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Promoting health through transdisciplinary local food system partnerships: Insights from the North Carolina Local Food Council

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Abstract

The North Carolina Local Food Council (NCLFC) brings together leaders from diverse sectors to strengthen local and regional food systems, promote equitable local food access, and drive economic growth. The NCLFC's Community Health Working Group advances community health by integrating local food systems into health and wellness interventions through effective partnerships. In this reflective essay, we describe the NCLFC's approach to identifying statewide priorities to sup-

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See disclosures on the next page.

port local and regional food systems while emphasizing community health and well-being, and share insights, strategies, and lessons learned from the Community Health Working Group, focusing on a case study from the NC Medicaid 1115 Waiver Healthy Opportunities Pilots (HOPs). Our two-year collaboration yielded valuable insights, particularly regarding member engagement challenges and the need for standardized guidelines to integrate local food into health initiatives. Efforts to embed local food within health and healthcare systems necessitate fostering cross-sector partnerships, dismantling barriers, and defining clear roles, all of which are within the scope of the local food policy councils throughout the state. We hope our experiences and lessons learned will guide other states considering Medicaid 1115 waivers. Future efforts should focus on comprehensive, bottom-up strategies that foster transdisciplinary partnerships and drive structural improvements toward healthier, more sustainable food systems.

Keywords
local food, social drivers of health, food systems, nutrition security, food policy council, cross-sector collaboration, transdisciplinary partnerships, Food is Medicine, local and regional food systems, food access, community health, economic growth, Medicaid 1115 waiver

Introduction

Local food policy councils across the state build local and regional food systems by leveraging a holistic approach to tackling multifaceted challenges. They foster collaboration among stakeholders, including policymakers, state leadership, academic institutions, community members, farmers, registered dietitian nutritionists, and public health experts (Clayton et al., 2015).

The North Carolina Local Food Council (NCLFC) strengthens North Carolina's food system, minimizes food waste, protects shared natural resources, promotes equitable food access, and fosters economic growth by engaging leaders from diverse sectors (NCLFC, 2022). The Community Health Working Group (referred to as the Working Group throughout the article) of the NCLFC extends the aims beyond local food system interventions to also advance community health. In this essay, we reflect on the insights gained by our Working Group members as we developed transdisciplinary partnerships to link local food initiatives with the promotion of healthy communities. We outline the steps used to initiate and sustain engagement with leaders across food systems and health sectors at the state, regional, and local levels to support the HOP, a collaborative program approved through North Carolina's 1115 Demonstration Medicaid waiver that addresses health-related social needs across food, housing, transportation, and interpersonal violence (NCDHHS). We also highlight essential elements for success and share 'sticking points' from our experiences in the first two years.

Background and Literature Review

Food policy councils (FPCs) play a pivotal role in sustainable agricultural development by building cross-disciplinary collaboration. FPCs identify issues across the food system and advise both citizens and officials developing policies and programs to improve regional, state, or local food systems (Centers for Disease Control and Prevention [CDC], 2010; Harper et al., 2009). They often draw participation from the public, private, and nonprofit domains, reflecting a diverse spectrum of

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AA is a volunteer advisor for Equiti Foods, which serves as a Healthy Opportunities Pilots (HOP) HSO.

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concerns and entities (Schiff, 2008). To enhance local food systems, FPCs strive to stimulate economic growth in the surrounding region. Offering a structured platform for coordinating and supporting local food initiatives, FPCs facilitate a cohesive strategy across diverse regions, enabling the sharing of resources, knowledge, and best practices (Schiff et al., 2022).

Early FPCs structured themselves as advisory bodies within local government to provide community members with a mechanism to influence food policy decisions (Dahlberg, 1994). For example, the city council of Knoxville, Tennessee, commissioned the first FPC in 1982 to foster coordination between relevant agricultural stakeholders as community food systems gained attention (Feenstra, 2021; Scherb, 2012). The vast majority of FPCs now operate as either independent nonprofit organizations or grassroots coalitions (Sussman & Bassarab, 2017) and many use the name 'food council' rather than 'food policy council' to reflect this difference. An estimated 214 active FPCs operate in the U.S., with the majority represented at the county level (Range, 2023; Sussman & Bassarab, 2017).

FPCs have diverse organizational structures, varying significantly in membership, activities, and funding (Low et al., 2015). Structural variation and the collaborative nature of the work make it challenging to effectively evaluate the impacts of FPCs on their communities; however, this autonomy from governmental entities allows FPCs to organize themselves independently to best solicit community participation and advance local food system policy and program priorities (Calancie et al., 2018; Gupta et al., 2018). Such flexibility allows FPCs to invest heavily in strategic partnerships with individuals and institutions to help further their goals (Clayton, 2015).

In Canada, Toronto's Food Policy Council (TFPC), established in 1991 and housed in the city's board of health, pioneered the integration of food systems governance with public health priorities. Leveraging its position in the health department, TFPC bridges sectors to address food security, environmental sustainability, and economic development, exemplified by initiatives like the Toronto Food Charter and support for urban agriculture. This integration enhances policy alignment and fosters stakeholder collaboration, influencing food policy councils globally (Blay-Palmer, 2009; MacRae & Donahue, 2013). Toronto's experience demonstrates the potential for embedding food systems work within health agencies, and the TFPC's success underscores the value of formalized partnerships in advancing healthy communities and equitable food systems simultaneously (Harper et al., 2009).

The NCLFC strengthens local and regional food systems throughout North Carolina, highlighting the connection between agricultural practices and community health outcomes, including nutrition insecurity and economic disparities (NCLCF, n.d.). While the NCLFC shares key characteristics with broader FPC initiatives —such as cross-sector collaboration—it stands out for its ability to collaborate with health and social service agencies, mirroring the successful model in Toronto. This health-focused, statewide approach offers valuable lessons for scaling FPCs to impact health outcomes. The insights from the NCFLC's Community Health Working Group, described in this manuscript, underscore the potential for FPCs to move beyond focusing solely on local food landscapes to cultivating thriving, healthier communities through systemic statewide change.

Establishment and Evolution of the Community Health Working Group within the NCLFC

The NCLFC collaborates with organizations, agencies, and groups statewide and regionally to support NC's local food system. The NCLFC accomplishes its work through monthly meetings, three working groups (WGs), and an internship program. An executive committee closely interacts with the funding agency through dedicated staff (0.6 full-time equivalent [FTE] employee). Figure 1 illustrates the NCLFC's organizational structure and the relationship between the working groups and the wider council (Figure 1).

