing food directly from farms can be a valuable component of an institution's procurement policies and practices to support just food systems. The COVID-19 pandemic caused severe strains in the entire US food system. Food supply chains were disrupted; some agricultural producers were forced to destroy their products; prices at grocery stores rose; demand at food banks spiked; and hunger increased dramatically.[40] The benefits of farm-to-institution food sourcing — for example, local economic development, wealth reinvestment, and distribution efficiencies — overlap with those of healthy procurement and those of supporting local agriculture to increase access to healthy foods. (See the Local gardens & agriculture section in **Supporting Local Food Production & Retail**, the fourth part of this guide, for more information on those benefits.) Partnerships that enable farm-to-institution strategies can redirect resources to support a stressed food system, keeping food products local and replacing lost income of producers.

COMMUNITY EXAMPLES & CREATIVE SOLUTIONS

Partners gather sample policies to kick-start local healthy food purchasing. In 2017, a team of multi-sectoral partners in Central Louisiana wanted to further their conversations with local private employers about institutionalizing local healthy food purchasing through policies, contracts, and requests for proposals. With research assistance from ChangeLab Solutions, they collected sample policy language from a range of publicly available resources, including health system and private examples from West Virginia, Ohio, and Illinois. The team also connected with communities and staff from the Good Food Purchasing Program (GFPP) at the Center for Good Food Purchasing. The GFPP is a leading food procurement model that encourages large institutions to leverage their buying power to promote five core values: local economies, environmental sustainability, valued workforce, animal welfare, and nutrition.
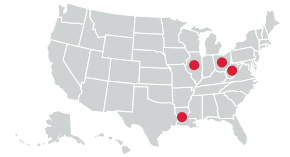
For more details on this research, see **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium**, pp. 183–191.

Anchor institutions unite to build local wealth. Since 2009, Case Western Reserve University, University Hospitals Cleveland Medical Center, and Cleveland Clinic have partnered to build local wealth and stabilize nearby neighborhoods through their investments to create local, sustainable, equity-focused, worker-owned cooperative enterprises. One of those health-promoting businesses, **Green City Growers**, is an urban hydroponic greenhouse that supplies anchor institutions and other customers with locally grown leafy greens and creates jobs and professional training for its staff.
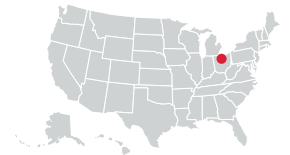
For more information, see ChangeLab Solutions' webinar **Building Healthy, Equitable Communities Through a Just Food System**.
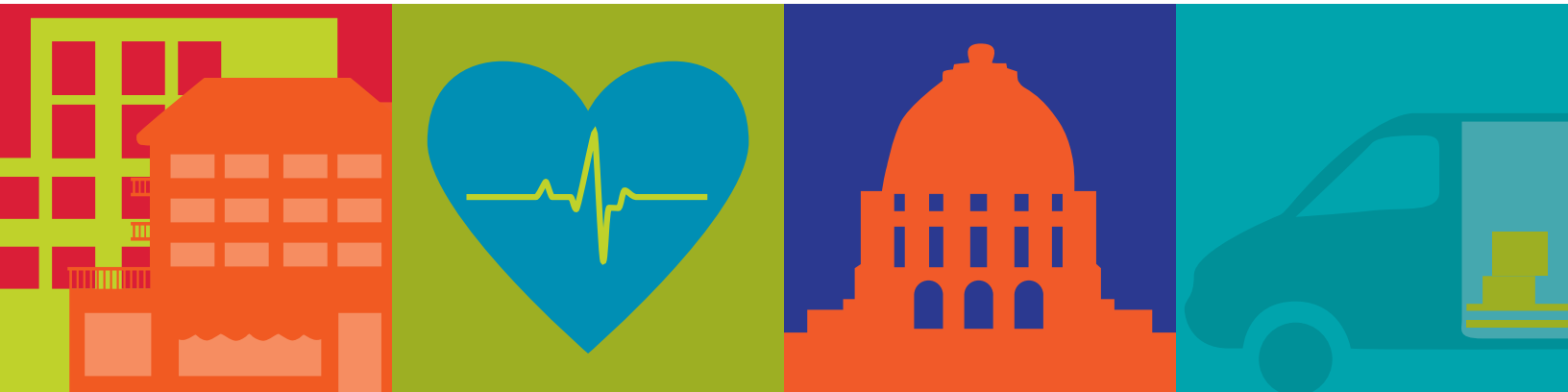
Institutional food service & sales

