FOODCARE:

MILWAUKEE'S FOOD AND HEALTHCARE COALITION

EVALUATION REPORT

Prepared by Victor Amaya, Kris Barnekow, Amanda Beavin, Geeta Wadhwani

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Abbreviations

AHW = Advancing Healthier Wisconsin
AMCHP = Association of Maternal and Child Health Programs
CBOs = Community-based Organizations
CHAW = Children's Health Alliance of Wisconsin
CYSHCN = Children and Youth with Special Healthcare Needs
DASH = Data Across Sectors for Health
DHS = Department of Health Services
DYCU = Data You Can Use
HCOs = Health Care Organizations
MCW = Medical College of Wisconsin

Introduction

Coalition Building – Laying the Foundation for the FoodCare Coalition through Relationships and Trust Building

Creating systems change, or altering how systems work together to address societal challenges, is a formidable task. A variety of structures keep conditions in place, including policies, practices, resource flows, relationships, power dynamics, and ways of thinking that exist both within and outside organizations. Altogether, this creates systems and services that are difficult to change (Kania, Kramer, & Senge, 2018). However, systems change is necessary to holistically improve the health of individuals and communities.

Transforming a system is really about transforming the relationships between people who make up the system (Kania, Kramer, & Senge, 2018). Simply bringing people into a relationship can create an impact. Research has shown that building trust is key to establishing strong partnerships, and maintaining them requires strong communication, coordination, and collaboration. The success of these partnerships is attributed to a strategic focus on relationships, identification of champions, complementary skills, and expertise (Freda, Koczak, & Spencer, 2018).

No organization can employ a holistic approach to community conditions in isolation. Each brings unique strengths essential for effective interventions and successful outcomes. To effectively address community conditions impacting children and families, health care organizations (HCOs) and community-based organizations (CBOs) must collaborate. One example of a transformative partnership pursuing this collaborative model is the FoodCare Coalition in Wisconsin, a cross-sector group of Milwaukee-based healthcare and community food system partners who have been working together since 2021.

The initial purpose of this project was to build capacity for these systems to partner. What was known about these sectors was:

- HCOs were developing ways to address social factors often without the expertise of CBOs.
- CBOs have a lot of expertise in addressing social factors.
- Other states were designing Medicaid policies aimed to address social factors.
- HCOs and CBOs lacked trusting relationships and didn't understand how 'the other' operated.
- Each lacked experience with the other. They shared similar goals, yet weren't working together.

This project was an opportunity to bring the sectors together and explore collaborating in new ways. The motivating goal was to strengthen communication across the sectors to improve food security and the health of children and families. In 2020, the convener, Ms. Wadhwani of the Children's Health Alliance of Wisconsin (the Alliance), had a vision of bringing together a diverse group of partners. She believed that fostering relationships among diverse partners, even those who were unfamiliar or had differences, could lead to significant accomplishments. What started as a pilot

initiative to try a different approach and bring together unlikely partners has evolved into the FoodCare Coalition with the long-term goal to reduce food insecurity and improve children's health in Milwaukee.

The establishment of the FoodCare Coalition was complex, but over three years, momentum, continuous feedback, and reflection with partners led to its formation. The model can be applied to address a wide range of community conditions. This report focuses on the challenges, lessons learned, and opportunities to connect HCOs and CBOs to address food insecurity. It also details the framework, methods used, and the successes achieved thus far. Finally, this report outlines the next steps.

Framework Description

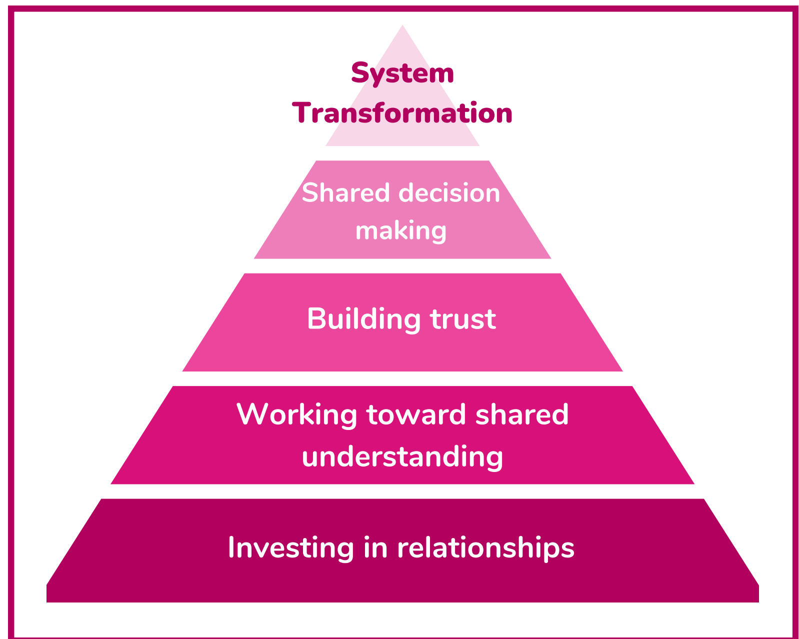
Over the past decade, healthcare systems in the US have improved their understanding of how social factors, like housing, food, and transportation, impact health outcomes. As a result, a variety interventions have been designed to address these factors, especially during the COVID-19 pandemic. CBOs possess significant expertise and experience in this area, but have not been sufficiently involved in the design nor the implementation of these interventions.

