

# Activating the Food Is Medicine Ecosystem: A Framework for Stakeholder Partnerships



Compiled Recommendations  
57 recommendations in total

## Designing Partnership Architecture (7 recommendations)

Recommendation	Most relevant when	Description	Primary stakeholder
<b>Recommendations for 'Mapping Roles and Functions Across the FIM Ecosystem'</b>			
<b>Explicitly assign functional ownership across the care continuum.</b>	Multiple partners are sharing responsibilities or roles are evolving as programs scale	Using the stakeholder map in Figure 1 and the guidance provided in the Appendix (in the full report), partners can document which organization is responsible for which core function: screening, referral, food provision, navigation, data exchange, evaluation, financing, and advocacy. Clarifying where roles intentionally overlap and where they should remain distinct can reduce duplication, prevent accountability gaps, and minimize implicit assumptions about who “owns” critical tasks such as reporting or program participant follow-up.	All stakeholders
<b>Avoid concentrating too many functions within a single entity without adequate infrastructure.</b>	One organization is attempting to streamline delivery by absorbing multiple operational roles	Although vertical integration can increase efficiency in early stages, over-concentrating functions can create operational strain, financial risk, and fragility if funding or staffing shifts. As complexity increases, partners can periodically assess whether additional partners, backbone support, or specialized vendors are needed. Sustainable scale often requires distributing functions intentionally rather than consolidating them by default.	
<b>Ensure that representation and feedback loops for program participants are embedded structurally, not symbolically.</b>	Governance bodies or advisory groups are being formed or expanded	The most successful programs will move beyond perceiving program participants solely as individuals receiving FIM interventions and create formal avenues for individuals with lived experience to influence governance, evaluation design, and program refinement. Stakeholders should solicit active feedback from participants, such as compensated participation in program design committees or formal feedback loops tied to program modification triggers, rather than rely simply on surveys or testimonials. Structurally embedding the program participant voice strengthens program quality and improves program responsiveness over time.	

<p><b>Revisit role alignment at inflection points.</b></p>	<p>Programs are expanding geographically, entering reimbursement models, or responding to policy change</p>	<p>As FIM programs grow, roles that were once informal may require formalization, and new actors may need to be engaged. These moments of transition are natural inflection points to reassess whether all five domains (Technology, Data and Infrastructure; Food Provision and Fulfillment; Participant Involvement, Policy and Financing; Clinical and Health Care) are adequately represented. Regular recalibration can help prevent drift and maintain partnership resiliency as the ecosystem evolves.</p>	
<p><b>Recommendations for ‘Choosing the Right Partnership Structure’</b></p>			
<p><b>Match partnership structure to the problem being solved.</b></p>	<p>Partnership challenges stem from unclear scope, scale expectations, or misaligned coordination needs</p>	<p>Before formalizing a structure, clarify whether the primary need of the partnership is learning, coordination, infrastructure, or direct service delivery. Misalignment between structure and purpose can create unnecessary complexity and leave critical functions unsupported. Partners can avoid defaulting to highly formalized models when flexibility would be sufficient, or relying on informal arrangements when coordination burdens are high. Aligning structure with purpose reduces unnecessary complexity and ensures that essential functions have adequate support.</p>	<p>Partnership designers and conveners</p>
<p><b>Design for evolution, not permanence.</b></p>	<p>Partnerships are entering new funding stages, scaling geographically, or adding stakeholders</p>	<p>Partnership structures should be responsive to program participant and funding needs as they arise and be treated as adaptable tools rather than fixed endpoints. Partnership designers should build in defined reflection points (e.g., annually or at funding transitions) to review whether the current partnership structure still matches the program’s scope, funding realities, and stakeholder capacities. As they mature, partnerships should be prepared to formalize, decentralize, or layer additional structures to reflect changing needs. Intentional evolution can help partnerships scale without outgrowing their original design.</p>	
<p><b>Do not remain in transitory spaces indefinitely.</b></p>	<p>Role ambiguity, duplication, or infrastructure gaps begin slowing implementation</p>	<p>While fluidity is natural in a growing field, partnerships should eventually clarify governance, accountability, and operational ownership to prevent strain and fragmentation. To avoid remaining in the adaptive phases of development for too long, partners can monitor for warning signs such as duplicated outreach, unclear decision-making, or disproportionate administrative burden. If these patterns emerge, then formalizing governance structures, clarifying accountability pathways, and documenting operational ownership may be helpful. Moving from informal coordination to structured alignment in the right moment can help preserve momentum while maintaining adaptability.</p>	