Food service and sales at institutions (such as hospitals, correctional facilities, and schools or universities) provide another opportunity to promote community health. Healthier food and beverage options in cafeterias, on-site retail outlets, vending machines, and patient meals can help establish an institutional environment that supports healthy choices. These settings can provide a model for healthy living in the broader community and can reinforce clinical and medical recommendations. Furthermore, in some retail settings, healthy offerings have proven more profitable than their unhealthy counterparts.[41]

For more information, see **Food service & sales** in the **Key resources** section.

Legal considerations

- **Contracting.** Partners may want to forge new business relationships or tweak existing ones to embed certain values into their standard meal service planning and operations, from cafeteria meals to vending machines. To do so, partners solicit or draft contracts with provisions that support healthy community and food system goals, such as nutritional standards for products; pricing and labeling changes to highlight healthy options; or prioritization of healthy, equitable, and sustainable business practices. Often, a large institution will have resources and experience that can support smaller businesses as they work to understand and comply with new requirements and also during the contracting process itself. Furthermore, the intrinsic risk/liability allocations of contracting provide another opportunity for larger institutions to shoulder some potential costs of doing business with new partners.

- **Marketing.** In retail environments on site, local institutions may also engage in environmental changes, such as changes to on-site advertising to restrict the promotion of unhealthy food and drinks. Many policy choices can address marketing, and the viability of each option depends on legal, political, and practical considerations. Primary legal considerations include whether the federal or state government already regulates a particular marketing channel — as is the case for television, print, and digital media — and whether a policy will regulate speech protected by the First Amendment.[42]

Policy considerations

- **Institutional- and community-level policies.** In retail environments on site and nearby, local institutions can promote just food systems through improved nutrition standards that increase access to healthy foods; menu labeling and pricing policies that facilitate healthier consumer purchases; and environmental changes (such as displays, signs or posters, table tents, and on-site advertising) that provide information and foster a culture of healthy eating.

COMMUNITY EXAMPLES & CREATIVE SOLUTIONS

Using federal funds to support food service transparency and health. Partners from national health system Kaiser Permanente's Nutrition Services Procurement & Supply and Community Benefit departments used SNAP-Ed funding to provide staff, patients, and visitors with more nutritional information about their cafeteria options in order to shift purchasing to lower-calorie and healthier options. The policy was implemented across cafeterias in Oregon, California, and Hawai'i, resulting in significant increases in purchases of low-calorie side dishes and snacks in cafeterias with poster and point-of-purchase calorie labeling, compared with cafeterias that lacked calorie labeling. The project also included evaluation planning and tools.

For more information and access to the project's evaluation tools, see the **project page** on the SNAP-Ed website. Also check out the **SNAP-Ed Toolkit** for additional resources and many more success stories.

EMPLOYEE WELLNESS PROGRAMS

In some communities, employee wellness programs have been implemented to encourage healthy behaviors and save money for employers.[43] When implemented to ensure equitable outcomes, employee wellness programs can be an effective option for shifting the culture and environment in institutional settings to promote health.

Some wellness policies, however, may have negative consequences. For example, incentive and disincentive programs may ultimately save money not by improving the health of targeted employees but by shifting costs to employees with health risks, placing additional burden on those whose medical costs may already be higher.[44-47] Furthermore, targeting individual behaviors associated with obesity and other chronic disease can be stigmatizing, and stigma has been shown to contribute to health risks.[48] Although the body of research evaluating the effectiveness of workplace wellness programs is still young, employers are increasingly offering workers a range of wellness program options aimed at addressing workers' individual needs.[44-47] This approach, which allows individual employees to engage with wellness programs that best meet their needs, could help to avoid the unintended negative consequences mentioned earlier.

For more information, see **Wellness policies** in the **Key resources** section.

Key resources

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

Procurement

- **Setting the Table for Success: A Toolkit for Increasing Local Food Purchasing by Institutional Food Service Management** (from **Farm to Institution New England**) provides information on institutional purchasing basics, details on food services personnel by sector, research findings, and recommendations on processes related to requests for proposals (RFPs) and contracting.