The NCLFC members include local food councils, nonprofit organizations, research and academic centers, cooperative extension offices, municipal and regional governments, state agencies, local food-related businesses, and professional

associations. Figure 2 illustrates the council's broad expertise in health, nutrition, agriculture, production, racial equity, local government, and many other fields. The NCLFC intentionally recruits representation from across the state, ensuring inclusivity across rural and urban areas as well as diverse cultures and backgrounds. Broad representation is a cornerstone of the mission given the unique challenges and opportunities facing different communities across North Carolina.

The WG was developed in response to county-level councils' challenge in connecting local food systems with community health initiatives. It focuses on integrating healthy foods, particularly locally sourced foods, into health initiatives. Its membership supplemented NCLCF's traditional expertise, adding clinical, public health, and wellness perspectives, thereby enabling collaboration and engaging dialogue among differing viewpoints and priorities. The WG's transdisciplinary nature is characterized by the diverse representation of organizations across food system and health sectors, including the Center for Environmental Farming Systems, health alliances, regional food hubs, local food councils, Cooperative Extension, the Feeding America network, the NC Division of Public Health, NC Division of Child & Family Well Being, and university faculty. These organizations collaborate to address the interconnected challenges of local food systems and community health, as shown in Figure 3.

A grant-funded, part-time consultant supports the Working Group as the project manager (PM) to set the agenda, send reminders, facilitate the online meetings (hosted on Zoom), maintain notes and a well-organized shared drive, and ensure follow-through on identified next steps. The PM builds meeting agendas collaboratively with members and invites them to contribute items both before and at the start of each meeting. To foster

Figure 1. North Carolina Local Food Council Organization Chart

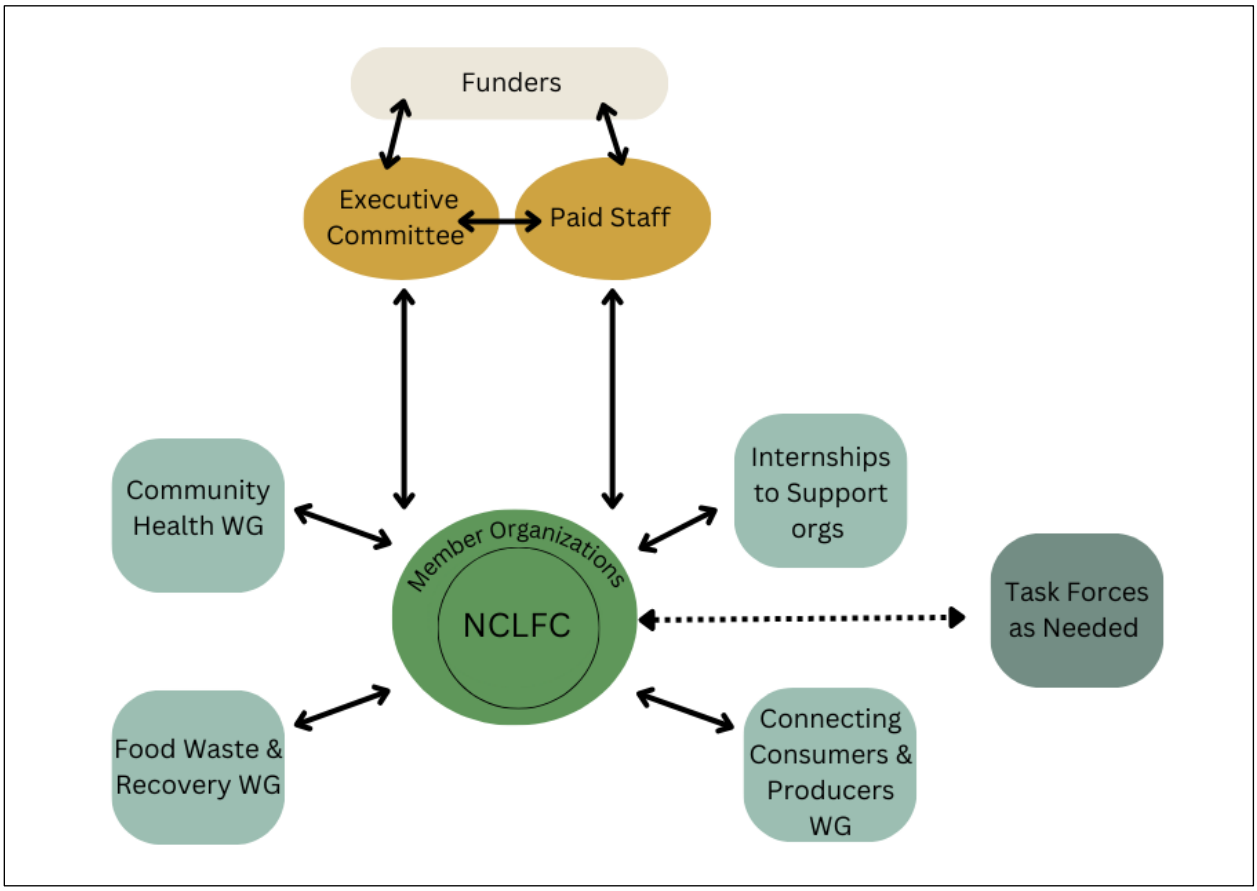
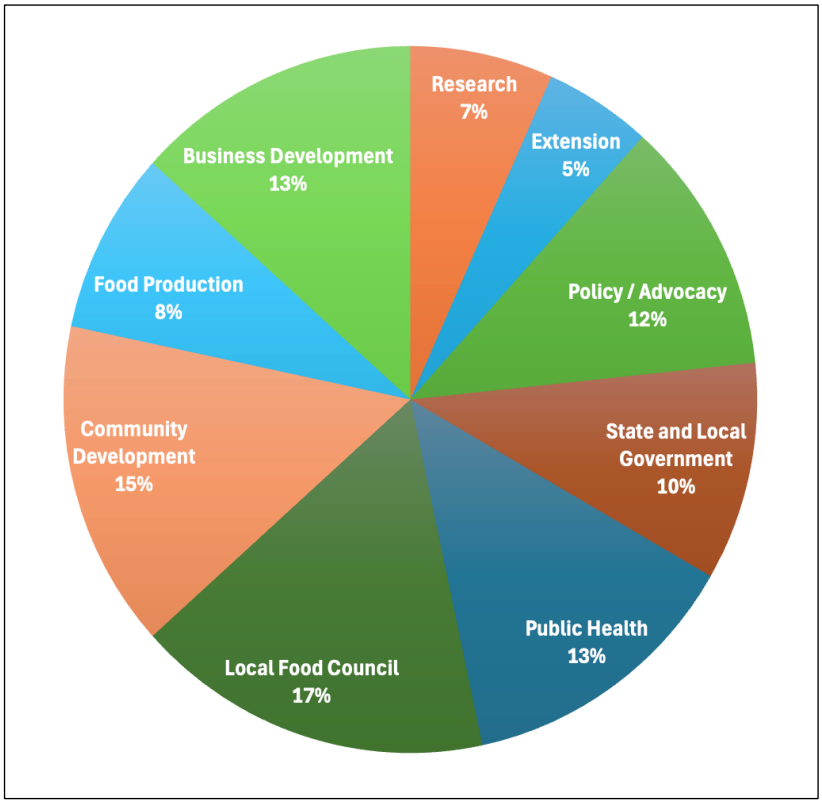


