# ALASKA

## Food is Medicine Strategic Plan 2026-2030

August 2026

**Prepared For**
Food Bank of Alaska Food is Medicine Coalition

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# Alaska Food is Medicine Strategic Plan 2026-2030 August 2026

The Alaska Food is Medicine Strategic Plan 2026-2030 was produced for the Food Bank of Alaska by Melissa Heuer at Spork Consulting.

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## EXECUTIVE SUMMARY

The Alaska Food is Medicine Strategic Plan 2026–2030 provides a roadmap for building a durable, Alaska-specific Food is Medicine system that improves health and food security across the state.

The plan is designed as a working resource for decision makers including the Alaska Food is Medicine Coalition[1], Tribal partners, health systems, policymakers, and funders, with a focus on practical steps to move Food is Medicine from formative pilot programs to integrated, sustainable services. This resource is intended for use by any community partner group or decision-maker in Alaska with a vested interest in advancing Food is Medicine initiatives in Alaska.

## Why a Strategic Plan

The Alaska Nutrition Incentive and Produce Prescription Food is Medicine Statewide Landscape Assessment (January 2026) established a clear picture of Alaska's existing Food is Medicine-related programs. Demand for Food is Medicine services consistently exceeds program capacity. Most programs rely on short-term, braided grant funding, with few organizations holding more than one to two years of secured support. Staffing is lean, and rural and off-road communities face persistent logistical and workforce barriers. Without coordinated action, promising programs that are reaching participants and demonstrating meaningful outcomes risk ending.

Successfully scaling Food is Medicine in Alaska requires intentional statewide planning and coordination. Long-term sustainability depends on early alignment among partners around federal financing opportunities, shared clinical standards for program design and evaluation, and resilient food supply chain infrastructure capable of meeting healthcare-scale demand across Alaska. Investing in this foundation now will strengthen the state's chronic disease prevention infrastructure, improve access to nutritious foods, and support better health outcomes while helping to contain or reduce long-term healthcare costs.

## Food Is Medicine in Alaska's Context

Alaska's food system is complex on the best days. Changing growing conditions, supply chain vulnerabilities, and cultural foodways vary across 665,000 square miles and 66,000 miles of coastline. The state is rich in wild foods, yet it still imports most of what Alaskans eat. Constraints in local sourcing, processing, climate-controlled storage, and last-mile transportation keep prices high, while at the same time over 15 percent of Alaskans were food insecure in 2024.[2] The challenges are real but so are the strengths, showing promise for a more robust food system in the future. Farmers markets grew from 13 in 2006 to more than 60 by 2024, food hubs and direct-to-consumer sales are expanding, and food security efforts often enjoy bipartisan political support.

Food Is Medicine interventions, from produce prescriptions and medically tailored meals to screening, referral, and nutrition education, acknowledge food as a form of health care. By connecting health care

1 The Alaska Food is Medicine Coalition is a statewide, multisector collaborative convened by the Food Bank of Alaska to support coordination, shared learning, and strategic alignment among organizations engaged in Food is Medicine work. The coalition brings together Tribal health organizations, healthcare providers, food banks, state agencies, community-based organizations, and research partners.

2 Feeding America's Map the Meal Gap, 2024 data, released 2026.

resources and referral pathways to Alaska's producers, fishers, food hubs, Tribal health organizations, and hunger-relief network, Food Is Medicine initiatives can both strengthen the food system it draws on and improve the quality of life and productivity for thousands of Alaskans.

Food Is Medicine's potential sits at the nexus of healthcare and the food value chain, in an effort to reduce acute and chronic disease rates among Alaskans. Every constraint described above may complicate the integration of more nutritious foods into clinical setting; import dependence and high prices, thin processing and cold-storage capacity, fragile last-mile distribution, and eroding or inconsistent access to wild and traditional foods show up in Alaskans' bodies as diet-related disease, and in clinics where patients and medical providers may need to prescribe medication to compensate for what is missing from their plates.

**A shared vision for Food is Medicine in Alaska:** A food and nutrition secure Alaska where all residents have access to the food they need to live a healthy life, including community driven access to nutrition incentives and produce prescription programs, traditional and local foods.

## STRATEGIC PRIORITIES

This Strategic Plan outlines four priorities for a shared vision for Food is Medicine in Alaska.

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| PRIORITY 01 | **Alaska-Specific Food is Medicine Procurement and Policy Foundations** | Grounding work in a sense of place, access to traditional foods, community-defined health, and local food systems. |
| PRIORITY 02 | **Technical Assistance Network** | Creating practical tools, toolkits, and peer learning opportunities so programs can launch and operate efficiently, navigate barriers, and share lessons learned. |
| PRIORITY 03 | **Financing, Program Adaptability and Expansion** | Identifying and testing sustainable financing pathways, developing site readiness criteria, and exploring anchor structures to support durable, equitable growth. |
| PRIORITY 04 | **Shared Evaluation Framework** | Developing Alaska-specific clinical and community standards through a coordinated network of healthcare providers and community partners. |

### How the Plan Is Structured

Each priority includes a long-term 2030 goal, with a three-phase implementation timeline and concrete action items for Phase 1 (June 2026 – June 2027). Phases build on one another: foundational work in 2026–2027, piloting and refinement in 2027–2029, and scaling and institutionalization in 2029–2030.

