

# Bridging Regional Food Systems and Healthcare

Identified Synergies Between Food is Medicine and Emergency Feeding Programs to Enhance Nutrition Security and Community Resilience

Insights for Communities and Policy Makers



January 2026

# Preface

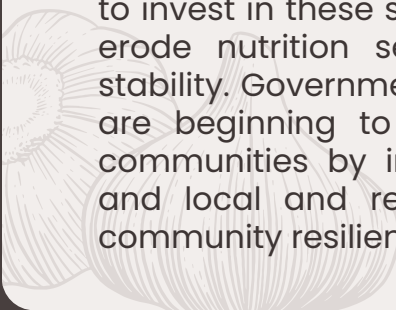


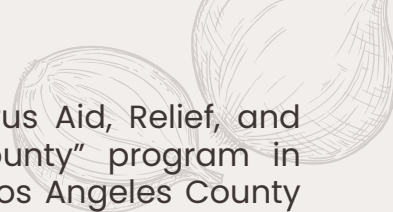
We live in a time of increasingly frequent disruptions - both rapid-onset emergencies (such as pandemics, wildfires, and floods) and longer-term persistent stresses (including drought, extreme heat, economic instability, and chronic disease shaped by structural inequities). Social, physical, and public health scientists have shown that these disruptions disproportionately harm systemically marginalized populations, compounding inequities and accelerating nutrition insecurity and the poor health outcomes that we seek to solve.

In our view, nutrition security and societal and community resilience are two sides of the same coin, inextricably linked by the fact that proper nutrition is the foundation of human health in a way similar to agriculture's fundamental impact on ecological health. For the purposes of this paper, we refer to nutrition security, rather than the more narrow term, food security, to encompass the broader considerations of food quality, accessibility, and affordability. Through this lens, we have identified a critical driver of heightened societal and community vulnerability in moments of disruption: overdependence on industrial food systems that are optimized for efficiency, not equity or resilience. When supply chains fracture, prices spike, transportation routes fail, or retail access narrows, communities already facing structural barriers are hit first and hardest, often with fewer resources to absorb shocks or recover.

A core lesson from recent crises is that resilience and preparedness require sustained investment at the national, state, and local levels in three foundational areas: (1) community-based organization (CBO) infrastructure, which is repeatedly relied upon during crises to provide trusted, culturally responsive outreach, enrollment support, navigation, and direct services; (2) integrating local food into healthcare delivery to strengthen patient outcomes while also building more reliable, community-based supply and delivery channels that can hold up during disruptions; and (3) a robust local and regional food infrastructure, including growers and producers, aggregation and distribution, processing, retail and food access points, and the public safety net that connects food to people. Strengthening these capacities will improve day-to-day nutrition security and chronic disease prevention while also increasing readiness to respond quickly, equitably, and at scale when disruptions occur.

Without preventive and preparatory action by policymakers and practitioners to invest in these systems, the increasing frequency of disruptions will further erode nutrition security, worsen human health, and weaken economic stability. Governments, philanthropies, researchers, and practitioners globally are beginning to recognize the need to alter strategies for supporting communities by investing in networks of community-based organizations and local and regional food systems to achieve nutrition security and community resilience.





This white paper synthesizes lessons from the Coronavirus Aid, Relief, and Economic Security (CARES) Act-funded “#LetsFeedLACounty” program in 2020 and the American Rescue Plan Act (ARPA)-funded Los Angeles County Grocery Voucher Program in 2022–24, and Abbott Fund’s Healthy Food Rx program in Stockton, California, funded through 2026, each illustrating complementary prevention and treatment intervention approaches within the Food is Medicine field. The paper examines the intersection of human health, climate change, and nutrition security; highlights strategies to braid and align resources across sectors; proposes concrete actions to strengthen preparedness, and long-term resilience in response to both rapid-onset and slower-moving disruptions; and offers model policy language for policy leaders at all levels to link financial investments to improve health outcomes with local and regional food infrastructure and systems, all in service of achieving nutrition security and community resilience.

## Organizational Background

Since 2020, Roots of Change (ROC) and the Center for Wellness and Nutrition (CWN), programs of the Public Health Institute (PHI), have co-led three food access and nutrition improvement programs serving communities in Los Angeles and Stockton, California. CWN is a national leader in designing and implementing nutrition and wellness programs, providing programmatic technical assistance and research to promote health, wellness, and equitable practices. ROC is a leader in food system advocacy, policy change, and climate-smart and regenerative agriculture demonstration projects. ROC’s mission is to create a healthier, more resilient food system for people and the planet. CWN and ROC are together committed to wellness and achieving their missions through education and thought leadership. Backed by PHI’s fiscal sponsorship infrastructure, ROC and CWN possess the sophisticated project management expertise needed to implement large-scale and complex public health interventions.

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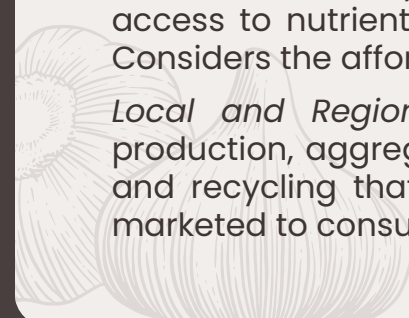
## Our Use of Terms

*Community Resilience:* the ability of a community to adapt to changes and overcome disruptions. Resilient systems are flexible and have faster rates of recovery and are set up to withstand crisis and mitigate the effects.

*Food Insecurity:* the lack of consistent access to enough food for an active, healthy life (USDA, 2025).

*Nutrition Insecurity:* beyond food availability and focuses on consistent access to nutrient-dense foods that support overall health and well-being. Considers the affordability and availability of nutritious foods (LARFB, 2025).

*Local and Regional Food System Infrastructure:* infrastructure such as production, aggregation, storage, processing, distribution, and food recovery and recycling that supports a locality or region where the final product is marketed to consumers (adapted from USDA, 2025).



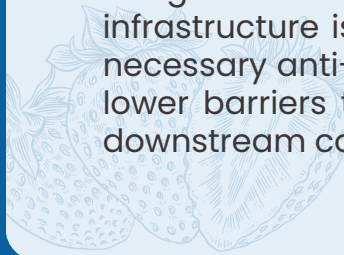
## The Continued Impact of Nutrition Insecurity



In 2026, food insecurity remains one of the most urgent and preventable drivers of poor health in the United States. Data collected in 2023 by USDA showed that 13.5% of U.S. households were food insecure, meaning they lacked consistent access to enough affordable, nutritious food (USDA, 2025). Food insecurity is tightly linked to diet-related chronic disease—conditions that account for about 35% of deaths nationally—and it drives substantial downstream costs for families, employers, and public programs (Matthews, Kurnat-Thoma, 2024). For example, a Feeding America analysis estimated that food insecurity was associated with roughly \$53 billion in excess healthcare expenditures in 2016 alone (Berkowitz et al., 2019); with food insecurity higher in 2023, these associated costs are likely higher today. More broadly, poor diets and nutrition-related illness generate hundreds of billions in medical spending and lost productivity each year.