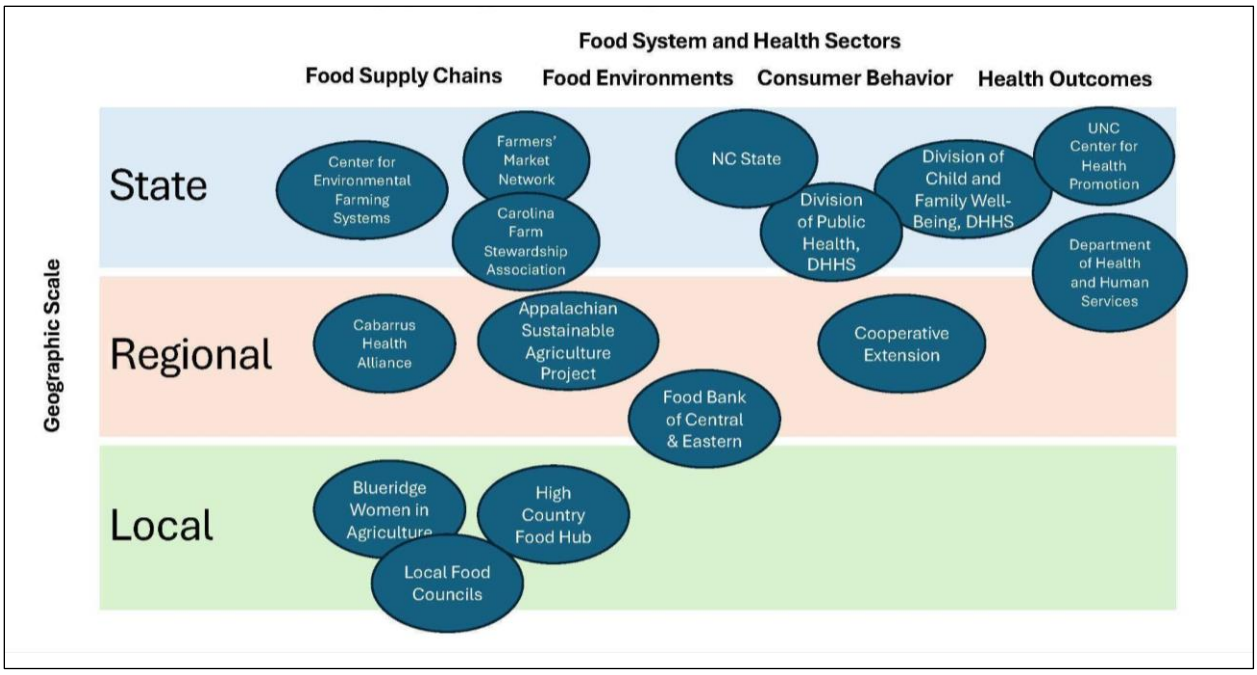
Figure 2. North Carolina Local Food Council Representation by Sector



engagement and a sense of community, the group begins meetings with opportunities for connection before diving into content. When making difficult decisions, the group employs a "hand consensus" method on Zoom, in which members display their level of agreement by raising a hand showing a number from one to five, with five signifying full agreement, three indicating they could live with the decision, and one expressing disagreement. This approach ensures transparent and inclusive decision-making while fostering open communication and collaboration.

The dedicated support of a funded PM has enabled the Working Group to shift its focus from building awareness to implementing action within state- and systems-level initiatives. A case study of the Working

Figure 3. Organization Representation within the Community Health Working Group across North Carolina Geographic Regions and Food System and Health Sectors in 2024



Group's efforts in a state-level initiative is the Healthy Opportunities Pilots (HOPs, NC Medicaid 1115 Demonstration Waiver) administered by the Division of Health Benefits at the NC Department of Health and Human Services (DHHS). North Carolina's Medicaid 1115 Waiver was one of the first in the nation to use Medicaid dollars to provide nonmedical services, including food, housing, transportation, and safety supports. In the following section, we walk through the process of identifying this priority and reflect on the Working Group's involvement, highlighting lessons learned and key recommendations for the future.

Methods for Identifying Priorities for the Community Health Working Group

Initially, the Working Group sought to enhance understanding of the connection between local food systems and community health among public health agencies. For example, it advocated for local food councils to engage with the county-level Community Health Assessments to support access to local, healthy foods by participating in the North Carolina State Health Improvement Plan[1] (SHIP) and the NCDHHS Community Health Assessment (CHA).[2]

Over time, the Working Group recognized the need to also operationalize the link between local food access and community health. Listening sessions, for example, revealed that many non-profit food relief organizations struggled to identify farmers who could supply locally grown food; in response, the Working Group compiled a list of local farmers and their locations to streamline this process. The Working Group supported the creation of the statewide NC Farmers Market Network and is now collaborating to secure funding for market match programs for Supplemental Nutrition Assistance Program (SNAP) participants. To intentionally guide future efforts, the Working Group created a process to identify mission-aligned opportunities for action, as shown in Figure 4.