- The infographic **Institutions Buying Food for Health & Equity** and companion fact sheet **Establishing Healthier Food Service Guidelines for Government Facilities** (from **ChangeLab Solutions** and the **Center for Good Food Purchasing**) provide "a framework for how institutional food purchasing can contribute to a more just food system by supporting good nutrition, the local economy, fair labor practices, sustainability, animal welfare, and diverse businesses" and information about the "different types of tools – policy, contracts, and permits – that state and local governments can use to adopt food service guidelines and ensure that healthier foods are provided at their facilities."

- **Healthy Food Resources** (from **Health Care Without Harm**) – a collection of materials that promote healthy local food purchasing by hospitals – includes reports, fact sheets, policy statements, and purchasing guides for hospitals and group purchasing organizations (GPOs).

- Toolkits from **Hospitals Aligned for Healthy Communities** (via the **Healthcare Anchor Network** and **The Democracy Collaborative**) help hospitals and health systems build local wealth, support diverse and locally owned vendors, and incubate new community enterprises to fill supply chain gaps, "leverag[ing] existing resources to drive local economic growth and build a culture of health in their communities."

Farm-to-institution food sourcing

- **Farm to Institution** resources (from the US Department of Agriculture's **Alternative Farming Systems Information Center**) include information for farmers and ranchers interested in developing "new markets and sell[ing] to local K–12 schools, hospitals, colleges, cafeterias or government agencies."

- The **Regional Food Hub Resource Guide** (from the US Department of Agriculture's **Agricultural Marketing Service**) includes information about food hubs and their impacts, as well as resources for food hub development.

- **Sector-based** and **project-based** resources (from **Farm to Institution New England**) detail farm-to-school, farm-to-college, farm-to-health care, and farm-to-corrections projects in food service and processing and also include information about metrics, food hubs, and policy efforts.

- The twelve-part **Farm to Hospital Toolkit** (from **Sustainable Agriculture Research and Education**) provides "tools that farmers, ranchers and hospitals can use as they work to increase direct hospital purchases from local farmers."

- The **National Farm to School Network** provides resources, consultation services, and a community in which to engage with other farm-to-institution practitioners. While focused on farm-to-school initiatives, their expertise includes a range of projects and sectors.

- The **Farm to Prison Project** recognizes "the deep and urgent need for better food conditions in correctional facilities" as well as the potential for food to humanize individuals affected by the criminal legal system. The project represents a growing area: using institutional food service to improve lives. See also the webinar **Leveraging Juvenile Justice Food Environments to Advance Health Equity** (from **ChangeLab Solutions** and **RTI International**), which explores how food service and catering, commissaries and canteens, food in visiting areas, and food gardens all have potential for improving health equity.

Food service & sales

- **Healthy Food in Health Care Toolkit** (from the **Physicians Committee for Responsible Medicine**) includes the American Medical Association's resolution to encourage healthy food options in hospitals, as well as tips for implementation, meal ideas from major contractors, links to recipes, and other resources.

- **Using the Healthy Hospital Food, Beverage, and Physical Activity Environment Scans** (from the **US Centers for Disease Control and Prevention**) is a guide that "promotes healthier food, beverage, and physical activity environments in hospitals for employees and visitors by describing a step-by-step process for conducting environmental assessments by using a paper-and-pencil scan."

- **Encouraging Healthier Choices in Hospitals** (from **Health Care Without Harm** and the **Center for Science in the Public Interest**) is full of examples from hospitals that have implemented strategies to reduce the prevalence and consumption of sugary drinks. More case studies of hospitals that have implemented healthy food choices can be found on the **Local and Sustainable Purchasing** page of **Healthier Hospitals: A Practice Greenhealth Program** and in the fact sheet **Creating Healthy Retail Food Environments in Health Care Facilities**.

Wellness policies

- **Workplace Wellness: Walk This Way** (from **ChangeLab Solutions**) includes a guide outlining state and local policies that support physical activity and wellness in and around the workplace, as well as a companion infographic and a comic.

- The **Workplace Health Model** page (from the **US Centers for Disease Control and Prevention**) describes workplace wellness programs; the impacts of such programs; and a coordinated, systemic, and comprehensive approach to workplace health promotion for employers.

