

**HUNGER
+ HEALTH**



Toolkit

Food Bank–Health Care Partnerships

A Foundational Guide for Food Banks Working to Build Partnerships with Health Care Organizations to Improve Food Security and Nutrition, Promote Wellness and Advance Health Equity

**RELEASED
JANUARY 2022**



About this Toolkit

This toolkit was designed to support food banks in building knowledge and capacity to: develop partnerships with health care organizations; reach more households facing food insecurity; improve the diet quality of people served; promote wellness; and advance health equity.

The toolkit is a primary resource housed within the [Health Care Partnerships Toolkit page](#) on the Feeding America intranet site, HungerNet. Feeding America network members have access to this site and the companion toolkit resources, and many resources are also publicly available, including on [Hunger + Health](#).

For non-network staff utilizing this toolkit, please reach out to your Feeding America food bank partner for assistance in accessing resources, or [contact](#) Feeding America.

Target Audience

While all staff at food banks, food pantries, health care organizations and other community-based organizations may find these resources useful, the primary audiences for this toolkit include:

- Food bank staff who are new to working with health care organizations
- Food banks that do not have existing partnerships with health care organizations
- Food banks that are in the early stages of developing new health care partnerships
- Food banks that are planning to expand existing health care partnerships
- Any organizations and their staff (e.g., partner agencies like food pantries, soup kitchens, shelters, clinics, hospitals, etc.) interested in developing new partnerships with food banks to address the intersections of food security, nutrition and health

Feedback

This toolkit will continue to be revised as new resources are developed. Food bank staff and their partners can [contact](#) Feeding America to submit feedback, partnership examples and other resources to strengthen this toolkit and contribute to the library of resources designed to support and advance food bank–health care partnerships across the country.

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Introduction: Why work with health care organizations?

Food insecurity is one of many social determinants of health—the conditions in the places where people live, learn, work and play that affect a wide range of health and quality of life risks and outcomes. Social determinants of health include health care access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment.¹



Neighbors

Throughout this toolkit, “neighbors” is used to reference people who may engage in food bank or agency partner programming. Terms such as participants, members, clients or patients may also be used to reference the same population.

Over 20 years of research demonstrates the impact food insecurity has on health across the lifespan for individuals, families and communities. Food insecurity increases risk of chronic diseases, such as diabetes, hypertension and kidney disease, and makes management of chronic disease and other health problems more challenging.² Individuals with diet-sensitive disease and food insecurity experience more difficulties managing their health, potentially leading to more health complications, more emergency room usage, hospital stays and readmissions, and ultimately higher health care costs.³ Additionally, significant disparities exist across racial and ethnic groups in rates of food insecurity, access to health care and overall health outcomes.

Because of the linkages between food insecurity and health, the health care sector has increasingly looked to partner with community-based organizations like food banks to address food insecurity and other social determinants of health to improve patient health outcomes and reduce health care costs. Many health care providers, organizations and payors are considering ways to effectively address food insecurity and other social needs as “upstream” interventions.

Food banks are well-positioned to develop impactful partnerships with health care organizations. Food banks are trusted entities embedded in communities and have the infrastructure to connect neighbors and families to nutritious food and other programming. While a core component of food bank operations is the procurement and distribution of food to communities in need, food banks are increasing their focus and resources on improving access to nutritious foods; targeting underserved and marginalized communities; addressing the intersections of food insecurity, health and other social determinants of health; and advancing equity, diversity and inclusion.

Partnerships with health care organizations can support food banks’ missions to end hunger, improve nutrition and health, and connect people to the resources they need. Feeding America’s Food Bank-Health Care Partnership Toolkit seeks to provide foundational support to food banks new to engaging in collaborative work with local health care providers.

Food banks and their agency networks are primed to serve as effective partners with health care organizations to improve food security, promote wellness and advance health equity.



Videos: Foundational Concepts

Social determinants, health equity and food insecurity are complex, interconnected topics. For a visual introduction, watch these videos to learn more about [Determinants of Health, Structural Racism and Health Equity Now \(American Diabetes Association\)](#).

Health Equity

Food insecurity is associated with inadequate nutrition, adverse health outcomes and higher rates of chronic disease, and significant disparities exist across racial and ethnic groups. For example, Black households experience higher rates of negative health outcomes than whites, including higher rates of heart disease, high blood pressure, diabetes and other chronic illnesses.⁴ In 2020, Black individuals experienced food insecurity more than three times the rate of whites.⁵ As trusted voices in communities, food banks and their agency partners can play a vital role in eliminating health disparities and advancing health equity.

Health inequities are defined as differences in health that are caused by unjust and avoidable differences in social conditions and decisions that disproportionately advantage some groups while disadvantaging others.⁶ In 2020, Feeding America made a commitment to work toward solutions to eliminate structural and systemic inequalities that contribute to food insecurity, which includes addressing health equity in the context of food banking. For us, **health equity means all people facing hunger have a fair and just opportunity to be as healthy as possible across the lifespan.**

Where you live is one of the most significant components of overall health outcomes and life expectancy. Up to 90% of your health may be determined by your zip code.⁷ Health inequities are often the result of structural racism that is embedded in historical, political, cultural and socioeconomic systems and institutions. For centuries, structural racism (displacement, exclusion and segregation) has contributed to stark and persistent racial disparities in community wealth, health and well-being. For example, 20th century community zoning policies, rules that dictate how land is used, have limited racial and economic diversity and created access barriers to nutritious food, reliable transportation options and employment opportunities in some communities. These communities are often areas people of color call home. Health equity can be achieved when harmful policies, systems and practices are dismantled and replaced by community-driven investments.

Food banks and their health care partners can collaborate to advance health equity for people facing hunger by understanding the roots of inequities in their communities; creating a common vision that leaves no one behind; sharing data; screening for food insecurity and developing dignified food access interventions tailored to unique cultural needs and preferences; and advocating for change with historically marginalized groups.

Feeding America's Health Equity Action League (HEAL) has released several briefs that add insight to the intersections between hunger, health and equity. Visit [Hunger + Health](#) to access the **At First Glance** community spotlight series, and review **A Closer Look** spotlights on chronic health conditions for recommendations organizations and partners can take to advance health equity in food banking. You can also learn more about Feeding America's **Health Equity Training Series** and access dozens of related resources on [HungerNet](#).



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FOOD SECURITY AND NUTRITION SECURITY

The USDA defines **food security** as “access by all people at all times to enough food for an active, healthy life.”⁸ Food security is a household-level economic indicator used to define and describe a range of challenges or limitations people may have regarding food access. The USDA has developed and validated **survey tools** to **measure** food insecurity in the U.S. **The Hunger Vital Sign™** (a food insecurity screening tool used by many health care providers) is a validated screener that uses two questions from the USDA Food Security module. Many national data sets, including Feeding America’s **Map the Meal Gap** resource, use food security data to describe trends and experiences related to food access, hunger and poverty in the U.S.

The USDA defines **food security** as “access by all people at all times to enough food for an active, healthy life.”

Since 2019 there has been increased attention on the concept of **nutrition security**, defined by the USDA as “having consistent access, availability, and affordability of foods and beverages that promote well-being and prevent (and if needed, treat) disease, particularly among our nation’s most socially disadvantaged populations”.⁹ The increased emphasis on nutrition security shifts a focus to the role nutrition plays in health and wellness, and calls attention to historical and ongoing disparities and inequities being perpetuated in the U.S. Currently, there are no validated tools to measure nutrition security or evaluate interventions that seek to improve nutrition security. As interest and attention grow, it is likely that new tools will be developed to measure nutrition security. Food banks and their health care partners will play important roles in the evolution of this work. They will find value in understanding the distinctions between food and nutrition security, how these constructs are defined and measured, and how they can be incorporated into partnerships and program models.



Partnership Building Cycle

Follow the Partnership Cycle by clicking on the resource areas. Start with Assess, complete activities and refer to the cycle throughout your partnership development work.

This Partnership Building Cycle illustrates the activities food banks can utilize to develop partnerships with health care organizations. Use this cycle to guide your work. The process to develop partnerships is not always linear, and—because food banks and their communities are diverse, with different needs, resources, and goals—there is not one road map that can guide all food banks. The work evolves as your partnerships, capacities and needs change. You may need to repeat steps to gather more information and refine plans. This cycle is intended to be a flexible framework to support the development of impactful food bank–health care partnerships.

ASSESS



ASSESSMENT 1:

Assessing Readiness for Health Care Partnerships

This assessment will help you determine your food bank's next steps in developing partnerships with health care organizations.

Please answer the following questions by selecting A, B or C. If you don't know the answer, choose B. The assessment should take less than 10 minutes to complete.

Let's get started!

1. Does your food bank's mission statement or strategic plan include language about improving the health of the people or community you serve?

- A NOT AT ALL B SORT OF, BUT NOT CLEARLY OR EXPLICITLY C YES

2. Does your food bank's mission statement or strategic plan include language about providing nutritious foods to people?

- A NOT AT ALL B SORT OF, BUT NOT CLEARLY OR EXPLICITLY C YES

3. Is serving/distributing nutritious foods a priority for your food bank leadership (executive director or CEO, COO, director of operations, board of directors, etc.)?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES

4. Is providing nutrition education programming a priority for your food bank leadership?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES

5. Does your food bank staff (operations, program, etc.) understand the links between food insecurity and health, and how the types of foods your food bank distributes can impact the health of the people you serve?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES

6. Does your food bank distribute fresh produce and other nutritious food items to some of your partner agencies?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES

7. Do some of your partner agencies support offering nutrition education programming and offering nutritious food items?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES

8. Do some of your partner agencies have the capacity for nutrition programming and/or offering nutritious food items?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES

+ ASSESS

+ PREPARE

+ PLAN

+ IMPLEMENT

+ EVALUATE

+ MONITOR & EVOLVE



9. Does your food bank have a nutrition policy that determines what types of donations can be accepted?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES (OR CURRENTLY UNDER DEVELOPMENT)

10. Does your food bank have a nutrition policy that specifies what types of food purchases can be made?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES (OR CURRENTLY UNDER DEVELOPMENT)

11. Does your food bank have a nutrition policy that specifies a percentage goal for donations that are considered nutritious (or meet Feeding America's Foods to Encourage guidelines, or align with Feeding America's recommendations within the [Nutrition in Food Banking Toolkit](#))?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES (OR CURRENTLY UNDER DEVELOPMENT)

12. Does your food bank have a nutrition policy that specifies a goal for nutrition programming?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES (OR CURRENTLY UNDER DEVELOPMENT)

13. Does your food bank operate a SNAP Application Assistance program?

- A NOT AT ALL B SOMEWHAT, BUT COULD BE IMPROVED C YES (OR CURRENTLY UNDER DEVELOPMENT)

+ ASSESS

+ PREPARE

+ PLAN

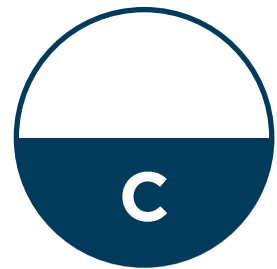
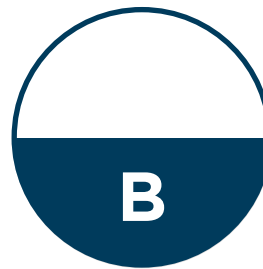
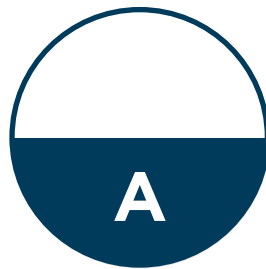
+ IMPLEMENT

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+ MONITOR & EVOLVE

ASSESSMENT 1:

How many times did you respond? *Write your totals below.*



ASSESSMENT 2:

Assessing Capacity for Health Care Partnerships

This assessment will help you identify the best way to begin, expand or enhance your food bank's partnerships with health care organizations.

Please answer the following questions by selecting A, B or C. If you don't know the answer, choose B.

Let's get started!

- 1. Does your food bank currently source adequate amounts of nutritious foods (Foods to Encourage or F2E, or in alignment with the [Nutrition in Food Banking Toolkit](#) recommendations)? If not, are you or your partner agencies able to purchase these foods?**
 A NOT AT ALL OR UNSURE B SOME C YES
- 2. Does your food bank source enough nutritious foods to increase distribution through additional food bank-run programming or to help partner agencies accommodate more client referrals?**
 A NOT AT ALL OR UNSURE B SOME C YES
- 3. Do you have partner agencies with adequate refrigeration and freezer capacity to distribute produce and perishable foods?**
 A NOT AT ALL OR UNSURE B SOME C YES
- 4. Do your partner agencies or existing food bank-run programs have space, resources, staffing and sufficient hours of operation to accommodate more client referrals?**
 A NOT AT ALL OR UNSURE B SOME C YES
- 5. Does your food bank have staff, volunteer and leadership support to develop and expand food bank-run programs such as mobile distributions and client services (e.g., SNAP Application Assistance)?**
 A NOT AT ALL OR UNSURE B SOME C YES
- 6. Does your health care partner have food insecurity screening and referral processes in place to identify patients who may be experiencing food insecurity?**
 A NOT AT ALL OR UNSURE B SOME C YES
- 7. Are staff at your organization prepared and available to lead trainings on screening for food insecurity?**
 A NOT AT ALL OR UNSURE B SOME C YES



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8. Do you operate food distribution programs, or do you have any partner agencies that are located within close proximity of a health care partner site?

- A NOT AT ALL OR UNSURE B SOME C YES

9. Do you or your partner agencies have space at food distribution programs to host health-related activities for clients, such as health fairs and screenings, conducted by health care partners?

- A NOT AT ALL OR UNSURE B SOME C YES

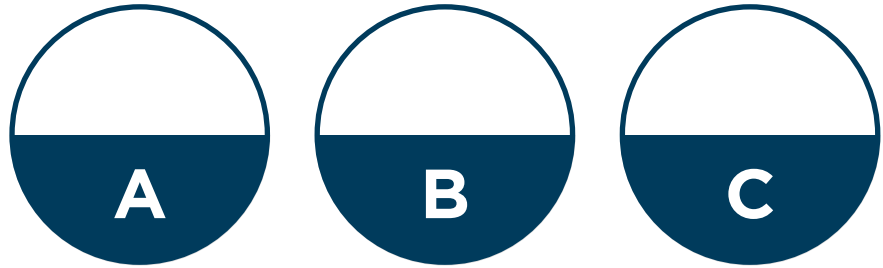
10. Does your health care partner have staff available to make referrals, track and share data, and collaborate in partnership activities?