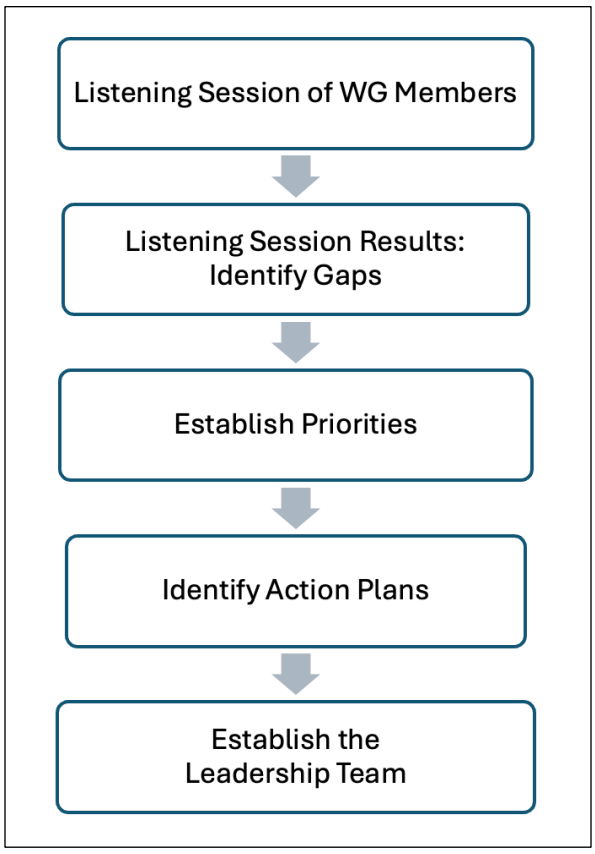
Listening Session with Working Group Members

In 2022, the PM led a strategic listening session with Working Group members to identify upcoming priorities. Table 1 summarizes the guiding questions and the resulting themes that emerged from the session.

Results from the Listening Session: Identification of Gaps

Throughout the listening session and ongoing dialogue, Working Group members identified a critical need: breaking down silos between producers and consumers. Despite sharing common goals, the food, agriculture, and public health sectors have limited opportunities to communicate and collaborate, rendering partnerships difficult. Additionally, limited financial resources for state-level

Figure 4. Simplified Process for Identifying the Working Group Priorities and Action Items



[1] https://schs.dph.ncdhhs.gov/units/ldas/docs/NCSHIP-2023-101723.pdf
[2] https://schs.dph.ncdhhs.gov/units/ldas/cha.htm

initiatives—along with the separation of food, nutrition, and agricultural programs under different state agencies—has created a perception of competition between strategic health priorities and local food promotion. This assumption undermines opportunities to invest in programs that effectively link local food access, nutrition, and healthcare interventions (Lange et al., 2021; Martinez et al., 2010).

Establishment of Working Group Priorities Based on Gaps and Expertise

Addressing communication gaps and the misperception of strategic incompatibility requires a concerted effort to foster partnerships and enhance cross-sector collaboration. The Working Group leveraged expertise from the food, agriculture, and public health sectors to proactively identify partnership opportunities and develop integration strategies. It then established priorities to leverage member expertise and address known gaps. The priorities focused on those that were achievable within the Working Group's capacity, yet still ambitious:

1. Working directly with and through communities to gain a better understanding of the work, programs, and initiatives at the intersection of health and local food systems;
2. Offering hands-on support, resources, and guidance for projects that directly impact equitable access to culturally relevant, local, and healthy food; and
3. Dismantling organizational barriers to support transdisciplinary partnerships that advance equitable access to local food and population health.

Identification of Working Group Action Plans

The initial action items included:

1. Partnering with county and regional local food councils to gather perspectives on the

Table 1. Themes from Listening Session with Working Group Members

Guiding Question	Theme	Sample Response
Why did you join the Working Group?	Breaking down silos	"Involvement helps me get out of my silo and collaborate with other organizations."
	Integrating local food in health initiatives	"A healthier community with equitable local food access is paramount in overcoming socio-economic challenges, including food insecurity."
	Systems level change	"This WG has the potential to impact and create systems changes at the state level."
What role does this Working Group play in promoting health equity in North Carolina?	Connecting health-equity related organizations	"Helping to foster relationships among established organizations in the health and food sectors."
	Awareness raising	"Communicate the practical impact of how food and health policies/initiatives play out on the ground and share with policymakers."
	Resource development	"Providing resources and frameworks for those working at the local/community level. Sharing models or best practice that are successful."
How does/can the Community Health Working Group contribute to achieving the NCLFC vision?	Cross-sector collaborations	"While collaboration is not part of the vision, our work in collaborating across food and health sectors promotes the overall vision of the NCLFC."
	Promote health within all communities	"Promoting healthy communities, including health equity and community health at the state level, is integral to the mission of NCLFC."
	Improve access to healthy, local food	"We work with organizations to decrease food insecurity, and this supports strong communities and thriving local economies."

intersection of health and local food systems;
2. Identifying and supporting specific state initiatives and priorities with the potential to connect equitable local food access with health outcomes; and
3. Gathering a network of state and regional leaders from diverse organizations across NC during monthly Working Group calls.

Shifting from awareness-building to action, the Working Group is directing more attention to state-level, systemic initiatives and projects. As shown in Figure 5, the group collectively pinpointed a significant state-level initiative for focus: the Healthy Opportunities Pilots[3] (HOP, NC Medicaid 1115 Waiver) administered by the Division of Health Benefits (Medicaid) at the DHHS.