Ms. Wadhwani's approach to engaging CBOs and HCOs partners began by reaching out to various organizations across Wisconsin to gauge interest in collaborating with the Alliance on a new initiative. This process of engaging interested parties was not straightforward, involving trial and error as well as multiple meetings with representatives from HCOs and CBOs. Through these interactions, she refined her ideas and developed a pilot framework outlining the purpose and overarching goals. This framework aimed to build understanding of a collaborative effort, explain the necessity of the work, and gain buy-in from potential partners. It was designed as a starting point

with concrete context, goals, and ideas that serve as the foundation for coalition-building. The framework's central goal guided the actions of Ms. Wadhwani in bringing the team together.

After developing the framework and having conversations with organizations across Wisconsin to build buy-in and create understanding, a small group of partners in Milwaukee agreed to participate. An evaluation plan was developed and included baseline measures, partner interviews, and annual surveys. This plan provided the group with annual measures of progress, and guided adjustments along the way.

Figure 1: FoodCare Coalition Approach



The Theory of Change (see Figure 1) that guided the pilot project emphasized relationships. Simply bringing people into a relationship can significantly impact systems change (Kania et al). The Theory of Change guiding the pilot:

"If food and healthcare systems change how they interact and collaborate, it will lead to better health outcomes for children and families. Bringing different organizations and sectors together, and helping them understand each other's strengths and assets and how each operates, will increase awareness across sectors. Through continued learning and relationship building, the partners will come to value each other, leading to collaborative work built on shared decision making. In the long term, this model will produce systems change and new ways for systems to work together."

Framework Goals:

- Goal: Strengthen communication between food pantries, food banks, and primary care clinics to increase food security and health of children and youth.
- Objective 1: Develop and/or support a system of bidirectional referrals and information sharing between food pantries, food banks, and medical homes by building capacity
- Objective 2: Assist with relationship-building between food pantries, food banks, and clinic staff members, with an emphasis on understanding one another's priorities, areas of focus in working with children, youth, and their families, and opportunities for improvement.

Over the past three and half years, the FoodCare Coalition has included several organizations, such as Feeding America, Children's Wisconsin, Chorus Community Health Plan, Milwaukee Health Department, Medical College of Wisconsin, Nourish MKE, and Data You Can Use. These partners joined the coalition to improve community food security, and they have come to understand that relationships are central to the coalition's success in meeting that goal. Even members who are no longer actively engaged remain connected due to the relationships and trust built over the years. These trusting relationships have sparked new collaboration, as partners have leveraged each other's expertise to work on other projects, showcasing their commitment to flexibility, continuous learning from one another, and shared experiences.

FoodCare Partners

Children's Health Alliance of Wisconsin

City of Milwaukee Health Department

Feeding America Eastern Wisconsin

Chorus Community Health Plans

Data You Can Use

nourish MKE Community Food Centers

Children's Hospital of Wisconsin

Medical College of Wisconsin

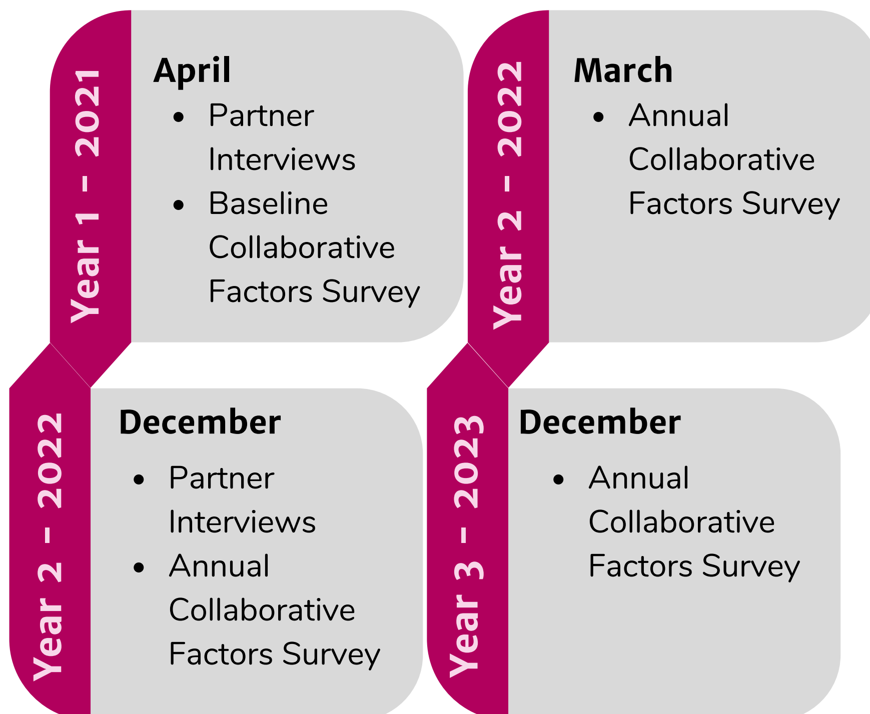
Evaluation: Measuring Progress and Adjusting the Path Foward