- **Health and Wellness Programs for Hospital Employees: Results from a 2015 American Hospital Association Survey** (from **Hospitals in Pursuit of Excellence** via the American Hospital Association and the Health Research & Educational Trust) includes survey findings on wellness program offerings, employee participation rates, measuring return on investment, challenges, and program administration.

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**.
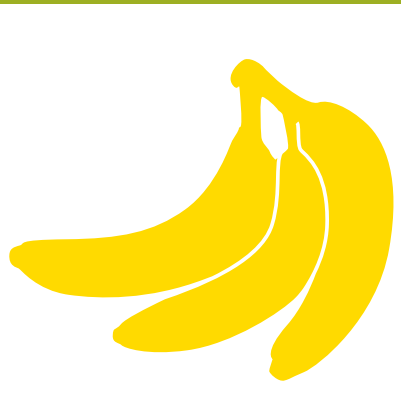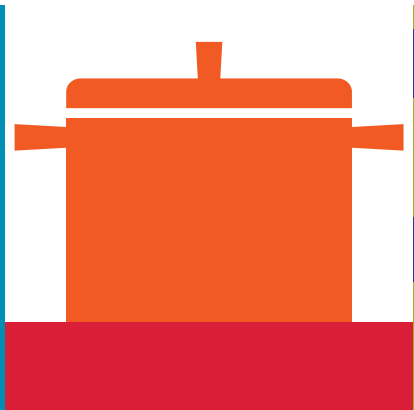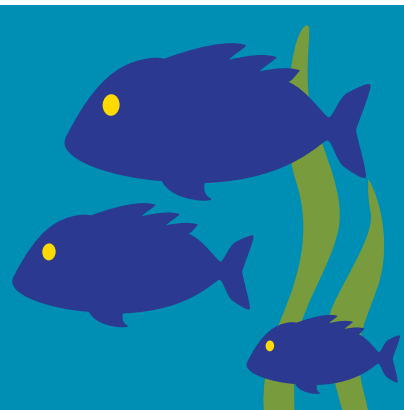
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Legal & Policy Strategies for Health Care & Food System Partners

Supporting Local Food Production & Retail

ChangeLab Solutions

Contents

This publication is the fourth 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 second and third parts for guidance on other food system interventions.

Acknowledgements

Overview

Supporting healthy local food production and retail can contribute to community health by increasing access to nutritious foods; bolstering the local economy and encouraging reinvestment; enhancing local food culture and social cohesion; and reducing environmental harms associated with reliance on distant, large-scale operations. In addition to on-site options for supporting local food production, local entities can promote gardens and other forms of local food production in the surrounding community. The strain on local economies and food systems resulting from the COVID-19 pandemic magnifies the importance of local wealth protection, job creation, and development of diversified supply chains as elements of strategies to address the short-term needs and long-term resilience of communities.

Supporting Local Food Production & Retail discusses two types of 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) local gardens and agriculture and (2) healthy food retail.

For each of the interventions, 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 type of food system intervention in the **Key resources** section.

Why invest in the local food system?

Increasing local healthy food production and retail opportunities can make it easier for residents to enjoy the physical and mental health effects of healthy eating. Robust local food systems can also bring economic, social, and environmental benefits to a community and its residents. Economic benefits can include strong businesses,[1,2] higher rates of employment and worker satisfaction,[3-8] and wealth retention and local reinvestment, keeping food dollars — from consumer spending to wages to business tax revenues — in the community.[3,4,8-10] The economic harms from unhealthy food systems might be less visible and might include, for example, local businesses controlled by large industry interests or contracts (wealth funneling from local businesses or residents),[11-13] worker dissatisfaction and reduced productivity,[14-18] and community costs of managing health, social, and environmental harms. These harms unfairly burden local small business owners, agricultural and restaurant workers, and people who live in areas of disinvestment, who are often people with low income and people of color.[19-22]