The plan emphasizes deliberate sequencing over rapid expansion. Shared evaluation, technical assistance, financing infrastructure, and Alaska-specific frameworks must be in place before large-scale growth can proceed successfully. Through this collaborative effort, the next four years provide a critical window to build the evidence, relationships, and systems that will make that growth possible.

## Where Food Is Medicine Fits

Food Is Medicine sits exactly where Alaska's food system and its health system meet. Every constraint described above eventually presents clinically: import dependence and high prices, thin processing and cold-storage capacity, fragile last-mile distribution, and eroding access to wild and traditional foods all show up in Alaskans' bodies as diet-related chronic disease, and in clinics as patients whose prescriptions cannot compensate for what is missing from their plates. Food Is Medicine interventions - produce prescriptions, medically tailored meals and groceries, food-insecurity screening and referral, and nutrition education, treat food as a form of health care. But they can only reach scale in Alaska if the supply side holds: they depend on reliable aggregation, culturally appropriate and locally harvested foods, and distribution that reaches communities off the road system. That makes this plan simultaneously a health strategy and a food system strategy. By connecting health care resources and referral pathways to Alaska's producers, fishers, food hubs, Tribal health organizations, and hunger-relief network, Food Is Medicine can strengthen the food system it draws on. The goals and strategies that follow are built on that premise.

## Definitions

### Food is Medicine

Food is Medicine as an umbrella term for evidence-based strategies that recognize the role of nutrition in preventing, managing, and treating chronic disease. Food is Medicine interventions have expanded in recent years, driven by an increasing need to address the nutrition-related needs of individuals living with chronic disease and food insecurity. Integrating Food is Medicine interventions into health care is increasingly common, including within federal programs like Medicare and Medicaid.[3] Growing interest in evaluating outcomes, identifying best practices, and advancing sustainable financing mechanisms presents an important opportunity to strengthen, scale, and expand access to effective Food is Medicine interventions across Alaska.

While the term Food is Medicine has gained popularity in modern healthcare and policy circles, it is essential to acknowledge that many cultures have long understood and practiced the use of food as a source of healing, wellness, and cultural identity. These traditions, rooted in historical knowledge and relationship with the land, predate contemporary frameworks and should be recognized as foundational to the concept.

3 Medicaid alignment is key to long-term sustainability of Food is Medicine programs in Alaska. Alaska's Medicaid Agency, the Department of Health, should work with statewide partners to identify clear reimbursement pathways for Food is Medicine programs, including Section 1115 Demonstration Waivers and Home and Community-Based Waivers.

## Nutrition Incentive Programs

Nutrition incentive programs increase the purchase of fruits and vegetables by low-income consumers participating in benefit programs by providing incentives at the point of purchase.

Some programs that increase the purchasing power of participants, include Supplemental Nutrition Assistance Program, Special Supplemental Nutrition Program for Women, Infants, and Children, or Senior Farmers' Market Nutrition Program recipients, for fruits, vegetables, and other healthy foods, typically through market matching funds, vouchers, or discounts at farmers' markets, farm stands, or other retailers.

## Medically Prescribed Produce, Groceries and Meals

### Produce Prescription Programs

Interventions in which health care providers or community partners prescribe fruits and vegetables or provide vouchers/benefits for produce to food insecure patients with diet-related health risks, usually paired with nutrition education or care coordination. Produce prescriptions generally include fresh, frozen, or canned produce with no added salt, sugar, or fat. Individuals with specific nutritional needs and food access challenges can get produce prescriptions from their health care provider.

### Medically Tailored Groceries

Unprepared food items are prepackaged in a box or bag, designed by nutrition professionals to meet the specific medical and dietary needs of individuals who can prepare meals themselves. Health care providers, health insurance plans, and community-based organizations can screen patients to determine whether they are eligible to receive medically tailored groceries.

### Medically Tailored Meals

Fully prepared, home-delivered meals designed and overseen by registered dietitian nutritionists to meet the medical and nutritional needs of people with complex or severe health conditions who are unable to shop and prepare meals on their own. Meals are provided to patients through a referral from a medical professional or health care plan and are part of a treatment plan for certain diet related health diseases or conditions.

### Medically Supportive Meals

Medically supportive meals are prepared meals (e.g., heart-healthy or diabetes-friendly meals) provided to an individual to manage chronic diseases or prevent disease in individuals at higher risk for illness. Unlike medically tailored meals, medically supportive meals include less individualized healthy foods that can be used by a broad patient population to improve dietary habits and overall health

ALASKA FOOD IS MEDICINE COALITI

# Strategic Plan

2026 - 2030

## Introduction

This Strategic Plan outlines the priorities, goals, and pathways guiding the Alaska Food is Medicine decisions from 2026 through 2030. It is designed as a resource for decision makers, including Alaska Food is Medicine Coalition members, Tribal partners, health care providers, government, policymakers, and funders engaged in building a durable, Alaska-defined Food is Medicine infrastructure.

