

Action Agenda for Health Care and Food Security/Food Access Partnerships



Economic

- 1. Entrepreneurship for healthy food: Share best practices from healthcare partnerships supporting community entrepreneurship to launch and run local food businesses**
 - a. Examples: 40 Acres (startup distributors) at Maywood Clinic and PCC Austin; American Heart Association Social Impact Fund; AMITA West Town Health Market; Blue Cross “Food Q” food delivery (for example at Blue Door Community Center on Pullman); Cook County Health Markets/Black Oaks Center; Experimental Station; IMAN Food Eco System and Healthy Corner Stores; Proviso Partners for Health – cooperatives; Urban Growers Collective and Howard Brown; West Side United/ACCIÓN – small business grant pool; Windy City Harvest/ Lawndale Christian Health Center—Farm on Ogden.
- 2. Food-related minority-owned businesses (MBEs): training, capacity building, certification, opportunities to connect to food distribution networks**
 - a. Coordinate with the Chicago Food Policy Action Council (CFPAC) and the Midwest Consortium for Equity, Research and Food Policy (MCERF) on an inventory of existing food-related minority-owned businesses and women-owned businesses. (in conjunction with the Good Food Purchasing Program (GFPP))
 - b. Explore opportunities for healthcare engagement with CFPAC’s annual local food vendor forum
- 3. Procurement: Explore strategic coordination across Chicago Anchors for a Strong Economy (CASE) and CFPAC for procurement strategies to support local food businesses**
 - a. Educate non-governmental institutions, including healthcare & academic, about GFPP pillars (local economies, health and nutrition, valued workforce, animal welfare, & env sustainability)

Policy

- 4. Develop a shared policy agenda across food access and healthcare partners related to supporting:**
 - a. Public policies that encourage/incentivize local healthy food businesses, growers, distribution, retail
 - b. Strong public benefits systems (food, health, and human services) with adequate funding
 - c. Reimbursement for food as medicine initiatives through the healthcare system
 - d. Institutional policies that increase patient, staff, and community access to healthy foods

Screen, Refer, Partner

- 5. Healthcare Orgs: At least X healthcare organizations across Chicago/Cook County screen patients for food insecurity, including the following core components of screening and referral.**

Core components of screening and referral:

- Train staff who will conduct screening for food insecurity and referral to resources
- Screen patients for food insecurity using a validated screening tool
- Track rates and demographics of patients screening food insecure
- Implement a system for referring patients to (up-to-date) local food access resources (note: this could be a paper system or electronic such as NowPow or Aunt Bertha’s)
- Implement a system for enrolling eligible patients into SNAP, WIC and other federal nutrition assistance programs
- Develop a process for gathering input and feedback from participants, and for integrating that information into practice
- Develop at least one healthy food intervention for food insecure patients (internal or external—such as pop-up pantry, mobile food, farm stand, VeggieRx, direct partnership between healthcare and food pantry, etc.)

Additional best practice components of screening and referral:

- Support increased capacity of local pantries, soup kitchens, & emergency food system partners
- Collect additional data (demographics, behavior change, health outcomes, impact on food insecurity status, etc.)
- Direct partnership(s) with healthy food access points
- Develop tailored food access programs for specific populations
- Elevate the role of staff leading SDOH screening and referral, including community health workers (CHWs)
- Develop a cross-professional team within your healthcare organization including clinician leaders, social work, food and nutrition, and community health.
- Use information garnered from participants to advocate for additional changes needed to create equitable access to the foods needed for good health

6. Food Orgs/Businesses: At least X food access points (food pantries, farms, local food businesses, schools etc.) have an established healthy food partnership with healthcare organization(s), including the following core components of food provision.

Core components of food provision:

- Track participation in healthy food access programs
- Develop a process for gathering input and feedback from participants, and for integrating that information into practice
- Partner with food distribution centers (GCFD etc.) to provide culturally relevant foods that participants need for good health
- Incorporate culturally responsive nutrition and/or cooking education

Additional best practice components of food provision:

- Collect additional data (demographics, behavior change, health outcomes, impact on food insecurity status, etc.)
- Close the loop with the healthcare organization, such as by reporting on patient participation statistics
- Use information garnered from participants to advocate for additional changes needed to create equitable access to the foods needed for good health

7. Support community-driven solutions

- a. Meaningfully engage community members to co-design and implement initiatives
- b. Understand more about who is not participating in food access initiatives, and determine what barriers/issues keep them from utilizing the resources
- c. Prioritize communities most impacted by health inequities, food insecurity, and low food access

8. Support development of an aligned or interconnected referral system across Chicago/Cook County

9. Scale VeggieRx programs to serve more Cook County communities & engage more local growers

10. Disseminate training curricula/materials for food insecurity screening & referral

(leveraging existing expertise and materials from GCFD, Feeding America, Illinois Commission to End Hunger, etc. whenever possible)

11. Collaboratively develop structures for shared learning and for communicating innovations

- a. Searchable database of local partnerships
- b. Webinar for initial learnings from home delivered meals pilots
- c. FQHCs shared learning
- d. Sharing evaluation results across projects