## Optimizing Funding Partnerships for Collaboration (19 recommendations)

Recommendation	Most relevant when	Description	Primary stakeholder
<b>Recommendations for ‘Learning from FIM Funding to Date: How Policy, Regulations, and Financing Can Shape Partnerships’</b>			
<b>Lessons from Medicaid Section 1115 Demonstration Waivers</b>			
<b>Intentionally select and define the role of the operational backbone.</b>	Programs require centralized coordination, financial management, or data exchange across multiple delivery partners	Clearly defining the problem the hub is trying to solve and selecting the hub model accordingly can help align expectations and improve overall program delivery. Health care–anchored hubs (e.g., ACOs) are most effective when the primary challenge is managing reimbursement, compliance, clinical integration, or administrative complexity. Community-anchored hubs (e.g., CBO networks or regional intermediaries) are better suited when the goal is to strengthen local delivery capacity, preserve trusted community relationships, and reduce participation barriers for smaller delivery partners and providers. Independent intermediary hubs may be most appropriate when the central challenge is coordination, data exchange, or multi-sector alignment.	Funders and policymakers
<b>Engage delivery partners early in program and policy design.</b>	Nonclinical or community-based organizations (CBOs) are responsible for service delivery but lack authority in program design	Involving CBOs and other delivery partners in program design, and not just implementation, supports fair pricing and reimbursement, feasible reporting requirements, and shared ownership of program goals. Codesigning programs from the start can increase trust and buy-in across partners. Operational backbones can also be leveraged to facilitate these types of relationships and ensure that CBOs and other local delivery partners are involved even as programs scale.	
<b>Balance regional flexibility with baseline standardization.</b>	Programs operate across multiple regions or lead entities, and variation in rules or systems increases administrative burden	While the ability of organizations to adapt programs to their local contexts is important, excessive variation among these models can create fragmentation and additional administrative burden, especially for organizations working across multiple geographies and with multiple backbone organizations. Establishing shared standards for eligibility, data exchange, and core workflows can preserve flexibility while improving scalability and partner participation.	

## Lessons from In Lieu of Services (ILOS)

<p><b>Design funding requirements around existing service delivery capacity.</b></p>	<p>Funding models seek to scale services while preserving participation from locally rooted or capacity-constrained partners</p>	<p>Plans and policymakers should begin by identifying which organizations already deliver effective FIM services and then tailor participation requirements to reinforce those models. Phased implementation, intermediary participation models, or differentiated requirements can ensure that locally rooted organizations remain viable partners.</p>	<p>Funders and policymakers</p>
<p><b>Pair flexibility with clear guidance to reduce uncertainty and risk for partners.</b></p>	<p>Programs allow local adaptation but require up-front investment or operational risk from delivery partners</p>	<p>While flexibility enables local adaptation, unclear expectations can cause potential partners to hesitate to participate, especially CBOs with limited financial resources. Providing clearer guidance on expectations, timelines, or reimbursement can provide structure without sacrificing adaptability.</p>	
<p><b>Invest in capacity-building and risk mitigation for smaller FIM providers.</b></p>	<p>Initiatives seek to include smaller or less-resourced organizations in formalized funding or contracting arrangements</p>	<p>Funding models that include up-front payments, technical assistance, or shared infrastructure can prevent flexible funding from inadvertently favoring partners who are already well resourced. These supports can be particularly important when programs operate within reimbursement-based systems such as Medicaid, wherein claims processing timelines can create significant cash-flow pressures for smaller organizations. In practice, a meaningful share of submitted claims may be rejected or require resubmission, and reimbursements can take 90–180 days to process. Designing funding structures that account for these operational realities can ensure that smaller organizations can participate sustainably and continue to deliver FIM services to the communities they serve.</p>	