## Landscape Assessment

The Alaska Nutrition Incentive and Produce Prescription Food is Medicine Statewide Landscape Assessment[4] (Landscape Assessment) provides essential context for this strategic plan, offering the first coordinated, statewide view of Alaska's nutrition incentive and produce prescription Food is Medicine ecosystem. The assessment documented programs operating across urban, rural, and Tribal settings; identified common implementation challenges; and highlighted both the momentum and fragility of current efforts.

| Key Findings from the Landscape Assessment |
|---|
| 1. Demand for Food is Medicine services consistently exceeds program capacity, with enrollment caps and waitlists driven by staffing, funding, and logistical constraints rather than lack of clinical relevance or participant interest. |
| 2. Most programs rely on short-term, braided grant funding (examples include but are not limited to U.S. Department of Agriculture (USDA) Gus Schumacher Nutrition Incentive Program (GusNIP), Centers for Disease Control and Prevention (CDC) grants, Tribal subawards, municipal funding), with few organizations having more than two to three years of secured financial support. |
| 3. Workforce is lean across programs (often one Full-Time Equivalent or less), and rural and off-road communities face recurring logistical challenges, including high transportation costs, seasonal produce variability, barge delays, and limited cold storage. |
| 4. Clinical standards, data and evaluation systems exist but are fragmented, with programs tracking different combinations of metrics using varied platforms, limiting comparability and analytic capacity. |
| 5. Strong cross-sector partnerships already link Tribal health organizations, Women, Infants, and Children (WIC), Supplemental Nutrition Assistance Program (SNAP, often referred to as food |

4 Food Bank of Alaska. Alaska Nutrition Incentive and Produce Prescription Food is Medicine Statewide Landscape Assessment. Anchorage, Alaska. January 2026.

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| stamps), food banks, farmers' markets, producers, and state agencies in collaborative Food is Medicine efforts. |
| 6. Produce prescription and nutrition incentive programs currently anchor Alaska's Food is Medicine systems and represent the most operationally feasible models given current capacity and infrastructure. |

## The Four Priorities

The plan is built around four interconnected priorities, each grounded in developing goals, decision points, and practical next steps rather than predetermined solutions. Together, these priorities create a roadmap for strengthening Alaska's Food is Medicine ecosystem through shared evaluation, technical assistance, sustainable financing, and Alaska-specific conceptual frameworks that honor Alaska Native leadership and traditional food systems. Meaningful engagement with Alaska Native people, Tribes, Tribal Health Organizations, and Tribal entities is essential to the successful design, implementation, evaluation, and sustainability of Food is Medicine initiatives in Alaska. Ongoing participation by Tribal representatives throughout this strategic planning process is intended to help ensure programs are community-informed, culturally grounded, and responsive to the priorities of Alaska Native communities.[5]

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| **01**<br>**Alaska-Specific Food is Medicine Procurement and Policy Foundations**<br>Grounding work in a sense of place, access to traditional foods, community-defined health, and local food systems. | **02**<br>**Technical Assistance Network**<br>Creating practical tools, toolkits, and peer learning opportunities so programs can launch and operate efficiently, navigate barriers, and share lessons |
| **03**<br>**Financing, Program Adaptability and Expansion**<br>Identifying and testing sustainable financing pathways, developing site readiness criteria, and exploring anchor structures to support durable, equitable growth. | **04**<br>**Shared Evaluation Framework**<br>Building Alaska-specific evidence infrastructure, including screening and referral pathways, to track program performance, support policy development, and prepare for healthcare system integration. |

5 Participation in planning activities or advisory processes described in this document does not replace or fulfill formal Tribal Consultation requirements for Medicaid. The State Medicaid Agency is responsible for conducting formal Tribal Consultation prior to submitting Medicaid demonstrations, waivers, State Plan Amendments, or other Medicaid policy changes that may directly affect American Indian and Alaska Native peoples, Tribal Health Organizations, or the Indian Health Service.

## Development Process

This strategic action plan represents a collaborative effort informed by multiple partners and grounded in Alaska's current Food is Medicine landscape. The plan builds directly on findings from the Landscape Assessment, which documented existing programs, identified gaps in access and capacity, and highlighted opportunities for coordinated statewide growth.

The plan reflects the broader direction developed through ongoing meetings, partner input, and alignment with the priorities of the Food Bank of Alaska and the Alaska Department of Health. Priorities were refined through two strategic planning sessions held in early 2026, where coalition members, including Tribal partners, health system representatives, food access organizations, and state agency staff, collaboratively identified core needs, clarified roles, and shaped the framework presented here. These sessions provided critical direction for prioritizing evaluation infrastructure, technical assistance, financing pathways, and Alaska-specific structure over other identified initiatives.

This collaborative foundation ensures that the Strategic Plan is responsive to the realities facing current Food is Medicine operators and positioned to support long-term, equitable, and sustainable growth across Alaska.