In this context, shifts within the U.S. food system further exacerbate this challenge and create inherent vulnerabilities. Over more than half a century, many communities have watched their local and regional food systems steadily erode (USDA Economic Research Service, 2025). The result is not just fewer small and medium-sized farms or independent grocers, it's the weakening of an entire backbone of infrastructure that once helped regions feed themselves: processing and packing capacity, aggregation and distribution hubs, cold storage, local slaughter and meat processing, independent wholesale markets, and neighborhood-scale retail. As these food system assets disappear, regions become more dependent on long, consolidated supply chains designed for efficiency at scale, not reliability in disruption or responsiveness to community needs (Lakhani et al. 2021). This hollowing out has compounded the challenges of food insecurity, worsened diet quality, reduced resilience, deepened poverty, and placed downward pressure on incomes for workers across the food chain, especially in communities already facing structural inequities.

As local capacity declines, communities lose food-economy jobs and local ownership, while households face higher “access costs” (time, transportation, and often price) to reach healthy, culturally relevant foods—factors that intensify poverty and make food insecurity more persistent. At the same time, consolidated supply chains tend to flood markets with inexpensive, ultra-processed foods that now account for more than 60% of calories consumed in developed nations (Ravandi et al. 2025), steering diets toward patterns that drive chronic disease. Poor health then feeds back into economic insecurity through missed work and medical costs, further tightening household budgets. As we will argue below, rebuilding local and regional food infrastructure is therefore not only a resilience strategy—it is a practical and necessary anti-poverty, public health, and nutrition security strategy that can lower barriers to healthy food, strengthen local economies, and reduce the downstream costs of diet-related illness.



## Addressing Nutrition Insecurity Across the Food is Medicine Spectrum

Given the scale and complexity of nutrition insecurity, effective solutions must span a continuum of Food is Medicine interventions—from population-wide prevention strategies to targeted, personalized clinical supports for people with the highest medical risk. As illustrated in Figure 1, the Food is Medicine “intervention pyramid” connects health care to population health, showing how layered approaches can work together linking prevention and treatment: population-level healthy food policies and programs form the foundation; nutrition security programs (e.g. Supplemental Nutrition Assistance Program, the Supplemental Nutrition Program for Women, Infants, and Children, and school meals) provide essential baseline protection; and more intensive clinical interventions—produce prescription programs, medically tailored groceries, and medically tailored meals—help prevent and manage diet-related disease for individuals with specific health needs.

This spectrum matters because communities experience nutrition insecurity differently—and at different levels of acuity. Emergency response efforts such as the Los Angeles County Grocery Voucher program established during COVID-19 can stabilize households in crisis, while programs like Healthy Food Rx (produce prescriptions) advance prevention and treatment by directly increasing access to fruits and vegetables. The most durable impact comes when broad prevention efforts and safety-net supports are strengthened at the same time that health systems scale clinically tailored interventions for patients with elevated risk—paired with nutrition counseling and education, as reflected alongside the pyramid.

Protecting core nutrition programs including SNAP, WIC, and child nutrition programs, along with initiatives like GusNIP is essential. These programs reduce hardship, support health, and create the platform on which health care-linked Food is Medicine strategies can succeed. However, funding instability and political attacks are undermining these tools at the very moment need remains high, making it harder to meet the nutrition needs of tens of millions of Americans in both rural and urban areas. At the same time, this framework makes clear an uncomfortable truth: while programs are an essential support within today’s socioeconomic conditions, they do not fully address the structural drivers of poverty and inequity that produce nutrition insecurity in the first place. A comprehensive response to build a healthy and resilient food system for all must pair near-term, high-impact supports with long-term systems and policy change that improves affordability, access, and economic stability—so fewer families need emergency help in the first place.



## Disruptions are Increasing—and Putting Nutrition Security Programs Under New Strain

Even the strongest Food is Medicine and safety-net programs are being tested by a rising tide of rapid-onset shocks and persistent, long-term disruptions. Extreme weather events—wildfires, floods, heat waves and drought, and severe storms—are occurring more frequently and with greater intensity. The average number of natural disasters per year from 1980 to 2024 was nine, yet the average from 2020 to 2025 is 23 per year – a 155% increase (USAFacts, 2025). At the same time, public health emergencies such as COVID-19 have exposed how quickly illness, workforce disruptions, and economic instability can cascade through food systems, disproportionately impacting those in structurally marginalized communities. These events don't just increase need; they also undermine the very programs and delivery channels communities rely on by interrupting supply chains, damaging infrastructure, constraining staffing and operations, and making it harder for families to reach food retail and service sites. Typical disaster assistance may take days to arrive, leaving households, especially those managing chronic disease, at heightened risk when access to healthy food is disrupted.

These disruptions also reveal fundamental weaknesses in the systems required to ensure nutrition security: over-reliance on long, consolidated supply chains; limited redundancy in distribution and cold storage; insufficient capacity at the community level to coordinate rapid, culturally responsive outreach and service delivery; and economic systems that extract wealth and resources from communities. Figure 2 visualizes how these systems compound and interact. This systems map considers the impacts on rural health, the strain on all communities, and how food markets impact food access and health.

The knowledge gained from CWN and ROC's work in the Los Angeles County Grocery Voucher and Healthy Food Rx programs and the work of allies such Dr. Steven Chen at Recipe4Health, Cathryn Couch at The CERES Community Project, and the work of the late Ian Marvey in Red Hook New York following Hurricane Sandy, motivates us to offer recommendations on how we can leverage and improve current healthcare and food systems and protect and advance nutrition security in our new disruption-burdened reality.

### Actions must focus on three essential strategies:

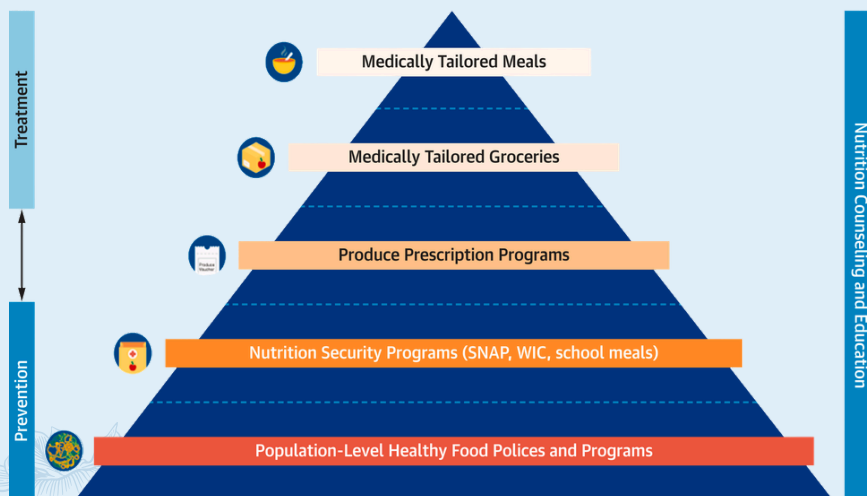
- ▶ *Strengthening community-based organization (CBO) networks:* CBOs are often the first and most trusted responders, able to reach communities quickly with language access, culturally relevant support, and local coordination. They are also under-resourced for surge response, data/reporting, staffing continuity, and sustained operations during prolonged crises. Providing sustained investment in CBOs for them to continue to operate in times without disruptions maintains critical infrastructure and network connections needed for efficient response.