## Recommendations for 'Working Within Existing Funding Frameworks'

<p><b>Design for funding resilience.</b></p>	<p>A single public funding source accounts for the majority of an organization's budget</p>	<p>Experiences across Section 1115 waiver and ILOS models demonstrate the vulnerability that can arise when large-scale infrastructure depends heavily on a single funding source. Organizations and partnerships can proactively assess their funding sources and set allocation thresholds for each source to limit overreliance on any one sector.</p>	<p>Implementers and delivery partners</p>
<p><b>Separate infrastructure from service financing.</b></p>	<p>A program is transitioning from pilot funding to sustained implementation</p>	<p>Particularly in the early stages, FIM implementers may build their data systems, staffing, and administrative capacity using the same funding allocated to services. If reimbursement shifts or wanes, these core infrastructure needs may be at risk alongside services. Structuring longer-term financing for backbone infrastructures that is distinct from the funding used for interventions can reduce fragility and improve adaptability. This diversified funding can help programs pivot without risking foundational infrastructure.</p>	

<b>Embed funding strategy in organizational strategy.</b>	Organizations are operating rapidly in shifting policy environments	Funding decisions can have long-term structural consequences for organizations. Treating funding strategy as an episodic grant-seeking exercise can limit adaptability, particularly in a rapidly changing policy or funding environment. Organizational strategy should include periodic reviews of the funding mix and exploration of other funding sources, so that funding structures can be adjusted as deliberately as program design.	
<b>Match funding to function.</b>	Programs are scaling and multiple partners are responsible for distinct functions across the care continuum	As FIM programs increasingly involve multiple distinct functions, no single funding source can support every activity. Every funding source brings advantages rooted in their timelines, flexibilities, and structures. Aligning these advantages with specific functions can minimize duplication and support long-term scaling. It also directly helps stakeholders avoid overreliance on philanthropy, which may limit payer integration, or overdependence on federal funds, which may leave programs vulnerable to policy shifts.	

**Recommendations for 'The Future of FIM Funding: Strategic Roles for Payers, Philanthropy, and Private-Sector Leaders'**

**Strengthening Health Care's Role**

<b>Embed FIM in core coverage to enable durable partnerships.</b>	FIM partnerships are constrained by short-term or supplemental benefit design	When FIM is financed primarily through pilots or supplemental benefits, partnerships with CBOs and food providers may remain temporary or episodic. Health-care funders such as Medicare, Medicaid, or commercial payers can strengthen cross-sector partnerships by integrating FIM into core coverage pathways. Doing so could enable multiyear contracts and more predictable referral volumes for implementing partners. More than just a financing decision, stable reimbursement can be a partnership signal and enabler.	Health plans and advocates
<b>Design health-care payment to enable long-term partnerships.</b>	FIM funding is shifting from grant-funded pilots to reimbursement-based models that require sustained, cross-sector coordination	Health-care reimbursement models can be structured to support multiyear contracts, predictable payment timelines, and shared accountability with community partners. Episodic or narrowly time-bound payment mechanisms can discourage deeper coordination with CBOs and food providers.	