## Strategic Implications and Next Steps

The Landscape Assessment shows that Alaska's Food is Medicine ecosystem is in an early but active stage of development. While programs are reaching participants and demonstrating positive outcomes, the system remains vulnerable to funding disruptions, staffing turnover, and logistical barriers that limit scale and sustainability. Without coordinated action, many programs risk closing despite high demand, positive outcomes, and clinical relevance.

The assessment identifies several interconnected next steps that directly inform this strategic plan:

- Establish shared evaluation frameworks and common metrics to support cross-program learning, policy advocacy, and Medicaid readiness
- Strengthen coordination and coalition governance structures to reduce duplicative efforts and align resources across partners
- Build technical assistance infrastructure, including toolkits, peer learning networks, and standardized workflows, to support program launch and expansion
- Pursue durable financing pathways with federal program opportunities, such as through the U.S. Department of Agriculture (USDA), U.S. Department of Health and Human Services (HHS), and U.S. Department of Veterans Affairs (VA)
- Center Tribal leadership, Indigenous food systems, and community-defined health in all Food is Medicine planning, ensuring that frameworks reflect Alaska realities rather than imported models
- Address equity and access gaps by investing in workforce capacity, rural logistics, and culturally appropriate program models that reach underserved communities

These next steps form the foundation for the four priorities detailed in this plan, established through a collaborative strategic planning process. By addressing evaluation, technical assistance, financing, and Alaska-specific work in parallel, the partners can build the infrastructure needed to move Food is Medicine from grant-funded pilot programs to integrated, sustainable components of Alaska's health and food systems.

## STRATEGIC PLAN PRIORITIES

# 01 PRIORITY 1: ALASKA-SPECIFIC FOOD IS MEDICINE PROCUREMENT AND POLICY FOUNDATIONS

## Goal

Ground Alaska Food is Medicine work in a sense of place, access to traditional foods, community-defined health, and local food systems.

## Purpose

Adapt national Food is Medicine models to be Alaska-specific, informed by community-defined health, Tribal food sovereignty, and local food systems with clear policy language and alignment to institutions and local governance. This priority ensures that Food is Medicine work reflects Alaska realities, and that institutional and local policy are recognized as foundational levers.

## Immediate Action Items (June 2026 - June 2027)

- Draft initial Alaska-specific Food is Medicine language and compile key frameworks
- Identify Tribal, community, agencies and institutional partners
- Begin community listening and consultation sessions
- Map high-level intersections with agencies, institutions and local policy work already underway
- Engage Alaska food producers to build long-term sustainable partnerships

## Implementation Timeline

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| **Phase 1**<br>*June 2026 - June 2027* | **Draft and Test Foundational Language**<br>• Identify leadership, action pathways, and funding needs<br>• Compile existing language from Southcentral Foundation, University of Alaska Anchorage, University of Alaska Fairbanks, and Indigenous food sovereignty literature<br>• Identify Tribal and community partners and define clear, concrete asks for iterative feedback<br>• Conduct initial listening sessions focused on the definition, values, and concerns of Alaska Native communities<br>• Document key themes such as self-determination, climate impacts on access, and local or traditional foods<br>• Draft initial Alaska-specific Food is Medicine language |
| **Phase 2**<br>*July 2027 - June 2029* | **Embed in Policy, Institutions, and Program Design**<br>• Refine the Food is Medicine definition based on partner and community feedback and produce a short accessible statement plus a longer explanatory appendix<br>• Develop guidance on how the definition should appear in program design, evaluation, and communications<br>• Map existing institutions and local policies relevant to Food is Medicine and identify alignment opportunities<br>• Explore opportunities to maximize local food procurement<br>• Collaborate with state agencies, institutions, farmers markets, farmers, school districts, and local governments to highlight case studies where Food is Medicine, traditional foods, and local policy overlap<br>• Incorporate Alaska-specific Food is Medicine language into policy briefs, financing narratives, and evaluation frameworks |
| **Phase 3**<br>*July 2029 - September 2030* | **Sustain and Evolve the Alaska-Defined Framework**<br>• Document how the Alaska-specific foundations have influenced programs, evaluation, financing, and policy<br>• Identify gaps or unintended consequences and work with partners to address them<br>• Update Alaska-specific Food is Medicine language and note what is foundational and what will continue to evolve |

# 02 Priority 2: Technical Assistance Network

## Goal

Create practical tools, toolkits, and peer learning opportunities so programs can launch and operate efficiently, navigate barriers, and share lessons across rural, urban, and Tribal settings.

## Purpose

This work focuses on matching tools to audience, purpose, and maintenance capacity.