➤ **Integrating local and regional food into healthcare:** Healthcare systems are stable, high-reach community anchors that can help prevent and manage diet-related disease. To be effective and resilient, Food is Medicine interventions should be paired with durable partnerships and procurement pathways that source from local and regional producers and food providers—so clinically tailored food access (e.g., produce prescriptions, medically tailored groceries/meals) strengthens patient outcomes while also building more reliable, community-based supply and delivery channels that can hold up during disruptions.

➤ **Diversifying local and regional food system infrastructure:** Strengthening regional aggregation, processing, cold storage, and local distribution, paired with procurement pathways that connect local producers to institutions and emergency food channels, adds strategic redundancy and flexibility when national systems falter. Diversifying channels for healthy food access across multiple intervention points (healthcare, community sites, schools, retail, and policy) helps communities adapt under stress rather than relying on a single fragile pathway, and also helps to build an economic base at the local level.

In short, as disruptions persist and accelerate, the case for nutrition security becomes inseparable from the case for rebuilding capacity within communities. Protecting safety-net and Food is Medicine investments, while making them work better during times of emergency and in response to persistent pressures, requires rebuilding (or in some cases establishing for the first time) the necessary community networks and local and regional infrastructure that allows programs to scale quickly, stay operational, and deliver healthy food reliably when conditions are least stable.

### Food is Medicine Interventions Pyramid



**Figure 1:** A framework for how Food is Medicine integrated into the health care system considering both preventative approaches at the bottom and moving to treatment based interventions. The programs inspiring this report are nutrition security programs and produce prescription programs. The report includes population-level policy recommendations, emphasizing the broad system impacts intended with this white paper.

Mozaffarian, D., Blanck, H.M., Garfield, K.M. et al. A Food is Medicine approach to achieve nutrition security and improve health. *Nat Med* 28, 2238–2240 (2022). <https://doi.org/10.1038/s41591-022-02027-3>

# The System Dynamics of Climate Change, Human Health, & Nutrition Security



**Figure 2:** This system map shows the dynamics between climate change, human health, and nutrition security in the context of rapid onset disruptions. Each system impacts the others, demonstrating how leveraging partners from different systems can create change. The solid arrows represent a positive or corollary association where, for example, an increase in healthy food access increases nutrition security and a decrease in healthy food access decreases nutrition security. The dotted arrow represents an inverse association where, for example, an increase in disruptions leads to a decrease in healthy food access and a decrease in disruptions leads to an increase in healthy food access. This map is adapted from Rifkin, M. (2023).

# Understanding the Continuum of Disruptions

Public health, environmental, and social disruptions can emerge at different rates, varying in their speed of onset, scale of disruption, and the type of impacts they create. Looking across different “speeds” of disruption and how communities respond helps clarify where coordination can be strengthened and where existing resources can be better aligned. Table 1 illustrates how, currently, the speed of a disruption shapes the way communities and institutions respond and invest, plan, engage the public, and define success. It describes disruptions along a continuum: from slow-moving disruptions (e.g., chronic disease, structural nutrition insecurity, gradual climate change), to moderate-paced disruptions (e.g., pandemics over time, economic shocks, migration surges, supply chain disruptions), to rapid-onset disruptions (e.g., wildfires, floods, earthquakes, pandemic peaks). Depending on whether disruptions are slow-moving or rapid-onset, investments can vary from steady, long-term funding to mixed/episodic support and then to rapid surge financing. Likewise, planning can be strategic and integrated to adaptive and coordinated, and then to fast, flexible crisis execution, and community engagement varies from intermittent awareness-building to broader mobilization and immediate, high-intensity volunteer and partner activation.

**Table 1:** Response Characteristics Across Different Types of Disruptions to our Current System

Characteristic	Slow-Moving Disruptions	Moderate-Paced Disruptions	Rapid-Onset Disruptions
<b>Investment Patterns</b>	Long-term, steady investment from established organizations; risk of stagnating interest.	Investment builds in phases as urgency increases but stagnates over time; mix of public and private funding.	Triggered by recency & severity; rapid funding, mostly from public agencies & donors.
<b>Planning Approach</b>	Strategic, long-term planning with integrated goals.	Adaptive planning; blends urgency with evolving, coordinated strategies.	Fast and flexible; speed prioritized over precise targeting.
<b>Community Engagement</b>	Variable or low engagement; mostly by associated with condition; impact often less visible or urgent.	Engagement grows with visibility and perceived relevance.	Strong and immediate engagement; surge in volunteerism and support.
<b>Focus of Response</b>	Long-term outcomes and prevention.	Short-term stabilization with an eye on long-term effects.	Immediate relief and harm reduction.
<b>Examples</b>	Diabetes, obesity, climate change (gradual), food insecurity (structural).	Pandemics over time, economic shocks, migration surges, supply chain issues.	Wildfires, floods, earthquakes, pandemics at peak surge.

*It's important to note two considerations.*

First, slow-moving and moderate-onset disruptions often have equally profound—if not greater—cumulative impacts than rapid-onset events, but they are less visible and rarely generate the same urgency, public attention, or surge resources. Because they unfold gradually, their harms can become normalized and absorbed over time by households, clinics, schools, and CBOs—until the burden reaches a tipping point and presents as an “emergency” in other forms: avoidable hospitalizations, worsening chronic disease, community-wide declines in well-being, or destabilized local economies. Diabetes is a clear example: its long-term costs—in preventable complications, lost productivity, and healthcare spending—can eclipse the impacts of many acute events, even as it struggles to attract sustained investment at the level needed to prevent crisis conditions. This pattern reinforces why planning and investment must intentionally address the full disruption continuum, not only the moments when impacts become impossible to ignore.

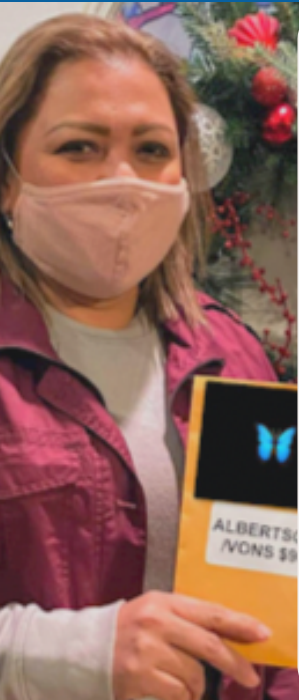
Second, while this paper focused primarily on those rapid-onset disruptions that have broad community impact, rapid-onset disruptions can trigger urgency in very different ways depending on their scale, visibility, and who is affected. Large, community-wide events often activate emergency systems with rapid funding, mutual aid, and coordinated government response. Smaller or less visible crises that primarily impact marginalized communities may receive limited official attention even as community-based organizations and residents mobilize quickly to meet immediate needs. Even within widely recognized events like wildfires, response can be uneven: at-risk communities may face greater exposure and loss, while receiving fewer resources, slower recovery support, or less sustained engagement. There is always a constant struggle in the fight for investment and resources, and political factors all too often drive decisions to favor certain communities over others.