## Philanthropy as a Catalyst for Stabilizing and Shaping the Ecosystem

<p><b>Fund partnership infrastructure, not just programs.</b></p>	<p>Health-care reimbursement is expanding but lacks coordination and infrastructure</p>	<p>Philanthropy can foster cross-sector collaboration by prioritizing investment in coordination, governance, shared planning, and technical infrastructure—alongside program service delivery. While traditional programs may generate short-term impact, they may not be able to sustain the relational and administrative backbone required for system-wide FIM implementation. Multiyear, flexible funds centered on partnership development can stabilize ecosystems, especially during policy transitions.</p>	<p>Philanthropic funders</p>
<p><b>Pool capital to reduce fragmentation.</b></p>	<p>Multiple funders are investing in overlapping FIM initiatives or geographies</p>	<p>Collective philanthropy can support larger-scale infrastructure and governance efforts, often more powerfully than individual grants alone. While one-off and program-specific grants remain essential for early innovation and responding to community-defined needs, pooled funding supports investment in the shared infrastructure that makes those programs more durable and coordinated. With these models, philanthropic partners can reduce fragmentation, share risk, and foster the operational capacity and relationship-building needed to sustain collaboration across health care, CBOs, and the broader food system. This approach expands the impact of traditional grantmaking by pairing catalytic investments with field-building and systems-level coordination. While pooled philanthropic funds can help align priorities across funders, some emerging models are also experimenting with new governance structures that shift decision-making power closer to implementers and communities themselves.</p>	

## Outcomes-Based Financing to Enable Cross-Sector Partnership

<p><b>Design outcomes-based financing to incentivize collaboration.</b></p>	<p>Multiple partners are motivated to collaborate but are constrained by siloed funding streams</p>	<p>Outcomes-based financing models can align incentives across health-care, community, and food systems partners by tying repayment to shared outcomes rather than siloed activities. With intentional design, these models can encourage partners to collaboratively improve service delivery, data sharing, and workflows. When defining outcomes, funders can consider those that reflect both health improvement and meaningful progress on social needs. Shared outcomes can serve as the organizing framework for cross-sector partnerships.</p>	<p>Philanthropic funders, impact investors, and public agencies</p>
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<p><b>Pair outcomes with flexibility in implementation.</b></p>	<p>Launching outcomes-based models or pilots and partnerships linked to performance</p>	<p>Rigid outcome definitions can constrain innovation and strain partnerships if they do not reflect the local context. Funders can combat these issues by balancing measurable accountability with flexibility in how partners achieve their agreed-upon goals. Encouraging autonomy for implementation within shared outcome guardrails can strengthen trust and collective problem-solving across sectors. This flexibility may also include allowing partners to focus on the diet-related conditions or populations most relevant to their communities, enabling networks to build on existing expertise while pursuing shared program objectives.</p>	
<p><b>Broadening the Funding Ecosystem</b></p>			
<p><b>Activate private capital to strengthen partnership infrastructure.</b></p>	<p>FIM partnerships are scaling but lack capital for shared infrastructure and coordination</p>	<p>Private investors can expand investment beyond technology platforms to underwrite the shared infrastructure that enables cross-sector partnerships. Logistics systems, workforce development, shared data infrastructure, and coordination capacity are essential to durable FIM collaboration but often lack adequate funding. Even time-bound investments that intentionally strengthen operational and relational infrastructure can serve as bridges toward long-term reimbursement and stable multi-sector collaboration.</p>	<p>Private investors</p>
<p><b>Expand retailers' role from implementation partners to strategic coinvestors.</b></p>	<p>FIM programs rely on retail infrastructure and shared financing could strengthen coordination</p>	<p>Retailers are already critical partners in FIM, especially related to food provision, logistics, benefit redemption, and improving the program participant experience. As programs scale, retailers can continue to build on this foundation by assuming a more active role in financing and infrastructure within partnerships. This work may include cofunding produce prescriptions or investing in backend systems that support shared data integration. By complementing their existing operational leadership with targeted investment and risk-sharing, retailers can further strengthen cross-sector collaboration while advancing both health outcomes and longer-term customer engagement.</p>	<p>Retailers</p>
<p><b>Design funding models to include a defined transition or offboarding phase.</b></p>	<p>Programs provide high-touch or curated services that are not sustained post-intervention</p>	<p>Rather than concentrating resources solely on enrollment and active service delivery, funders can structure financing across the full program life cycle to include a tapered transition period. This work may involve reallocating a portion of existing funding to support supplemental, time-limited services, such as nutrition education, navigation, or follow-up support, which can help participants shift from structured provision to independent decision-making. Embedding this phase into funding models can strengthen long-term outcomes without requiring entirely new funding streams.</p>	<p>All funders</p>