Social benefits from just food systems can include cultural connections — and celebration of diversity — that come from preparing culturally responsive, healthy food and eating together.[23-25] Components of just food systems can also offer collaborative opportunities for multi-generational education. For example, community gardens provide spaces for community members to share knowledge related to growing and preparing healthy foods, while farmers markets also create community space where people can come together to learn about shopping for and preparing healthy foods.[26-29] Food systems can improve community safety,[30] foster community connectedness, and reduce isolation through farmers markets, local gardens and agriculture, and retail stores that contribute to the well-being of nearby residents.[26-29,31-33] Culturally significant foods and traditional food-related practices can nurture food sovereignty for local groups who have been disenfranchised by the existing food system — for example, Native American communities or other communities of color.[34-38]

Just food systems can also prevent, reduce, or mitigate environmental harms and how they are distributed in communities. Environmental harms from food production, processing, and transportation may include polluted air[39-44] and land[39-48] (e.g., from unchecked use of certain pesticides; other particulates resulting from food processing or treatment; or transportation-related chemicals) and polluted water[41,49-52] (e.g., from dumping, runoff, unchecked depletion of a resource or nutrients, or diversion from other priority uses like safe drinking water access or sanitation); as well as increased risks related to climate change, fire, landslides, or other natural disasters. Furthermore, many environmental harms are more likely to affect people with low incomes, from Native American communities, or from other communities of color.

Local gardens & agriculture

Local stakeholders can host or otherwise take part in local gardening and small-scale agriculture initiatives, contributing directly to local food access and other economic, social, and environmental health benefits. Some stakeholders can create on-site gardens in available spaces like lawns or rooftops on government property or at health care facilities, schools, churches, parks, or vacant lots. Other organizations can partner with nearby stakeholders or farmers to sponsor gardens or other forms of local agriculture. Policy changes can facilitate opportunities for local growers to contribute to a healthier food system.

For more information, see **Local agriculture** in the **Key resources** section.

Legal considerations

- **Land use and zoning.** Partners can ensure that the space planned for food growing or production is compatible with local land use and zoning requirements – i.e., that the property is zoned for growing and any permits, licenses, waivers, or authorizations have been obtained.[53] Regulations might specify the types of infrastructure that such activities may or must include (e.g., compost piles, water access, waste removal, parking, lighting, or structures such as greenhouses, hoop houses, or toolsheds).

- **Volunteers/staff and liability protections.** Partners should discuss volunteer and staff considerations, such as liability waivers, training, background checks, and allocations of risk and responsibility in the event that volunteers or staff are injured or otherwise harmed during their involvement in local agriculture.[54] 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.

- **On-site liability protections.** Partnerships that support local agriculture, especially community gardens, may provide opportunities for community members to connect and work together. Having members of the public on site for day-to-day use or during events creates some risk of accidents. Partners can plan how to allocate, mitigate, and provide insurance coverage for on-site risks in similar ways to how they plan for liability risks related to volunteers or staff.[55]

- **Food safety and liability protections.** Depending on the end use of any food grown, even local growers 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[56] – in part to avoid liability for any risks of harm to food purchasers or consumers. 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[57] and related state and local policies).[58,59] Finally, health and safety considerations are especially important in light of COVID-19, and partners should align their practices with relevant state and local regulations.

- **Food sales.** When institutional support of local gardens and agriculture might lead to food sales — whether the food is used or purchased by the institution or sold in the community — legal considerations related to contracting and healthy food retail also come into play. (For more information, see the Institutional food service & sales section in **Modeling Healthy Institutional Purchasing & Sales**, the third part of this guide, and the **Healthy retail** section later in this document.)

Policy considerations

- **Community-level policies.** Policies can support local gardens and agriculture in many ways. The following list includes some broad approaches, as well as the policy mechanisms by which they can be implemented. Stakeholders can advocate for and help implement these policies in partnership with government agencies.

  - *Land use.* Through land use policies, zoning codes, and licensing or leasing practices, local governments can facilitate or incentivize community gardening and other local small-scale agriculture. They can authorize these activities on publicly owned vacant land (e.g., via "adopt a lot" programs), on school property, in park spaces, or via waivers or other permissions for private property owned by churches, hospitals, or local businesses. Communities can protect properties used for gardening purposes — and the food grown on them — by incorporating soil safety protocols and recommending or requiring best practices. Finally, local governments can authorize land banking by partnering with nonprofits to purchase tax-delinquent or abandoned properties and/or licensing, leasing, or selling them at an affordable rate for productive uses such as gardening.