In the context of the food system, this continuum is significant because disruptions rarely stay confined to one “speed.” They shift, fluctuate, and compound, turning slow-moving disruptions, albeit with profound negative impacts, like nutrition security into acute crises when, for example, a pandemic, wildfire, or flood disrupts supply chains to retail stores, or closes roads or public transportation, restricting household access to food sources, or destroys a farm's ability to harvest and deliver food.

The three programs highlighted below each sit at a distinct point on the continuum. They highlight interventions that can either be mobilized quickly to stabilize households during emergencies (e.g. food vouchers during pandemic era shocks), or to strengthen longer-term community resilience and chronic disease outcomes through healthcare-linked food support and local partnerships (e.g. produce prescription programs).

# Summary Review of the Programs

## #LETSFEEDLA VOUCHER PROGRAM (2020-2021)



PHI CWN and ROC partnered with the LA County Food Security Branch to administer the #LetsFeedLACounty food voucher program, using CARES Act funding, to address food insecurity during a global pandemic with job losses, schools closed, stay-at-home orders, and illness shifting economic, social, and health care systems, disproportionately impacting low-income families. The program distributed \$22 million in food benefits to 95,291 Angelenos impacted by COVID-19 in an astounding nine-week period. Under a rapid timeline, PHI executed 23 contracts with 19 CBOs, three food vendors (a mainstream supermarket, a Latino market, and an app-based food box ordering service), and Wholesome Wave as a program partner, with administrative efficiency and programmatic creativity to meet food needs during this pandemic situation. Program evaluation results indicated a 14.7% reduction in food insecurity, with larger households of four people or more indicating a 38% reduction.

**95,291 RESIDENTS SERVED**

## LOS ANGELES COUNTY GROCERY VOUCHER PROGRAM (2023-2024)

The Los Angeles County Grocery Voucher Program (LAGVP), supported by the Los Angeles County Department of Public Health, was established to address rising food insecurity due to the COVID-19 (coronavirus) pandemic. The Los Angeles County Department of Public Health utilized the Equity Explorer Tool to ensure equitable distribution of grocery vouchers in Los Angeles County.

The ARPA-funded LAGVP reached communities in Los Angeles County that were deeply burdened by the economic impact of the pandemic and were under-resourced by existing government assistance programs (such as CalFresh/SNAP/EBT benefits). The program distributed over \$15 million in food benefits to over 19,500 households. Program participants received their food benefit via a restricted voucher or gift card or via food boxes delivered directly to their home. Eight LA County community-based organizations were trained to recruit and enroll participants. The CBOs were selected due to their reach in the community and experience administering similar programming.



**76,000 RESIDENTS SERVED**

# Summary Review of the Programs

## HEALTHY FOOD RX (2021-CURRENT)

Abbott's Healthy Food Rx Program is a Food is Medicine program that provides six months of home delivered, recipe-based food boxes to low-income residents with diabetes in Stockton, CA. In a highly food insecure and underinsured population, managing a diet-related chronic disease is difficult without support to address social drivers of health. Through community partnerships with a community clinic and food bank, participants receive healthy food, nutrition and diabetes education, and social care referrals to support their diabetes management. PHI CWN served as the program co-designer, implementation coordinator, and evaluator of this program allowing the clinic to focus on outreach and the food bank on supplying the food boxes, managing deliveries, and delivering nutrition education. Over 1,900 low-income Stockton residents with diabetes have been served with over 30,000 food boxes with 500,000+ cups of fruits and vegetables, supporting the local agriculture economy and healthy food access. Program evaluation results indicated that Healthy Food Rx participants had lower A1C levels, improved diabetes self-management, and improved overall diet quality and food security after participating in the program.

**1,900**  
**CLIENTS SERVED**

The voucher programs demonstrate what is possible when systems mobilize quickly to stabilize households during acute shocks, while Healthy Food Rx reflects a more sustained, healthcare-linked approach to improving diet quality and chronic disease outcomes over time. Together, they underscore a central recommendation of this paper: these models should not be kept within silos or seen as time-limited responses. They should be seen as complementary, so we can identify opportunities to build synergies by linking, sustaining, and adapting. This should include targeted improvements to funding stability, CBO capacity, coordination across agencies and healthcare partners, and more resilient local supply and redemption pathways. These efforts can then perform better in their specific roles and deliver greater impact when the next disruption arrives or if there is a serious commitment to address the underlying causes of the broken food system in our nation.

# Actionable Strategies for Community Resilience

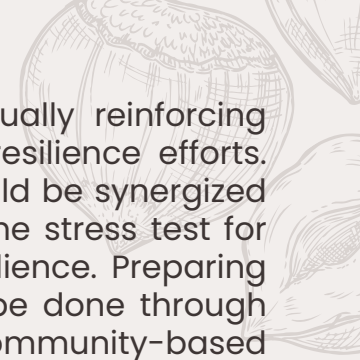


The following section will highlight recommendations and actions based on the learnings that the Los Angeles County Grocery Voucher and Stockton Healthy Food Rx programs revealed to better manage, respond, and prepare for disruptions, no matter how they emerge, and to provide actionable strategies to maximize community resilience, particularly nutrition security.

We must intentionally connect the surge of funding, attention, and community mobilization that follows a rapid-onset disruption to the longer arc of prevention and preparedness. Too often, crises like wildfires prompt urgent rebuilding—homes repaired, services restored, communities rallying—without investing in the upstream measures that reduce the likelihood and severity of the next event. A portion of post-disaster resources should be set aside and directed toward sustained mitigation and the “parallel” slow-moving conditions that drive recurring emergencies. For example, investing in long-term core capacity for CBO networks (staffing, coordination, data systems, contracts in place with funding agencies) so they can respond faster and effectively when disruptions occur. Making this shift strengthens crisis response in the near term while also improving long-term system performance.

To support this capacity, investments aimed at long-term disruptions must explicitly include readiness for rapid-onset events, building the elasticity communities need to respond in real time and at the proper scale—especially in places, such as rural areas, where formal systems may not fully show up, and community-based networks carry the burden of response. For example, investing in local and regional food supply chains to support Food is Medicine interventions (including producer networks, aggregation and distribution capacity, and procurement relationships with healthcare and community partners) builds durable infrastructure that can pivot quickly during an emergency, enabling faster sourcing and delivery of culturally relevant, healthy food when urgent crises disrupt conventional supply systems.





Based on the analysis above, we recommend three mutually reinforcing actions to better align nutrition security and community resilience efforts. Addressing nutrition security and community resilience should be synergized to enhance efficacy for both. Emergency preparedness is the stress test for existing nutrition security interventions and community resilience. Preparing for emergencies, both slow-moving and rapid-onset, can be done through the mutually reinforcing actions of a) strengthening community-based organizations, b) integrating local and regional food into healthcare, and c) developing local and regional food system infrastructure to improve healthy food access. Adapting and preparing the actors, organizations, governments, and systems that are already in place for chronic disease and nutrition access is the most efficient and effective way to be ready for crises.