## Building Shared Understanding and Long-Term Value (31 recommendations)

Recommendation	Most relevant when	Description	Primary stakeholder
<b>Recommendations for 'FIM as a Market and a Movement'</b>			
<b>Ensure that shared governance structures reflect both market and movement priorities.</b>	Decisions on eligibility, scope, metrics, or funding materially affect multiple partner organizations	Decision-making bodies should be structured so that community organizations, health-care partners, and intermediaries hold meaningful authority and not just advisory roles. This structure ensures that operational models, benefit designs, and policies are shaped by lived experience and system-level constraints.	Multi-sector coalitions
<b>Use coalition spaces to set fieldwide standards and reduce fragmentation.</b>	Fragmentation across programs, geographies, cultures, or sectors limits coordination and learning	Cross-sector coalitions can establish baseline standards and expectations for program quality and culturally aligned care to ensure that rapid scale does not undermine FIM's core purpose. These coalitions can also help develop shared language, support peer learning, and mediate tensions among sectors to align the movement and the market at the ecosystem level.	
<b>Use intermediaries to reduce the burden of coordination among different sectors.</b>	Coordination demands across multiple sectors exceed the capacity of any single organization	Leveraging intermediaries or operational backbones to handle cross-sector coordination functions (e.g., contracting support, data exchange, or shared infrastructure) can help frontline partners focus on FIM delivery. Intermediaries can support alignment and efficiency without centralizing decision-making or redirecting CBO ownership of programs.	Intermediaries and operational backbones
<b>Align contracting with community value while sustaining market viability.</b>	Cost and efficiency are primary decision drivers (such as health-care contracting or managed care arrangements)	Contracting processes should incorporate criteria that recognize community trust, cultural competency, and program quality, alongside cost savings, scalability, and operational performance. This effort protects movement values without hindering market growth. The goal is not to trade community value for efficiency, but to design processes that reward partners who can deliver both.	Funders

<p><b>Invest in community capacity as infrastructure.</b></p>	<p>Programs rely on community delivery partners but must comply with health-care, data, or reimbursement standards</p>	<p>Providing CBOs with funding or support for the operational basics needed to remain competitive ensures that early FIM innovators can remain central as the field scales. This can include Health Insurance Portability and Accountability Act (HIPAA) alignment, data infrastructure, billing capacity, and compliance support.</p>	
<p><b>Design data systems that reflect both program participant experience and operational requirements.</b></p>	<p>Programs must balance health-care reporting requirements with community-centered goals</p>	<p>Data systems should capture not only utilization and cost but also community-defined outcomes such as trust, dignity, and access. In this way, data will reflect both movement and market priorities.</p>	<p>All partners</p>
<p><b>Promote transparency around motivations and expectations.</b></p>	<p>Partnerships bring together organizations with different incentives, power, or accountability structures</p>	<p>Partners should be encouraged to openly articulate their motivations to reduce mistrust and clarify expectations for collaboration. By using the guiding questions in Appendix A, stakeholders can align these values and expectations early and transparently.</p>	
<p><b>Recommendations for 'Addressing Key Tensions'</b></p>			
<p><b>Align on shared and sector-specific definitions of success.</b></p>	<p>Partners are accountable to different funders, payers, investors, or customers</p>	<p>Partners should explicitly surface their definitions of success and then agree on a shared set of partnership-level outcomes. They should clarify how success will be measured, over what time frame, and for which audiences (see Appendix in the full report for additional guidance).</p>	<p>Implementers and operational backbones</p>
<p><b>Build shared governance or advisory structures, including program participant representation.</b></p>	<p>Funding is pooled or braided, or when decisions materially affect multiple partners</p>	<p>Shared governance and advisory structures are appropriate when no single organization can make decisions independently without affecting other partners' operations, financial risk, or accountability. These structures can support more equitable decision-making and ensure that diverse perspectives (including the program participant's voice) inform program direction. They may be unnecessary for more narrowly scoped or operationally simple partnerships.</p>	