  - *Utilities.* Communities can also facilitate gardening and small agricultural activities by subsidizing utility costs for those endeavors — for example, for water, electricity, or waste removal. Permits for fire hydrant use are another way to support gardens' utility needs.

  - *Food use.* Local government policies can make it easier for small-scale food growers to find productive uses for their harvests — for example, by facilitating the safe sale of lightly processed foods through cottage food laws[60] or by broadening protections of donation activities to include gleaned produce.[61]

COMMUNITY EXAMPLES & CREATIVE SOLUTIONS

Local laws and policies that support productive gardens in unlikely places. In 2019, Proviso Partners for Health in Illinois — which comprises 33 stakeholders, including community-based organizations, houses of faith, government agencies, schools, universities, and health care partners — was looking for new ways to encourage productive local gardening ventures on commercial property in the town of Maywood. With research support from ChangeLab Solutions, the team reviewed local laws and policies from communities around the country as well as opportunities within Maywood's own municipal code. They examined land use policies (implemented through zoning codes), permitting processes, land banking, and other methods of ensuring access to land for community members and community groups. With these options, Maywood set out to expand the amount of land that could be used to extend their existing community garden successes.[62]

For more information about the team's continued work on food justice, see the web pages for **Proviso Partners for Health** and Trinity Health's **Transforming Communities Initiative**.

Local agriculture options for a variety of (policy) landscapes. In 2017, partners in Harris County, Texas, including the Department of Public Health, were exploring strategies to promote urban agriculture and eliminate local legal and policy barriers to farming and gardening. However, one of the primary policy levers for doing this work is comprehensive zoning codes, which the two largest cities in the county didn't have. With research assistance from ChangeLab Solutions, the team was able to evaluate options for policy landscapes with and without comprehensive zoning codes. For example, in areas without zoning provisions, local ordinances, deeds, tax and other financial incentives, leasing, and permitting processes can all be used to encourage local small-scale agriculture.

For more details on local policies that support urban agriculture, see **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium**, pp. 458–461.
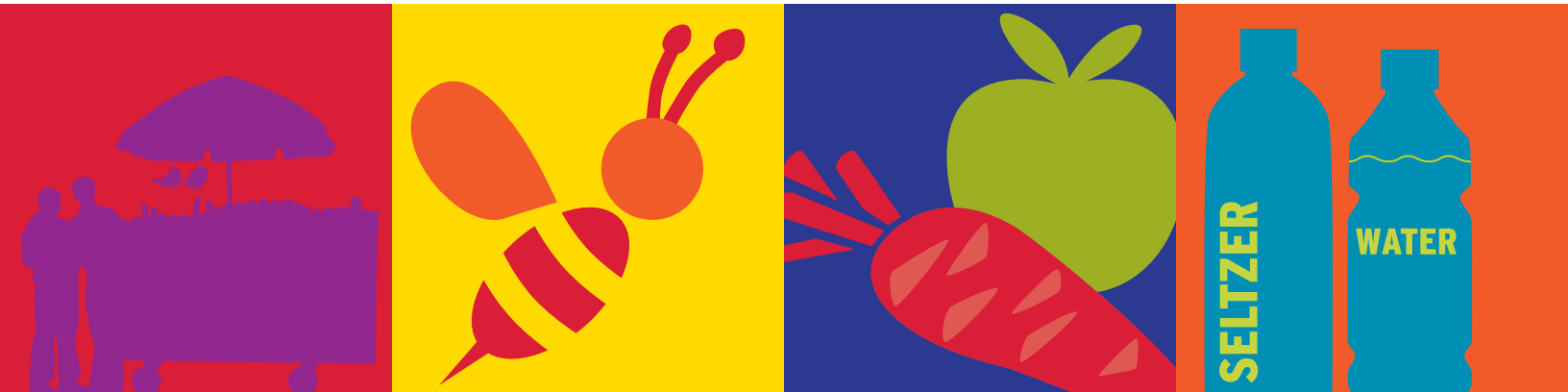
Healthy retail

Stakeholders can participate in efforts to improve healthy retail opportunities in their local communities. They can host healthy retailers at farmers markets and through mobile vending or produce carts. They can also directly support retail partners through funding, nutrition advising, and small business support or networking connections to facilitate any changes required in order to implement healthier options. Through local policy support, stakeholders can foster change at a broader level to encourage healthier retail practices throughout their community.