We recognize that implementing these recommendations—depending on the scale, design, and timeline a jurisdiction chooses—may carry fiscal implications for cities, counties, and other local agencies, including both expenditures and potential effects on revenues. At the same time, the pace and severity of disruptions communities are experiencing justify prioritizing resilience-building as a prevention strategy: upfront investment can reduce avoidable losses, stabilize essential services, generate long-term savings by lowering the costs of response and recovery, and the cost burdens of nutrition insecurity.

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## Strategies

**1) Strengthening Community-Based Organizations**

**2) Integrating Local and Regional Food into Healthcare**

**3) Diversifying Local and Regional Food System Infrastructure**



# 1) Strengthening Community-Based Organizations

## *Why This Matters:*

Community-based organizations are the most trusted messengers and, consequently, often the first point of contact during rapid-onset emergencies because community members are familiar with the ongoing mission-based services used to address slow-moving community disruptions. CBOs hold irreplaceable institutional knowledge, providing language access and understanding of cultural norms and community needs. CBOs play active roles during crises and in addressing nutrition security. Ensuring they remain well-resourced and integrated into action plans before emergencies occur is a strategy to enhance community resilience.

## *Our Programs Demonstrate:*

- The LA and Stockton programs could not have operated at scale without CBOs. In Los Angeles, CBOs enabled rapid enrollment, trusted outreach, and in-language support, reaching tens of thousands of Angelenos in nine short weeks. In Stockton, trusted relationships with the Food Bank and FQHCs (Federally Qualified Health Centers) ensured adequate participation of community members and culturally relevant food.
- Most CBOs cannot do this work alone. The complex fiscal management, contracting, compliance, and evaluation associated with huge flow downs of federal or state funds can be aided by nonprofit intermediaries such as PHI.
- A partnership approach that leverages the strengths and expertise of different entities, such as local CBOs and intermediary organizations, provides broader strengths and specialties that can improve program function and rapid response.

## *How to Strengthen CBOs:*

1. Optimize roles across partners:
  - Formalize multi-stakeholder models where CBOs lead outreach and community engagement, while, when needed, intermediary institutions manage fiscal oversight, contracting, and reporting. This role clarity accelerates emergency response and everyday action and reduces administrative burden.
2. Provide ongoing, flexible core support funding for CBO networks:
  - Move beyond crisis-only grants. Multi-year, flexible funding allows CBOs to maintain staff, infrastructure, institutional knowledge, and community relationships that can be rapidly activated during emergencies.
3. Require planning set-asides in all response grants—even short-term awards:
  - Allow planning funds expenditures within all grant proposals for CBOs to establish and maintain their networks and organizational capacity in order to better plan for disruptions. Preparedness creates a more reliable and resilient network.

4. Ensure food-focused CBOs are included in health system planning:
  - Include CBOs like food hubs as standing partners in health, nutrition, and food is medicine approaches and emergency response planning. Collaborating with a variety of CBOs from the food and health system will improve the network's skillset and increase response efficiency.

*Outcome for Response to Rapid Onset and Slow-Moving Disruptions:*

Prepared, well-funded CBOs reduce response time, improve equity of access, and lower long-term public costs by stabilizing households before crises escalate.



**Figure 3:** This chart demonstrates the structure of roles and responsibilities from the Los Angeles County Programs. It highlights a possible collaborative structure that delegates the roles of fiscal management, community outreach, food procurement, and more. This visual is adapted from the #LetsFeedLA project.

## 2) Integrating Local and Regional Food into Healthcare

### *Why This Matters:*

Healthcare systems and programs often provide relatively stable infrastructure with broad reach across communities, offering significant potential return on investment for delivering and scaling local food system innovations. Integrating local food procurement into healthcare-based nutrition interventions creates dual resilience: improving patient outcomes while strengthening regional food systems that can withstand supply chain disruptions. Using hospitals and other healthcare providers as institutional procurers of local food contributes to economic stability, fresher food access, and supply chain preparedness. Establishing relationships with local producers is a key action for achieving nutrition security for marginalized populations. These relationships improve rural community resilience by supporting livelihoods, preserving markets, and sustaining food production capacity during disruptions, and urban resilience by increasing food access.

### *Our Programs Demonstrate:*

- Stockton's Healthy Food Rx program integrated local produce when possible, supporting local agriculture while delivering medically tailored food to patients with diabetes. Participants experienced improved diet quality, food security, and health outcomes—demonstrating the preventive value of healthcare-linked food access.
- However, the Los Angeles County Grocery Voucher Programs revealed a missed opportunity. While these programs rapidly expanded food access to low-income communities during COVID-19, the millions of dollars in funding used to purchase food through this initiative left the region and was not used to build markets and support for the Los Angeles regional food system.

### *Other Innovations of Note:*

- Both the CERES Community Project and Recipe4Health program in California have successfully and consistently sourced local produce for Food is Medicine initiatives from local farmers, contributing to stable markets and funding for small and mid-sized producers.
- Other states are advancing innovative models, such as including preferential pricing for local/state food, local food procurement mandates within food is medicine initiatives.

## How to Integrate Local Food:

1. Expand Food is Medicine models:
  - Scale up produce prescriptions, medically tailored grocery boxes, and meals sourced from local and regional producers; include mandates or price premiums for purchasing from small and midsize producers, particularly producers that are located within and/or serve low-resource communities.
2. Leverage healthcare financing:
  - Align Medicaid waiver programs and value-based care models to reimburse nutrition interventions, reducing patient cost barriers while stabilizing program funding.
3. Pair nutrition services with wrap-around care:
  - Nutrition interventions at healthcare institutions should include wrap-around care services to address related social needs. Social determinants of health, such as housing instability, transportation barriers, etc., can undermine patients' ability to store, prepare, and access healthy food and limit the effectiveness of nutrition support and worsen health outcomes. For people with diet-related chronic conditions, addressing the barriers to care, such as transportation and lack of disease knowledge, can increase adherence and improve health outcomes. In addressing crisis-related food insecurity, recipients are likely to be at risk of other critical losses as well, such as housing and employment.

## Outcome for Response to Rapid Onset and Slow-Moving Conditions:

Healthcare-integrated local food systems create strategic, redundant, trusted food access pathways that protect vulnerable patients during supply disruptions and reduce downstream healthcare costs.

**Figure 4:** Abbott's Future Well Communities Partnership Network in Stockton, CA provides various services to support diabetes patients' social and health needs. 98% of social needs referrals within the network are accepted.



### 3) Diversifying Local and Regional Food System Infrastructure

#### *Why This Matters:*

No single food distribution channel can meet community needs, particularly during disruptions, which reveal fundamental weaknesses in the systems required to ensure nutrition security. Diversified food access – across grocery stores, ethnic markets, local producers, direct delivery, and healthcare channels – creates strategic redundancy, a core principle of resilient systems. More options also increase nutrition security, lowering the barrier for communities to access food every day and during crises. The reality in our current economy is that large grocery retailers are critical to providing food access. Nevertheless, local and culturally specific markets are often more agile and community-connected, especially during disruptions. This shift to diverse channels protects communities and helps rebuild economies following disruptions by supporting local purchasing.