- A NOT AT ALL OR UNSURE B SOME C YES

11. Does your food bank have staff available to support the various aspects of health care partnerships, including communication, referral management, agency partner relationships, and data collection and sharing?

- A NOT AT ALL OR UNSURE B SOME C YES

ASSESSMENT 2: **How many times did you respond?** *Write your totals below.*



WRITE YOUR TOTALS FOR ASSESSMENTS 1 AND 2:

RESPONSE OPTION	ASSESSMENT 1	ASSESSMENT 2	TOTAL
<input type="radio"/> A			
<input type="radio"/> B			
<input type="radio"/> C			

AFTER COMPLETING ASSESSMENTS 1 AND 2, IF YOU ANSWERED MOSTLY...

- A** Let's get started! Begin with the [Building a Foundation for Partnerships](#) resource before moving on to the Prepare resources.
- B** You're on your way! Review the topics in the Building a Foundation for Partnerships resource, then go to the Prepare and Plan sections of the toolkit.
- C** It's time to begin working with health care partners! Go to the Prepare and Plan sections of the toolkit. If you didn't answer C for every question, check out Building a Foundation for Partnerships and see if any of the resources are helpful.

Building a Foundation for Health Care Partnerships

Health care organizations can make great partners for food banks working to broaden their impact and further address the needs of neighbors. With many health care organizations increasingly seeking to address food insecurity as a social determinant of health, food banks have opportunities to partner with health care delivery organizations such as hospital systems, outpatient clinics, community health centers, Federally Qualified Health Centers (FQHCs) and free clinics, or with payors such as health plans and health insurance companies that are looking to support their members.

Regardless of the type of health care partner, it is important for food banks to ensure they have the necessary foundation in place before initiating a partnership. The following content serves as an introduction to foundational elements for successful food bank–health care partnerships.

Although each of these elements is important for beginning a partnership, keep in mind that activities will evolve throughout your partnership. Therefore, not everything must be fully in place before moving forward. In fact, some activities may be informed and strengthened as your partnership develops and as you move through this toolkit.



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EXECUTIVE AND BOARD LEADERSHIP

Support for health care partnerships begins with food bank leadership. Successful leadership buy-in is achieved when individuals in positions of decision-making and power:

- Advocate for health care partnerships that specifically aim to place the neighbor at the center of the work and leverage the food bank's strengths.
- Allocate sufficient resources (i.e., financial, staffing, nutritious foods, etc.) to the partnerships.
- Prioritize the sourcing and distribution of nutritious and culturally inclusive foods identified as needed and preferred by community members.
- Ensure that executive and board leadership understand how food insecurity and health are interconnected, and how food banks can promote the health and wellness of neighbors.
- Are available to engage with leadership of local health care organizations to foster relationships and partnership development.

Food banks working to establish new health care partnerships can further advance this work by recruiting board members with health care experience who will advocate for these collaborations.

BACKGROUND

The U.S. Health Care System

The health care system in the United States is a large and complex web of organizations, policies, providers, goods, services, activities and investments. According to the Centers for Medicare and Medicaid Services (CMS), U.S. health care spending reached \$3.8 trillion in 2019 (or \$11,582 per person). As a share of the Gross Domestic Product, health care spending accounted for 17.7% of GDP, and costs are projected to continue increasing. Relatedly, food insecurity has been linked to over \$77.5 billion in excess health care expenditures each year in the U.S.¹⁰

While it is not in the scope of this toolkit to provide a comprehensive overview of the U.S. health care system, it is helpful for food banks to understand some basics. The following resources include content on a range of health care system elements.

HEALTH AND HUMAN SERVICES

[About the Affordable Care Act](#)

MEDICARE

[What's Medicare?](#)

MEDICAID

[Medicaid Overview](#)

CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS)

[CMS Site](#)

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

[CHIP Overview](#)

VETERANS AFFAIRS

[VA Health Care](#)

INDIAN HEALTH SERVICE (IHS)

[IHS Site](#)

THE COMMONWEALTH FUND

[U.S. Health Care System Profile](#)

KAISER PERMANENTE

[Terms You Should Know](#)

AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

[Clinical-Community Linkages](#)



STAFF SUPPORT

Staff support of health care partnerships also increases when staff clearly understand the goals, mission and intended outcomes of the partnership—and ideally are involved in the strategic visioning and planning process. See the Resources section on the [Health Care Partnership Toolkit](#) page for staff training materials and tips on collaborating with food bank staff to build knowledge and capacity.

COMMITMENT TO MEETING NEIGHBOR FOOD NEEDS AND PREFERENCES

Commitment to sourcing and distributing nutritious, culturally inclusive foods is critical for successful food bank-health care partnerships. One tool for food banks to help shape and reinforce this commitment is a nutrition policy or community health commitment. A nutrition policy can directly inform operational decisions around the types of foods you procure and the types of programming your food bank implements, ideally all with the aim of helping your food bank more accurately respond to the food needs and preferences of neighbors.

Some food banks express concern that implementing a nutrition policy that requests or prohibits the sourcing of specific foods will cause donors to reduce or stop food donations. Many food banks have found, however, that educating food donors about the food bank's mission to promote health and provide more nutritious, culturally inclusive foods that meet the needs and preferences of community members has led to positive responses. [Learn more about how to engage donors.](#)

If your food bank does not have a nutrition policy, read [Role of Food Bank Nutrition Policies: A Guide to Action](#) and view the [Central Texas Food Bank Nutrition Policy](#) for an example. More details on ways food banks may commit to meeting neighbor food needs and preferences can be found in the [Nutrition in Food Banking Toolkit](#).



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NUTRITIOUS, CULTURALLY INCLUSIVE FOOD AND OTHER NUTRITION SERVICES USING AN INTERCULTURAL COMPETENCY LENS

When partnering with food banks, health care organizations are often interested in referring patients specifically to interventions that improve diet quality and increase patients' consistent access to nutritious foods. This often means prioritizing foods that align with the patient's treatment or disease prevention plan. However, it is important to also include input from neighbors to **meet cultural needs and preferences** and ensure appropriate foods that meet both clinical and neighbor-centric goals are included.

Foods to Encourage (F2E) and **Healthy Eating Research (HER) Nutrition Guidelines for the Charitable Food System** are Feeding America's current approaches to measuring the nutritional contributions of food products and categories in food banks' inventories. Nutrition ranking systems are a major component of evaluating the progress your food bank is making toward providing the most nutritious food possible.

The current Foods to Encourage Percentage Performance **Benchmarking Dashboard** can help you determine your food bank's percentage of F2E, but revisions are forthcoming to incorporate new HER Nutrition Guidelines data. Learn more about the newest and highly recommended HER Nutrition Guidelines on **Hunger + Health**. You can also implement the HER Nutrition Guidelines into your food bank's inventory system with the help of the **implementation guide** featured in the **Nutrition in Food Banking Toolkit**.

Working with health care partners to address food insecurity means moving beyond traditional community interventions to focus on those that assure consistent access to nutritious, culturally inclusive foods—and can even integrate **support for SNAP enrollment**. These interventions can include referrals to partner agencies that have the capacity to provide nutritious, culturally inclusive food to newly referred clients, or the creation of direct-to-client food bank programs that provide healthy and medically tailored foods.

Visit the Meeting Food Needs & Preferences through HER Nutrition Guidelines & Intercultural Competency Yammer site to engage and share with your Feeding America network peers.

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SCREEN-AND-INTERVENE STRATEGIES

Screen-and-intervene strategies are the foundation of addressing food insecurity in health care settings. These strategies can most simply be defined as the processes to identify patients experiencing, or at risk for, food insecurity (through use of screening tools or other assessments), **and** the actions then taken to address this social need (by adjusting treatment plans, connecting patients to food and nutrition resources, or referring to other programs and partners for support).

Before starting a partnership, it is recommended that food bank staff become familiar with the importance of screen-and-intervene strategies. Health care providers often assess their patients' social needs such as food, housing and transportation, because these factors ultimately impact individuals' ability to manage their health.

While important, it is not enough to only screen patients for food insecurity or other social needs. Health care providers must act upon “positive screens” to address identified needs and support a patient’s health. Thus, food banks are important partners for health care providers to collaboratively develop impactful interventions to improve food security and health with patients. The Food Bank–Health Care Partnerships Toolkit explores many of these strategies throughout this resource.

Food banks can support their health care partners in these strategies by:

- Educating providers about food insecurity.
- Presenting local data on food insecurity rates and the **health care costs** related to food insecurity.
- Sharing tools and resources (**Feeding America-Humana Food Insecurity Screening Toolkit**, **FRAC-AAP Toolkit for Pediatricians to Address Food Insecurity**) that health care providers can use to design and implement food insecurity screening processes.
- Identifying validated food insecurity screening tools (**Hunger Vital Sign™**, **PRAPARE**, **Social Determinants of Health Wheel [Epic]**) to incorporate into clinical processes.
- Highlighting clinical care algorithms to support treatment plans for patients experiencing food insecurity (see **NOPREN** resources on **pediatrics**, **adults** and **adults living with diabetes**).
- Sharing resources and creating referral mechanisms for connecting patients to food and nutrition resources.
- Collaboratively developing data sharing and feedback loops to communicate when patients are connected to resources and to evaluate outcomes.
- Evaluating if and how to adopt **social needs platforms** (e.g., **Aunt Bertha**, **Unite Us**, **Healthify**, **NowPow**, etc.) to support referrals, tracking, data sharing and other programming.
- Exploring how food banks can leverage existing **Service Insights**/Client Data Tracking programming to support health care partnership work.

Visit the Online Care Coordination and Referral Platforms Yammer site to engage and share with your Feeding America network peers.

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A HEALTHY PANTRY NETWORK

The ability to distribute nutritious foods through your agency partners is important to your health care partnerships. Several strategies can be used to increase the availability of nutritious foods throughout your food bank's agency network.

Measure the healthfulness of your network food pantries with [The Healthy Food Pantry Assessment Toolkit](#). Review the [Healthy Pantry Initiative Strategies for Encouraging Healthy Choices at the Pantry](#) for food pantry best practices, strategies for encouraging healthy choices at pantries, and a healthy pantry evaluation tool.

[The Nutrition Pantry Program \(NPP\)](#) provides a process for implementing practical, client-centered strategies for health-focused food distributions, as well as a certification system and technical assistance. You can also download the [Choice Pantry Nudge Toolkit](#) to learn how to implement environmental nudges through your food bank network; nudges and other educational programming can encourage clients to choose and consume more nutritious items. The [Nutrition in Food Banking Toolkit](#) also offers a range of tools to bolster food banks' commitment and work around nutrition and cultural competency.

DIRECT-TO-CLIENT PROGRAMS

Over the past several years, many Feeding America network food banks have piloted interventions that build on food bank–health care partnerships. These initiatives identified a need to reduce barriers to participation so that patients who are identified as food insecure in health care settings can access food and nutrition resources provided by food banks in their communities.

One approach is direct-to-client programs. These programs can be tailored to specific patient populations (e.g., medically tailored food packages for people with diagnosed diabetes or hypertension), or can include distribution models (e.g., [home delivery](#), clinic-based pantries, mobile distributions at health care organizations, etc.) that address access barriers. New opportunities continue to emerge that will build on these distribution models and offer participants greater degrees of choice. For example, [Order Ahead](#) provides neighbors referred from partners like health care organizations with an online portal to select foods and choose a preferred time and location to pick up food packages.

These program models are examples of what is possible in food bank–health care partnerships. Such program models are not requirements, but knowledge about them can help support your partnerships. This toolkit contains information on direct-to-client program models that can be included as components of your partnership activities.

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SNAP OUTREACH AND ENROLLMENT ASSISTANCE

The Supplemental Nutrition Assistance Program (SNAP) is an effective program that has been proven to improve food security and health. Food bank–health care partnerships should include strategies to increase enrollment in SNAP to complement other programs that provide immediate access to nutritious foods for patients who screen positive for food insecurity. SNAP participation can support long-term food security for patients, and there is also evidence that SNAP reduces health care costs and improves health outcomes for participants.¹¹

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For detailed information on how to prioritize SNAP with health care partners, access this key Feeding America resource: [Food for Tomorrow—SNAP Application Assistance in Health Care Settings.](#)

NUTRITION EDUCATION

Nutrition education programs and services can engage clients and improve health and nutrition knowledge and behaviors. In health care settings, dietitians, nurses, diabetes educators and other health professionals often provide evidence-based nutrition education to patients.

Nutrition education programming at food banks are attractive referral options for health care partners that are looking to reinforce their patients' learning experiences. Many food banks in the Feeding America network offer hands-on, or even virtual, nutrition education such as cooking classes and recipe tastings that share easy ways to use a variety of nutritious foods available at local pantries.

Examples of existing evidence-based nutrition education commonly used by food banks include:

- **Cooking Matters:** A program that includes hands-on cooking classes, grocery store tours, digital resources, and practical education for individuals to purchase and prepare foods that meet their nutrition, budget and personal needs.
- **The Produce Toolbox:** Interactive, MyPlate-based nutrition lesson plans that increase nutrition knowledge and encourage consumption of fresh, food-bank-provided fruits and vegetables.
- **Pantry Panic for Teens:** Designed for food banks that serve teen populations, these lesson plans combine education on sustainability with healthy tips for cooking on a budget.
- **Just Say Yes to Fruits and Vegetables:** A program that provides recipes, cooking videos and nutrition education articles online for SNAP recipients.

If your food bank is designing new nutrition education materials, we recommend the materials incorporate neighbor perspectives and cultural values, beliefs and practices of the intended audiences. A tool to use to develop new nutrition education materials is the Academy of Nutrition and Dietetics' **Developing & Assessing Nutrition Education Handouts** checklist. The tool screens nutrition education handouts to establish the inclusion/exclusion of important quality components and can also be used to develop new nutrition education handouts.

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DATA AND FUNDING

Data about health care utilization, food insecurity and health outcomes inform and often emphasize the need for food bank–health care partnerships. These data highlight priority areas such as diabetes, hypertension and older adult health. Review the [Collecting Local Data](#) resource in this toolkit for tips on gathering and sharing data with potential partners.

Food bank–health care partnerships require funding, but this funding does not have to be in place before your partnership begins. Dedicating existing funds to emerging partnerships or identifying new funding sources can help your partnership be a success. Review the [Sustainability: Fundraising and Reimbursement](#) resource in this toolkit for more ideas on soliciting funding.