<p><b>Revisit power dynamics as programs scale or funding structures change.</b></p>	<p>Programs are scaling, transitioning funding sources, or renegotiating contracts or reimbursement arrangements</p>	<p>Implementers and operational backbones can create periodic reflection points (e.g., quarterly or annually) to reassess decision-making dynamics, feedback structures, and governance models as programs scale, shift funding sources, or enter reimbursement-based models, rather than assume that early arrangements remain appropriate over time.</p>	
<p><b>Incorporate regular, shared interpretation of policy changes.</b></p>	<p>Programs are publicly funded, including demonstrations, waivers, or pilot authorities</p>	<p>Operational backbones can establish routine touchpoints so that partners can jointly interpret new guidance, requests for information, and regulatory updates to ensure a shared understanding of their implications for implementation and compliance. This work can include applying knowledge from learning and policy collaboratives to the specific partnership context.</p>	<p>Operational backbones</p>
<p><b>Build contingency planning into program design.</b></p>	<p>Programs depend on demonstrations, waivers, or uncertain reimbursement pathways</p>	<p>Implementers can identify policy-dependent assumptions early and develop fallback plans, such as alternative funding sources, phased scale strategies, or sunset criteria—to reduce disruption if policy conditions change. Although this work may be led by the lead implementing organization, funders and backbone organizations can also support the contingency planning process.</p>	<p>Implementers</p>
<p><b>Establish explicit communication norms at partnership launch.</b></p>	<p>Partnerships are newly forming, scaling, or introducing new partners or workflows</p>	<p>Partners should agree on the cadence of communication, communication and decision-making channels, documentation expectations, and pathways for escalation. In addition, they should establish norms regarding solicitation of feedback from program participants to help shape future programs.</p>	
<p><b>Coordinate outreach through a shared engagement strategy.</b></p>	<p>Multiple partners engage the same communities, referral sources, or external stakeholders</p>	<p>Partnerships should designate a lead entity or shared protocol for external outreach, including clear guidance on who contacts whom, for what purpose, and when.</p>	