Activities for the FoodCare Coalition have progressed and evolved through continuous feedback and team reflections, supported by annual evaluation data. These continuous feedback loops have prompted iterative changes in both the coalition's structure and function.

In 2021, when the FoodCare Coalition officially formed, Data You Can Use aided the partners in designing an evaluation process that could be administered annually. The evaluation process included an annual collaborative factors survey to measure alignment among partners and progress being made regarding the coalition's relationship-building and goal-achievement (see Appendix B). In addition, one-on-one interviews with partners were administered in Year 1 and Year 3 to gauge each organization's understanding of their role in the coalition, their understanding of the other sector, and perspectives on the coalition's progress (see Appendix A & C).

The evaluation portion of this report begins with an analysis of three years of collaborative survey data to provide the context for changes over the project period. The four-year analysis demonstrates how the data measured progress and influenced activities, moving the coalition towards the goal of strengthening communication across food and health systems. Following this, a breakdown of the evaluation results is provided, with Figure 2 illustrating the chronological evaluation timeline.

Figure 2: Evaluation Timeline



Three Year Evaluation Data - Collaborative Factors Survey

The Collaborative Factors Survey is a 25 question tool that measures nine factors contributing to successful collaboration among the partners (see Appendix B). It measures level of agreement on the nine factors and was distributed 4 times during the project during Years 1 through 3. Table 1 shows the items from the Collaborative Factors Survey that improved from low to mid-range agreement, from low to very high agreement, and from mid-range to very high agreement. While different partners took the survey over the 3 years, an increased level of trust and strengthened collaboration are noted in the responses. The breakdown of the survey responses and interviews demonstrates the process of relationship building and the activities that fostered coalition building were successful.

Table 1: Items from the Partner Collaborative Survey which Increased in Level of Agreement

	Percent Agreement			
Item Description	**Baseline, 2021 n = 22**	**March, 2022 n = 12**	**Dec 2022 n = 10**	**Dec, 2023 n = 12**
Trying to solve problems through collaboration has been common in the community. It's been done a lot before.	59	42	50	75
People involved in our collaboration always trust one another.	36	42	20	66
I have a lot of respect for the other people involved in this collaboration.	95	92	100	100
My organization will benefit from being involved in this collaboration.	91	92	90	100
People involved in our collaboration are willing to compromise on important aspects of our project.	23	50	70	100

	Percent Agreement			
Item Description	**Baseline, 2021 n = 22**	**March, 2022 n = 12**	**Dec, 2022 n = 10**	**Dec, 2023 n = 12**
The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	46	33	60	75
Everyone who is a member of our collaborative group wants this project to succeed.	95	92	100	100
The level of commitment among the collaboration participants is high.	68	67	40	100
People in this collaborative group have a clear sense of their roles and responsibilities.	18	42	30	58
There is a clear process for making decisions among the partners in this collaboration.	14	25	30	58
People in this collaboration communicate openly with one another.	59	68	70	100
I am informed as often as I should be about what goes on in the collaboration.	64	75	70	83
Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	68	58	90	83

	Percent Agreement			
Item Description	**Baseline, 2021 n = 22**	**March, 2022 n = 12**	**Dec, 2022 n = 10**	**Dec, 2023 n = 12**
I personally have informal conversations about the project with others who are involved in this collaborative group.	73	50	70	83
I have a clear understanding of what our collaboration is trying to accomplish.	59	58	50	83
People in our collaborative group know and understand our goals.	46	50	30	66
People in our collaborative group have established reasonable goals.	36	83	40	66
The people in this collaborative group are dedicated to the idea that we can make this project work.	91	92	90	100
My ideas about what we want to accomplish with this collaborative seem to be the same as the ideas of others	56	42	50	83
No other organization in the community is trying to do exactly what we are trying to do.	64	42	60	66
The people in leadership positions for this collaborative have good skills for working with other people and organizations	59	92	100	100

Year 1 - 2021

The baseline evaluation included interviews and a Collaborative Factor Survey. The baseline interviews aimed to assess experiences and perspectives of 'the other system', and included discussion about participant backgrounds, experiences, and commitments to the pilot. Virtual interviews, lasting 45 minutes, were conducted in March and April of 2021. Consent was obtained from the partners at the beginning of the interviews, and they were given the chance to ask questions about the project. Thirteen out of the 14 invited partners participated in the interviews, five of whom were most closely associated with food insecurity and eight with health (See Appendix A for the interview guide).