In addition, it is helpful to understand the health care landscape in your community and identify the key health care partners and the health insurance systems in which you are working. Start with your state’s Medicaid programs and how they impact access to care for families experiencing food insecurity. You can also visit the [Kaiser Family Foundation](#) website for a comprehensive overview of state-level approaches to Medicaid.



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LEGAL CONSIDERATIONS

There is tremendous potential for food bank–health care partnerships to positively impact their communities. However, food banks need to be aware of some basic legal and regulatory issues related to working with health care organizations to effectively and efficiently advance partnerships.

For example, the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)** “is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge.”¹² While much of HIPAA may not apply to the work of food banks, it is important that food banks and other community-based organizations interested in partnering with health care organizations have a basic understanding of HIPAA and the types of questions and concerns health care partners may have when co-developing programs.

Legal considerations and questions may arise when food banks are discussing a range of partnership components with health care organizations, including:

- Developing partnership documents (Memoranda of Understanding [MOUs], Scopes of Work [SOWs], Non-Disclosure Agreements [NDAs], service contracts, etc.)
- Referral processes
- Data collection processes
- Data sharing and data use agreements
- Evaluation and research activities, including assessing the need for institutional review board (IRB) oversight

Food banks can review the following resources for more information and guidance on how to address legal considerations when developing partnerships with health care organizations:

- **Food Banks as Partners in Health Promotion**: This detailed report was designed to provide food banks with a better understanding of changes in the health care landscape from the Affordable Care Act, and the resulting opportunities for partnerships to support community health efforts.
- **How HIPAA and Concerns about Protecting Patient Information Affect Your Food Bank–Health Care Partnership**: This updated (2020) resource provides a comprehensive overview of HIPAA legislation, how these regulations apply to food banks and their partners, and how to comply.
- **Navigating Patient Inducement Laws**: This new (2021) resource was developed to address questions around health care fraud and inducement regulations and includes considerations for food bank–health care partnerships.
- **Navigating Legal Questions within Food Bank–Health Care Partnerships (video)**: This session was recorded during the Feeding America 2021 Feed, Nourish, Connect Conference and includes speakers from Harvard Law School and a Massachusetts-based Accountable Care Organization.

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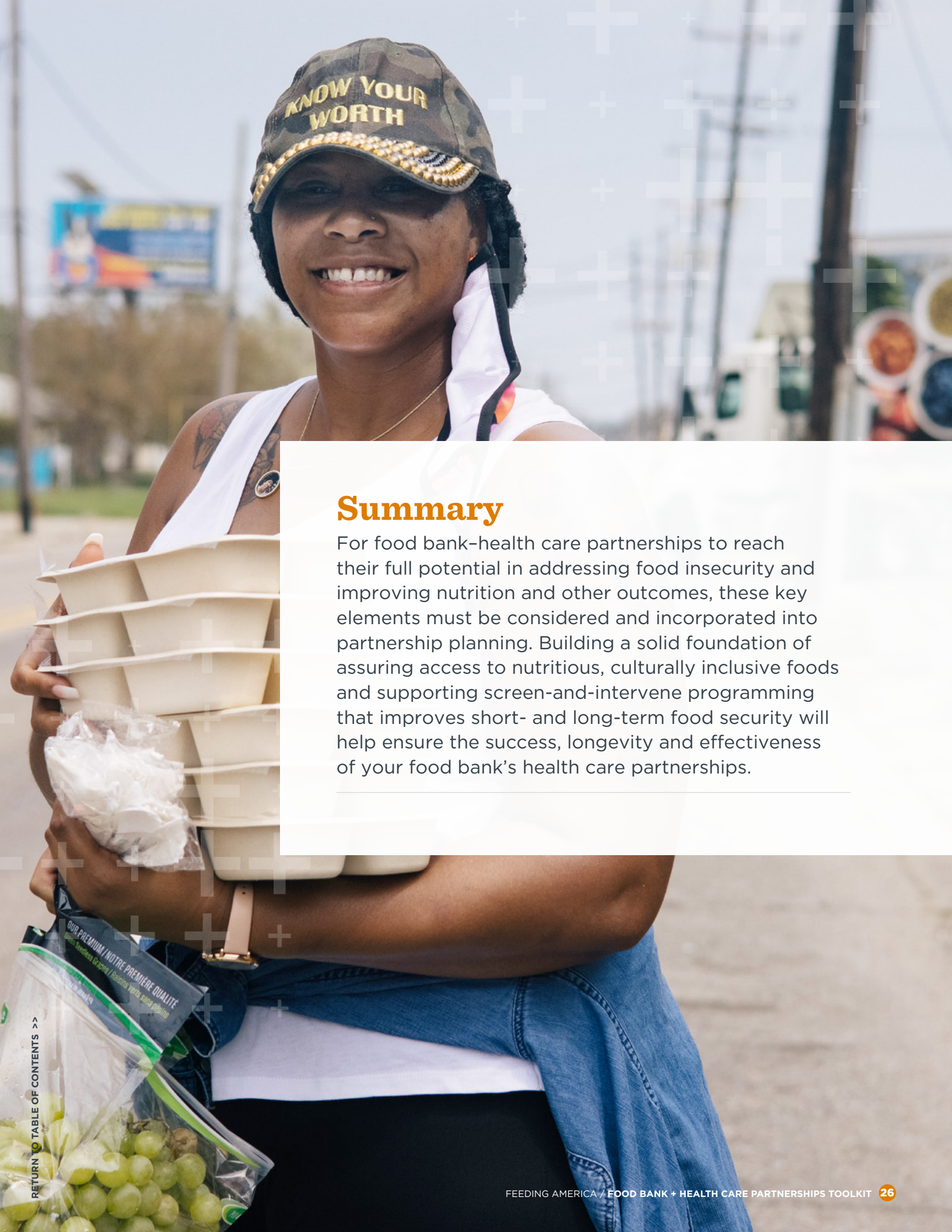
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Summary

For food bank–health care partnerships to reach their full potential in addressing food insecurity and improving nutrition and other outcomes, these key elements must be considered and incorporated into partnership planning. Building a solid foundation of assuring access to nutritious, culturally inclusive foods and supporting screen-and-intervene programming that improves short- and long-term food security will help ensure the success, longevity and effectiveness of your food bank’s health care partnerships.

PREPARE



ACTION PLAN

Delegating and Hiring Staff

Building health care partnerships requires dedicated staff. This action plan will help you identify and address staffing needs to plan for health care partnership activities.

Identify the Need

- Assess your board makeup, and work with executive leadership to recruit new board members with health care experience who can serve as advocates for these partnerships.**
- Decide if your food bank can commit staff to “low-intensity” activities that may require an associate- or manager-level position, or “high-intensity” activities that may require a dedicated senior-level position to manage relationships with health care leadership.**
- Determine what additional staff support from other food bank departments is needed.**
- Decide if you can request staff from your health care partner to assist with implementing interventions, such as nutrition professionals, social workers, Community Health Workers and nursing staff.**
- Plan for how health care partnership activities will impact staffing needs in other departments (e.g., operations and warehouse).**
- Decide if you can enlist part-time, full-time, contract or permanent staff; volunteers, interns or AmeriCorps members; or other roles.**
 - CONSIDER IF:**
 - Both management and program staff will be needed.
 - Grant funding is available, and how you can maintain positions beyond the grant period.
 - Local university or college programs can provide trained staff or volunteers.
- Decide if reassignment of current staff or a new hire is needed. If deploying existing staff to partnership work, determine what work current staff will have to give up and how to cover those responsibilities.**

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Define the Role

- Based on anticipated interventions, determine what staff qualifications might be needed (technical expertise, health care experience, nutrition or public health background, research and evaluation skills).
- Consider what relevant experience may be substituted for academic degrees such as RD, MPH, RN, MSW, etc.
- Identify where new positions fit into your current organizational structure (e.g., leadership, nutrition, programs, operations, external partnerships).
- Develop a job description, including reporting relationship. Develop a draft work plan and six-month goals. Sample job descriptions are available on [HungerNet](#) and the [Health Care Partnerships Toolkit page](#).

Identify and Allocate Resources

- Ask food bank staff and board members if they have existing connections with health care organizations, and if they can facilitate introductions and initial partnership conversations with the food bank.
- Work to ensure that food bank leadership prioritizes health care partnerships and supports this work with dedicated staff funding.
 - Articulate how the position will help your food bank achieve strategic goals.
 - Ensure that leadership signs off on health care partnership plans.
 - Budget for staff and develop a sustainability plan with your finance team.
 - Create a plan for developing and delivering quarterly reports about partnership activities to leadership.
 - Consistently include staffing costs in targeted and general funding requests.
 - Recruit health care professionals to the board of directors.
- Work with human resources to develop a staffing budget (salary, benefits, etc.) that is competitive for the skills and experience needed.

Recruit

- Reach out to health care partners, health-focused agencies, food bank leadership, local colleges and universities, and board members to advertise the position(s).
- Promote position(s) through standard channels and health-focused sites like [APHA](#), [Public Health Jobs](#), [Idealist](#), and university job boards and job fairs.
- Promote position(s) with community partners, networks that emphasize diversity, equity and inclusion, and groups that have community and subject matter expertise (e.g., community health workers, neighbors with lived experience).
- Evaluate candidates' experience working with health care organizations and their connections to local health care organizations, nutrition and health qualifications, and research and evaluation skills.

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Train and Onboard Staff

Create a plan to familiarize new hires with the work food banks do through:

- Internal orientation and onboarding.
- On-boarding curriculum on the HungerNet Learning Hub (only available to Feeding America member organizations).
- Observation of programs and services.
- New and existing procedure manuals.
- Pairings with food bank “buddies” at your organization or at other food banks to serve as peer mentors.
- Opportunities to network with staff at other food banks who manage health care partnerships.
- Introduction to the Feeding America Health and Nutrition [HungerNet](#) and Yammer pages.

View sample position descriptions on the [HungerNet Human Resources](#) page.

Collecting Local Data

Using data is key to planning, establishing and maintaining partnerships with health care organizations. You can use data from multiple sources to set goals for your food bank's health care partnerships.

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YOUR FOOD BANK

Work with food bank leadership or refer to annual reports, Service Insights and other programming/operational reports to compile the following information:

- How many staff members and volunteers does your food bank have?
- How many member or partner agencies do you work with to distribute food?
- How many pounds/meals does your food bank distribute monthly/annually?
- What percentage of food distributed meets Foods to Encourage (F2E) criteria, or aligns with HER Nutrition Guidelines?
- What is the geographic reach of the food programs you support?
- What percentages of food are distributed via mobile distribution, delivery or pantry visits?
- Has your food bank received any awards or special recognition that is relevant to the potential partnership?

Providing these data to a health care organization can demonstrate your food bank's reach in the community, connections with local agencies and individuals, and value as a partner.

YOUR CLIENT BASE

Review client surveys, local data from [Service Insights](#), [Feeding America Client Survey \(FACS\)](#), historical data from [Hunger in America](#), and SNAP Application Assistance data to locate insights like these:

- How many clients do your food bank and member agencies serve?
- How often do clients visit a food pantry or food bank program each year?
- What modes of transportation are your clients able to access?
- What percentage of your food bank's clients receive SNAP benefits?
- What percentage of eligible people in your area receive SNAP benefits?
- How do your clients rate their health status?
- How many clients manage health conditions such as diabetes, hypertension or obesity?
- If your food bank tracks client satisfaction, how satisfied are your clients with the food and services they receive from you?

This information can help you show the relationship between community health outcomes and food insecurity.

YOUR COMMUNITY

Conduct a local assessment to gather information on community demographic data; health statistics, including prevalence and disparities data on chronic diseases and nutrition-sensitive illnesses; health care utilization and cost data; and other information describing community factors and needs. The following list includes sources for much of this data.

[Feeding America Map the Meal Gap](#)

See statistics on how food insecurity affects your state, county and community.

[Healthcare Costs of Food Insecurity \(Tableau site\)](#)

Interactive site with national-, state- and county-level data on the impact of food insecurity on health care expenditures.

[Identifying Racism in the Drivers of Food Insecurity](#)

This dashboard digs into how systemic racism drives disparities in five economic indicators that impact a family's ability to access food: disability, homeownership, median income, poverty and unemployment.

[County Health Rankings and Roadmaps](#)

The annual Robert Wood Johnson Foundation rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities. Rankings include data on a range of metrics, including Healthy Days, health behaviors, clinical care, social and economic factors, physical environment and other domains.

[U.S. Census Data](#)

Explore Census data to find local demographic information, income data and trends.

[Centers for Disease Control and Prevention](#)

View recent reports on the prevalence of prediabetes, diabetes, hypertension, heart disease and obesity in your community.

[KIDS COUNT®](#)

Access data about children's health from the Annie E. Casey Foundation.

[Centers for Medicare & Medicaid Services \(CMS\)](#)

Learn about chronic disease prevalence, insurance enrollment and health care utilization statistics.

[Kaiser Family Foundation \(KFF\)](#)

KFF is a nonprofit organization that focuses on national health issues and serves as a nonpartisan source of facts, analysis and journalism for policymakers, the media, the health policy community and the public. KFF produces reports on a range of topics, including the status of [Medicaid expansion](#) in states.

[Community Health Needs Assessment \(CHNA\)](#)

Nonprofit hospitals are required to complete a Community Health Needs Assessment (CHNA) every three years. The CHNA report—and the hospital's community health priorities—must be made available to the public and can be found under the community benefit section of the hospital's website. For more information on CHNAs and Community Health Improvement Plans (CHIPs), see the [Food Banks as Partners in Health Promotion](#) resource.

[State and county public health agency websites](#)

Local public health information can highlight data, statistics and needs specific to regions and local communities.

Resources for Community Data

These sources can help highlight connections between food insecurity and poor health, demonstrating the need and opportunities for partnerships between your food bank and local health care organizations.

