ISSUE BRIEF

Hospital Efforts to Improve Access to Healthy Foods

Nutrition plays a critical role in health. A healthy diet helps reduce the risk of illness or chronic disease and improve health outcomes in individuals managing chronic illnesses.[1] Public health, hospitals and cross-sector partners have long worked to improve nutrition and promote healthy eating, building a foundation for disease prevention and better health.[2] The recent federal report from the Make America Healthy Again Commission also has discussed nutrition as one of several factors related to chronic disease prevention and child health.[3]

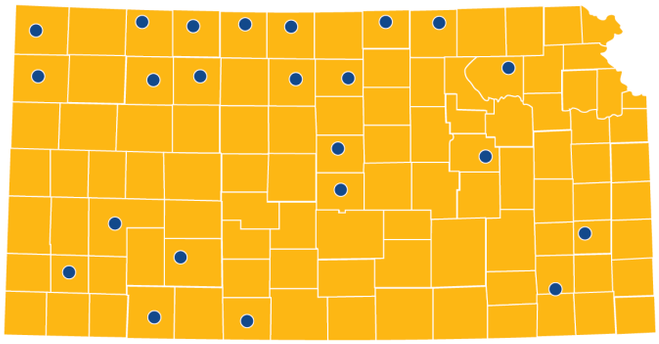
In 2023, the Kansas Office of Primary Care and Rural Health at the Kansas Department of Health and Environment, Healthworks, the Kansas Hospital Association and the Kansas Health Institute partnered to survey Kansas hospitals and systems, building on a prior 2018 population health survey. Eighty-four of the 123 acute care community hospitals in Kansas responded to the 2023 survey (68.3 percent response rate).[4] Nearly nine in 10 (86.9 percent) of respondents agreed or strongly agreed that their hospital should focus on addressing the health of their community beyond their patient population.[5] Over three-fourths (78.6 percent) of hospitals responding to the survey indicated hospitals should have a role in access to healthy foods, with nearly half (45.2 percent) indicating they had already implemented activities supporting community health in this area.[6]

This issue brief builds on the 2023 survey findings to share new insights from a 2025 listening session with 18 Kansas hospitals and health systems. The session, conducted in partnership with the KHA, KHI and KDHE, explored how hospitals are working to improve access to healthy foods for the patients and communities they serve. Access to healthy foods considers the availability and geographic distribution of nutritious food, as well as the quality and use of the food available.[7] Hospitals also shared opportunities, challenges and strategies, as well as resources and policy changes that could help support and strengthen their work addressing access to healthy foods.

Key Findings

- Hospitals view access to healthy foods as part of their responsibility to support community health beyond clinical care.
- Common challenges highlighted by hospitals include cost, availability and quality of food, workforce capacity and reimbursement structures.
- Hospitals collaborate with community partners to expand access to healthy food.
- Participants viewed artificial intelligence as a promising tool to expand organizational capacity for improving access to healthy foods.
- Hospitals highlighted the need for policy and regulatory changes to improve reimbursement, as well as partnerships to increase bargaining strength.

Perspectives on Access to Healthy Foods



Listening session map. There were 18 hospitals and health systems that participated in the listening session about healthy food accessibility.

Hospitals shared how they define access to healthy foods. Participants' descriptions included availability of healthy foods, community readiness for healthier eating, access to affordable and abundant fresh produce, improved quality of school meals and supply issues impacting fresh and healthy foods. One participant defined "access" not just as access to healthy foods but as access to any foods.

Promoting Health and Serving as a Role Model:
Participants stressed that the primary mission of hospitals and health systems should be to promote and improve overall health. Health care was described not just as treating illness but as ensuring people become healthier. Nutrition was highlighted as essential for healing, sustaining recovery and preventing hospital readmissions. Healthy foods and meals were identified as supporting well-being and reducing future health complications.

Several participants commented on the role of the hospital and health organizations in promoting good health and the importance of modeling behavior that sets a strong example for supporting healthy behaviors. As one participant noted, "We need to be leaders and a healthy example for our community to look toward." Being a role model also was tied to programs like Meals on Wheels, where respondents saw the importance of serving the community. One respondent noted that "...access to healthy foods is critical because it is a huge part of how people stay healthy and how we are able to put our best foot forward."

Community Readiness and Needs Assessment:
Participants described community readiness for healthier eating as connected to familiarity and education. One participant noted people are often reluctant to try foods not already part of their traditional meals, which affects what stores carry and farmers grow. Another participant noted limited exposure to diverse, health-benefiting foods, explaining that items with strong nutritional value are rarely available in stores in their rural community. Hospitals further mentioned limited skills and knowledge related to how to prepare fresh fruits and vegetables or healthy meals, which can lead families to rely on processed foods.