#### *Our Programs Demonstrate:*

- Stockton’s home-delivered, recipe-based food boxes offered an alternative access model, lowering barriers of access and improving engagement and continuity of care while also supporting local agriculture.
- The Los Angeles County programs prioritized speed and scale, partnering with large grocery chains that had gift card systems in place. This partnership was effective for rapid deployment but limited in reach for communities without nearby stores or transportation.
- The Los Angeles County programs’ approach could not prioritize supporting the local and regional food system, including small and mid-sized producers, because no local source with sufficient quantities was identified within the limited timeframe needed to respond. Having previously established local and regional food producers as a specific source with means of rapid purchase (e.g. gift cards, food bucks) would allow for continued local investment, diversified market access for consumers and producers, expanded producer revenues, and enhanced long-term resilience, lowering risk.

#### *How to Diversify Local and Regional Food System Infrastructure:*

##### 1. Build and maintain multiple channels of healthy food access:

- Invest in avenues such as grocery vouchers, food boxes, food hubs, farmers markets, mobile markets, culturally specific retailers, and direct-from-farm distribution, before crises. This readies the system to respond with these channels during emergencies.

##### 2. Expand market match and incentive programs:

- Pair emergency nutrition dollars with incentives that stretch benefits while supporting local producers. These programs already help to diversify food access affordably. Pushing to expand these programs improves nutrition security.

### 3. Prioritize local and regional sources for food procurement

- Develop relationships with producers, food hubs, small grocers, food banks, and other food producers and distributors so they have the capacity, infrastructure, and coordination needed to respond to disruptions. This includes pre-arranged agreements, shared contingency planning, and clear activation roles so food sourcing, aggregation, and delivery can scale quickly.

#### *Outcome for Response to Rapid Onset and Slow-Moving Disruptions:*

Developing local and regional food infrastructure prepares social, physical, and financial networks to collaborate to achieve more effective and informed emergency response and supports local economic development.



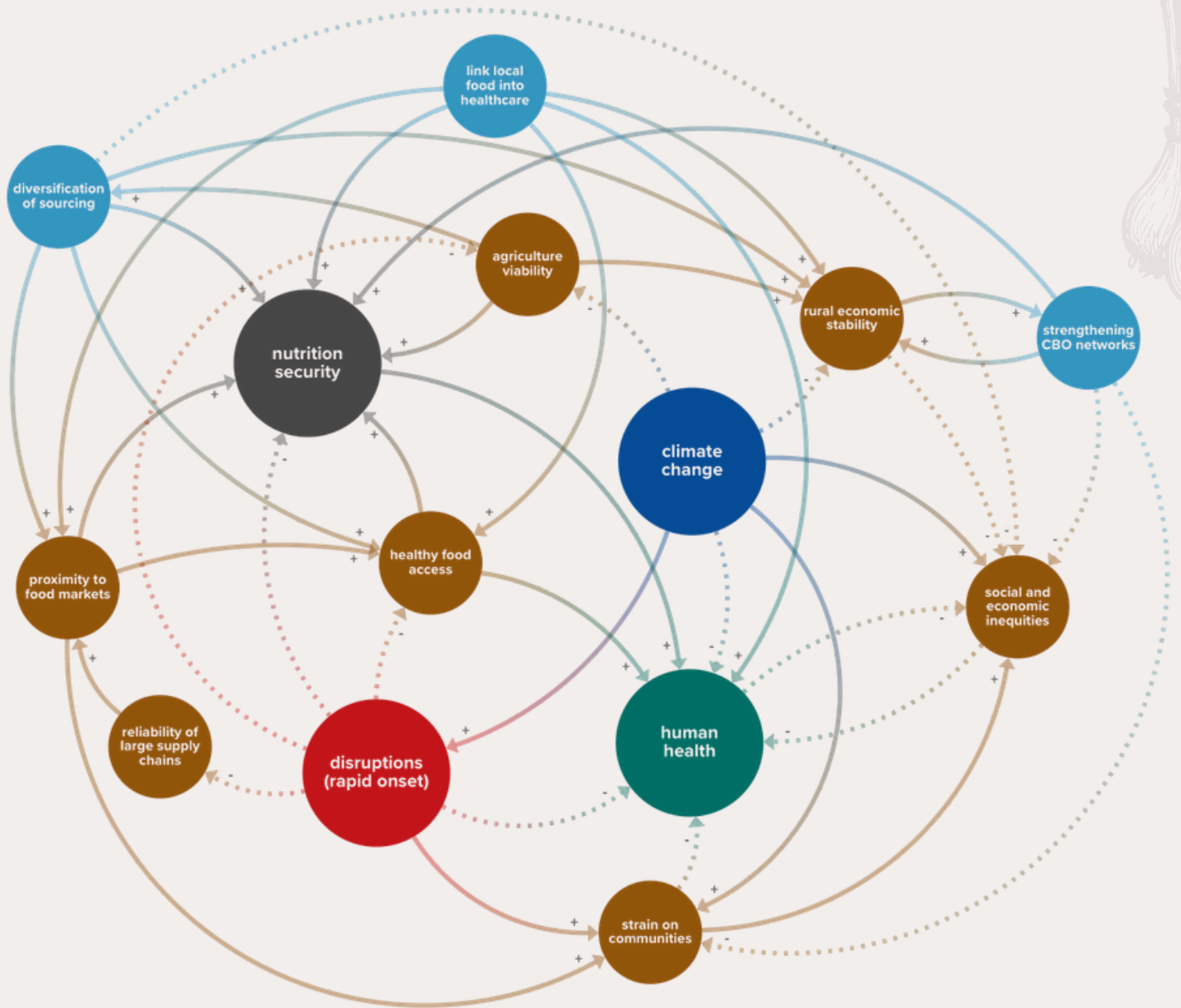
Enrollment in nutrition security programs offer face to face interactions with community members – a time that can be leveraged for other SDoH care.

A food box from the Healthy Food Rx project is accompanied by nutrition education, recipe cards and tips, and a healthy text message campaign.



Grocery vouchers from the Los Angeles County programs provide families access to food and choice. Large markets with existing vouchers made resource roll-out quick.

# Implementing Actionable Strategies and the Impact on the System



**Figure 5:** This systems map builds on Figure 2, demonstrating how the implementation of the three recommended actionable strategies will impact the systems of climate, human health, and nutrition security with the added context of rapid onset disruptions. Each strategy has a corollary effect on nutrition security. We must identify actions that will make systemic change and consider the multi-systemic impacts of approaches before implementation. Taking a broad scope approach to planning will improve the effectiveness, efficiency, and reliability of a strategy.

# Model Policies for Action

This paper offers adaptable model policies as templates that can be used to inform and guide legislative, regulatory, or programmatic action. These models embed principles of local procurement, community investment, and equitable access into the design and implementation of publicly supported food and nutrition programs.

By adopting or adapting these frameworks, jurisdictions can strengthen regional supply chains, support historically underserved producers, and ensure that food and nutrition investments deliver health, economic, and climate benefits. Leaders are encouraged to tailor this model language to reflect their community's specific needs, challenges, and opportunities.

## *Put These Model Policies to Work*

Transforming food systems and building community health requires bold, equity-centered action grounded in community leadership. The model policies provide adaptable language for policymakers at all levels to strengthen local and regional economies, invest in trusted community-based organizations, and integrate support for local and regional food system infrastructure into Food as Medicine and emergency nutrition programs to build resilience and responsiveness to community disruptions and stressors.