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YOUR LOCAL HEALTH CARE LANDSCAPE

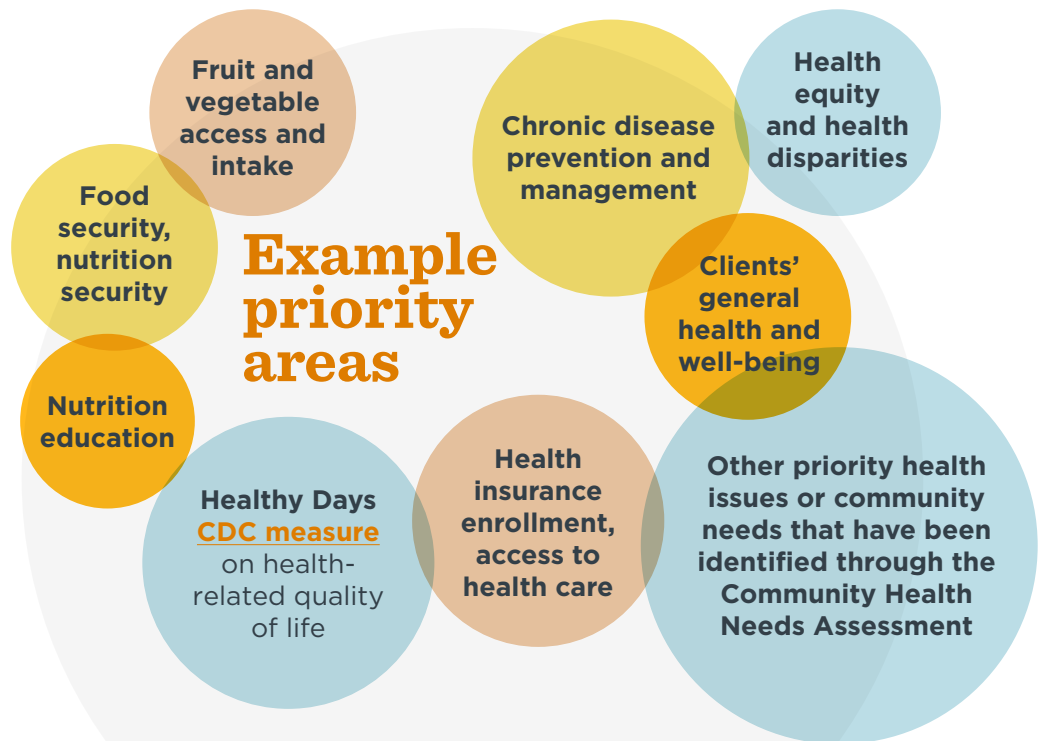
It is also important to take an inventory of the existing health care infrastructure in your community. Conduct asset mapping or research to identify local health care organizations, including:

- Hospitals (hospital systems, nonprofit hospitals, and safety net or “essential” hospitals)
- Primary care providers
- Community health clinics
- Federally Qualified Health Centers (FQHCs)
- Free clinics
- Public health departments and programs
- Other community-based organizations that may address health and social needs within the communities served by your food bank

Safety net hospital systems, community clinics, FQHCs, free clinics, and other health care providers whose missions include serving low-income, marginalized populations may make important partners for food banks due to the possibility that food insecurity is a primary social need experienced within these populations.

YOUR PARTNERSHIP GOALS

Use the data you collect from these sources to develop and refine your goals as a food bank, including how you hope to partner with health care organizations to support the communities and people you serve. Identifying the goals of your partnerships will help you determine what additional data you need to collect.



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Planning Partnerships

OVERVIEW

After assessing your food bank's readiness and capacity, collecting data, and developing a detailed understanding of your local health care landscape, it's time to begin planning partnerships with health care organizations. This section highlights important considerations and initial steps food banks can take to develop effective partnerships.

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IDENTIFYING PARTNERS

Food banks likely have multiple health care organizations operating within their service areas. Identify and prioritize partnerships with health care organizations based on the data you have already collected. Key considerations include:

Existing partnerships: Keeping in mind your partnership needs and goals, consider what partners and connections your food bank has and build on these, especially if your food bank already has experience working with other health care organizations.

Community needs: Leverage the community assessment and needs data you collected to identify health care organizations where partnerships are needed to address those priorities.

Geography and service areas: Identify those health care organizations whose service areas align or overlap with the food bank's service area. Determine if health care services provided by those organizations are open and accessible to the communities being served by the food bank.

Health care organizational needs: Assess what supports health care organizations may need to partner with your food bank and develop plans to collaboratively address those needs. For example, initial partnership conversations might identify a range of health care organizational needs that include:

- Information on food insecurity, local data and statistics on other social determinants of health, along with examples and data on how food insecurity impacts health
- Information on the role and work of your food bank
- Expectations of partnership roles and responsibilities
- Number of people who may be served within a partnership
- Location and accessibility of partnership programming
- Staffing needs and responsibilities
- Site logistical needs (e.g., for food storage and distribution, if applicable)
- Technology and data management needs

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Alignment with purpose and goals: Research the mission, vision, values and goals of potential health care partners to assess if there is strategic alignment with your food bank. This information can often be found on an organization’s website. The American Hospital Association, which represents many hospital systems and health care networks across the country, developed a tool for **Creating Cross-Sector Relationships that Succeed**, and established a **Health Equity Resource Series** to support health care organizations’ work to address health disparities and advance health equity. Food banks can share these resources, including the AHA toolkit on **Community Partnerships: Strategies to Accelerate Health Equity**, with health care organizations when building alignment and developing partnerships.

ARTICULATING HOW FOOD BANKS BRING VALUE TO PARTNERSHIPS

When planning new partnerships, food bank staff should consider the level of readiness of potential health care partners in order to co-create the solutions that address a real need. It is important that food banks build an understanding of a health care organization’s starting point and identify available opportunities as opposed to approaching partnerships with food bank-centric solutions. Food banks should be able to articulate the specific value they bring to a health care partnership. Using a value proposition framework is one way for food banks to approach this process. Access this resource for more information on **Assessing Readiness and Creating Value Through Food Bank-Health Care Partnerships**.

Key Resource

Suitability Review and Score Card to Identify Health Care Partners

The **Roadrunner Food Bank of New Mexico** (Albuquerque, N.M.) has managed and expanded partnerships with multiple health care organizations for several years. In 2019, the food bank developed a Suitability Review as a resource to inform partnership development with new health care organizations. This resource includes discussion questions to guide food bank-health care partnership conversations, along with an evaluation score card to assess the degree of alignment and readiness for a partnership. This tool has become an invaluable resource for the food bank to prioritize health care organizations for food bank partnerships. Roadrunner Food Bank has made this resource available to the Feeding America network. The Suitability Review can be **downloaded here** and accessed on the **Health Care Partnership Toolkit** page on HungerNet.

PARTNERSHIP PROPOSALS

Some food banks—especially those serving areas with large numbers of health care organizations—have had success in requesting partnership proposals from health care organizations to identify and prioritize the organizations that may be the best fit for partnership development. One way to identify partners is through the creation of a Request for Proposal (RFP) process. Example steps for an RFP process can include:¹³

- Health care partnership opportunities can be described in detail on a food bank’s website, or as a handout shared via email or in person, with an RFP application to potential partners.
- Information and data on why health care organizations should consider partnering with your food bank should be communicated.

FOOD BANKS CAN SHARE THAT THEY:

- Operate high-volume food sourcing and distribution models and can address patients' food security and nutrition needs
- Offer services to support clients/patients for the long term (through SNAP Application Assistance, workforce development, nutrition education, etc.)
- Provide technical assistance, training and support to health care staff
- Can support data collection, analysis and reporting
- Have deep trust and credibility in the community
- Network with Feeding America, other food banks and local partner agencies for program implementation, evaluation and capacity building

• After an initial interest meeting in which the food bank shares about itself and its health care partnership goals, and potentially after completing a Suitability Review (see p. 36), the health care organization is invited to submit a proposal.

• An RFP should request information from the partner on why and how they want to address food insecurity and social determinants of health, and how they envision integrating food bank interventions into their existing program(s) or operations.

PROPOSALS CAN ADDRESS THE FOLLOWING:

- Potential opportunities the health care organization is proposing to partner on (food insecurity screening and referral, medically tailored food boxes, etc.)
 - The organization's mission, vision, goals and commitment to the partnership
 - Organization's understanding of food insecurity and community needs (problem statement, objectives, resources, activities, outcomes)
 - Organization's capacity for partnership (funding availability, site logistics, dedicated space, etc.)
 - Organization's staffing capacity for partnership (leadership, clinical, volunteer; consider also asking about working with community health workers, medical students, nursing students and other health care student programs)
 - Number of clients/patients they are seeking to support (and inclusion criteria, if applicable)
 - Target patient population (universal vs. an identified population like "all adults with a diagnosis of diabetes")
 - Private program vs. publicly available
 - Outcomes to measure
 - Data they are willing to share
 - IRS 501(c)(3) designation letter (if applicable)
 - Supporting materials (as needed)
- The RFP should include deadlines to submit applications and the estimated time it will take for the food bank to review applications and respond to health care organizations.

RFP Evaluation and Partner Selection

Food banks should develop a process to systematically evaluate proposals submitted by health care organizations to select partners. Food banks can create a rubric with detailed criteria to assign scores to each proposal area. In general, food banks should evaluate proposals on the following key areas:

- Do their goals align with your food bank’s partnership goals?
- Do they have the capacity to fulfill your needs for the partnership?
- Is there significant overlap across their patient population and the communities served by your food bank?
- Do they have leadership and clinical champions willing to advocate for a partnership?

If your food bank evaluates a health care organization to have capacity and alignment, consider moving forward with partnership development activities. Begin collaboratively drafting a memorandum of understanding (MOU), scope of work, data sharing and use agreements (if applicable), and other partnership documents as needed (see the [Health Care Partnership Toolkit](#) page on HungerNet for examples of partnership documents). Set regularly scheduled meetings and communication expectations at the outset to continue partnership development and program planning.

If your food bank evaluates that a health care organization is not a good fit for a partnership now, communicate with the organization to let them know why they were not selected at this time. Share feedback on proposal areas they can address and improve upon to increase capacity and readiness for partnership in the future. The food bank can also share information about resources open to patients/community members to address immediate food security and nutrition needs. You can notify these health care organizations in the future when your food bank releases new partnership RFP opportunities.

PLANNING EVALUATION

Evaluating food bank–health care partnerships and programming is important to assess impact, identify the need for changes and respond to neighbor feedback. It is important to include discussions about evaluation early on when working to develop partnerships with health care organizations. In fact, evaluation plans may be most effective when developed during the start of partnerships.

While evaluation is covered in more detail later in this toolkit, this section addresses general evaluation components that are important to discuss when developing partnerships and initial programming. Asking what success looks like early in the planning process builds alignment and allows organizations to reflect and assess whether the work being planned is likely to meet the desired outcomes. A focus on goals and evaluation can help you identify what partnerships and programs to prioritize.

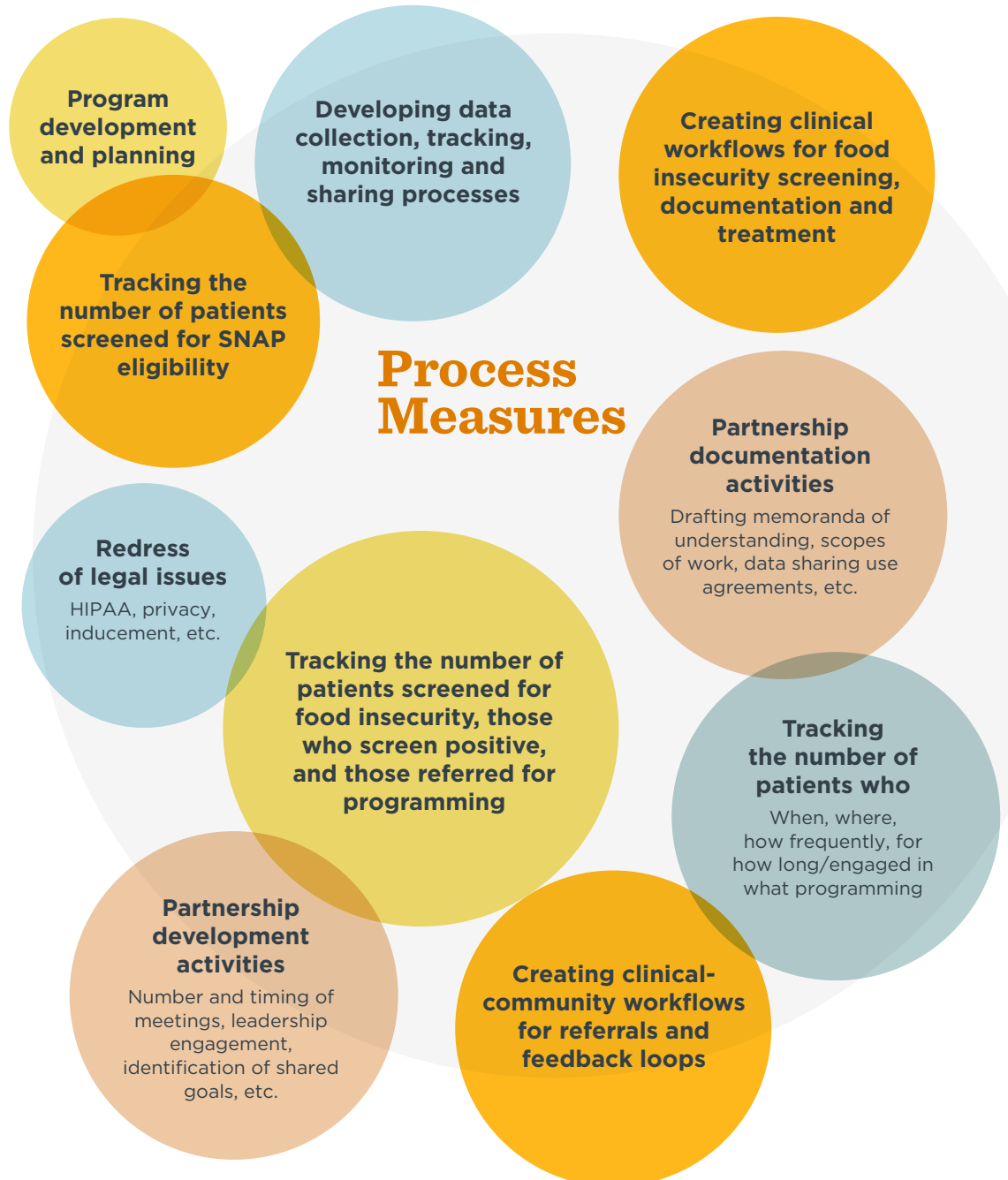
Use the following information on process and outcomes measures during discussions with partners to build consensus on next steps.