"Healthy food access has always been one of the higher priorities for our community."

Several participants also emphasized their facilities' Community Health Needs Assessments consistently show residents view the hospital as responsible for more than patient care, expecting it to be a driver of health outcomes and a community resource. CHNA results were described as reinforcing the hospital's importance in promoting overall health and well-being and identifying healthy food access as a top community priority for both children and older adults in their CHNA.

Current Hospital-Led or Supported Initiatives

Participants shared many hospital-led or supported food initiatives, including education, food distribution, resource connection, care management, community gardens and Food is Medicine initiatives, among others. Partnerships were emphasized as essential to pooling resources and implementing effective strategies. Many hospitals noted the goal of reducing food insecurity in their community. Hospitals also collaborated with county health coalitions, making food insecurity a top priority. Some hospitals noted that their initiatives focus on children and their families, while also recognizing the needs of multigenerational households. Participants described how their facilities obtained grants to support these efforts.

Resource Connector: The most-often mentioned support that hospitals provided was connecting patients to resources to access healthy foods. Participants described providing support at discharge with referrals to dietitians, community health workers and job resources to ensure continuity of care. They described community health workers and social workers assisting with applying for the Supplemental Nutrition Assistance Program (SNAP) applications. Participants also work with community-based organizations to connect patients to food pantries and commodity boxes, or even deliver food when access is a barrier.

Food Distribution: Participants described several approaches to food distribution in their communities. Commonly mentioned efforts included providing Meals on Wheels and public meal programs to reach older adults, children, and families of patients, often tied to hospitals' broader community health priorities. Some specific approaches included delivering healthier meals to older adults and daycare centers, linking hospital-sponsored community health needs assessments with food distribution programs, operating a cafeteria and salad bar open to the public, rebuilding or working with food pantry programs, delivering fresh produce bundles and partnering with high school students to deliver groceries to elderly patients after discharge. Another example was delivering fresh produce boxes tailored to patients' dietary and medical needs. One hospital, when describing the work of their facility to provide healthy meals to patients, staff and visitors, noted of their cafeteria, "We're really trying to make the facility's name synonymous with great food."

Local Partnerships: Participants noted partnering with many community organizations, including health coalitions, extension agents, schools, food pantries, faith-based organizations, grocery stores and local producers. One participant described partnering with local growers who supply both hydroponic and non-hydroponic produce. Hydroponic produce is grown in nutrient-rich water without soil, while non-hydroponic produce is cultivated in traditional soil where plants draw nutrients naturally from the earth. In addition, one hospital mentioned partnering with their foundation and a correctional facility to expand a garden project, supported by a United States Department of Agriculture grant, with the goal of supplying fresh produce to the hospital school and nursing home. Another hospital described how they collaborated with a locally owned grocery store to introduce healthier food labeling, complete with QR codes linking to recipes and cooking demonstrations, driven by patient feedback.

Many participants said they worked with their local schools and day cares, assisting with meal prep and presentations to students about healthy eating. Another participant suggested that schools could integrate agriculture into classes so that students could grow and provide healthier, locally grown foods for the school itself.

Current Hospital-Led or Supported Initiatives continued ...

Education and Care Management: Participants described education as a central goal of their initiatives. Educational efforts focused on patients with diabetes and cardiac conditions, encouraging healthier eating habits, and providing resources such as fresh produce and meal support. Resource communication was identified as a common community need. Some initiatives emphasized starting early by delivering targeted education in schools to engage children and families in healthier lifestyles earlier in life.

Several hospitals mentioned that healthy eating is included in their care management program to manage and improve health outcomes. One hospital described efforts to educate patients during cardiac rehab by providing healthy food choices and recipes. Another hospital highlighted a partnership with a local grocery store, where healthier food options are labeled and linked to online cooking demonstrations, recipes and health tips.

Community Gardens: Several hospitals highlighted community gardens as an important initiative undertaken in their communities. Community gardens were often described as an opportunity for hospitals to work with youth through community events, church groups, 4-H and high school partnerships. One hospital explained that a former hospital team member now leads the community garden, engaging church youth groups, including seventh graders, to cultivate plots, share harvests for charity and participate in educational and social activities such as barbecues and seed sharing.

Measuring Impact: Participants measure the success of their facilities' access to healthy food initiatives through changes in patient knowledge, skill development, vital signs, behavior, social drivers of health and related measures. Additionally, relationships they build with patients and the referrals that follow were other key metrics. One participant described success as patients seeking more consultations, asking for cooking tips and showing interest in healthier options.

