

Food is Medicine Capstone

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Project Background

The purpose of this project was to identify opportunities to strengthen and expand food is medicine programs and screening and referral for food insecurity among hospital and healthcare systems within the Alliance for Health Equity (AHE).

Key themes were identified regarding barriers, challenges, best practices, and gaps in food is medicine programming through the completion of a literature review. These findings informed the interview questions developed for hospital and healthcare systems, and local Black, Indigenous, and people of color (BIPOC) who are growers and producers. Data was collected over the course of 12 interviews and presented to AHE partners.

[Link to presentation recording and slide deck](#)

Food is Medicine and Screening and Referral Partnerships

Through the interviews, relevant data was gathered to better understand what constitutes mutually beneficial food is medicine and screening and referral partnerships. The interviews focused on identifying both best practices and barriers to implementation and expansion of programs for hospital and healthcare systems and local BIPOC growers and producers.

Barriers to Implementation and Expansion

Hospital and Healthcare System Barriers

- Ample produce for programs couldn't be provided by growers and producers
- Hospital or healthcare system budget didn't allow for appropriate compensation of grower or producer
- Seasonal challenges to grower or producer stifled availability of produce boxes for health system
- Food is medicine programs with local procurement weren't identified as community health priorities
- Hospital or healthcare system leadership wouldn't support local procurement

Grower and Producer Barriers

- Race-based discriminatory lending and purchasing have historically disadvantaged Black and Indigenous farmers
- Smaller farms have limited production ability and newer farms must build up healthy soil (takes years)
- Seasonal challenges impact the supply of certain types of produce
- Transportation of produce to distribution sites was too burdensome or costly for grower or producer
- Cost of land and water access, safety certifications, and bringing food to market
- Adhering to growing/safety requirements from hospital/healthcare system
- Smaller scale producers faced with barriers to certifications, land access, and water

Best Practices to Build Partnerships and Programming

- Identify and create partnerships between hospitals and healthcare systems and local farmers' markets and farms (see [Jamboard](#) for a running list of local growers and farms)
- Establish mutually beneficial program metrics that strengthen the case for programming across healthcare systems and growers or producers
- Build program flexibility to adapt to changes in the amount of food grown and harvested
- Support transportation infrastructure needed by the grower or producer
- Beyond food purchasing, provide technical support and year-round compensation including land and water access to grower or producer
- Invest in Community-Supported Agriculture (CSA) style food shares
- With food shares, provide nutrition and recipe information or cooking classes
- Community leadership
- Food justice education to inform public policy work

Evaluation Metrics

One of the best ways to improve and sustain food is medicine and screening and referral programming is by strengthening metrics to make the case for programs. Through the interviews, insight was cultivated on how current food is medicine metrics are evaluated and how these might be strengthened in the future.

Current Metrics Used by Partners

- Positive food insecurity screens
- Individuals enrolled in SNAP or WIC programs
- Individuals accessing food distribution sites (food trucks, farmers' markets, mobile markets)
- Members of household who benefited from food distribution
- Individuals who accessed food with vouchers
- Pre- and post-surveys to track improvements to food security and social new needs

Opportunities to Expand Metrics

From conversations with partners, several key next steps were identified that will help strengthen food is medicine and screening and referral metrics. These metrics aim to improve the screening and referral process, improve hospital/healthcare and growers/producer partnerships, and move toward a sustainable funding model.

- Closely track referrals to close loop on process
- Leverage technology to improve programming (ex: automated referrals)
- Develop return on investment metrics for programs
- Set percentage goals for food procured from local growers and producers
- Align with evaluation best practices of Healthcare Transformation Collaboratives
- Tie in the evaluation of programs with Registered Dietitians (RDs) and Community Health Workers (CHWs)

Community Mapping

Another opportunity to strengthen food is medicine and screening and referral programming is through the mapping of community assets, including community food access points and farms or gardens. Several partners are leading in this space, including the [Community Food Navigator](#) and the [Chicago Food Policy Action Council](#).