Role of the Community Health Working Group in the Healthy Opportunities Pilots

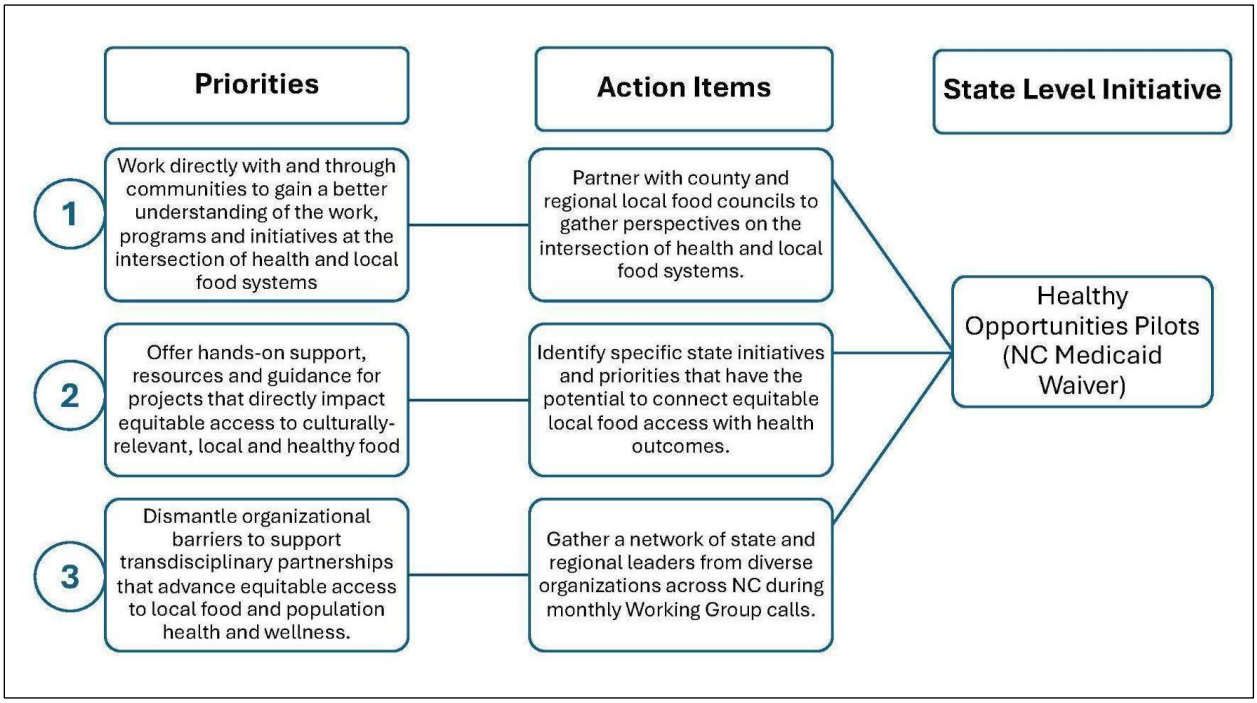
Building on shared expertise, the Working Group turned its attention to supporting the Healthy Opportunities Pilots. The following section outlines the group's role in advancing this innovative initiative and highlights how its efforts have helped create resources for implementing the food-related services within the HOP program across North Carolina.

Overview of the Healthy Opportunities Pilots

In pursuit of the mission to improve the health, safety, and well-being of all North Carolinians, DHHS designed a strategy to address non-medical needs and promote "healthy opportunities" into NC Medicaid. North Carolina's HOP received approval from the Centers for Medicare and Medicaid Services (CMS) in October 2018 as part of North Carolina's 1115 Demonstration Waiver.

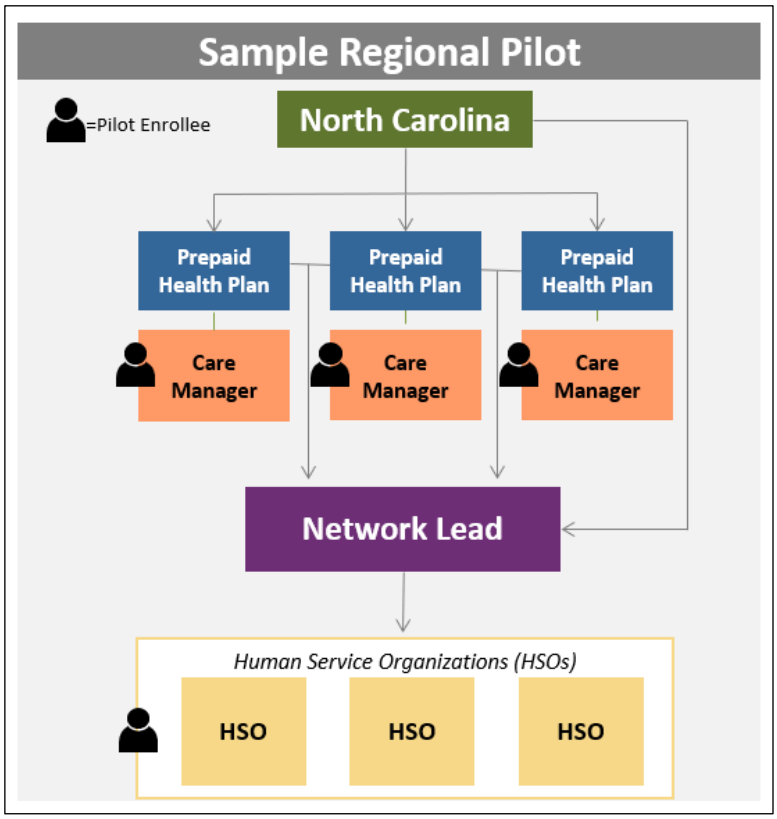
HOP represents a first-in-the-nation, comprehensive approach to develop the infrastructure and payment pathways for providing select non-medical services that address health-related social needs in the four key domains of housing instability, transportation insecurity, interpersonal violence or toxic stress, and food insecurity. HOP uses an eco-

Figure 5. Synopsis of the Working Groups Priorities Aligned with Action Items and a Key State-Level Initiative in North Carolina



[3] https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots

Figure 6. Healthy Opportunities Pilot 'Ecosystem' Model of Care and the Key Entities Involved



Source: Cecil G. Sheps Center for Health Services Research, 2024.

system model of care that integrates prepaid health plans, network leads, and service providers. This model coordinates care delivery by connecting enrollees with services from various organizations, fostering a collaborative approach to address health and social needs through a network of community-based entities.