PROCESS MEASURES

Process measures can be used to monitor partnership development and program implementation. These measures are the specific steps that lead to a particular outcome. They can be collected during the planning and start-up of a partnership or program, while programming is underway and at program completion.

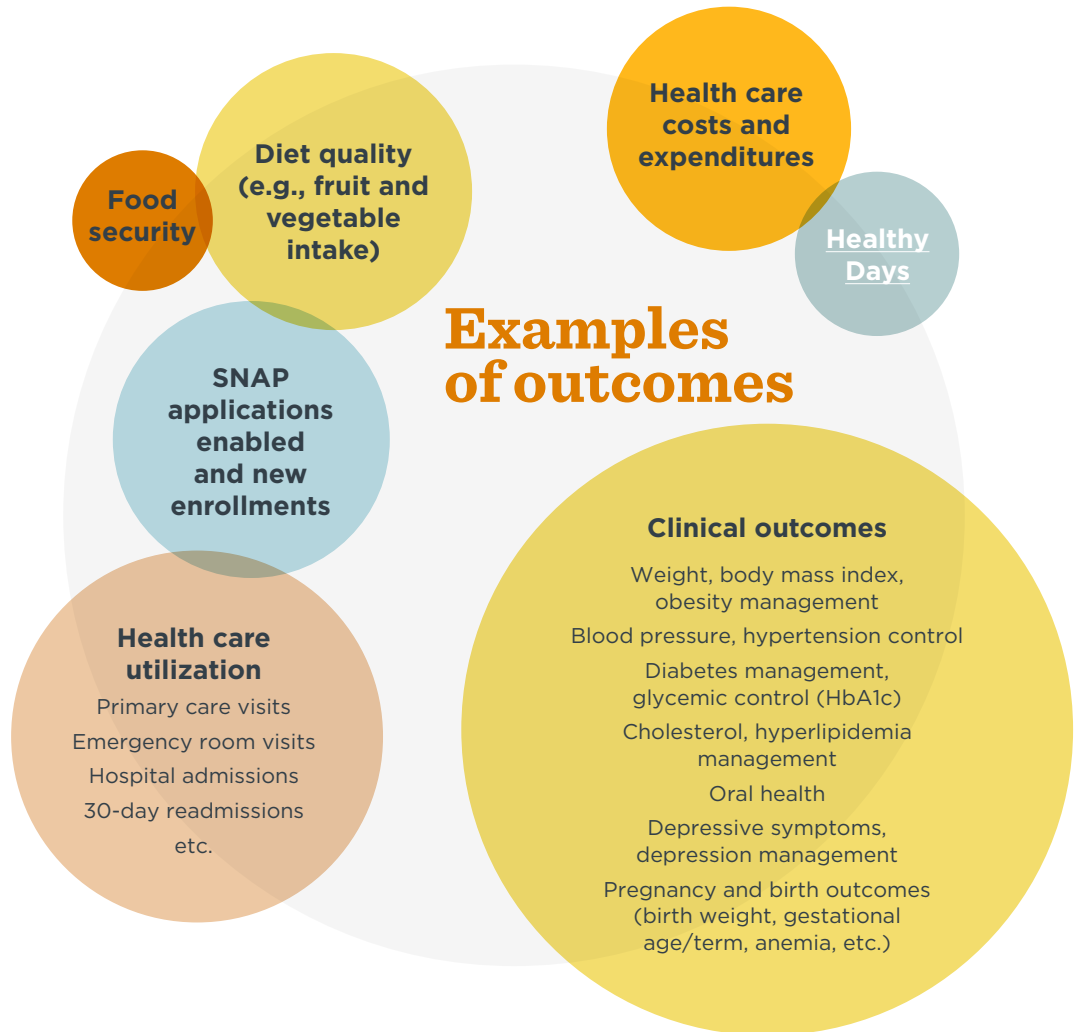
Process measures are critical for tracking activities, who is being served and what services they are receiving. The following list includes examples of process measures relevant to food bank–health care partnerships and programs:

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OUTCOME MEASURES

Outcome measures are used to evaluate the short- and long-term results or impact of a program or partnership. These measures can be used to assess whether people experience changes (ideally, improvements) as a result of a program. The following list includes examples of outcomes measures that may be relevant to food bank–health care partnerships and programs:



Key Resource

Evidence Review of Food Bank–Health Care Partnerships and Related Interventions

Food bank partnership discussions with health care organizations should include a review of data and existing evidence on interventions that seek to address food insecurity and health. In early 2021, Feeding America and the Institute for Hunger Research & Solutions at Connecticut Foodshare released an [evidence review](#) to quantify the benefits of food bank–health care partnerships and programs for the specific outcomes of food security, diet quality and health outcomes. Food banks can use this resource when working with health care organizations to build partnerships and identify opportunities for programming. Given that the review identifies areas where more research and evidence are needed, food banks and their health care partners can also explore opportunities to include more rigorous evaluation plans as part of their work and contribute to this growing field.

ACTION PLAN

Planning Initial Meetings

Having a plan for initial meetings can set the foundation for a successful partnership. Your food bank can build on the work you have done to date and plan to share background information on how your food bank operates, local data on food insecurity, and your approach to working with health care partners. These initial meetings are also an opportunity to learn about the health care organization's vision for partnership. These introductory meetings and "getting to know one another" work happen before intervention planning begins.

Initial Partnership Meetings Checklist

Adapted from the Houston Food Bank's Food for Change Health Program Partner Checklist

The following activities may take place over multiple meetings at the start of partnership development. Fostering a new partnership with a health care organization can take several months (and often longer). Staying organized, keeping clear communication channels open, and documenting roles and next steps are all key to advancing food bank-health care partnerships.

- Identify staff/teams to include in meetings**
 - Food bank: Program director, health/nutrition staff, etc.
 - Health care: clinical champion, clinical leadership, legal/compliance team, etc.
- Determine meeting logistics (time, place, invites, call-in info, technology needs, etc.)**
- Develop presentation materials on food bank work, connection between food insecurity and health, and local data***
- Identify partnership interests, alignment areas, and mutual goals and objectives (short and long term)**
- Identify opportunities to engage with other partners and stakeholders (including patients/clients/neighbors for input on community needs and program design)**
- Draft memorandum of understanding (MOU) and scope of work (SOW)***
- Draft data sharing use agreement (if applicable)***
- Discuss and identify programming options**
- Discuss and identify budget and funding needs**
- Discuss and begin evaluation planning**
- Discuss and develop tentative timeline (planning and preparation milestones, program start and end dates, etc.)**

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Initial Partnership Meetings Checklist *continued*

- Identify need for training and orientation for staff
- Identify needs/opportunities for marketing program/partnership
- Develop program implementation and evaluation plans
- Collaboratively develop technical processes (food insecurity screening processes, data management, referral processes, data sharing cadence, etc.)
- Recruit staff and volunteers (if applicable)
- Conduct relevant trainings as needed
- Revisit, edit as needed and finalize MOU, SOW and other partnership documentation (if not already completed)
- Schedule site visits
- Schedule regularly occurring meetings and calls as needed (e.g., monthly for the first three months, bimonthly or quarterly thereafter)

***See Health Care Partnerships Toolkit HungerNet page for resources and templates.**

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ACTION PLAN

Referrals to Existing Food Programs

A primary component of many, if not all, food bank–health care partnerships is food insecurity screening conducted by health care staff within clinical settings. After identifying patients who screen positive for food insecurity, health care providers need to have a process for making referrals to programs that improve patients’ access to nutritious foods. This action plan provides guidance for implementing a process to refer patients experiencing food insecurity to existing, community-based food distribution sites.

This intervention does not require building new distribution locations or providing health care sites with emergency food. Rather, the focus of this program is to build an effective referral system to connect patients who screen positive for food insecurity to an existing food pantry or food distribution site located within the community.

For many food bank–health care partnerships, a referral system that connects patients to existing resources is the foundational approach that can be a standalone intervention or paired alongside other interventions (like emergency food programming or an onsite pantry).

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Before beginning this action plan, answer the following questions to assess your capacity to support new referrals of food insecure individuals and families from the health care partner.

1 Are agency partners, food pantries, food bank programs, or other food distribution or meal programs geographically accessible to patients who may be referred from the health care partner? Do they have sufficient frequency and diversity of hours? *Consider the locations of existing programs, availability of public transportation and when they are open.*

YES

Continue to the next question

NO

Consider recruiting new agency partners located within the patients’ communities, establishing a mobile food distribution at the hospital or clinic, or creating an onsite food pantry.

2 Do these agency partners or food bank programs have capacity to take new referrals? Do they have sufficient nutritious foods that meet [Healthy Eating Research \(HER\) guidelines](#) or Foods to Encourage (F2E) criteria to support the needs of new clients? Are there choice pantries that support the needs of patients with specific health and nutrition needs, or who have dietary restrictions?

YES

Continue to the next section

NO

Consider how to enhance programming, build program/agency capacity, and ultimately improve access to nutritious foods. For instance, would adding or increasing refrigeration space at local pantries allow for produce distribution? Would additional funding for agency partners help clients access more nutritious foods?

Identify Nutrition Resources

- Identify the food pantries, meal programs and food bank-run programs (e.g., mobile distributions or others) that are geographically convenient to the health care facility and/or patients' communities and homes.
- Evaluate accessibility based on location, availability of reliable and affordable transportation, hours of operation, capacity to accept new clients and availability of nutritious foods.
- If these pantries/food programs need additional support or capacity, explore opportunities for the food bank to provide support via grants, capital investments (refrigeration, shelving, signage, etc.), technical assistance, training, staffing/volunteer recruitment or other solutions.
- Collaborate with those food pantries and other member agencies to determine what information about new referrals should be shared with agency staff, and what information may be helpful, and feasible, to communicate back to health care partners.
- Determine how to help patients communicate special diet or health needs to food pantries or other programs (through patient self-report during intake, for example).
- Identify if local organizations are operating other community-based programs like farmers markets that have existing health care engagement and determine how the food bank can support those activities and help connect patients to those nutrition resources.

Build Capacity

- Identify a champion at the health care setting to lead health care staff engagement and training.
- Train staff on the connections between food insecurity and health and how to screen patients for food insecurity. If possible, create a train-the-trainer model so that training of new health care staff can occur without food bank staff engagement each time.
- Support the health care partner to select, customize and implement a food insecurity screening process to identify patients in need of referrals to food pantries and nutrition resources.
- Encourage health care partner staff to visit food pantries so that they can help patients understand logistics such as transportation, parking and what the experience will be like.

Develop Processes with Health Care Partners

Support health care partners in standardizing a screening and referral process and embedding it into the clinical flow of operations. For example, consider:

- Population to target and screen for food insecurity (all patients [universal screening], patients with children in the household, patients with a chronic illness, etc.)
- Frequency of food insecurity screening (e.g., every visit, every quarter, one time per year)
- Screening tools (Hunger Vital Sign™, PRAPARE, etc.)
- Support process for clinical documentation of screening and treatment activities; ICD-10-CM codes can be used to indicate a diagnosis and for reimbursement purposes.

ICD-10-CM Diagnosis Code Z59.4: Lack of adequate food and safe drinking water

ICD-10-CM Diagnosis Code Z59.41: Food insecurity

For additional information on coding, access this resource: [An Overview of Food Insecurity Coding in Health Care Settings](#)

- Staff who will conduct screening (e.g., medical assistant, nurse, primary care provider)
- How screening will be conducted (administered verbally by staff, self-administered by patients using paper screeners or pre-visit electronic screens, etc.)
- When screening will be conducted (in waiting room, when “rooming” patients, during the provider visit, etc.)
- How screening and responses will be documented and tracked (in electronic medical record, paper chart, etc.)

Co-create and share materials to support food insecurity screening in health care settings (flyers and patient handouts on food insecurity to normalize screening; resource lists with information on food bank programming, SNAP and other community-based resources; tear pads with nutrition program referral information, etc.).

Explore needs and options to start small and scale over time.

- For example, work with health care and agency partners to pilot screening and referrals within a specific patient population, clinic or clinic pod so that agency partners are not immediately overwhelmed with a large increase in referrals and new clients.
- Starting small will help to identify needed process changes, provide local data on rates of food insecurity within the patient population, and support all parties in streamlining their activities and communication.

Collaborate with and support health care partners to develop passive and/or active referral processes (see next section).

REFERRALS

Connecting Patients with Nutrition Resources

As part of screen-and-intervene models, the next step after health care providers screen and identify patients who are experiencing food insecurity is to intervene, or act, to connect patients to nutrition resources and other supports aimed at improving food security and other outcomes. Health care organizations may manage interventions on site, but addressing food insecurity often involves referring patients to other programs run by partner organizations like food banks. Referral methods can generally be passive or active processes, and there are opportunities and challenges associated with each method.

PASSIVE REFERRALS

A passive referral is a low-intensity option that provides patients with information about food distributions and other nutrition resources in the community. Passive referrals rely heavily on patients taking action after receiving information. In practice, this often looks like a paper resource handout or pamphlet that lists local food assistance organizations like food banks and food pantries, their contact information, and details about available programming and services.

Key considerations about passive referrals include:

- This is a low-cost model that is easy to implement.
- Food banks can co-develop and provide health care partners with resource handouts that include food bank contact details, information on SNAP Application Assistance and community-based food programs.
- When creating resource lists and other handouts, consider and account for patient literacy levels, preferred languages and other patient needs.
- Food resource handouts can be kept stocked in clinic waiting areas and exam rooms, ready to be distributed to patients as part of the food insecurity screening process.
- Health care organizations can start out using passive referrals to better understand patient needs before investing time and resources into more intensive, active referral systems.

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- There is often little or no formal tracking or follow-up associated with passive referrals.
 - Some health care organizations may not report screening or referral data to food bank partners.
 - Other partnerships may involve a range of reporting and activities, including sharing the number of patients screened (and screened positive) for food insecurity (monthly, quarterly, etc.), sharing the number of passive referrals made each month, etc.
 - Partners working to better understand uptake of passive referrals have tried approaches to track referrals (through numbering resource sheets and tracking patients who bring them to food distributions), but these activities increase complexity and can be challenging to put into place.
- It is challenging to track uptake of services for patients who receive passive referrals; many estimates indicate that a low percentage of patients who screen positive for food insecurity and receive a passive referral ultimately participate in food bank or partner agency programming.

ACTIVE REFERRALS

An active referral is a more intensive process that aims to directly connect patients to resources. Active referral processes require significantly more effort—by health care partners and their food bank partners—to develop, implement and manage, but this approach is often much more effective at connecting patients with needed nutrition services.