## Immediate Action Items (June 2026 - June 2027)

- Finalize toolkit outline and content priorities based on program or user survey
- Identify seed programs and gather shareable materials
- Develop a draft of the toolkit and pilot with a small group
- Clarify the primary users of and audience for the program map
- Select a hosting platform and basic governance structure for shared tools

## Potential Partners

- Alaska Department of Health for training alignment, conference sessions, and clinical guidance
- Food Bank of Alaska or coalition anchor for resource hosting and communications infrastructure
- National Food is Medicine community, Aspen Institute, and similar national technical assistance providers for scan-and-adapt learning
- Food is Medicine program staff operating programs in Alaska
- University of Alaska partners for evaluating technical assistance effectiveness and tool use
- Alaska Food Policy Council, Alaska 211, and other statewide information platforms for map coordination

## Implementation Timeline

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| **Phase 1**<br>*June 2026 - June 2027* | **Design Core Technical Assistance Tools**<br>• Identify leadership, action pathways, workforce, training and funding needs<br>• Draft a technical assistance toolkit that includes resources on site readiness, workflow templates, screening and referral guidance, and user-journey examples<br>• Develop metrics for evaluation and iterative updates of the technical assistance toolkit<br>• Survey current program staff on what resources would have shortened their launch timelines<br>• Identify 2 to 3 programs willing to share existing materials as foundational content<br>• Aggregate existing resources nationally and note what is missing for Alaska<br>• Define the goal and audience for a Food is Medicine roadmap, detailing programs around the state<br>• Draft a Food is Medicine program roadmap |
| **Phase 2**<br>*July 2027 - June 2029* | **Launch and Refine Technical Assistance Network**<br>• Pilot and iterate the toolkit and begin regular training and technical assistance offerings, including office hours and peer learning calls<br>• Develop and test user-journey detailing the experience<br>• Develop and test user-journey histories for Food is Medicine programs<br>E.g., outreach and participant awareness, participant enrollment and eligibility verification; benefit distribution; produce purchase and incentive redemption; transaction tracking and verification; provider reimbursement; and reporting and evaluation.<br>• Pilot the program roadmap with a small set of users and gather feedback on usefulness and maintenance needs<br>• Foster peer mentorship opportunities<br>• Refine toolkit content based on usage data, with specific attention to rural and Tribal contexts |
| **Phase 3**<br>*July 2029 - September 2030* | **Institutionalize and Integrate**<br>• Launch and iterate the toolkit and continue regular training and technical assistance offerings<br>• Document which assistance and communication tools are consistently used and retire low-value components<br>• Align technical assistance offerings with emerging financing and evaluation requirements of public and private funders to better ensure readiness to launch and scale Food is Medicine programs<br>• Integrate technical assistance topics into ongoing coalition meetings and statewide conferences<br>• Update the technical assistance strategy for the next strategic plan cycle with clear roles and evaluation measures |

# 03 Priority 3: Financing, Program Adaptability and Expansion

## Goal

Identify and test sustainable financing pathways, developing site readiness criteria, and exploring anchor structures to support durable, equitable growth.

## Purpose

Prepare for intentional, equitable expansion and assess whether a statewide umbrella organization or anchor function is needed to support shared models, funding coordination, and research needs. This priority clarifies how the coalition sequences financing, readiness, and administration so that growth is deliberate rather than premature.

## Immediate Action Items (June 2026 - June 2027)

- Update the Landscape Assessment to include a funding summary
- Identify immediate Rural Health Transformation Program and other grant opportunities for existing programs
- Draft talking points detailing cost-effectiveness and the need for long-term investment for policymakers and funders
- Outline existing Food is Medicine-related projects
- Draft site readiness criteria and initial considerations for expansion

## Potential Partners

- Alaska Department of Health and Alaska Division of Agriculture
- Alaska Hospital and Healthcare Association and health systems for contracts and readiness discussions
- Alaska Legislature and policy advocacy organizations for state-level support
- Alaska Farm Bureau and Alaska Farmers Market Association
- Alaska Food Policy Council
- Non-government funders such as foundations, philanthropic agencies and community-based organization
- U.S. Department of Agriculture (USDA) Gus Schumacher Nutrition Incentive Program (GusNIP), and philanthropic funders as part of interim, braided financing
- Retailers, wholesalers, Tribal health organizations, and regional anchors for site expansion feasibility

## Implementation Timeline

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| **Phase 1**<br>*June 2026 - June 2027* | **Clarify Financing Landscape and Readiness**<br>• Identify leadership, action pathways, and funding needs<br>• Update the Landscape Assessment summary covering current and potential funding, such as the Rural Health Transformation Program and Medicaid reimbursement opportunities<br>• Track funding opportunities from agencies advancing nutrition incentive, produce prescription, other Food is Medicine programs and nutrition services; share funding announcements on Alaska Food is Medicine listserv<br>• Identify near-term Rural Health Transformation Program opportunities aligned with coalition goals and support programs positioned to apply<br>• Begin drafting Alaska-specific cost-effectiveness talking points using national Food is Medicine evidence and Alaska data for nutrition incentive and produce prescription programs, including long-term funding models<br>• Draft recommendations to leverage Medicaid and other Food is Medicine coverage opportunities<br>• Draft a checklist for Food is Medicine program readiness for launch and expansion, informed by known funding opportunities<br>• Identify existing programs that should be considered for additional investment before new programs are created<br>• Identify organizations that can act as funding and operational hubs |
| **Phase 2**<br>*July 2027 - June 2029* | **Test Financing Approaches and Expansion Concepts**<br>• Support partners to pursue Rural Health Transformation Program funding or other near-term financing, documenting lessons learned<br>• Explore fee-for-service or contract models with 1 to 2 willing health systems and document feasibility<br>• Pilot and refine site readiness criteria with interested agencies and communities<br>• Develop recommendations outlining possible umbrella and anchor functions and governance options<br>• Continue collaboration with state decision-makers to leverage federal waiver authority |
| **Phase 3**<br>*July 2029 - September 2030* | **Position for Long-Term Sustainability and Expansion**<br>• Explore state-led financing strategy across grants, Rural Health Transformation Program funding, contracts, and future healthcare reimbursement based on what has proven workable<br>• Confirm whether and how an umbrella or anchor structure will operate<br>• Identify opportunities for Food is Medicine expansion across the state, where readiness, financing, and local leadership are aligned<br>• Integrate the financing and expansion strategy into the next 5-year strategic plan with specific targets |

