



INTER-FAITH FOOD SHUTTLE

# Growing Stronger Communities

SUSTAINABLE AGRICULTURE FOR NUTRITION SECURITY

## SECOND HELPINGS: GROWING STRONGER COMMUNITIES SESSION TAKEAWAYS

### Transforming Health Through Food is Medicine: Innovative Programs for Nutrition Security

#### Speakers:

- Erica Paine, Vice President, Value and Market Access, Chiesi USA
- Allison McGee, Chief Strategy Officer, Feeding Southwest Virginia (VA)
- Maria Bowman, Director of Health Initiatives, Blue Ridge Area Food Bank (VA)
- Liz Hatzenbuehler, Senior Manager of Food and Health Policy at *Community Servings*, Boston (MA)
- Dr. LaPorchia Collins, Assistant Professor, Friedman School of Nutrition Science and Policy, Tufts University (MA)

This session underlined the importance of different stakeholder perspectives in Food Is Medicine program design, and shared experiences from produce prescription programs, food pharmacies, medically tailored groceries and meals and 1115 Waivers to make medically tailored groceries accessible to Medicaid patients.

**Main takeaway:** Food Is Medicine programs cannot succeed without strong healthcare partners to refer patients, track data, and manage medical aspects. But they also need robust community partnerships, clear goal setting, patient-centered design, and sustainable support for local food systems that underpin them.

# FOOD IS MEDICINE PYRAMID



## The Patient Perspective: Keeping Neighbors at the Heart

Maria Bowman of Blue Ridge Area Food Bank shared the story of Alyssa, a wife and mother of four struggling to stretch her budget by canning, preserving food, and baking bread. Through the Augusta Health Food Pharmacy program, she receives fresh produce from the hospital's on-site farm paired with shelf-stable items from the food bank after her diabetes appointments, plus SNAP application assistance and nutrition education. In her words: "It has helped me to be able to eat healthier and put my health first. I've always struggled with healthy eating, but **when I am given the option, that encourages me to follow through.**"

## The Healthcare Perspective

Allison Mcgee from Feeding Southwest Virginia shared details of their coordinated care network U9US that connects health and social service providers. Launched nearly five years ago with just 12 social care referrals it's grown every month to now handle 1000 requests annually. The collective's work has **reduced emergency department admissions at Ballard Health by 25%, saving \$825,000 annually.**

## The Funder Perspective

An audience question pointed up an implementation issue: while established data demonstrates program benefits, private insurers remain largely in short-term pilot mode. Speakers emphasized **storytelling that targets the audience**: using funder conversations to emphasize results that speak to a funder's values and needs, e.g., lower healthcare costs or improved healthcare outcomes.

### **The Famer Perspective: Building Sustainable Local Food Systems**

Dr LaPorchia Collins of Tufts University explained that small and medium-scale farms represent 86% of U.S. farms – so they're critical to local food is medicine program sustainability. She offered tips for working with local producers to help them stay economically and ecologically viable:

- Build trust through long-term relationships. Agriculture is inherently risky so when farmers feel secure in where their products will be sold, they can invest in scaling up production with confidence.
- Enable aggregation. Individual farms may not supply sufficient volume alone. Work with food hubs, cooperatives, or networks of farms to meet program needs while maintaining local sourcing values.
- Ensure fair pricing. Growing requires capital, land, and financial resources. Farmers need fair prices to maintain viable farm businesses, not just charitable donation opportunities.

### **The Policy Perspective: 1115 Medicaid Waivers**

1115 waivers are five-year demonstration projects allowing states to test innovative Medicaid services not traditionally covered, including Food Is Medicine and housing supports. Currently, 13 states have approved nutrition services waivers, with 3 pending.

Recent evaluations from Massachusetts' Health-Related Social Needs (HRSN) Program and North Carolina's Healthy Opportunities Program show remarkably similar results despite differing state contexts – and provide **compelling evidence that FIM programs achieve their dual purpose of reducing healthcare costs while improving health outcomes.**

For example, Massachusetts' large and established program has seen a 23% reduction in hospitalizations and a 13% reduction in emergency department visits. Data shows **longer enrollment drives greater savings**.

Advocacy matters. The Food is Medicine Massachusetts Coalition successfully advocated for a working group of food providers to inform rate-setting processes, **ensuring rates reflect actual service delivery costs rather than undermining program viability**.

### **Critical Success Factors for Food as Medicine Programs**

Allison Mcgee from Feeding Southwest Virginia Food Bank gave guidance on critical steps to launch a FIM program.

- **Start with one clear goal:** Don't be lofty or aspirational. Keep it specific, manageable and measurable, e.g., to evaluate the program process, or make the program accessible to people with a specific condition like cardiovascular disease, etc. Everything should flow from this one key decision. As a panelist said, trying to do everything well is a recipe for failure.
- **Partner Strategically:** Match partners to your goal. For example, an evaluation goal might require an academic research partner, a patient-specific goal needs clinic or hospital partners who can access target groups, etc. It's important to bring all stakeholder voices to the table in program design but not everyone gets equal say. **The primary goal should determine whose perspective leads the design process.**
- **Build Strong "Guts":** Unglamorous but robust systems are essential including:
  - Technology platforms for screening, referrals, biometric data, enrollment tracking, outcomes recording, and billing. A current pain point is that no one single platform exists to manage Food Is Medicine programs and organizations must innovate around piecemeal solutions.

- Comprehensive training for all stakeholders. Never assume everyone understands or is on the same page.
- Regular communications for sharing pain points and problem-solving.
- **Practice Grace and Patience:** Food Is Medicine programs are building something new. Plan for initiatives to take longer than anticipated, cost more than budgeted, and encounter unexpected challenges. Adopt "unconditional positive regard" - the principle that everyone is showing up and doing their best, even when execution differs from expectations. This mindset enables partners to work through difficulties in good faith.

## Success Stories

Speakers emphasized the need to share stories of success, especially for advocacy to funders and policymakers. Better even if patients can use their own voices to advocate for more and better programs.

### The Produce Prescription Program Model

Feeding Southwest Virginia runs its Produce Prescription Program across four communities with partners including Carilion Clinic (healthcare), Radford University (data analytics), LEAP (local farmer nonprofit partner), and the food bank (produce management), serving approximately 300 participants across three years and supported by a \$500,000 grant.

How it works:

- Referral and enrollment: Physicians refer Medicaid patients with diet-related health risks
- Intensive education: Patients enroll in 8 weeks of weekly classes (in-person or virtual), followed by 16 weeks of monthly classes
- Food provision: Enrollees receive \$15 of locally sourced fresh produce per household member, either in-class or via voucher
- Ongoing medical support: Providers send reminders, make encouragement calls, and help remove barriers (transportation, etc.) to encourage attendance.

- Post-evaluation planning: the program creates ongoing success plans to maintain progress beyond the program.