Furthermore, 22 partners completed the Collaborative Factors Survey. Percentage agreement scores were calculated, and Tables 2-4 include survey items with very high, mid-range, and low percentages of agreement. An interpretation of the quantitative and qualitative comments is provided after each table.

Table 2: Items from the Baseline Collaborative Factors Survey with Very High Level of % Agreement (75 - 100%)

Item # and Description	% who Agree and Strongly Agree
21. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish.	95.5
4. I have a lot of respect for the other people involved in this collaboration.	95.4
8. Everyone who is a member of our collaborative group wants this project to succeed.	95.4
19. The people in this collaborative group are dedicated to the ideas that we can make this project work.	91.9
5. My organization will benefit from being involved in this collaboration.	90.9

While the survey suggests partners agreed that mutual respect and a shared desired for the pilot to succeed existed, the qualitative data suggests that partners held misperceptions about each sectors' strengths and capabilities. For instance, partners from HCOs believed that CBOs were short-staffed, less data-driven, and unaware of how to conduct screenings. Conversely, the CBOs felt that the

health sector lacked the ability to connect with families and was primarily profit-driven. These perceptions may reflect partners' limited experience with the other industry. A partner from the health sector commented:

> "I was aware that some patients suffered from hunger but I'm not aware of referral sources."

> "We're sometimes hesitant to screen for problems if we don't have the resources to address the problem."

A partner from a CBO stated that they mostly work with the housing sector rather than healthcare and that community members often have to choose between receiving healthcare and having enough to eat.

> "We do see people at the pantry who have to choose between their prescription drugs and food."

Table 3: Items from the Baseline Collaborative Factors Survey with Mid-Range Percent Agreement (30 - 74%)

Item # and Description	% who Agree and Strongly Agree
15. I personally have informal conversations about the project with others who are involved in this collaborative group.	72.7
25. The people in leadership positions for this collaborative have good skills for working with other people and organizations.	69.1
2. Trying to solve problems through collaboration has been common in the community. It's been done a lot before.	69
14. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	68.1
9. The level of commitment among the collaboration participants is high.	67.1
13. I am informed as often as I should be about what goes on in the collaboration.	63.6
2. No other organization in the community is trying to do exactly what we are trying to do.	63.6

Item # and Description	% who Agree and Strongly Agree
12. People in this collaboration communicate openly with other another.	59.1
16. I have a clear understanding of what our collaboration is trying to accomplish.	59.1
20. My ideas about what we want to accomplish with this collaboration seem to be the same as the ideas of others.	54.5
24. Our collaborative group has adequate "people power" to do what it wants to accomplish.	54.5
7. The organizations that belong to our collaborative group invest the right amount of time in our collaborative efforts.	45.5
17. People in our collaborative group know and understand our goals.	45.5
1 Agencies in our community have a history of working together.	40.9
3. People involved in our collaboration trust one another.	36.4
18. People in our collaborative group have established reasonable goals.	36.4

The scores in Table 3 reflect a lower level of understanding of the pilot goals. These findings were not unexpected due to the newness of the pilot. While the partners respected each other, trust, open communication, and agreement on the project's goal was lacking. These results also suggest uncertainty about sufficient investment in time and "people power" to do the work.

Table 4 shows items with low percent agreement (0-29%). While these items are cautionary, they are not unusual given that the coalition was in its early stages of formation, focused primarily on learning and sharing. At this stage, there was no need for compromise, decision-making, clear roles or funding decisions.

Table 4: Items from the Baseline Collaborative Factors Survey with Low Percent Agreement (0 - 29%)

Item # and Description	% who Agree and Strongly Agree
6. People involved in our collaboration are willing to compromise on important aspects of our project.	22.7
23. Our collaborative group has adequate funds to do what it wants to accomplish.	22.7
10. People in this collaborative group have a clear sense of their roles and responsibilities.	18.2
11. There is a clear process for making decisions among the partners in this collaboration.	13.6

Figure 3 illustrates the timeline and activities for Year 1. Activities in this year were focused on learning and sharing, and were structured before any evaluation.

Figure 3: Activities of Year 1

Key activities of 2021:

- Seven bi-monthly Learning Community calls designed to support bi-directional learning and sharing about how each sector operates.
- Unstructured1:1 conversations between Ms. Wadhwani and each partner to help them connect the dots across the food, nutrition, and health systems. This included translation of sector specific language and strategies and discussion of how the sectors 'fit' together.

- Team development of shared goals, guided by the evaluation results.
- Tours of organizations, partners attending organizational events, service to CBO Board.

The lessons learned during the first year validated the assumptions of the approach, and reinforced the focus on building a shared understanding of each other and each sector's methods for addressing food, nutrition security, and health.