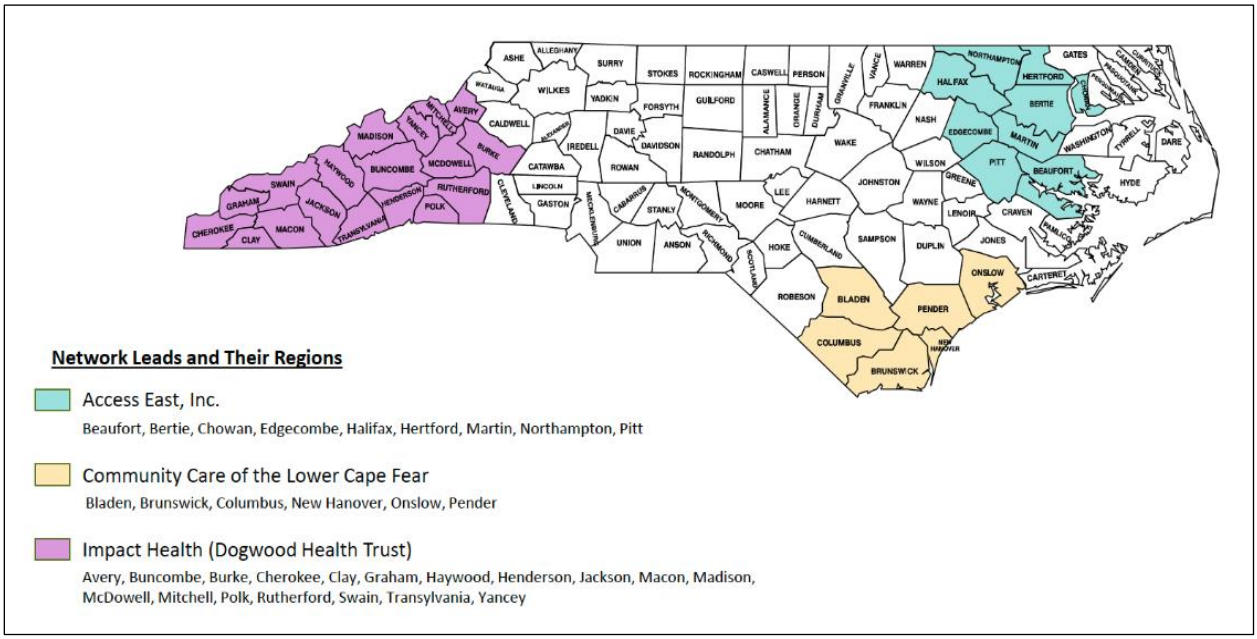
Figure 6 shows the connection among the key entities in the pilot. The network lead develops and manages the network of human service organizations—community-based organizations and social service agencies that deliver HOP services (referred to as 'organizations' throughout this article). The network leads serve as a single point of accountability for organizations by providing training, technical assistance, and capacity-building support. Network leads serve as a bridge between organizations that are new to Medicaid and existing Medicaid stakeholders. Traditional Medicaid parties include care management entities, who screen and refer Medicaid members for HOP eligibility and service needs, and prepaid health plans, which serve as Medicaid managed care organizations that authorize HOP eligibility and reimbursement. HOP initially launched in three predominantly rural regions as shown in Figure 7.

Within the HOPs, the food domain aims to address nutrition insecurity and diet-related health conditions through a range of tailored services. There are nine HOP food and nutrition reimbursable services, which include: (1) food and nutrition access case management; (2) evidence-based group nutrition education; (3) Diabetes Prevention Program from the federal Centers for Disease Control and Prevention (CDC); (4) fruit and vegetable prescription; (5 and 6) healthy food boxes (for pickup or delivery); (7 and 8) healthy meals (for pick-up or delivery); and (9) medically tailored home delivered meals (HOP fee schedule). These services complement, rather than replace, the programs in the nutritional safety net—such as the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program, Meals on Wheels, Child and Adult Care Food Program (CACFP), and Supplemental Nutrition Assistance Program (SNAP) and SNAP Education (SNAP-Ed)—by reimbursing services, integrating clinicians and care managers, tailoring the menu of services to enrollees, and offering services to Medicaid members who may be ineligible for other resources. As a pilot, HOP targets high-need Medicaid members who reside in a pilot region and whose care is managed by a participating health plan.

Identifying the Food Services in HOP as 'Food is Medicine'

The HOP Food and Nutrition Services Domain recognizes a 'Food is Medicine' approach that connects food and nutrition access with health

Figure 7. Pilot Regions and the Network Leads of the Healthy Opportunities Pilots



Source: North Carolina Department of Health and Human Services [NCDHHS], n.d.

outcomes. Food is Medicine emphasizes the vital role of food and nutrition in promoting health and in preventing, managing, and treating disease. While this philosophy underpins a broad approach to health, interventions rooted in Food is Medicine are specific, actionable programs that partner with the healthcare sector to deliver coordinated food and nutrition services. Unlike general food assistance programs, these interventions focus on health outcomes with a clinical approach (Volpp et al., 2023).

Food is Medicine encompasses a broad range of approaches that promote optimal health and reduce disease burden by providing healthy food—in conjunction with human services and education—through collaboration at the nexus of healthcare and community (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, n.d.). These services and programs span a spectrum of intensity ranging from medically tailored meals to grocery food boxes, produce prescriptions, and resource coordination (Emmert-Aronson et al., 2019).

Creation of Food Service Guidance Documents for the Healthy Opportunity Pilot

To maintain the integrity of Food is Medicine, network leads began developing region-specific food guidelines for HOP, incorporating food safety, nutrition, and dietary guidelines, and accommodating allergies. In 2021 and 2022, many partners involved in HOP implementation (at the state, regional, and local levels) discussed the need for operational guidelines, with an eye on best practices, for the nine food and nutrition services in HOP. In March 2022, network leads began implementing the food and nutrition services domain but experienced significant challenges and inconsistency, highlighting the need for clear guidance.

In response to the need for guidance (and without nutrition expert assistance within the NC Medicaid team), the NC Medicaid team collaborated with a nutrition consultant to help form and co-lead this work. This timing synergized with the Working Group and network lead actions, and as a result, the HOP Guidance Documents Task Force formed in September 2022. The task force was co-led by HOP staff in Medicaid, the nutrition consultant, and the Working Group PM. The membership of the task force included network lead organ-

izational representatives, nutrition and government food assistance program leaders (NCDHHS, WIC, Senior Meals, and CACFP), food safety and regulation experts from NCDHHS, NCDA&CS, and NC State Cooperative Extension, as well as content-specific subject matter experts from the Working Group and community-based organizations. The task force was charged with developing operational guidelines (guidance documents) for the organizations providing the HOP Food and Nutrition Services.

The purpose of the guidance documents was to facilitate the process of implementing the HOP Food and Nutrition Services by providing guidelines that would:

- Set a minimum service standard;
- Promote health by ensuring the food provided meets dietary needs of the populations being served;
- Help organizations comply with food safety regulations; and
- Offer recommendations for the sourcing, packaging, and distribution of food services.

By utilizing the guidance documents, the HOP organizations would help establish a framework to implement the food and nutrition services of the HOPs effectively and efficiently. Organizations would collaboratively ensure that the services meet their goals of improving access to healthy food and healthcare across North Carolina. The guidance documents were intended for the organizations that are implementing the services in the community. Many other states are now adopting 1115 waivers, which allow for innovative approaches to Medicaid that can improve healthcare delivery and health outcomes. States can benefit from using or adapting the processes described here, leveraging the flexibility of 1115 waivers to address healthcare needs and enhance overall system efficiency.