<p><b>Map roles across the full program participant journey.</b></p>	<p>Programs involve multiple partners across sectors or are expanding scope over time</p>	<p>Partnerships should document roles and responsibilities across the full program participant journey, from screening and referral to food delivery, follow-up, and reporting. Clear ownership of each step helps prevent gaps and ensure accountability, particularly as programs scale or new partners are added.</p> <p>The stakeholder map template in the Appendix (in main report) can guide partners in accounting for and clarifying all roles across the FIM care continuum. Project management tools such as RACI (Responsible, Accountable, Consulted, and Informed) models can guide this work. For programs with complex dynamics, a neutral convener (rather than the lead implementing organization) could lead this work.</p>	
<p><b>Embed policy adjustment mechanisms into contracts and workflows.</b></p>	<p>Programs are publicly funded, including demonstrations, waivers, or pilot authorities</p>	<p>Funders should anticipate and prepare for policy changes from the start. Contracts and workflow can include simple, pre-agreed processes for updates, such as standard amendment language, defined triggers tied to new guidance, and routine review points. These approaches are already used in Medicaid managed care, demonstrations, and value-based payment models to reduce disruption while preventing smaller partners from absorbing excessive risk when requirements shift.</p>	<p>Funders (health plans, state agencies)</p>
<p><b>Incorporate shared or subsidized data infrastructure for CBOs into partnership agreements.</b></p>	<p>Community partners lack the infrastructure to independently meet health-care data or protected health information-sharing requirements</p>	<p>Rather than expecting CBOs to independently meet health-care data requirements, partnerships between health care and nonprofits can fund shared platforms, technical assistance, or intermediary reporting services that reduce administrative burden and enable partnership at scale. In addition to health plans, philanthropy can also fund this infrastructure development, and technology partners can facilitate solutions that work well across community and health care.</p>	
<p><b>Implement direct EHR integration for FIM referrals.</b></p>	<p>Clinical engagement, referral completion rates, or continuity of care are limiting program effectiveness</p>	<p>Embedding FIM workflows directly into EHR systems (e.g., through Epic integration) can reduce provider burden and improve continuity of care. This activity requires not only buy-in from health plans and health systems but also support from technology partners who can enable these processes. Some experts noted that existing federal investments, including funding from the Rural Health Transformation Program, can support technology infrastructure such as referral platforms that connect EHRs with community-based service networks.</p>	<p>Health plans</p>

<p><b>Establish community care hub or intermediary payment models.</b></p>	<p>Partnerships involve multiple CBOs, reimbursement-based funding, or complex administrative requirements that exceed the capacity of individual organizations</p>	<p>Health plans can create or leverage intermediary entities that aggregate services, manage invoicing, submit claims, and handle reconciliation on behalf of CBOs. These hubs can absorb administrative complexity and reduce financial risk for smaller partners. Leveraging backbone organizations as part of a partnership model can strengthen the CBO/health plan partnership, as well as improve program delivery overall. Several existing backbone organizations play a crucial role in supporting FIM programs by managing all billing, invoicing, and tracking on their platforms.</p>	
<p><b>Build flexible payment mechanisms into contracts.</b></p>	<p>Funding is reimbursement-based and delivery partners must scale capacity before revenue is realized</p>	<p>Contracts should include payment structures that align funding flows with operational realities. Mechanisms can include advance payments to cover up-front costs, milestone-based payments tied to agreed-upon benchmarks (rather than delivery volume alone), or minimum volume guarantees that provide baseline revenue when referrals fluctuate.</p>	
<p><b>Align on a single, shared referral and reporting platform to use across FIM.</b></p>	<p>Partnerships span multiple clinical systems, and community partners are experiencing fragmented or duplicative reporting or technology-driven barriers to participation</p>	<p>To reduce fragmentation, unnecessary friction, and administrative burden, the field must converge on one shared referral and reporting platform capable of securely handling patient health information while supporting real-time interaction across health-care and community partners. Although convergence on shared platforms is a longer-term, ecosystem-level goal, local or regional partnerships can take interim steps toward alignment that reduces fragmentation and burden. This effort could include leveraging operational backbones to streamline processes and align partners who span multiple systems.</p>	<p>All partners</p>