Year 2 - 2022

Evaluation data was collected in March and December 2022. In Year 2, the coalition's activities transitioned from bi-monthly Learning Community calls to three in-person annual meetings, held in March, June, and September. While the number of learning community meetings decreased, the team was developing shared goals, learning from community members, and securing additional funding. Team members also began to meet informally. Figure 4 depicts the timeline of activities during 2022.

Figure 4: Activities of Year 2

Key activities of 2022:

To reach project goals

- Focus Groups were conducted with community members who receive services from NourishMKE and Feeding America Eastern Wisconsin. The goal was to understand how health systems and community members work together.
- Partners connected on projects outside of the coalition's work (i.e., Children's worked with NourishMKE to conduct lead screenings onsite).
- Partners submitted grants and secured funding from Data Across Sectors for Health (DASH) funding mentorship and the Wisconsin Department of Health Services. The DASH funding fostered the beginning of conversations related to data sharing. A BUILD Health Challenge grant proposal was submitted but was unfunded.
- Partners presented the framework and model at the Association of Maternal & Child Health Programs (AMCHP) Annual Conference.
- The Coalition's "Cutting-Edge Practice" was accepted to AMCHP's Innovations Database.

To strengthen the partnership

- Informal conversations and gatherings continued. As a small group, members would meet for coffee and discuss work. This resulted in the development of personal relationships. These informal conversations and gatherings are ongoing and related to the approach of how the coalition members work together.
- Continued 1:1 meetings between Ms. Wadhwani and the partners.

Table 5: Items from the Year 2 Collaborative Factors Survey which Increased in Percent Agreement from the Baseline Survey

Item # and Description	% Agreement, Baseline (n = 22)	% Agreement, Fall 2022 (n = 10)
25. The people in leadership positions for this collaborative have good skills for working with other people and organizations.	69	100
14. Communication among the people in this collaborative groups happens both at formal meetings and in informal ways.	68	90
6. People involved in our collaboration are willing to compromise on important aspects of our project.	23	70

Table 5 shows the items from the Collaborative Factors Survey that increased in percent agreement from the baseline survey. Percent agreement on the other scores remained relatively stable. The change in percent agreement on the items in Table 5 reflects the intentional work of Ms. Wadhwani to increase formal and informal communication, the belief in her skills to manage the project, and the willingness of the partners to negotiate about important aspects of the work. The Year 2 evaluation data suggested that the approach was working.

Additionally, as a result of the intentional activities to strengthen the coalition's partnerships in 2022, a trust and willingness to share data was emerging. The discussions about data sharing were occurring, but partners expressed concerns about sharing data across sectors. Coalition members learned that there was variation in experience with sharing data and some organizations didn't have a policy or processes to support. Despite the concerns, increased discussion around and willingness to share data reflects the progress in communication and collaboration shown in Table 5.

Lessons Learned in Years 1 and 2

There were many lessons learned during Years 1 and 2 of the project. Each partner had valuable insights to share, a few of which are highlighted below.

- Facilitators are important to bring different organization types together. 'Translation' of sector language and work is important to understand how different sectors can be linked.
- Need for shared language. Each sector has its own terminology leading to 'acronym soup.'
- There is complexity in bringing two sectors together.
- Partners were able to build trust through informal 1:1 conversations.

- Powerful to have honest conversations about each other's work including what is going well and where things could be better.
- Collaboration across sectors has to start at a very basic level. Questions like what does building capacity mean for you must be asked. For the food system, it does not mean needing food.
- Healthcare systems move very fast and jump to conclusions about best ways to create change. "We need to utilize the expertise of those already doing the work."

Year 3 - 2023

By 2023, organizations recognized that staff consistency on the project was important, and that sharing historical context was essential for the work to continue and retain institutional memory. Therefore, each organization committed to having two individuals represent their organization. The partners requested orientation documents so that the team had information to share with others about the work on the coalition.

Notably, partner perceptions about the coalition improved over time (see Table 1 for reference). Fifteen items scored with very high percent agreement at the end of Year 3 compared to five items during Year 1. The increase in items with high percent agreement scores suggests that the FoodCare Coalition was achieving project goals of building trust, shared decision-making, and communication.

Partner interviews also support this interpretation. One partner stated,

> "There is trust across partners and a level of comfort in communicating. Partners will say what they think and feel. It's okay to disagree without damaging the relationship."

Trust was identified as integral when thinking about data sharing. The partners were now motivated to share data across organizations so they could better understand who was being served across their organizations and identify gaps in service. While organizations collect different types of data, most partners agreed that trust was a significant factor in developing processes and policies that involved data sharing. Notably, this was a big shift from discussions in 2022 where conversations about data sharing centered around concerns. For example, a partner spoke about how the community trusts their organization and they would never want to place that trust at risk. They stated,

> "We are very cognizant that community members trust our organization and never want to take that trust for granted. Our organization takes sharing identification very seriously."