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### **Model Policy Declaration**

The model policy on page 24 provides a foundational declaration that jurisdictions—state, local, tribal, or regional—can adapt into resolutions, executive orders, or legislative language to catalyze comprehensive food system transformation.

### **Local Procurement and Community-Based Investment Policy**

The model policy on page 29 offers statutory or regulatory language that cities, counties, or states can integrate into policies establishing Food as Medicine or emergency nutrition programs. Each jurisdiction should define “local or regional producers” according to its unique geography, infrastructure, climate, agricultural diversity, and economic goals.

**FULL MODEL POLICY LANGUAGE CAN BE FOUND ON PAGES 24–31**



# Conclusion

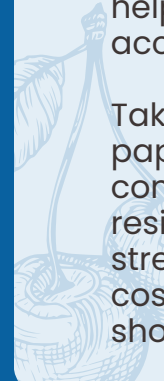


This white paper underscores a clear, actionable pathway to strengthen nutrition security and community resilience in a time of compounding disruptions. “Emergencies” are not limited to rapid-onset crises like wildfires, floods, or pandemics. They also include slow-moving and moderate-onset conditions that steadily erode stability, including rising food prices, persistent economic hardship, chronic disease burdens, supply chain disruptions, extreme heat and drought, and the cumulative impacts of underinvestment in community capacity and local food infrastructure. In this broader “emergency” context, public policy must shift from episodic short term response to sustained, preventative investments that reduce vulnerability, protect health, and promote community resilience.

A practical agenda emerges from this analysis, centered on three connected policy priorities. First, treat community based organizations as essential infrastructure by investing in durable CBO networks, providing multi-year and flexible support, and formalizing roles and coordination so trusted partners can respond quickly across different types of disruptions. Second, mobilize healthcare systems as stable, broad reach anchors for nutrition security by scaling Food is Medicine strategies tied to local and regional food systems, aligning reimbursement and value based care pathways, and pairing nutrition supports with services that address barriers families face. Third, expand healthy food access options to include more local and regional food system infrastructure with the capacity to scale during rapid onset events and meet ongoing needs during slow-moving and moderate conditions, including incentives, procurement strategies, and other approaches that strengthen local and regional supply chains that support small and midsize producers rather than relying solely on industrial food systems.

These recommendations are offered within the reality of today’s food system, where large supermarkets and major suppliers remain central to food access for many communities. Roots of Change and the Center for Wellness and Nutrition understand this landscape and the need for a diverse set of options that meet communities where they are. At the same time, true community resilience requires additional pathways that both restore components of local and regional food systems that have been lost, as well as new innovations. Sustained public investment in local and regional food systems can create more options for communities while strengthening economic development through support for producers, processors, distributors, and community connected retail. A more diverse, viable local and regional food economy can help ensure that when one pathway is disrupted, communities still have access to healthy, affordable, and culturally relevant food.

Taken together, the recommendations and policy actions outlined in this paper can protect and strengthen the nutrition safety net while building the community capacity and local food infrastructure needed for long term resilience. By advancing this approach, leaders can improve nutrition security, strengthen community capacity and resilience, reduce preventable health costs, and help communities withstand and respond to both the sudden shocks and the persistent stresses that shape daily life.



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[mail@rootsofchange.org](mailto:mail@rootsofchange.org)



## PROJECT WEBSITES

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**[Los Angeles County Grocery Voucher Program](#)**

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**[Healthy Food Rx Program](#)**

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**[Roots of Change #LetsFeedLA](#)**

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[rootsofchange.org](http://rootsofchange.org)

[centerforwellnessandnutrition.org](http://centerforwellnessandnutrition.org)

[phi.org](http://phi.org)

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# Model Policy Language

Model Policy Declaration  
Model Statutory/ Policy Language



# Model Policy Declaration

## 1. Model Policy Declaration

This following model language is provided as an example of a comprehensive declaration that can serve as the foundation for meaningful local, state, or regional food system transformation. The intention is that state, local, and community leaders can incorporate language from this model and tailor for their specific jurisdiction (e.g., a state, city, a tribal nation, or a county government) and advance as a formal resolution, executive order, or legislative language for policy adoption.

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### **[State/City/County Name] Declaration of Commitment to Building a Resilient, Healthy, and Equitable Food System**

WHEREAS, access to healthy, affordable, and culturally appropriate food is essential to the health, well-being, and economic security of all people in **[State/City/County]**;

WHEREAS, the current dependence on outdated, centralized, and extractive food supply chains poses a risk to the long-term health of communities, the sustainability of local economies, and the ability to respond effectively and efficiently to economic, environmental, and public health crises;

WHEREAS, these industrial food systems often fail to deliver fresh, nutritious food to all communities equitably, rely heavily on ultra-processed food products, and overlook the potential of local and regional producers, including regenerative farmers and ranchers, to contribute to food access, climate resilience, and local economic development;

WHEREAS, the climate crisis and the increasing frequency of disasters – including wildfires, droughts, extreme weather, and pandemics – demand proactive investment in local food systems, climate-smart agriculture, and regional food infrastructure to strengthen public health, economic sustainability, and disaster preparedness, and promote overall community resilience.

## Model Policy Declaration

WHEREAS, Regenerative Practices in food systems and agriculture are defined as holistic approaches to farming, ranching, and food production that enhance ecosystem health and biodiversity, improve soil fertility and water retention, reduce greenhouse gas emissions through carbon sequestration, promote animal welfare, prioritize equitable community engagement and participation, and support economic sustainability and resilience by working with natural processes rather than relying on synthetic inputs or extractive practices;

WHEREAS, community-based organizations (CBOs), local growers, ranchers, food hubs, cooperatives, community gardens, Indigenous and traditional food practitioners, and regional food businesses are critical to building a resilient, equitable, and climate-smart food system;

WHEREAS, the Good Food Purchasing Program, developed by the Center for Good Food Purchasing, provides a comprehensive framework for public institutions to align their food procurement practices with five core values: local and community-based economies, environmental sustainability, a valued workforce, animal welfare, and community health and nutrition. By adopting this program as a framework **[State/City/County]** can commit to enhancing transparency, equity, and accountability in institutional supply chains, thereby promoting a more just and sustainable food system that benefits people, animals, and the environment;

NOW, THEREFORE, be it resolved / ordered / declared that **[Governor/Mayor/County Executive/Legislative Body]** affirms the following commitments on behalf of **[State/City/County Name]**:

### **Section 1. Commitment to a Resilient, Healthy, and Climate-Smart Food System**

**[State/City/County]** affirms its commitment to developing and supporting a food system that is:

- Resilient to climate, economic, and public health shocks;
- Health-promoting, prioritizing access to fresh, whole, minimally processed, and culturally appropriate foods;
- Equitable, ensuring that systemically marginalized and excluded communities benefit from investments and leadership roles;
- Sustainable and resilient, supporting environmental stewardship, community wealth-building, democratic engagement, and local economic development.