For more information, see **Healthy retail** in the **Key resources** section.

Legal considerations

- **Land use and zoning.** Partners can ensure that the space planned for farmers markets or mobile healthy food vendors is compatible with local land use and zoning requirements – i.e., that the property is zoned for such purposes and any permits, licenses, waivers, or authorizations have been obtained.

- **Volunteers/staff and liability protections.** Partners should discuss volunteer and staff considerations, such as liability waivers, training, background checks, and allocations of risk and responsibility in the event that volunteers or staff are injured or otherwise harmed while serving at the farmers market or mobile vending site. 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.

- **On-site liability protections.** Partnerships that support local healthy retail, especially farmers markets, may provide opportunities for community members to connect and work together. Having members of the public on site creates some risk of accidents. Partners can plan how to allocate, mitigate, and provide insurance coverage for on-site risks in similar ways to how they plan for liability risks related to volunteers or staff.

- **Food safety and liability protections.** Vendors at farmers markets 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[56] – in part to avoid liability for any risks of harm to food purchasers or consumers. Markets and mobile vendors may also be subject to environmental and food safety laws and regulations to limit risks to consumers from food-borne illnesses, fire, and animals, for example. Additionally, health and safety considerations are especially important in light of COVID-19, and partners should align their practices with relevant state and local regulations.

- **Contracting.** Partnering with healthy retailers in farmers markets or mobile vending, similar to partnering on procurement, might require soliciting and drafting contracts with provisions that support healthy community and food system goals, such as nutritional standards for products or prioritization of healthy, equitable, and sustainable business practices. The risk/liability allocations that are intrinsic to contracting provide an opportunity for large institutions to shoulder potential costs of entering into business with new partners, especially small local businesses.

Policy considerations

- **Individual- and institutional-level policies.** Stakeholders can partner with retailers to support policies that increase the healthy retail options in their communities. Dieticians and other nutrition or wellness specialists can help retailers, institutions, and municipalities create nutrition standards or guidelines, implement policies and programs, and develop outreach and education efforts. Retailers can accept federal benefits like SNAP and WIC, and stock healthy options for beneficiaries to purchase. Large institutions can provide funding or advice to help small businesses reduce the risks involved in changing their stocking practices and business models as they shift to healthier offerings. Finally, institutions and retailers can explore their influence on the lives of their community members, not only through their products but also through health-promoting employment practices related to, for example, hiring equity, worker classifications and benefits, paying a living wage, worker safety, unemployment insurance, and paid leave options. Local businesses can also foster community health and contribute to social cohesion by serving as a hub of community activity – for example, by hosting events with local artisans, producers, or products. Check out this example of a **partnership between a health center and a local grocery store**.

- **Community-level policies.** Local jurisdictions can adopt policies that allow streamlined licensing for farm stands, farmers markets, healthy mobile vendors, and other healthy retailers. Cities and counties can also provide incentives for healthy retail via general plans, zoning ordinances, licensing practices, business or marketing support, or even certification programs. Localities can submit or support applications for healthy food financing initiatives. They can also limit siting of unhealthy retail near youth-oriented facilities or other sensitive areas – for instance, schools, libraries, or playgrounds. Here's a **model ordinance that creates healthy food zones**. This model ordinance is directed at schools but can also be applied in other areas of a community, such as hospitals.

COMMUNITY EXAMPLES & CREATIVE SOLUTIONS

- **Financing healthy retail and working with retailers.** In 2017, two cross-sector partnerships, one in Georgia and one in Texas, focused on improving healthy retail options in underserved areas, knowing that it would take sustained investment and a menu of options for working with retailers. The teams wanted to understand the funding and financing options that could incentivize and support healthy retail in their communities, and with research assistance from ChangeLab Solutions, they discovered multiple funding opportunities directed at increasing both healthy food access and economic development. The often-overlapping federal initiatives in each of these areas highlight the value of funding (and implementing) healthy retail projects collaboratively, across sectors. The teams also gathered resources on various methods of promoting healthy retail – for example, (1) rewarding retailers who promote health in their businesses; (2) connecting retailers to other food system partners that offer healthy products; (3) requiring retailers to run healthier businesses through licensing; and (4) attracting healthier stores to underserved areas.