In addition, partners perceptions of the level of commitment from each organization increased from mid-range (68) percent agreement at baseline to 100 percent agreement at the end of Year 3. The commitment to the Coalition involved "doing things differently" to facilitate success and systems change. A partner from the health sector expressed this during the interview by stating,

> "This partnership has enabled our organization to shift what they are doing tactically and they are implementing new programs."

Furthermore, organizations were more willing to compromise to achieve the coalition's goals. Partner responses on the survey improved significantly from 23 percent agreement at baseline to 100 percent agreement at the end of Year 3. Compromise and understanding seemed to be pertinent to conversations around data sharing. For example, the Coalition recognized that each sector shares data to different degrees. HCOs routinely share data whereas most CBOs do not. All partners expressed common ground about the moral and ethical issues concerning data sharing across sectors, given that confidential or identifying information would be shared. Partners agreed that the way organizations use and share data may need to look different. While there was excitement about data sharing, many questions remained. For example, partners asked the following questions.

> "What does it mean to stakeholders to data share? Do they want this?"
> "Are we further identifying a need but then a gap is identified without a solution?"
> "How do we get the data across systems for the long-term?"

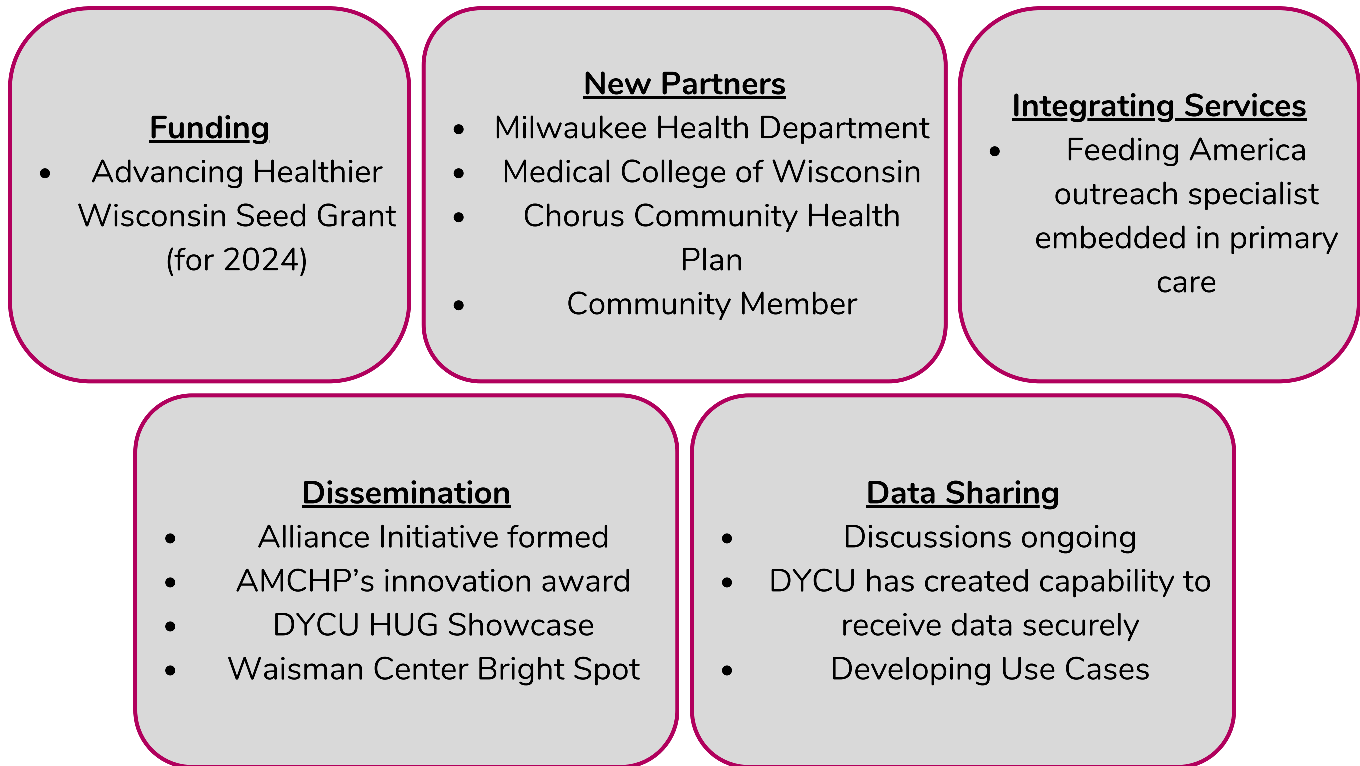
And finally, members of the collaborative expressed gratitude and concern for Ms. Wadhwani. Scores on the survey changed from mid-range (59) percent agreement at baseline to very

high (100) percent agreement at the end of Year 3, suggesting that partners believe that the Coalition's leadership excelled in working with people and organizations.