Development of Food Service Guidance Documents for the Healthy Opportunities Pilots

The development of the guidance documents began by collecting resources from NC Medicaid and regional guides that the network leads had created for their organizations. To start, the task force assessed the standards of practice already in use across different pilot regions, identified commonalities, and conducted interviews with organization leadership involved in food-related services. The interviews included 10 organizational leaders delivering Food and Nutrition Services within the HOP program, and soliciting expertise from beyond the group to ensure a comprehensive understanding of implementation challenges and opportunities. Once the task force drafted the initial version of the guidance documents, they were reviewed by external subject matter experts, organizations, and other users.

The guidance documents prioritized ensuring that HOP food services promote health and address the population's health-related social needs, including the following:

- **Nutrition:** The guidelines should ensure that tangible food services provide a balance of essential nutrients and that educational and case management offer knowledge, skills, and resources to obtain them.
- **Food safety:** The food must be safe to eat and meet all relevant food safety regulations. This includes guidelines for food sourcing, packaging, storage, and distribution.
- **Tailoring to dietary preferences or needs:** The food services provided should promote client choice, a method of determining food services that offers clients options based on their preferences or dietary needs. Options should be flexible enough to be tailored for various dietary restrictions, allergies, sensitivities, developmental ability and skills, and cultural preferences. This also may include alterations in consistency, size, and texture for those with swallowing or chewing difficulties.
- **Accessibility and affordability for organizations:** The food services should be accessible and affordable to source and distribute in the community. The program should promote financial sustainability for human service organizations and economic

integrity for vendors and producers.
- **Community engagement:** The program engages with the community served and partners with diverse organizations to meet the needs of the populations served.
- **Monitoring and compliance:** The program facilitates the process for monitoring the food services to ensure the integrity and effectiveness of the HOP programs through a comprehensive self-assessment.

The guidelines for nine food and nutrition services are structured in six guidance documents, each with an accompanying appendix providing comprehensive support, as described in Table 2. Each section outlines strategies, protocols, and best practices for delivering these services effectively, ensuring that they are tailored to individual needs and promote overall health and well-being. Together, these structured guidance documents serve as a comprehensive framework for organizations and service providers, guiding them in delivering quality nutritional support and addressing specific diet-related health concerns. Once approved by NCDHHS, these materials will be available on the NCDHHS HOP website.

Lessons Learned

The Working Group applied a strategic process to identify opportunities for advancing the integration of local food systems within health promotion interventions. The members led the development of the guidance documents, strengthening and broadening the expertise that contributed to the creation of service guidelines. Although interdisciplinary collaboration can be complex, this partner-

Table 2. Overview of the Guidance Documents and Content Included

Guidance Document	Purpose	Contents of the Document
Food and Nutrition Services Case Management Services	Provide a structured framework and comprehensive guidelines to facilitate effective management and delivery of dietary and nutritional support tailored to individual needs.	• Role of nutrition case management • Resources available
Healthy Food Boxes (Delivery and Pick-up)	Describe the framework to implement the healthy food box program effectively and efficiently and ensure that the program is meeting its goals of improving access to healthy food that is developmentally appropriate based on the skills of the client and promoting economic integrity for organizations, vendors, and producers.	• Standards for food sourcing • Elements of a healthy food box • Food purchasing • Packaging • Distribution • Nutrition education • Monitoring checklist
Healthy Meals (Delivery and Pick-up) and Medically Tailored Home Delivered Meals	Translate the nutrition guidelines needed for healthy and medically tailored meals for organizations to effectively implement the meal services and meet participants' needs.	• Elements of a healthy meal and medically tailored meal • Food purchasing and sourcing • Client choice • Preparation and dissemination of the meals • Food safety • Monitoring checklist
Fruit and Vegetable Prescriptions	Describe the components of a healthy food voucher and process for voucher transactions.	• Voucher frequency • Food retail settings • Referral amount • Service models
Evidence-Based Group Nutrition Classes	Provide instructions for receiving approval for new nutrition education group classes and implementing classes with Medicaid beneficiaries.	• Curriculum selection process • Application for new nutrition class curricula • Program implementation • Monitoring and assessment
Diabetes Prevention Programs	Define the CDC-recognized Diabetes Prevention Program (DPP) and provide a framework for implementing DPP with Medicaid beneficiaries.	• Curriculum selection process • Program implementation

ship provided valuable insights and actionable recommendations for integrating local and regional food systems with community health.

NC Local Food Council Engagement

From the Working Group's perspective, regularly updating the NCLFC during monthly calls is critical for ensuring that the project aligns with the NCLFC's broader mission and objectives. These updates allow the Working Group to gather feedback from a wide range of stakeholders, which helps refine the approach and build support statewide. This approach aligns with best practices for FPCs, emphasizing the importance of maintaining strong communication and leveraging networks to achieve broader goals (Clayton et al., 2015).

Establishing a Minimum Service Standard

The diverse range of experiences among HOP food service organizations presented challenges in establishing the "minimum service standard" in the guidance documents. This variability in experience stems from factors such as organizational capacity, resources, expertise, and prior exposure to similar initiatives. For instance, some organizations have extensive experience in delivering food-related services, possess well-established infrastructures for incorporating locally grown foods, and have a deep understanding of best practices. On the other hand, newer or smaller organizations face limitations in terms of funding, staff expertise, connection with local farms, or operational capacity, leading to different levels of service provision and implementation capabilities. These disparities in experience and subject matter expertise made it challenging to define a one-size-fits-all minimum service standard that effectively meets the diverse needs of all participating organizations, supports local and regional food systems, and makes sure that the program meets the food and nutrition needs of participants. Striking a balance between setting realistic standards that are achievable for all and ensuring quality, local food integration, and consistency across the program is complex. One practice to consider in managing the impression of competing priorities is phasing in standards or creating tiers as a pathway to meet expectations.

Strengthening Local Food and Diversity in the Food Services

The Working Group identified the need to streamline the process to integrate more locally grown food from North Carolina for organizations delivering HOP food services. The process continues connecting NC farmers and food producers directly with organizations. All guidance documents emphasize incorporating local food.

Incorporating diversity and inclusion into the guidance documents for food boxes and medically tailored meals presents several challenges as well. The Working Group continues discussing the requirements for ensuring cultural sensitivity in the HOP food services compared to recommendations. Different communities have diverse dietary preferences, cultural practices, and foodway traditions that must be considered to provide culturally appropriate and inclusive food services. While not all organizations have the same capacity to tailor each food box or medically tailored meal for these diverse dietary preferences, prioritizing the cultural needs of a community is still important.