Key considerations about active referrals include:

- Active referrals likely require more time and engagement by health care staff and patients during clinic visits.
- Active referrals require collecting patients’ basic contact information (name and phone number) to share with the food bank or agency partners. This may require that health care partners receive patients’ consent to share their information.
- Partners will need to develop a systematic process for transmitting referral information to food banks (via electronic means, fax, phone, etc.). This will likely require engaging with the health care partner’s clinical, administration and IT teams to build (and evolve) efficient processes.
- While active referral processes do not need to include any patient protected health information (PHI), health care partners and food banks may have questions about HIPAA and other federal regulations (review this guide for more information and guidance: [**How HIPAA and Concerns about Protecting Patient Information Affect Your Food Bank–Health Care Partnership**](#)).
- It is likely necessary to ensure formal MOUs, scopes of work and data sharing agreements are in place prior to developing an active referral system; this work may involve collaborating with health care partners’ legal and compliance teams early on to draft appropriate documentation.

- Food banks need to develop formal processes for managing referrals, which can include work on identifying the food bank staff who will manage programming and referrals; developing action steps outlining how referrals are received, documented, etc.; and standardizing timeframes for referral processing (for example, a standard protocol may state that a food bank will attempt to contact all referred patients within two business days of receiving a referral, make up to three attempts within two weeks to contact patients, etc.).
- Food banks and their partners should consider how to manage referral data in ways that allow for reporting back to health care partners (also called “closing the loop”—see below).
- Food banks should build in mechanisms to receive patient/neighbor feedback along the way to make improvements—both within the clinic setting and at community programming—that incorporate patient/neighbor perspectives, needs and experiences.

SHARING DATA AND FEEDBACK WITH HEALTH CARE PARTNERS: “CLOSING THE LOOP”

Many health care partners are interested in knowing how many of their patients utilized a referral to a food pantry partner and received food. Data on referral completion and patient engagement can be used to help evaluate a food bank–health care partnership and may be used to evaluate specific nutrition and health outcomes for patients. Thus, part of your partnership development should include assessing whether food program partners have the capacity and tools to manage referral data, and how that capacity might be developed and maintained over time.

For example, a food bank might develop a process to share monthly data with a health care partner on the number of referrals the food bank received, the number of patients the food bank successfully contacted, the number of patients connected to specific resources (one-time distribution, enrolled into new bi-monthly program, etc.), the number of patients connected to SNAP, and other activities.

Sharing aggregated, deidentified data provides some helpful information on general partnership activities and outcomes. It is more difficult to track and report on specific patient/neighbor data, but health care partners may be interested in this level of detail in order to track specific health metrics for patients referred to food bank programming. For example, “Patient X was referred on 3/6/21, was contacted by the food bank on 3/7/21, and was enrolled in a six-month food package program [starting 3/15/21] where the patient was eligible to receive 25 pounds of food twice a month; Patient X ultimately attended 8 of 12 distributions and participated in two nutrition education workshops.”

Developing these processes and feedback loops can be complex, time-consuming and challenging. As part of ongoing partnership discussions with health care organizations, food banks can explore opportunities to co-develop and refine goals on referral and feedback systems.

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Stay positive, keep your mission and your neighbors at the center, and use tools like SMART goal planning to guide your work.

Use SMART goals!

Food bank-health care partnerships can be very rewarding and impactful for your organizations, communities and the people you serve. However, impactful partnerships can be challenging to develop and often take significant time. As you work to forge partnerships, remember that you can always start small and plan to evolve work over time. Complex, high-functioning food bank-health care partnerships evolve over months and years, not days or weeks! Building feasible and incremental plans to meet objectives in realistic timeframes can set the stage for success.

SPECIFIC

- simple
- sensible
- significant

MEASURABLE

- meaningful
- motivating

ACHIEVABLE

- agreed
- attainable

RELEVANT

- reasonable
- realistic & resourced
- results based

TIME BOUND

- time based
- time limited
- time/cost limited
- timely
- time sensitive

ACTION PLAN

Other Nutrition Programs (SNAP, WIC, etc.)

Federal nutrition assistance programs are critical for addressing food insecurity. Help your health care partner develop processes to connect patients to programs like the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) through outreach and application assistance.

Assess Your Health Care Partner's Capacity

- Ensure that health care partners have an existing food insecurity screening and referral program in place.
- Identify clinic staff (“patient navigators,” social workers, medical assistants, dietitians, nutritionists, nurses, community health workers, etc.) who can conduct outreach and support patients in applying for and enrolling in federal food assistance programs.
- Determine if your food bank can support clinic capacity by sending food bank staff to clinic sites to complete SNAP outreach and application assistance.
- Consider including trained volunteers to assist with SNAP outreach and application assistance.
- For food banks with existing SNAP Application Assistance programs that operate off site, collaborate with health care partners to build referral processes for connecting patients to these programs, SNAP “hotlines”/ help lines, and other application assistance programming.
- Identify locations of local WIC offices, which may not be on-site in clinic facilities.

Key Resource

SNAP Application Assistance in Health Care Settings

Feeding America released national guidelines and recommendations for food banks working with health care partners to support SNAP Application Assistance. Access [this resource](#) for in-depth and detailed strategies on prioritizing SNAP within health care partnerships.

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Create Resources

Compile information and resources to connect patients to federal food assistance programs. Develop materials in multiple languages if necessary to meet your community’s needs.

- SNAP:** provide information information and eligibility requirements for your state’s SNAP program. Include information on SNAP Application Assistance available through your food bank, farmers markets that accept SNAP, and programs that can be used with SNAP benefits such as “Double Dollars” or “Double-Up Bucks”.
- Commodity Supplemental Food Program (CSFP)**
- WIC:** state health departments health departments maintain information about WIC. Provide information on eligibility and how to contact local WIC offices. The Farmers Market Nutrition Program provides fresh produce to WIC participants.
- Summer Food Service Program (SFSP)**
- The Emergency Food Assistance Program (TEFAP)**
- USDA School Food Distribution Programs**
- Seniors Farmers’ Market Nutrition Program**

Train Health Care Staff

- Conduct in-service trainings for health care staff. Share federal food assistance program information, eligibility requirements, application processes and related resources. Utilize materials from this toolkit and provide local statistics on food insecurity and health.
- Work with clinic staff to adopt “train-the-trainer” models, where food bank staff provide initial trainings and support clinic staff in conducting future trainings.
- Share resources with clinic staff on how to connect patients to federal food assistance programs.
- If your food bank conducts SNAP Application Assistance, work with clinic staff to establish patient referral systems to the food bank for this assistance.
- Determine if clinic staff will provide passive or active referrals.
- Encourage clinic staff to educate patients about federal food assistance programs at health fairs and community events.
- Identify data your organizations want to track (e.g., referrals made, SNAP applications completed, benefit amounts awarded).

**Find more information
 in Feeding America’s
 Federal Food Assistance
 Programs Grid.**

ACTION PLAN

Emergency Food

When patients screen positive for food insecurity, one approach to addressing their immediate food needs is to provide emergency food on site at a health care location. Typically, emergency food is defined as pre-packed, shelf-stable food boxes that can easily be stored and distributed and can meet a household's immediate food needs for 2-3 days.

Emergency food programs often require less space, resources and staff time to manage compared to more intensive programs like a full onsite food pantry. For example, a clinic might dedicate part of a small storage closet to keep an inventory of 15-20 pre-packed emergency food packages on hand, and order new boxes from the food bank on a bi-weekly or monthly basis. Clinic staff can manage and have access to the boxes and can bring them to patients as they complete their appointments.

Some food banks have added client choice to emergency food programs by creating storage space on site and stocking a range of shelf-stable items. Patients are provided with a list or menu of food options and select what they would like included, and then clinic staff build the emergency food package on site to meet patients' needs. While this model requires a little more space and planning, it still requires less resources and capacity than a full onsite pantry that patients access on their own.

This action plan will help you and your health care partner develop an onsite emergency food program.

What the Food Bank Needs

- Health care partners that are conducting food insecurity screening and referrals on site at health care locations (see additional resources in this toolkit that outline the range of partnership development activities, documentation considerations, referral and data tracking/sharing needs, capacities, and staff engagement opportunities; building impactful partnerships where these activities can be implemented effectively takes time and commitment).**
- Capacity to procure appropriate foods, assemble packages and deliver emergency food packages and resources to your health care partner.**
- A data sharing and referral plan for your food bank, distribution site(s) and health care partner.**

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What Your Health Care Partner Needs

- Trained clinic staff who conduct food insecurity screening and referrals.
- Clinic staff or volunteers who can manage emergency onsite food distribution programming.
- Dedicated storage space for emergency food packages, or additional space for storing larger quantities/cases of food items for packages that will be assembled on site. If the clinic has dedicated refrigerator and/or freezer space (not staff or clinical refrigerators), discuss how to include perishable products like fresh and frozen produce and protein items.
- Clinic processes to document screening results, referrals and patient participation at onsite food distributions; documentation may be included in patient medical records.

Develop Processes for Food Deliveries

- Determine frequency of food bank deliveries.
For example: monthly, bi-monthly or weekly.
- Determine if and how frequently your food bank will deliver perishable products.
- Consider if clinic staff or an agency partner can pick up food from the food bank, and how to accommodate this approach.
- Identify a point person at the clinic to manage ordering and communication with food bank staff, including:
 - Tracking inventory.
 - Referring patients and distributing food packages.
 - Following up and reporting on outcomes.
- Discuss cost sharing with your health care partner.
Consider if making them an [agency partner](#) is an option.
- Develop procedure documents and a process to communicate updates.

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Plan for Distribution

- Work with your health care partner to identify onsite storage location(s).**
 - Determine if refrigeration and freezer capacity is available. Staff rooms or refrigerators are not suitable for storage of emergency food supplies.
 - If refrigeration is not available, identify storage for shelf-stable products.
- Use existing agency operation agreements and training resources to train clinic staff on safe food storage, handling and distribution practices.**
- Consider special menus for specific groups such as older adults, families with children and patients with diabetes, renal disease, hypertension, etc.**
- Identify or develop materials to distribute with food packages to connect patients with longer-term services, such as:**
 - Referrals to food banks and community agencies.
 - Information on local food distributions.
 - Federal food assistance programs such as SNAP and WIC.
 - Information on community resources such as housing assistance, job training and child care.
- Develop emergency food package menu(s) that meet patient nutritional needs and cultural preferences. Resources such as [ChooseMyPlate.gov](https://www.choosemyplate.gov) may be helpful as you develop these menus.**

Example

Shelf-Stable, Pre-Packed Food Package Menu

DICED TOMATOES
no salt added
2-15.5 oz. cans

PEAS
no salt added
1-15.5 oz. can

GREEN BEANS
no salt added
1-15.5 oz. can

MIXED VEGETABLES
no salt added
1-15.5 oz. can

APPLESAUCE
no sugar added
1-15.5 oz. can

TOMATO SAUCE
low sodium
2-15.5 oz. cans

BLACK BEANS
1-15.5 oz. can

PINTO BEANS
dry 1 lb.

SALMON
1-14.75 oz. can

Peanut butter
1-18 oz. jar

PASTA
whole wheat, dry
1 lb.

BROWN RICE
dry 1 lb.

HIGH FIBER CEREAL
dry 18 oz.

SHELF STABLE UHT MILK
2-1 liters

READY-TO-EAT MEALS & MEAL KITS
whole grain
low sodium

**For food bank examples of
Emergency Food Programming,
review the Food is Medicine
Project Final Report.**

ACTION PLAN

Mobile Food Distribution

Mobile food distributions at a health clinic or other health care site can be an ideal option for improving nutritious food access for patients who lack access to other emergency food pantries and where a permanent onsite food pantry isn't possible. This action plan provides guidance on how to establish a regularly scheduled mobile food distribution at a health care partner location.

What the Food Bank Needs

- Leadership buy-in to support and advocate for the initiative.
- Evaluation of existing mobile distribution activities and capacities, and information to determine if establishing a new mobile distribution at a health care site will meet the initial need (vs. referring to an existing pantry or mobile distribution site located near the health care facility).
- An enthusiastic contact or champion at the health care partner site to facilitate, implement and support the program.
- A mobile distribution strategy with staff, vehicles and food resources, including:
 - Sufficient inventory of produce (for distributions that include produce).
 - Sufficient inventory of other perishable and non-perishable foods meeting the [Healthy Eating Research \(HER\) Nutrition Guidelines](#) or Foods to Encourage (F2E) criteria.
- A plan for ongoing funding for the distribution's staffing, operational (vehicle maintenance, mileage, fuel costs, etc.), and ongoing food acquisition needs from sources such as community benefit support, grant funds or other funds.
- A plan for managing referral data and feedback, data collection and tracking, and evaluation (e.g., what data/metrics will be tracked, who will collect the information and how, frequency of reporting to partners, etc.).
- A plan to consider opportunities to implement companion programs and food distribution models like client choice, nudges and SNAP Application Assistance.

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What Your Health Care Partner Needs

- An understanding of the importance of addressing food insecurity in the health care setting.
- Trained clinic staff who conduct food insecurity screening and referrals.
- A food insecurity screening and referral system as part of the existing food bank–health care partnership.
- Space such as a parking lot and an indoor location for inclement weather.
- Staff and/or volunteers to help with food distributions.
- Access to Electronic Medical Records (EMR) to document and close referral loops, if feasible.
- Funding to sustain mobile distributions over time.

Allocate Resources

- Identify if your food bank has the capacity to add the health care partner location to a mobile distribution route.
- Work with your health care partner to choose a convenient location for distribution such as a parking lot or indoor space.
- Identify which foods will be distributed, such as fresh produce, perishables, non-perishables or a combination.
- Decide how much food can be allotted to the mobile distribution based on the number of households you expect to serve.

Plan for Food Distribution

- Determine how often distribution will occur (e.g., monthly, weekly or bi-weekly).
- Decide how much food will be distributed to clients at each visit.
- Set up a registration system such as open access, vouchers or referrals.
- Work with your health care partner to create materials to advertise the food distribution program to patients and members of your community.

Add Supplementary Programming

Additional services can increase visits to your mobile food pantry and support intake of nutritious foods in your community. Consider offering programs such as:

- Nutrition classes, health education and cooking demonstrations.
- SNAP and WIC application assistance.
- Health insurance enrollment and working with health care partners to offer health screenings and vaccinations.