# 04 Priority 4: Shared Evaluation Framework

## Goal

Build Alaska-specific Food is Medicine infrastructure, including screening and referral pathways, to track program performance, support policy development, and prepare for healthcare system integration.

This priority serves as the foundation for building Alaska-specific evaluation infrastructure that informs decision-making at all levels of Food is Medicine work.

## Purpose

The shared evaluation framework priority serves as the umbrella for screening and referral pathways, as well as program implementation and evaluation design. It creates a standardized, Alaska-specific evaluation framework that works across different program types and capacities, protects Tribal data sovereignty, generates evidence for future growth and policy pathway, and highlights what remains unknown about Food is Medicine implementation, and impact in Alaska. This priority functions as the coalition's core framework and accountability structure, including how Food is Medicine program screening and referral information is captured, interpreted, and improved over time. This work will help identify what is known, what is missing, and how programs should document results in ways that are useful across settings.

## Screening and Referral Pathways

Referral infrastructure, the pathways from healthcare to Food is Medicine providers, delivers the most value when there are clear workflows based on program data and meaningful follow-up. For this reason, screening and referral work is embedded within Priority 4 rather than treated as a separate priority.

Key areas include: standard screening guidance and referral workflow templates designed for interoperability across healthcare and community-based tracking systems ; closed-loop referral exploration and clinical partner engagement; inclusion of pharmacies and other fulfilment organizations in the referral ecosystem; and clarification of who leads at which point of care across the Tribal Health System, medical centers, Emergency Medical Services (EMS), Federally Qualified Health Centers (FQHC) and other providers.

## Immediate Action Items (June 2026 – June 2027)

- Assess current screening practices statewide and identify where food insecurity screening workflows extend beyond food pantry or federal food assistance referrals
- Assess current notification and marketing efforts to inform eligible individuals of nutrition incentive programs
- Determine tiered metrics, including minimum and expanded measures

- Draft screening and referral workflow templates that are adaptable to different care settings.
- Identify where pharmacies, community health centers, behavioral health providers, and rural health clinics fit into the screening and referral pathways
- Identify current nutrition incentive programs and explore expansion opportunities.
- Clarify whether external actors, such as the Food is Medicine Coalition, Aspen Institute Food & Society Program or the Rockefeller Foundation Food is Medicine initiatives, are supporting models that may inform Alaska planning

## Potential Partners

- University of Alaska research partners, including the Institute of Social and Economic Research and related food systems or evaluation units
- The Alaska Tribal Health System for Tribal self-governance, consultation, and participation structures
- Alaska Department of Health, commissioner staff, and divisions of Health Care Services, Public Health and Public Assistance
- Health care providers using integrated care systems with clinical workflow expertise
- Federally Qualified Health Centers, Alaska Primary Care Association, Alaska Hospital and Healthcare Association, Alaskans Together for Medicaid, Community Health Aide Program (CHAP), Behavioral Health Aides, Alaska Board of Pharmacy, Alaska State Medical Board, healthcare associations, and participating health systems for broader provider engagement
- Eligibility notification, referral platform and technical partners, such as Alaska 211, or similar systems for participant scanning

## Implementation Timeline

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| **Phase 1**<br>*June 2026 - June 2027* | **Build Foundation and Clarify Current State**<br>• Identify leadership, action pathways, and funding needs<br>• Document what data is currently collected and identify over-collection or gaps<br>• Draft a shared evaluation framework, including metrics with minimum and expanded measures across different program types<br>• Conduct data system inventory across health information technology systems, survey platforms, paper-based tools, produce program redemption locations, and program-specific apps<br>• Identify and document knowledge gaps and unknowns specific to Alaska Food is Medicine programs<br>• Gather current screening practices statewide and document where referral workflows exist |
| **Phase 2**<br>*July 2027 - June 2029* | **Pilot and Refine Framework**<br>• Pilot shared evaluation framework with 3 to 5 programs across different settings<br>• Test and refine screening/referral workflow across health information technology systems design<br>• Market nutrition incentive programs and connect eligible individuals<br>• Develop guidance on prioritizing and achieving community-defined health outcomes and incorporate them into the framework<br>• Explore closed-loop referral systems and assess feasibility for Alaska contexts<br>• Document lessons learned from pilot sites and adjust metrics and workflows accordingly<br>• Begin alignment work with federal program requirements |
| **Phase 3**<br>*July 2029 - September 2030* | **Scale and Institutionalize**<br>• Finalize the statewide shared evaluation framework and make it available to all programs<br>• Integrate evaluation framework requirements into financing and expansion criteria to better ensure readiness to scale Food is Medicine programs<br>• Document the impact of the evaluation framework on program quality, policy development, and financing<br>• Scale referral workflow guidance to additional health systems and community partners<br>• Update framework for the next strategic planning cycle based on implementation experience |