> "Geeta has been able to keep work together and has funded. How is Geeta supported and how can she be supported ongoing? Need to maintain network and collaboration. CBO's capacity is through the funding that Geeta has provided and how can that be sustained."
> "Connecting is Geeta's superpower."

Figure 5 shows the work completed by the coalition during Year 3. New partners joined the group, and the project was showcased through opportunities that reached different organizations. The coalition received an AMCHP Innovation award which recognizes programs in Maternal and Child Health for significant contributions to the field. The Advancing Health Equity Award was given to Alliance for their Innovation Hub practice focused on building capacity for health systems and food systems to partner. In addition, the team participated in multiple opportunities to showcase the coalition's work and accomplishments through in person events and presentations. Finally, significant steps were made in data sharing as DYCU developed a partnership with a software company that can store and share data securely.

Figure 5: Activities of Year 3



Key activities of 2023 included:

- Strategic planning with coalition members
- The food security initiative formalized at Children's Health Alliance of Wisconsin
- Coalition's practice is awarded nationally by AMCHP as one that Advances Health Equity
- New partners and new organizations joined the Coalition, including a community member.
- Discussion about data sharing began with organizational key leads
- Began testing an integrated service model (across food and health system)

Conclusions and Next Steps

The process of building coalitions across healthcare and community-based organizations is an innovative approach that requires a change in both methods and mindset. Systems change is an evolving process demanding patience, collective learning, relationship building, and steadfast commitment, even when the path forward is uncertain. This framework, which is nationally recognized, serves as a model of cross-sector collaboration to address a variety of issues. Ms. Wadhwani's expertise in systems change formed the new relationships uniting HCOs and CBOs together to pursue collective action, leading to the success of the coalition. Drawing upon the literature (Kania, Kramer & Senge, 2018; Freda, Koczak & Spencer, 2018), Ms. Wadhwani designed activities that intentionally built relationships and trust. Establishing common ground, engaging in ongoing and intentional relationship building, and continuously learning was crucial during the first three years and remains key to the coalition’s success in the future.

The results of the Collaborative Factors Survey, interviews, and team reflections indicate that the FoodCare Coalition made significant progress in their goals by pursuing their theory of change. The primary goal was to enhance communication across food pantries, food banks, and primary-care systems. Throughout the last three years, communication not only improved, but led to sustainable and trusting relationships that positively impacted how organizations and individuals work together. The evaluation indicates that team members have developed a better understanding of each system’s operations, strengths, and challenges, which has, in turn, informed new, innovative

Early Wins:

- Feeding America drive through food distribution at the Children’s Midtown Clinic
- Children’s lead testing at NourishMKE’s Despensa de la Paz Party
- Cross-sector fundraising and event support
- Multiple grant applications focused on cross-sector support of families based on geography
- National recognition with AMCHP’s Advancing Health Equity Innovation Hub Award

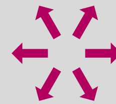
approaches. Partners from HCOs and CBOs continue to engage in planning, shared decision-making and goal-setting, and collaborative work to address food security, nutrition, and health.

Looking to the Future

The framework that Ms. Wadhwani developed has demonstrated success. The FoodCare Coalition is a model with proven effectiveness which can be replicated to address community health-issues beyond food security. The coalition's future lies in the ability of partners to maintain relationships and trust. Because of the early wins and strong relationships, partners are planning for the future.

Document Impact

Document community stories, case studies, and successes as qualitative evidence of the program's impact

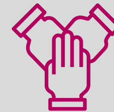


Expand

Recruit, onboard, and engage additional partners to expand the work.

Engage Communities

Use data chats to engage with community members and service providers and hear their experiences with and perspectives on food security, nutrition, and health systems.



Collaborate

Collaborative with local organizations to integrate the findings from data chats into broader food security strategies and programs.

References:

Kania, J., Kramer, M. & Senge, P., 2018. The Water of Systems Change, FSG. Belgium. Retrieved from https://policycommons.net/artifacts/1847266/the-water-of-systems-change/2593518/ on 24 Jul 2024. CID: 20.500.12592/8wz3hz.

Freda B, Kozick D, Spencer A. Partnerships for health: lessons for bridging community-based organizations and health care organizations; 2018.

Appendix A

Interview Guide - Partner Perceptions 2021

1. Can you tell me a little bit about your professional background? How long have you been working in health/food security?
2. Prior to this effort, what was your (personally/professionally) interaction with food security/health care systems? Can you tell me more about that? Any experience? expectation/preconceived notions? (Harder to navigate? More bureaucratic? More closed system? More disorganized? Difference in resources? Etc.
3. Have you been involved in other efforts to integrate systems and work with other disciplines (outside of health/food security)? What was that experience like? (provide an example?)
4. The implementation of Affordable Care Act has brought greater awareness and efforts on the part of health care systems to address social needs. Have you heard about this? Has it affected you in any way (personally/professionally)?
5. How would you describe the goals of this effort?
6. From your perspective, what would be a good measure of success in one year? In three years? In five years?
7. What do you see as the biggest challenge or barrier to achieving that success?
8. What do you personally bring to the project that will help achieve that success?
9. Is there anything else you would like to add?