**View an example of a
mobile food distribution:
Greater Chicago Food
Depository Fresh Truck.**

ACTION PLAN

Onsite Food Pantry and Food Pharmacy

An onsite food pantry (also called a “food pharmacy” at some sites) in a hospital or health clinic setting can improve access to nutritious foods for patients who face transportation barriers or other challenges accessing emergency food assistance. Onsite food pantries also help ensure that patients who screen positive for food insecurity can immediately access a range of nutritious foods during their patient visit.

Onsite food pantries and food pharmacies may help meet immediate and longer-term food needs for patients if they are located within or near the communities where patients live. If the onsite pantry is not easily accessible for patients outside of their health care visits, these pantries can serve as an initial food access point for patients who can then be connected to other food distributions, pantries and food bank programming within their communities to meet ongoing needs. In either case, onsite pantries and food pharmacies can be important programs to address food insecurity while highlighting the connections between nutrition, food access and health.

Onsite pantries have significant advantages in terms of being immediately accessible to patients after screening positive for food insecurity; using existing health care infrastructure and data systems (streamlining patient tracking, data collection and evaluation); involving clinic staff to help reinforce nutrition education messaging; reducing stigma by framing nutritious food access as part of one’s health care plan; and increasing convenience for patients and their families.

However, onsite pantries and food pharmacies potentially have a number of hurdles, including having higher start-up costs/investments and possibly being more expensive to operate over time (especially if most or all food is purchased product); requiring physical space (often a scarce resource) within the health care facility; requiring often-complex data sharing and electronic medical record system integration; and requiring health care staff and volunteers to support and manage onsite pantries. Commitment, leadership buy-in and dedicated partnership can help overcome the challenges with establishing this type of program.

This action plan will help your food bank and health care partner plan for and establish an onsite pantry.

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What the Food Bank Needs

- Leadership buy-in for the initiative.
- An enthusiastic champion (or team of champions) at the health care partner site to plan for, facilitate, implement and manage the pantry.
- Sufficient produce, dairy, protein, whole grains and other foods meeting [Healthy Eating Research \(HER\) Nutrition Guidelines](#) or Foods to Encourage (F2E) criteria for food pantry clients.
- Capacity to train health care staff on screening clients for food insecurity, referring clients to the pantry, and assisting with program implementation.
- A plan for the structure of the pantry. For example, will the pantry be a food bank program or agency partner?
- A plan to onboard the pantry staff with the food bank's member services team.
- A plan to review opportunities and implications for a food pharmacy operating as a food bank program vs. as a partner agency (including [Agency Partner eligibility guidelines](#) related to a health care organization's nonprofit tax-exempt status)

What Your Health Care Partner Needs

- Enthusiasm for addressing food insecurity in the health care setting.
- Sufficient space in the health care facility for the food pantry.
- Staff and/or volunteers to work at the food pantry.
- A food insecurity screening and referral system.
- Staff capacity, training and access to Electronic Medical Records (EMR) systems to close referral loops and build reports and workflows to make data and reporting possible.
- Processes to manage client data sharing (if needed) with food bank partners.
- Guidelines and protocols for pantry operation, including eligibility requirements (e.g., open to the public/community vs. only open to clinic patients during visits) and referral processes (e.g., from onsite pantry to community programming, from pantry back to health care providers, and a process for supporting community members visiting the pantry in accessing health care services if needed).
 - If an onsite food pantry is receiving any donated food from the food bank, the food bank should discuss options with the health care partner to make the pantry an open site accessible for all community members.

What Your Partnership Needs

- A plan for funding the food pantry's staffing, operational and ongoing food acquisition needs from sources such as grant funds or community benefit support.**
 - Significant funding may be needed during planning, construction and early operational phases to acquire equipment and inventory.
 - Short- and long-term budget planning should be emphasized to ensure success.
- The ability to think creatively about the joint efforts needed to effectively serve your community.**
- Time to discuss, set expectations and develop processes for referrals, data collection, reporting, data sharing and evaluation.**

Identify Pantry Location

- Determine space needs based on:**
 - Demand of expected clientele
 - Hours of distribution
 - Frequency and type of food deliveries
 - Dry storage, freezer and refrigeration requirements
 - Proximity to the elevator, loading dock or other exterior doors
- Assure adequate space for registration and consultation and include a waiting area if needed.**

Plan for Operation

- Choose hours of operation that maximize accessibility for patients.**
- Establish guidelines for how often patients can visit the pantry and how much food will be provided.**
- Choose an operation model such as choice, partial choice or prepared bags or boxes.**
- Consider offering additional services such as nutrition education, cooking demos or SNAP Application Assistance.**

Recruit and Train Staff

- Determine if staff, volunteers or outside help will work at the food pantry.**
- Provide necessary food handling and storage training to staff and volunteers who will work at the food pantry.**

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Maintain Food Distribution Program

- After program implementation, convene with partners on a regular cadence to assure that the operation is successful.
- Evaluate the need for program changes and adjust the process for referrals, distribution and data sharing as needed.

View examples of onsite food pantries at Geisinger Fresh Food Pharmacy and Boston Medical Center Preventive Food Pantry, and in the Food is Medicine Project Final Report.

ACTION PLAN

Health Screenings and Other Services

Offering health care services at community food distributions connects clients to formal care, promotes wellness in your community, and can offer insight into the health and nutrition needs of your clients. Here's how you can work with a health care partner to bring these services to your clients.

Plan Ahead

- Review the health care background resources in this toolkit and review the connection between food insecurity and health outcomes.
- Identify regions to target and health conditions to prioritize using the [Collecting Local Data](#) resource in this toolkit and local health needs assessments.

Evaluate Locations

- Identify sites best suited for health events based on location, proximity to public transportation, number of clients who participate in local food assistance programming, and accessibility in the event of poor weather.
 - Target distribution sites that serve sufficient numbers of clients.
- Select a location for your health event.
 - Work with site staff to identify and finalize event dates and complete any required documentation such as MOUs and event space rental agreements.
- Ensure that space meets privacy and HIPAA requirements (if necessary) and has sufficient tables, chairs, dividers, electricity, technology (laptops, tablets, Wi-Fi, etc.), and heat or air conditioning if necessary.
 - Work with your health care partner to determine what logistical supplies (tables, chairs, etc.) they need, and how they recommend setting up the space to best accommodate clients and proposed activities.
 - Consider borrowing or renting tables, chairs and other supplies.

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Plan the Experience

- Based on identified priority needs, collaborate with health care partners to plan services to provide, such as:**
 - Blood pressure and hypertension screenings
 - Blood glucose and Hemoglobin A1c (A1C) testing
 - Weight and BMI screenings
 - Dental exams
 - Health education such as diabetes prevention, diabetes management, fall prevention and physical activity
 - Health insurance enrollment
 - Vaccine and immunization information and delivery
 - Medication identification and review
 - CPR, first aid and emergency preparedness training

- Work with your health care partner to staff the event with community health workers (CHWs), registered nurses, medical assistants, pharmacists, physicians, dietitians, diabetes educators and nursing/medical students as needed.**

- If the health care partner operates a mobile van or bus, identify where to locate the vehicle during the event.**

- Plan to have food bank staff participate and provide food bank services during health events, such as:**
 - Nutrition education
 - Food demonstrations and tastings
 - SNAP outreach and application assistance
 - Information and referrals to other food assistance programs

- Work with your health care partner to ensure they manage all health components, including permits and certifications such as county health assessment screening permits, medical waste and transportation permits.**

- Start promoting health events several months in advance through announcements during distributions, flyers, ads and local radio. Determine if your food bank or health care partner can fund promotion activities.**

Review these resources to learn more about planning, promoting and running a health fair event.

[Health Fair Promotion](#)
*Health Alliance
 Plan of Michigan*

[Wellness and Health Fair Planning Guide](#)
Moda Health

[How to Plan a Community Health Fair](#)
*Prince George's County
 Health Department*

EVALUATE



Evaluation Overview

Evaluation is an iterative process built into programs and partnerships and should be an integral part of initiatives from the outset. Evaluation can lead to identifying improvements in your work, learning important lessons for scaling or validating investments.

The initial goal for any evaluation is to learn. As noted in the [Planning Evaluation](#) section of this toolkit, evaluation is important for assessing the design, implementation, outcomes and impact of a program, practice, intervention or initiative to understand how well it achieves its goals. In addition to evaluating programs and interventions, food banks can also find value in evaluating their partnerships with health care organizations.

Effective evaluation provides ongoing, systematic information that strengthens projects and partnerships during implementation and yields important process and outcomes data to assess impact. Investments in evaluation will help food banks ensure that they are achieving their goals, determine whether allocated resources are producing the greatest benefits, examine the components of an initiative that works (or does not), and identify areas that need improvement or refinement.

All programs have room for improvement. Additionally, evaluation can help identify and share program strengths to support similar work at other food banks. Examples of evaluation include ongoing monitoring of metrics, testing the feasibility of new models or measuring the impact of a program.

Depending on the outcome metrics of interest, measuring program impact can be challenging. For example, assessing changes in blood pressure control for a cohort of adults with hypertension may be possible, but might require significant investment, technical capacities and robust data sharing systems between a food bank and their health care partner.

Evaluation of Food Bank–Health Care Partnerships

In addition to evaluating the impact of a particular program, it is also important to periodically evaluate the impact and effectiveness of your partnerships. [The Roadrunner Food Bank of New Mexico](#) (Albuquerque, N.M.) has managed and expanded partnerships with multiple health care organizations for several years. In 2019, the food bank developed a Partnership Evaluation resource to assess the meaningfulness and impact of their health care partnerships. Roadrunner Food Bank has graciously made this resource available to the Feeding America network. The Partnership Evaluation resource can be [downloaded here](#) and accessed at the [Health Care Partnership Toolkit](#) page on HungerNet.

Key Resource

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Programs that have not been evaluated for impact still have value, and these programs may benefit from process evaluations or evaluations that focus on different outcomes (like patient satisfaction). Impact evaluations are not appropriate for all programs.

The Feeding America Research Team is a key resource for food banks developing evaluation plans as part of their health care partnership work. The Research Team supports the network in conducting evaluation, monitoring and learning activities. For more information, resources and data collection tools (like the Feeding America Client Survey [FACS]), visit the [Program Evaluation HungerNet site](#).

The Feeding America Client Survey (FACS) is a toolkit of survey measures and learning resources to support consistent local research and evaluation across the network. The survey and additional resources can be accessed at the [FACS HungerNet site](#).

Designing and Conducting an Evaluation

How simple, or how complex, an evaluation needs to be depends on the goals of the evaluation, available resources and other factors. While there is no “one size fits all” approach to evaluating food bank–health care partnerships and projects, there are common approaches and factors that apply to any evaluation.

This section provides a general overview of evaluation and tools relevant to the work of food bank–health care partnerships. Food banks are encouraged to contact the Feeding America [Research Team](#) and the [Health and Nutrition Team](#), and review the additional tools and resources listed below when developing an evaluation plan.

GENERAL STEPS AND CONSIDERATIONS FOR CONDUCTING AN EVALUATION

1. Identify what is to be evaluated.

Clarify what the goals and activities will be for the evaluation. Is the goal to evaluate a component of a project (e.g., the referral system for sharing data on patients who screen positive for food insecurity), or to evaluate a project’s outcomes (e.g., changes in food security status for participants)? Clearly defining goals, parameters, capacities, activities and other components is important at the outset.

2. Engage partners, neighbors and other stakeholders.

As outlined earlier, it is important to engage health care partners, patients and neighbors, and other stakeholders in developing evaluation plans. Health care partners can co-develop activities and contribute resources to evaluate programming. Neighbors can participate in developing key questions and identifying feasible methods (like surveys) to engage with the community. Center equity in discussions and planning activities.

3. Assess resources and capacity.

Evaluation planning needs to consider the resources, time and capacity available to dedicate to evaluation activities. Part of this assessment can include identifying if evaluation can be completed internally, or if contracting with an outside evaluator is possible and preferred.

4. Determine evaluation questions and focus (process, outcomes or both).

After gathering stakeholder input and taking stock of available resources, begin finalizing the approach and focus to help determine next steps and specific evaluation activities.

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Additional Evaluation Resources

Evaluation 101
[Developing an evaluation mindset worksheet](#)

CDC
[Evaluation Basics Guide Series](#)

[Types of Evaluation](#)
[Program Evaluation Tools](#)

Community Tool Box
[Developing an Evaluation Plan](#)

[A Guide to Choosing Evaluators](#)

Better Evaluation
[Participatory Evaluation](#)

[Guidance on choosing methods and processes for an evaluation](#)

Missoula Food Bank
[Program Evaluation Report](#)

Feeding America
[Evidence Review of Food Bank-Health Care Partnerships and Related Interventions](#)

5. Determine methods and data collection plan.

Staff need to identify feasible methods for collecting the data that will help answer key evaluation questions. Data collection plans should detail what, when and how measurements will be conducted, and by and with whom. Consider the need to develop plans that address ethics, equity, data security, confidentiality, potential burden on neighbors and other factors.

6. Finalize evaluation plan.

Before formally starting evaluation activities, it is important to specifically detail and finalize evaluation elements, tasks, roles, resource allocations, deadlines, and analytical and dissemination plans. Address outstanding questions and develop contingency plans if needed.

7. Collect data.

If not already selected, identify or develop the tools (surveys, questionnaires, interview guides, etc.) needed for collecting data. Ensure staff are trained to maintain consistent application and management of data collection activities. Modify approaches and timeframes if needed.

8. Process data and analyze results.

Implement strategies to review data quality during and after data collection. Review data for quality and address questions that arise. Organize data in a format that can be summarized and interpreted. Analyze by conducting statistical analysis of quantitative data (if appropriate). Identify themes in qualitative data and enlist expert support when needed and possible.

9. Interpret data, develop conclusions, and share and disseminate results.

During interpretation and sharing of your evaluation findings, engage stakeholders so that they can help identify recommendations and next steps. Anchor the interpretation to the original evaluation questions. Create a list of recommended actions that address the results and use this information to create the materials to communicate findings (via community meetings, written reports, slide show presentations, short informational videos, etc.). Make results available to various stakeholders and audiences. Tailor what is disseminated to their specific interests and needs (time, location, format, language, etc.) and to how they might plan to use the results.