## Section 2. Strengthening Local and Regional Food Supply Chains

**[State/City/County]** will promote policies and programs that:

- Encourage and prioritize procurement from local and regional producers, ranchers, and growers;
- Reduce dependency on long-distance, industrial food supply chains;
- Build capacity for local producers to serve institutional and emergency food markets.

## Section 3. Establishing Minimum Thresholds for Local Procurement and CBO Investment

To ensure public investment drives systemic transformation, **[State/City/County]** shall establish minimum standards for its publicly funded food programs, including but not limited to Food as Medicine initiatives, disaster and emergency feeding programs, school meals, and health system nutrition programs:

- Local Food Purchasing: A minimum threshold shall be established for the percentage of total food procurement to be sourced from local or regional producers, with clear definitions and timelines aligned to program capacity and market readiness.
- CBO Investment and Distribution: A minimum percentage of program funds shall be distributed directly to community-based organizations engaged in food distribution, nutrition services, community outreach, and emergency response, with a focus on those serving high-need and historically marginalized communities.

## Section 4. Building Local and Community Capacity Now

Recognizing that meeting these thresholds requires significant preparation and long term planning, **[State/City/County]** commits to immediate and ongoing investment in:

- Community-Based Organizations (CBOs): Multi-year, flexible funding beyond the immediate needs of crisis or emergency response to strengthen infrastructure, staffing, operations, and strategic growth;
- Local Food Infrastructure: Development and support of food hubs, cold storage, transportation systems, processing facilities, and mobile markets to serve regional aggregation and distribution needs;

## Model Policy Declaration

- Technical Assistance and Capacity Building: Training, business development, food safety and regulatory support, and land access resources for small and mid-sized growers, ranchers, Indigenous producers, and BIPOC- and women-led enterprises to expand their market reach and participation in public programs.

### **Section 5. Job Creation and Economic Development**

**[State/City/County]** will leverage food system transformation to create economic opportunity by:

- Supporting good-paying jobs in agriculture, food production, processing, distribution, and retail;
- Encouraging entrepreneurship and ownership within historically marginalized communities;
- Aligning workforce development programs with local food economy growth.

### **Section 6. Healthy Food Access and Procurement Reform**

All publicly supported nutrition and food programs shall:

- Increase availability of healthy, nutrient-dense foods – including fresh fruits and vegetables, whole grains, legumes, and responsibly sourced meats and dairy;
- Reduce reliance on ultra-processed foods in food distribution and public procurement contracts;
- Promote culturally relevant food access and community-designed nutrition strategies.

### **Section 7. Integration with Climate, Health, and Emergency Preparedness Plans**

Food systems policy shall be integrated into **[State/City/County]**'s:

- Climate action and sustainability plans;
- Public health and chronic disease prevention strategies;
- Emergency preparedness, response, and recovery planning – including wildfire, drought, extreme weather, and pandemic response scenarios.

## Section 8. Advancing Equity and Community Leadership

**[State/City/County]** commits to:

- Centering equity in all food system strategies and funding decisions;
- Prioritizing support for BIPOC-led, Indigenous, immigrant, and historically underserved producers and organizations;
- Embedding community leadership, co-governance, and inclusive design in program planning and oversight.

## Section 9. Implementation, Accountability, and Transparency

The **[relevant department(s) or agency(ies)]** shall:

- Integrate this framework into policy, procurement, and program implementation;
- Develop and publicly report annual progress metrics, including benchmarks for local procurement, CBO investment, healthy food distribution, and equity outcomes;
- Establish advisory structures inclusive of community stakeholders, producers, and CBOs to guide implementation, monitor progress, and adapt strategies over time.

BE IT FURTHER RESOLVED / ORDERED / DECLARED, that **[State/City/County Name]** calls on partners in the public, nonprofit, philanthropic, and private sectors to join in building a resilient, equitable, and healthy food system that serves all people, supports local economies, and protects community and environmental health for generations to come.

# Model Statutory/Policy Language

## 2. Model Statutory/Policy Language to support Local Procurement and Community-Based Organization (CBO) Investment Requirements

The following model language can be tailored as needed and included in the specific enabling statute or policy language enacted by a city, county, or state to establish Food as Medicine and/or emergency nutrition programs.

Jurisdictions should define the threshold and criteria for "local or regional producers" based on their unique context and needs. Factors to consider may include geographic boundaries, transportation infrastructure and limitations, climate conditions, agricultural diversity, economic goals, and community preferences.

### Section [X]: Local Procurement and Community-Based Distribution Requirements

#### (a) Local and Regional Procurement Threshold

1. A minimum threshold shall be established for the percentage of total food procurement under the program to be sourced from local or regional producers.

2. For the purposes of this section, "local or regional producers" shall include:

- Agricultural producers and ranchers operating within **[state/region/local jurisdiction]**;
- Community gardens, urban farms, and Indigenous or culturally specific food producers;
- Food hubs, cooperatives, and small- to mid-scale aggregators sourcing from within the defined local or regional area.

3. The threshold shall be no less than **[XX]%** of total annual food purchased with program funds by **[Year XX]**, with a clearly defined implementation timeline and benchmarks aligned to program capacity and market readiness.

4. The **[Designated Department or Agency]** shall establish clear definitions, reporting requirements, and criteria for exceptions due to seasonal availability or capacity constraints.

### **(b) Community-Based Organization (CBO) Distribution Threshold**

1. A minimum of **[XX]**% of total program funds shall be allocated directly to community-based organizations (CBOs) engaged in food distribution, nutrition education, culturally responsive outreach, case management, or emergency feeding services. This may include, where appropriate, the use of fiscal sponsors, fiscal intermediaries, or other administrative partners that support the participation of small, emerging, or unincorporated community-based efforts.

2. Priority shall be given to CBOs that:

- Are led by or serve communities disproportionately impacted by food insecurity, systemic inequities, or environmental injustice;
- Demonstrate deep community trust and engagement;
- Provide linguistically and culturally appropriate services tailored to the populations they serve.

3. The **[Designated Department or Agency]** shall develop equitable funding criteria, application processes, and technical assistance resources to ensure small and under-resourced and grassroots organizations can fully participate.

4. Multi-year, flexible funding models shall be encouraged to build long-term CBO capacity, support workforce development, strengthen organizational sustainability, and reduce administrative burden.

### **(c) Capacity Building and Market Readiness**

In order to meet the thresholds described above, the **[State/City/County]** shall:

- Invest in technical assistance, infrastructure, and training for local and regional producers and aggregators to meet food safety, procurement, and volume requirements;
- Support the development and expansion of food hubs, cold storage, transportation systems, and cooperative processing facilities;
- Provide grant funding, contracting set-asides, and other supportive measures to enable CBOs and local producers to build capacity to meet program needs.

### (d) Implementation and Accountability

1. The **[Designated Department or Agency]** shall adopt regulations or program guidelines to implement this section, including measurable annual benchmarks, timelines, and performance indicators.
2. The agency shall publish an annual report documenting:
  - The percentage of food sourced from local and regional producers;
  - The percentage of funds distributed to community-based organizations;
  - Investments made in producer and CBO capacity;
  - Any barriers encountered and recommendations for improvement.
3. A stakeholder advisory body composed of community-based organizations, local producers, public health and equity experts, and consumers shall be consulted in the development and review of program implementation and reporting.