For more detail on financing and incentivizing healthy retail, see **Moving Health Care Upstream's 2017 Policy Learning Lab Compendium**, pp. 175–181 and pp. 451–456.

- **Unpacking racial inequities and grocery access.** In 2018, the Atlanta Regional Collaborative for Health Improvement Assistance and its partners from public, private, and nonprofit organizations were developing a community assessment methodology to help them understand the distribution of grocery stores in DeKalb County, to further their goal of increasing healthy food access in underserved communities. With research assistance from ChangeLab Solutions, the team was able to map out a variety of data sources to help launch their assessment and inform their engagement with community members. Resources included sources of economic data, demographic data (including research connecting structural racism and healthy food access), and data collected by different government agencies.
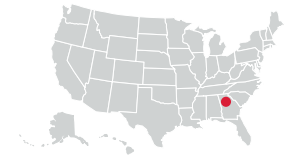
For more details on this research, see **Moving Health Care Upstream's 2018 Policy Learning Lab Compendium**, pp. 26–36.

Key resources

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

Local agriculture

- **The Economics of Local Food Systems: A Toolkit to Guide Community Discussions, Assessments and Choices** (from the **US Department of Agriculture's Agricultural Marketing Service**) provides a detailed set of modules for evaluating and improving local food systems.

- **Building a Better Local Food System: A Toolkit to Take Action** (from **Sustainable America**) is "a starter guide for fostering a stronger local food system," including "ideas for acquiring local food and supporting local farmers, tips for growing and sharing food" at a neighborhood scale, and "ways to make positive change for [local] food businesses and producers."

- **Seeding the City: Land Use Policies to Promote Urban Agriculture** (from **ChangeLab Solutions**) provides "a framework and model language for land use policies that local policymakers can tailor to promote and sustain urban agriculture in their communities."

- **Dig, Eat, and Be Healthy: A Guide to Growing Food on Public Property** (from **ChangeLab Solutions**) is full of tools to facilitate the use of public land for growing food. Also see the infographic **Digging In: Local Polices to Support Urban Agriculture**, which shows how community gardens, urban farms, home gardens, and edible parks can promote civic participation, urban greening, and access to fresh and healthy food.

- **Local and Sustainable Purchasing** (from **Practice Greenhealth**) offers information on how hospitals can use their buying power to "shift the entire food system toward sustainability, without significant cost increases to total food service spending.... Practice Greenhealth offers resources for sourcing and purchasing every category of food and case studies of successful hospital purchasing practices, [aiming] to provide step-by-step resources that will make it simpler for any hospital to set sustainable procurement goals, then design, implement, and measure the success of these strategies."

Healthy retail

- **Healthier Food Retail: An Action Guide for Public Health Practitioners** (from the **US Centers for Disease Control and Prevention**) "provides guidance for public health practitioners on how to develop, implement, and partner on initiatives and activities around food retail to improve access, availability, and affordability of healthier foods and beverages."

- **Healthy Retail: A Set of Tools for Policy & Partnership** (from **ChangeLab Solutions**) includes a playbook, conversation starters, and a collaboration workbook to help communities establish partnerships among advocates for healthy foods and beverages, tobacco use prevention, and excessive alcohol use prevention in order to promote healthy retail environments.

- The **Center for Healthy Food Access** (from **The Food Trust** and the **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 create "jobs and economic development by bringing grocery stores and other healthy food businesses to underserved areas," to partner "with businesses to focus marketing efforts on healthier choices," and to promote the **Healthy Food Access Portal** "so organizations and businesses can share successes with one another." The portal includes the **Launch a Business** landing page, which offers information on starting a healthy food business, creating demand for healthy food in retail settings, examples of business models, and **financing opportunities**.

- The **Farmers Market Legal Toolkit** (from the **Center for Agriculture & Food Systems**) "includes legal resources, best practice recommendations, and case studies for market leaders on selecting and enhancing business structures, accepting SNAP benefits, and managing common risks."

- **From the Ground Up: Land Use Policies to Protect and Promote Farmers' Markets** (from **ChangeLab Solutions**) provides "an overview of farmers' market policy issues and community-tested best practices" as well as "a set of complementary model land use policies for comprehensive plans and zoning ordinances."

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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