# NEXT STEPS FOR A SHARED MOVEMENT

**A shared vision for Food is Medicine in Alaska:** An Alaska where nutrition incentives and produce prescription programs, traditional and local foods, and community-defined health outcomes are woven into everyday care, policy, and practice.

This Strategic Plan is a living document. The priorities, timelines, and success measures here provide a clear starting point, and they will be revisited as new evidence emerges, partners join the work, and the policy and funding landscape shifts

## Adjusting the Plan

The strategic plan is a working document, not a fixed commitment. At the time of this report, Food Bank of Alaska will administratively steward this plan to amplify FIM potential and drive engagement across the food and healthcare systems.

Each summer starting in 2027, the Food is Medicine Coalition and workgroups hold a joint review to assess progress and recommend changes. Proposed changes are captured in a short "Plan Update" and shared for feedback. A new 5-year strategic plan process is expected to begin in 2030.

## A Call to Decision-Makers, Do-ers, and FIM Movers & Shakers

This plan is a shared framework, not the product of any single organization, inviting cross-sector partners to make coordinated, long-term investments in Food is Medicine as foundational health and food infrastructure for Alaska, rather than a series of disconnected, short-term projects. As this work progresses, several partners may be involved in multiple key roles.

Each partner can contribute to success, whether by growing nutrition incentives or integrating produce prescription programs and other Food is Medicine tasks into clinical workflows, supporting evaluation and data systems, advancing policy and funding solutions, or lifting up community and participant voices. Through steady, coordinated action and program design with Tribal and rural communities, Alaska can build a Food is Medicine system that is resilient, equitable, and its own.

Reach out to the Food Bank of Alaska for more information and collaboration inquiries: fim@foodbankofalaska.org

## APPENDIX: RESEARCH AND CASE STUDY NEEDS

Potential research questions and case study needs identified for each strategic priority are consolidated here as a starting point. They are not exhaustive, and further collaboration with Tribal partners, community organizations, health care providers, and state agency staff will be needed to refine, prioritize, and expand this work over time.

### Priority 1 || Alaska Specific Food is Medicine Procurement and Policy Foundations Research and Case Study Needs

| Research Question | Why It Matters |
|---|---|
| What data are programs already collecting versus over-collecting? | Helps avoid burden and supports a practical minimum dataset |
| What do communities define as wellbeing and how should this shape outcome measures? | Ensures evaluation reflects Alaska priorities |
| What evaluation frameworks are required by funders such as Medicaid and Gus Schumacher Nutrition Incentive Program (GusNIP)? | Supports grant applications, Medicaid and federal and state policy alignment |
| What happens after a positive screen today, and what are the workflow and provider challenges? | Clarifies real workflow gaps and provider burden |
| Which funders, technical assistance groups, or outside actors are already shaping referral infrastructure? | Prevents duplication and identifies useful comparators |

The Alaska Nutrition Incentive and Produce Prescription Food is Medicine: Statewide Landscape Assessment identifies several case study opportunities: The Yukon–Kuskokwim Health Corporation's produce prescription programs, Norton Sound Health Corporation, Fairbanks Community Food Bank, Alaska Farmers Market Association Market Match; Municipality of Anchorage Fresh Bucks program; State of Alaska Department of Health Senior's and Women, Infants and Children Farmers Market Nutrition Programs; Massachusetts Medicaid referral infrastructure, and national Gus Schumacher Nutrition Incentive Program (GusNIP) evaluation models.

| Co-Benefits |
|---|
| Builds the Alaska-specific evidence base needed for Medicaid waiver and policy development |
| Enables cross-program learning by making outcomes more comparable across sites and models |
| Strengthens advocacy through more credible and consistent data for legislators, funders, and health system partners |
| Protects Tribal communities by centering self-governance and consent in data design |
| Reduces provider burden and closes the gap when screening and referral pathways are made more consistent |

## Priority 2 || Technical Assistance Network Research and Case Study Needs

| Research Question | Why It Matters |
|---|---|
| What technical assistance already exists nationally for Food is Medicine and similar initiatives, and where are Alaska-specific gaps? | Prevents duplication and identifies what must be built locally |
| How do technical assistance needs differ between rural and Tribal settings and urban programs and between program types? | Ensures tools are relevant across contexts |
| What features make technical assistance offerings and resource libraries useful and used? | Guides design decisions for maximum uptake and development of relevant evaluation metrics |
| Which communication formats best support provider referrals, patient navigation, and internal planning in Alaska? | Matches tools to real audience needs |