Promoting Collaboration within Food Systems

Leadership at the regional and local level demonstrated a notable ability to overcome organizational silos across food and nutrition and healthcare sectors, likely due to relationships that regional network leads had with local organizations. Leaders were more attuned to the nuances of local contexts and could leverage their proximity to grassroots initiatives, allowing them to navigate challenges and forge more meaningful partnerships.

Although North Carolina Medicaid has led in its approach to address social determinants of health, the DHHS recognizes the need to continue building upon the bridge between the health and social-support sectors to foster cohesive relationships between stakeholders and improve communication and coordination across multiple sectors of need, including nutrition. Additional staffing, including nutrition expertise, and enhanced collaboration among the multiple entities would further promote the success of HOP.

In co-convening the Guidance Documents Task Force, the Working Group highlighted the need for transdisciplinary partnerships to effectively integrate

local food in health-related initiatives. We recognize that, while we may be subject matter experts within our related fields, we are novices in this approach when we come together as a collective. By formalizing a partnership between the NCLFC and NC Medicaid in implementing the Food is Medicine HOP Food and Nutrition Services, our work together extends beyond providing guidance and support to fostering cross-sector engagement; it showcased the role of local and regional food systems in the health outcomes of communities.

Recommendations

Local food and health initiatives require a systemic perspective to promote a real transformation. Connecting the NC Local Food Council with state-level government entities, such as NC Medicaid within the Department of Health and Human Services, is an ongoing effort. We find that professionals in state government agencies who also share a passion and commitment to local food are critical in raising this issue within their respective departments. While progress has been made, the end goal of fully integrating local food, nutrition, health, and healthcare remains incomplete, underscoring the need for continued commitment and collaboration to advance these critical efforts in promoting local and regional food systems, health equity, and community wellness.

The initiative provides an opportunity to forge collaborations among healthcare providers, local farmers, nutrition experts, policymakers, and community stakeholders to advocate for and implement policies that support Food is Medicine initiatives statewide. The ongoing collaboration between the NCLFC and NC Medicaid represents the challenges and opportunities of navigating an initiative that crosses disciplines. It underscores the ongoing nature of guiding such a statewide initiative, suggesting that it is a journey without a definitive end.

Advancing Local Food is Medicine Through Collaboration

Our takeaway from this experience is clear: local food policy councils across the state are needed, and they must persist in fostering transdisciplinary alliances that bridge local food systems with community health initiatives. Uniting leaders across domains of expertise—geographical, socioeconomic, and professional—better serves our communities. FPCs must simultaneously address immediate needs while working toward larger-scale outcomes. They must strive to integrate local food into the delivery of food and nutrition services.

Core leadership can break down barriers between sectors and across different levels of governance, from state to regional to local leadership. Statewide local FPCs can resist the allure of short-term gains to prioritize partnership-driven approaches. Our team succeeded in actively seeking feedback, engaging with community stakeholders, listening to perspectives from those with lived experiences, and incorporating input from marginalized or underrepresented groups. The future of local food system development requires empowering communities that are courageously integrating local food and health. Future partnerships could benefit from early discussions on anticipated challenges, and the skills and capacity of the stakeholders involved, enabling proactive problem-solving rather than reactive responses.

Defining Roles and Clarifying a Minimum Service Standard

Defining the scope and role of each key organization is imperative. Without explicit roles and decision-making authority, the task force sometimes experienced organizational paralysis. Uncertainty about their allowance to establish requirements—and if not, what entity would need to grant approval—stifled progress and undermined the ability to uphold integrity of services.

The "minimum service standard" must be defined, including the areas within the food services that can be a flexible framework, allowing for adaptations based on the unique capacity of each organization. This could involve providing tailored support, training, and funding to help organizations reach the desired minimum service standard while acknowledging and accommodating their varying levels of experience and capacity.

Scalability and Application to Other Communities

This case has significant potential for scalability across North Carolina, particularly if the HOP

program expands statewide. However, considering current political and budgetary uncertainty, the future of HOP remains unclear—making it even more important to highlight the strategic partnerships and adaptable guidelines that have laid the groundwork for broader implementation when conditions allow. A critical factor enabling scalability, whether in North Carolina or other states, is the strategic approach to fostering partnerships and creating adaptable guidelines that cater to the unique needs of different communities. For instance, large population centers such as Charlotte, Raleigh, and Winston-Salem would benefit from leveraging the same foundational principles—strong state-regional-local partnerships, clear minimum service standards, and phased implementation strategies. In differently situated communities, such as rural areas or those with fewer organizational resources, the program must prioritize leveraging existing local assets. For example, regions with robust local farming communities could focus on streamlining connections between farmers and HSOs, as emphasized in the Working Group's efforts. Conversely, urban centers might require additional investment in logistical infrastructure to support local food integration at scale.

Through this process, several strategies emerged that could serve as templates for statewide expansion. First, identifying local champions who can navigate their community's specific dynamics—such as cultural needs, existing partnerships, and economic conditions—is pivotal in bridging gaps. Second, maintaining a framework for minimum service standards ensures that both well-resourced and under-resourced organizations can engage meaningfully without becoming overwhelmed. Finally, co-creating guidelines with input from stakeholders at all levels fosters buy-in and sustainability, enabling the program to adapt to new contexts while retaining its core mission.

Future Research

FPCs should take a concentrated approach to forming transdisciplinary teams and collaborative partnerships that actively promote healthy communities, tackle local and regional food system challenges, and advance policy and practice in food and nutrition security. Future research and statewide initiatives should continue exploring ways to strengthen transdisciplinary partnerships to actively advance statewide community health initiatives while reinforcing local and regional food systems.

Conclusion

Statewide local FPCs actively address the dual challenges and opportunities in connecting and integrating local food into health services. The future of Food is Medicine approaches must build on FPCs' successes, emphasizing a bottom-up, systems-thinking approach that integrates transdisciplinary partnerships at every level. The impact of Food is Medicine programs, like the HOP, will be evident in our neighborhoods, businesses, schools, primary care facilities, hospitals, and all levels of government as well as in our soil and streams as individuals and organizations make choices that shape the physical and economic health of the community. By fostering transdisciplinary partnerships and advocating for the integration of local food in Food is Medicine initiatives, the NCLFC and its Working Group will drive systemic change to create healthier, more resilient food systems across North Carolina. Given the national interest and momentum around Medicaid 1115 waivers, we hope that our experiences and lessons learned will guide others who are just beginning this journey.

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