Appendix B

FoodCare Coalition Collaborative Partner Survey Questions 2021 - 23

Factor	Statement	Strongly Disagree	Disagree	Neutral / No Opinion	Agree	Strongly Agree
History of Collaboration or Cooperation in the Community	1. Agencies in our community have a history of working together	1	2	3	4	5
	2. Trying to solve problems through collaboration has been common in the community. It's been done a lot before.	1	2	3	4	5
Mutual respect, understanding, and trust	3. People involved in our collaboration always trust one another.	1	2	3	4	5
	4. I have a lot of respect for other people involved in this collaboration.	1	2	3	4	5
Members see collaboration as in their self-interest	5. My organization will benefit from being involved in this collaboration.	1	2	3	4	5
Ability to compromise	6. People involved our collaboration are able to compromise on important aspects of our project	1	2	3	4	5

Factor	Statement	Strongly Disagree	Disagree	Neutral / No Opinion	Agree	Strongly Agree
Members share a stake in both process and outcome	7. The people that belong to our collaborative group invest the right amount of time in our collaborative efforts.	1	2	3	4	5
	8. Everyone who is a member of our collaborative group wants to this project to succeed.	1	2	3	4	5
	9. The level of commitment among the collaboration participants is high,	1	2	3	4	5
Flexibility	10. People in this collaborative have a clear sense of their roles and responsibilities.	1	2	3	4	5
	11. There is a clear process for making decisions among the partners in this collaborative.	1	2	3	4	5
Open and Frequent Communication	12. People in this collaborative communicate openly with one another,	1	2	3	4	5
	13. I am informed as often as I should be about what goes on in this collaboration,	1	2	3	4	5

Factor	Statement	Strongly Disagree	Disagree	Neutral / No Opinion	Agree	Strongly Agree
Established informal relationships and communication links	14. Communication among the people in this collaborative group happens both at formal meetings and in informal ways.	1	2	3	4	5
	15. I personally have informal conversations about the project with others who are involved in this collaborative group.	1	2	3	4	5
Concrete, attainable goals and objectives	16. I have a clear understanding of what our collaboration is trying to accomplish.	1	2	3	4	5
	17. People in our collaborative group know and understand our goals.	1	2	3	4	5
	18. People in our collaborative group have established reasonable goals.	1	2	3	4	5
Shared vision	19. The people in this collaborative group are dedicated to the idea that we can make this project work.	1	2	3	4	5
	20. My ideas about what we want to accomplish with this collaboration seem to	1	2	3	4	5

Factor	Statement	Strongly Disagree	Disagree	Neutral / No Opinion	Agree	Strongly Agree
	be the same as the ideas of others.					
Unique purpose	21. What we are trying to accomplish with our collaborative project would be difficult for any single organization to accomplish.	1	2	3	4	5
	22. No other organization in the community is trying to do exactly what we are trying to do.	1	2	3	4	5
Sufficient funds, staff, materials, and time	23. Our collaborative group has adequate funds to do what it wants to accomplish.	1	2	3	4	5
	24. Our collaborative group has adequate “people power” to do what it wants to accomplish.	1	2	3	4	5
Skilled leadership	25. The people in leadership positions for this collaborative have good skills for working with other people and organizations.	1	2	3	4	5

Appendix C

Interview Guide - Partner Perceptions 2023

Introductions: Please share your name and organizational role.

1. One of the project objectives was to improve communication across food and health systems. Since the project has started, can you describe how communication across systems has changed? Are there examples that you can share and how have these examples strengthened the partnership? (communication)
2. Likewise, another project objective was to improve coordination/collaboration across food and health systems, can you describe ways in which coordination/collaboration has changed since the beginning of the project? Are there examples that you would like to share? (coordination/collaboration)
3. There have been conversations about data sharing across organizations. What excites you about this work? What concerns do you have or what obstacles do you see?
4. One of the objectives of the project is to create sustainability through institutionalization of process related to the project (i.e., engaging staff or higher administration in the work) of the work. What does institutionalization mean to you? Making progress in this type of work is slow as we are trying to make systems change and some of the goals have taken a little longer. What have you done within your organization to institutionalize this project? (Institutionalization)
5. Looking back to when the project started, how has the project transformed your thinking about how you work with partners within the collaborative partnership? (transformation)
    a. Can you give an example?
6. What lessons have you learned over the work of the partnership? Are there activities that have been most satisfying for you? (Learning).
7. There are a number of goals (that the partners have been working on) Looking forward, what would you like to see the collaborative partnership achieve? (Future directions)