The Alaska Nutrition Incentive and Produce Prescription Food is Medicine: Statewide Landscape Assessment identifies several case study opportunities: The Yukon–Kuskokwim Health Corporation's produce prescription programs, Norton Sound Health Corporation, Fairbanks Community Food Bank, Alaska Farmers Market Association Market Match; Municipality of Anchorage Fresh Bucks program; State of Alaska Department of Health Seniors and Women, Infants and Children Farmers Market Nutrition Programs; existing Alaska technical assistance programs in other sectors, and national Food is Medicine technical assistance platforms.

| Co-Benefits |
|---|
| Reduces duplicative effort by sharing tools and lessons across programs |
| Shortens launch and scale-up timelines for new and expanding sites |
| Builds workforce capacity and consistency in program quality |
| Creates Alaska-specific implementation knowledge that supports financing and policy advocacy |
| Improves communication with providers and participants by matching tools to specific audiences and contexts |

## Priority 3 || Financing, Program Adaptability and Expansion Research and Case Study Needs

| Research Question | Why It Matters |
|---|---|
| What funding opportunities exist for advancing nutrition incentive, produce prescription, other Food is Medicine programs? | Knowing the funding opportunities and their goals will help Alaska agencies prepare to apply for funding |
| What are other states doing to finance and administer Food is Medicine at scale? | Existing state programs offer relevant models |
| What anchor and umbrella structures exist in comparable health and food initiatives? | Informs governance design without requiring a new entity |
| How willing are Alaska health systems and public agencies to enter contracts or shared financing arrangements? | Tests the feasibility of non-grant revenue streams |
| How do regional differences affect readiness and model viability? | Ensures expansion decisions reflect rural, Tribal, and urban realities |
| What rural retail and wholesaler partnerships are realistic for remote communities? | Alaska Commercial Company and Pacific Alaska Wholesalers offer potential entry points |
| Do Food is Medicine programs result in long-term cost savings? | To understand the true financial cost and impact of Food is Medicine programs |

Case study opportunities: The Landscape Assessment identifies several case study opportunities: The Yukon–Kuskokwim Health Corporation's produce prescription programs, Norton Sound Health Corporation, Fairbanks Community Food Bank, Alaska Farmers Market Association Market Match; Municipality of Anchorage Fresh Bucks program; State of Alaska Department of Health Senior and Women, Infants and Children Farmers Market Nutrition Programs; existing Alaska technical assistance programs in other sectors, and national Food is Medicine technical assistance platforms. National examples of Food is Medicine integration (e.g., Oregon, North Carolina, New Mexico, Hawai'i), Massachusetts Food is Medicine integration and rural retail models involving Alaska Commercial Company.

| Co-Benefits |
|---|
| Increases workforce and organizational stability |
| Creates accountability loops where health systems have incentives to track outcomes |
| Builds infrastructure through the Rural Health Transformation Program and other investments that support broader health and food initiatives |
| Provides frameworks that reduce the risk of over-expanding programs beyond financial sustainability |

## Priority 4 ||Shared Evaluation Framework Research and Case Study Needs

| Research Question | Why It Matters |
|---|---|
| What measures are currently being collected across Alaska Food is Medicine programs, and which metrics are most useful for demonstrating participant, program, and health system impact, and what opportunities exist to develop a statewide coordinated measurement? | Helps avoid burden and supports a practical minimum dataset |
| What do communities define as well-being, and how should this shape outcome measures? | Ensures evaluation reflects Alaska priorities |
| What evaluation frameworks are required by public and private funders? | Supports grant applications, Medicaid coverage strategies, and federal and state policy alignment |
| What happens after a patient enters the referral process, and what are the workflow and provider challenges? | Clarifies real workflow gaps and provider burden |
| Which funders, technical assistance groups, or other external actors are already shaping eligibility notification and referral infrastructure? | Prevents duplication and identifies useful comparators |

The Alaska Nutrition Incentive and Produce Prescription Food is Medicine: Statewide Landscape Assessment identifies several case study opportunities: The Yukon–Kuskokwim Health Corporation's produce prescription programs, Norton Sound Health Corporation, Fairbanks Community Food Bank, Alaska Farmers Market Association Market Match; Municipality of Anchorage Fresh Bucks program; State of Alaska Department of Health Seniors and Women, Infants and Children Farmers Market Nutrition Programs; Massachusetts Medicaid referral infrastructure, and national Gus Schumacher Nutrition Incentive Program (GusNIP) evaluation models.

| Co-Benefits |
|---|
| Builds the Alaska-specific evidence base needed for Medicaid waiver and policy development |
| Enables cross-program learning by making outcomes more comparable across sites and models |
| Strengthens advocacy through more credible and consistent data for legislators, funders, and health system partners |
| Reduces provider burden and closes the gap when screening and referral pathways are made more consistent |