10. Use results and apply findings (to continue, refine, significantly change or stop activities).

Finally, you get to use your evaluation results! Review recommendations with stakeholders to identify actionable outcomes and discuss what has been learned. Prioritize actions and develop an action plan as a group. Implement program and partnership changes as needed, informed by evaluation results. Consider asking stakeholders to reflect on the process and outcomes to improve future evaluation efforts.

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EVALUATION, QUALITY IMPROVEMENT AND RESEARCH—WHAT’S THE DIFFERENCE?

The purpose of evaluation is to assess the efficiency, relevance and impact of activities, programs and partnerships. Evaluation helps organizations understand their work and identify areas for improvement. Quality improvement is a process that often systematically builds on evaluation to implement changes to improve programs and outcomes. Evaluation and quality improvement are important and instrumental activities for all organizations, regardless of size, scope or operational field.

Research, on the other hand, is “a systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge.”¹⁴ While there may be significant overlap in the types of activities, tools and approaches between evaluation and research, one important distinction is that evaluation and quality improvement seek to assess a specific project, program or partnership to change, evolve or improve that initiative, while research aims to “contribute to generalizable knowledge.”

In practice, there is often confusion and gray areas that make it difficult to label a set of activities as “evaluation” or “research.” For example, evaluating the impact of a food pharmacy on diabetes outcomes may be helpful for a food bank–health care partnership to make programmatic changes and to share results with other food banks interested in this work. Is that evaluation, or research?

The majority of food bank work in this space likely falls under the evaluation and quality improvement umbrella. However, it is important for food banks to be aware of these distinctions, as well as the additional resources, capacities and requirements (like IRB approval—see next section) attached to conducting formal research studies. Food banks interested in conducting formal research studies will likely find value in partnering with local research or academic institutions. Research partners can bring significant technical expertise in the planning, design and implementation of research, as well as in data analysis, publication and results dissemination.

For questions about research and evaluation, contact the Feeding America Research Team.



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INSTITUTIONAL REVIEW BOARD (IRB)

An IRB is “an appropriately constituted group that has been formally designated to review and monitor biomedical research involving human subjects. In accordance with FDA regulations, an IRB has the authority to approve, require modifications in (to secure approval), or disapprove research. This group review serves an important role in the protection of the rights and welfare of human research subjects.”¹⁵

Most frequently, food banks will not need to engage with IRBs when conducting evaluation or quality improvement activities with health care partners. However, if a food bank is participating in a research project with partners, IRB review and approval may be required. Additionally, some health care partners may have internal IRBs that they want to have review and approve project plans (even if the food bank does not consider the work a “research project”). It is therefore important for food banks to have a basic understanding of IRBs and their purpose, even if they have no intention of participating in research projects.

IRBs and the review process exist to protect people and ensure research is conducted ethically. While including discussions about the applicability of IRB review may slow down food bank–health care partnership work, those discussions can ultimately help strengthen your work and ensure all appropriate safeguards are in place to protect patients and neighbors.



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Overview

The food bank–health care partnership process is iterative. Food banks are constantly monitoring their work, engaging with communities, applying learnings, refining programming, responding to external events and pressures (like the COVID-19 pandemic), and working to sustain, grow and evolve partnership activities with health care organizations.

After evaluating existing programs and incorporating findings, food banks may identify opportunities to return to earlier steps within the partnership cycle. For example, a food bank may develop new capacities, discover new health care organizations open to partnership development, or receive reports of new community assets or needs. Food banks can use these new capacities and data to inform future health care partnership work and focus areas. As with all food bank initiatives, funding and sustainability are important and ongoing components of this work.

SUSTAINABILITY: FUNDRAISING AND REIMBURSEMENT

There currently exists tremendous interest and opportunities to develop and sustain food bank–health care partnerships and programming. As of 2021, more than half of Feeding America member food banks are engaging in health care partnerships, and the remaining food banks have expressed interest or are in early planning stages to begin working with local health care organizations. The health care sector also continues to focus attention and resources on addressing social determinants of health and patients’ social needs (like food insecurity) to improve health outcomes, reduce health disparities, advance health equity and reduce health care costs.

There are a range of partnership activities and interventions highlighted throughout this toolkit. Some interventions (like passive referral models to existing food distributions) do not require significant resources to establish. Other programs (like full-service, clinic-based food pharmacies), may require substantial funding, resources and capacities to both establish and maintain over time. Regardless of program complexity, food banks working with health care organizations need to consider funding and sustainability to ensure the long-term success of their partnerships.

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MANAGING EXPECTATIONS

While there is strong interest across sectors to address food insecurity and health, food banks and health care organizations may approach partnerships with different perspectives about how to operationalize and fund this work. As with other partnership discussions, it is important for organizations to discuss funding and sustainability early on and develop realistic plans for the work.

For example, with the passage of the Affordable Care Act in 2010, many food banks and other community-based organizations interpreted that new requirements placed on charitable hospital organizations (e.g., Community Health Needs Assessments [CHNAs] and Community Health Improvement Plans [CHIPs]) would likely result in a sustainable source of funding for their work to address social needs, social determinants of health, and efforts to broadly contribute to improved population health outcomes. More generally, nonprofit, and especially for-profit, health care organizations are often viewed as well-funded, resource-rich institutions that have capacities to fund long-term programming with community partners.

The realities, of course, are more complex. While many CHNAs and CHIPs conducted across the country have identified food insecurity as a priority community health issue, this has not resulted in new, large-scale funding for food banks. Similarly, even though the health care sector constitutes a significant slice of the U.S. economy (17.7% of the GDP in 2019)¹⁶, health care organizations often operate on thin margins and have competing demands on their resources. As with other partnerships, food banks should discuss funding and sustainability options with health care organizations, but understand those organizations also bring other valuable assets and resources—beyond funding—to a partnership.

Food banks can also support health care organizations in managing their expectations about partnerships with community-based, social service agencies. For example, over two decades of research has demonstrated linkages between food insecurity, chronic disease, poor health outcomes and higher health care costs. Health care organizations may view a new partnership with a food bank as an “easy win-win” to improve food security, nutrition and health for their patient population, while simultaneously reducing the health care organization’s costs.

Again, the realities are much more complex, but food banks can work with health care organizations—starting early on in partnership development—and provide education on **food insecurity** and health, share local data on food insecurity and related **health care costs**, and highlight research and gaps in the evidence for improving outcomes. Managing expectations and clearly **articulating the value of a partnership** can help set the stage for feasible funding and sustainability discussions.

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EXISTING EVIDENCE

Food banks and their health care partners should assess existing program models and consider current evidence (along with looking at community resources, assets and needs) when developing partnerships and programming. When discussing operational costs, sustainability and a potential return on investment, it is important to review the literature and evidence to develop realistic and impactful programming and funding plans.

For example, there is significant evidence that SNAP has a positive impact on food security, nutrition, health and health care costs.¹¹ Working to connect patients to SNAP is thus a cornerstone of many food bank–health care partnerships, as SNAP broadly supports improved food security and health for participants.

Feeding America published an [evidence review](#) in 2021 on food bank–health care partnerships and related interventions. The review identifies key interventions that food banks and health care systems are engaged in as partners and assesses evidence to quantify program benefits on food security, diet quality and health outcomes. While many programs show promise, more research is needed to fully understand the opportunities for impact within food bank–health care partnerships. The evidence review can be a useful resource for food banks and health care organizations when planning partnerships, discussing funding, and designing evaluation approaches that might contribute to this growing evidence base.

FUNDING OPPORTUNITIES AND RESOURCES

As with many priority initiatives, food banks will likely need to develop and deploy diverse funding streams to support their health care partnership work. The following list includes suggested resources for helping to fund and sustain health and nutrition-focused programming.

Feeding America

The Feeding America national organization supports network members with information, technical assistance and member grant opportunities. Food bank fundraising staff can access these services to stay up to date on new funding opportunities.

- **Member Grants** is the network's resource for funding opportunities provided by national donors through Feeding America. The Member Grants Team supports local efforts by connecting food banks to available competitive grant opportunities, providing technical assistance, and facilitating communication of best practices from across the network.
- **Network Fundraising Services** helps food banks achieve their missions by strengthening fundraising programs through services targeted to the unique needs and goals of food banks. This team of experienced professionals and former food bankers is committed to helping food bank fundraisers grow and succeed.
- **Health Care Partnerships Toolkit Yammer page** is a peer-to-peer network resource where food bank staff can post and respond to topics, including on fundraising and sustainability.

Health Care Partners

Food banks should discuss the availability of funding and other resources (physical space, staffing, etc.) that health care partners can contribute to partnerships and programming. As with other partnership components, starting small—with smaller initial investments—can help build trust and capacity, opening the doors for increased and sustained funding support over time.

Philanthropic Organizations

Many philanthropic organizations fund community organizations like food banks that address pressing social needs, work to improve health and advance equity. Food bank fundraising staff can become familiar with these organizations and sign up for listservs when available to get notifications of new grant funding opportunities. Food banks should build awareness of both national and regional/local philanthropies that may be interested in supporting this work.

EXAMPLES OF NATIONAL PHILANTHROPIC ORGANIZATIONS INCLUDE:

Grant Makers in Health

Annie E. Casey Foundation

The David and Lucile Packard Foundation

Bill & Melinda Gates Foundation

Robert Wood Johnson Foundation

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Health Care Companies and Payors

Many health care companies and provider organizations have funded projects and food bank partnerships.

EXAMPLES INCLUDE:

[Centene](#)

[Cigna](#)

[Blue Cross Blue Shield/Health Care Service Corporation](#)

[Humana](#)

[Kaiser Permanente](#)

[United Healthcare](#)

Health Care Foundations

Health care foundations are affiliated with health care provider organizations and are often responsible for the organization’s philanthropic giving and grant making. Many health care foundations serve regions, states or cities, so food bank staff should collect information on the local health care entities (and their foundations, including local hospital foundations) operating in their service areas.

NATIONAL EXAMPLES INCLUDE:

[Aetna Foundation](#)

[Anthem Foundation](#)

[Humana Foundation](#)

Industry Organizations and Foundations

Many companies in the food manufacturing, grocer and retail spaces have commitments or foundations that support the work of food banks. It can be beneficial to identify those companies that have stores, facilities, plants or other resources within your food bank’s service area to make direct connections.

EXAMPLES INCLUDE:

[Cargill Foundation](#)

[Kroger Co. Foundation](#)

[The PepsiCo Foundation](#)

[Vons Foundation](#)

Reimbursement, Service Contracts and Other Models

An emerging area of funding for food bank–health care partnership programming involves reimbursement for services provided (including as part of federal health care and Medicaid/Medicare programming), service contracting, “pay-for-performance” (P4P), and other models that may ultimately serve to be important operational and funding streams for food banks. These models typically require that robust food bank–health care partnerships are already in place, and covering these evolving models in detail is out of scope for this toolkit. However, as examples are identified in the network, we will add case studies and information to the [Health Care Partnerships Toolkit](#) HungerNet page.



Conclusion

The work of food banks has evolved significantly over the last several decades. Food banks continue to play vital roles in communities across the United States, not just in addressing food insecurity, but also in tackling the root causes of poverty and hunger. This work has increasingly led food banks to concentrate efforts on building coalitions and partnering with organizations from diverse sectors—including health care—to address the complex challenges in their communities.

Today, food banks are highlighting the intersectional relationships between food insecurity and other social determinants of health and prioritizing local initiatives to advocate for equity and justice. As a growing majority of Feeding America food banks collaborate with health care organizations, these partnerships will be a critical pillar of this work.

This Food Bank–Health Care Partnerships Toolkit is intended to be a foundational guide to support food banks in their work to develop and expand partnerships with health care organizations. This work is evolving. Feeding America will continue updating this resource, along with the content on the toolkit [HungerNet page](#), as more evidence is developed and new successful examples from the network are identified. Our goal is that this suite of resources will advance food banks' efforts and partnerships to ultimately improve food security and nutrition, advance health equity and promote wellness within the communities they serve.

Resources

RESOURCES FOR FOOD BANKS

[Health Care Partnerships Toolkit HungerNet site](#)

Feeding America and the Center for Health Law and Policy Innovation
Partners in Health Promotion resources

- [Food Banks as Partners in Health Promotion](#)
- [How HIPAA and Concerns about Protecting Patient Information Affect Your Food Bank-Health Care Partnership](#)
- [Navigating Patient Inducement Laws](#)

Feeding America Yammer sites

- [Health Care Partnerships](#)
- [Online Care Coordination and Referral Platforms](#)
- [SNAP Application Assistance Learning Community](#)

[Program Evaluation HungerNet site](#)

[Service Insights HungerNet site](#)

[Home Delivery Playbook](#)

RESOURCES FOR HEALTH CARE PARTNERS

[Food Insecurity Screening Toolkit](#)

[Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity](#)

[An Overview of Food Insecurity Coding in Health Care Settings](#)

[Hunger Vital Sign™](#)

[Social Needs Screening Tool](#)

[PRAPARE Assessment Tool](#)

[Community Resource Referral Platforms: A Guide for Health Care Organizations](#)

[NOPREN Food Insecurity Clinical Algorithms: pediatrics, adults, adults living with diabetes](#)

[Making Food Systems Part of Your Community Health Needs Assessment: Practical Guidance from the Tackling Hunger Project](#)

[Health Equity Resource Series](#)

- [Community Partnerships: Strategies to Accelerate Health Equity](#)

GENERAL RESOURCES

[Hunger + Health](#)

[Evidence Review of Food Bank – Health Care Partnerships and Related Interventions](#)

[UCSF Social Interventions Research & Evaluation Network \(SIREN\)](#)

[The Healthcare Costs of Food Insecurity](#)

[Hospital-Community Partnerships to Build a Culture of Health: A Compendium of Case Studies](#)

End Notes

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Brazos Valley Food Bank North Texas Food Bank
Central Texas Food Bank Northern Illinois Food Bank
East Texas Food Bank Regional Food Bank of Oklahoma
Feeding Westchester Roadrunner Food Bank
Food Bank for New York City Second Harvest Food Bank of East Tennessee
Food Bank of the Rio Grande Valley, Inc. Second Harvest Foodbank of Southern Wisconsin
Foodbank of Southeastern Virginia and the Eastern Shore The Food Bank of Central Louisiana
Fulfill The Idaho Foodbank
Greater Chicago Food Depository Three Square Food Bank
Harvesters–The Community Food Network Tarrant Area Food Bank

Lastly, we are grateful to the neighbors whose photos and experiences are shared throughout this toolkit. We strive to keep neighbors at the center of all we do.

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