**Recommendations for 'Cultivating and Capturing the Value of Community'**

**Bonding Networks**

<p><b>Integrate structured group programming opportunities.</b></p>	<p>Designing interventions and aligning on program funding expectations among partners</p>	<p>Programs should offer structured engagement opportunities, such as facilitated group sessions, that enable program participants to connect and check in with each other regularly after initial enrollment. Group programming strengthens peer bonds, encourages knowledge sharing around condition management and program use, and incentivizes sustained program engagement.</p>	<p>Program designers, implementers, and funders</p>
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<p><b>Encourage online engagement and knowledge sharing.</b></p>	<p>Designing programs or considering changes within ongoing programs</p>	<p>Programs should provide supplementary accessible digital platforms so that program participants can interact as a group outside of scheduled program activities. Online peer engagement reduces logistical barriers and cultivates an accessible community for program participants to share recipes, ideas, and other information.</p>	
<p><b>Create opportunities for partner or peer mentorship initiatives.</b></p>	<p>Designing programs and aligning on program funding expectations among partners</p>	<p>Matching interested program participants can create direct, peer-to-peer bonding opportunities. Mentoring provides a personalized element of engagement and a familiar support system that can last beyond program completion. Depending on the program design or objectives, a buddy system could pair individuals at similar or different stages of the program. Participants paired at similar stages can navigate the program together, whereas those paired at different stages can function more as peer mentors, with more experienced participants providing advice to those just starting a FIM program. These pairings should be offered as additional opportunities, rather than program requirements, to ensure respect for participant choice and autonomy.</p>	
<p><b>Bridging Networks</b></p>			
<p><b>Offer ongoing personal support and clinical check-in services throughout the FIM intervention.</b></p>	<p>Designing programs and aligning on program funding expectations among partners</p>	<p>Participants should have access to dietitians, community health workers, coaches, or other key contacts throughout the FIM intervention. When possible and appropriate, the referring clinician should be involved to ensure comprehensive care management. Ongoing relationships foster trust, dignity, and continuity, which are key to bridging social capital that anchors participants within the care ecosystem.</p>	<p>Program designers, implementers, and funders</p>
<p><b>Dedicate time for recurring partner and program participant check-ins to ensure participatory program design.</b></p>	<p>Designing programs, particularly new or pilot programs</p>	<p>Program implementers and funders can schedule and prioritize recurring check-ins with both program partners and participants. These check-ins should follow an iterative program evaluation approach to ensure documentation of feedback and ongoing opportunities for cocreation. Iterative feedback supports adaptive program design and secures the participant's role as a contributor to program design, strengthening both the participant experience and partnership durability.</p>	
<p><b>Pair core program activities with optional opportunities for engagement.</b></p>	<p>Designing programs or considering changes within ongoing programs</p>	<p>Programs can layer educational or community-facing activities on to required program touchpoints to maximize opportunities for program participant engagement, such as connecting food pickups with cooking or gardening demonstrations. This approach can help expand networks without increasing burden, simultaneously supporting long-term skill-building and social connection.</p>	

<p><b>Include direct connection to local farmers and producers.</b></p>	<p>Designing programs or considering changes within ongoing programs</p>	<p>Programs should create opportunities for participants to engage directly with local food producers through education or shared activities such as farm tours. Connecting participants to the broader food system can reinforce reciprocity and community belonging while simultaneously providing food education.</p>	
<p><b>Linking Networks</b></p>			
<p><b>Prepare to refer program participants externally for other HRSN.</b></p>	<p>Designing programs and aligning program funding expectations among partners</p>	<p>Provide staff with resources to assess a participant’s HRSN upon FIM program entry and establish formal referral pathways to external services, such as those addressing food insecurity, mental health, housing status, and transportation. Addressing unmet social needs early can reduce barriers to engagement and ensure that FIM services function as intended rather than compete with other urgent concerns.</p>	<p>Program designers, implementers, and funders</p>
<p><b>Leverage well-suited partners to ease transition pains when program participants are offboarding.</b></p>	<p>Designing programs and aligning program funding expectations among partners</p>	<p>Coordinating with other stakeholders such as grocery retailers can offer a safety net of off-ramp services as program participants transition out of structured FIM services. Planned off-ramps can reconnect participants to relevant services within their community, encourage continued healthy eating patterns, and maintain access to familiar resources once formal program support ends.</p>	
<p><b>Lean into multi-use spaces and shared community settings during program design.</b></p>	<p>Designing programs or considering changes within ongoing programs</p>	<p>Programs can invite other services to join existing FIM activities and spaces and cultivate a community “third space” that provides access to external organizations, initiatives, and advocacy. Combining resources is efficient as well as convenient for recipients.</p>	