Participants described using patient outcomes combined with Social Drivers of Health measures to assess both patient-level changes and system-level impact. A few participants noted a need to collect more information in their electronic health record. A common theme was that while SDOH information is often collected, it is not always recorded in ways that allow for meaningful reporting or evaluation. One hospital shared that they are developing a SDOH protocol with their electronic health record to improve functionality and report generation.

"We're really trying to make the facility's name synonymous with great food."

Hospitals also highlighted the power of stories. While formal assessments and data may not always capture progress, individual stories from schools, patients and families provide a meaningful way to see change. Even simple narratives, such as a parent feeling less worried about feeding their children, can communicate success more effectively than numbers alone.

Opportunities, Challenges and Strategies

Participants described multiple opportunities and challenges related to improving access to healthy foods, as well as the strategies they have tried to address these issues. Opportunities focused on building new partnerships to improve procurement and expand access to healthy options and providing nutritional education to introduce new foods and recipes and support lifestyle changes.

Opportunities: Hospitals identified a range of opportunities to support access to healthy foods through partnerships, resource sharing and innovative approaches. Several participants noted the potential to leverage existing community assets, such as underutilized school greenhouses and county extension offices, to support local food production and education efforts without duplicating work already happening in the community. There was strong interest in connecting food initiatives to health care financing, including exploring ways to engage insurance payers around produce prescriptions, medically tailored meals and upcoming legislative opportunities related to coverage. On the patient-engagement side, participants highlighted opportunities to incentivize behavior change and partner with local businesses to redistribute excess produce and create prepared meals for those in need.

Economic Barriers: Healthy foods were often described as costing more to buy and deliver, creating a barrier for both patients trying to eat healthy and hospitals seeking to purchase food. Processed food, by contrast, was noted as being cheaper and more accessible. Socioeconomic challenges were noted to further limit access to affordable fresh produce, making it a persistent hardship.

Access and Availability Challenges: Participants described limited availability of healthy foods in their communities, particularly in rural areas with fewer grocery stores. Supply issues were raised as a concern. Participants described challenges with quality or freshness of produce, noting that it often arrived past its peak and that having only one grocery store limited options. They also pointed to limited healthy options at restaurants and short farmers market hours as additional barriers. A lack of time was described as another challenge, making it difficult for people to prepare healthy food or participate in activities like community gardening. Busy schedules and work make it harder for some families to cook or access fresh produce.

Opportunity:
"Figuring out how to get insurance payers to look at encouraging Food is Medicine *through produce prescriptions and meals coverage."*

Organizational and Structural Barriers: Additional barriers noted include the location of food pantries and the need to work with community partners to make improvements. Policies and regulations were described as limiting the ability to offer food to the community or continue programs. These included

Opportunities, Challenges and Strategies continued ...

penalties on hospital cost reports for opening food facilities to the public, program rules that restrict the continued distribution of produce boxes, and lack of insurance coverage for dietary consultations. Limited stakeholder buy-in to support new community initiatives beyond the status quo was also identified as a challenge. Participants shared that only a small number of families were consistently involved in efforts, making it difficult to sustain programs.

Strategies to Address Challenges: To address these challenges, participants described partnerships to strengthen local food systems and purchasing power and providing nutrition education through dietitian-led classes to build knowledge and skills, introduce new food options and recipes, and connect food education to lifestyle changes. One approach involved partnering with local producers, grocers, schools and K-State Research and Extension. Some participants mentioned working with others to increase bargaining strength for food procurement.

Opportunities for Artificial Intelligence: Participants were optimistic about the potential of AI to support and enhance efforts to expand access to healthy foods, although a few signaled hesitation nonverbally.

Challenge:

"One grocery store, so produce is not always fresh and then the farmer's market is only one time a day."

The discussion highlighted multiple potential applications for AI, including support with document preparation, grant writing, meal planning, patient education and public messaging. AI was viewed as a tool that could help develop community action plans, create documentation templates, identify funding opportunities, generate tailored meal plans and simplify messaging. However, participants noted that limited internet access and low technological familiarity could create barriers to using AI effectively. They suggested that any intervention involving AI would need to include training and education.

Resources and Support Needed

Participants shared a wide range of existing resources that hospitals use or hope to access to support healthy food initiatives. These included national associations that are trusted sources of clinical and nutrition information such as the American Diabetic Association, American Heart Association, Obesity Medicine Association, and American College of Lifestyle Medicine. Participants highlighted state and local resources, including Kansas Children's Service League's 1-800-CHILDREN hotline, KDHE data and K-State Extension resources. Hospital-created materials, such as pamphlets and nutrition charts, help support patient education. In addition, hospitals are increasingly turning to digital tools and social media platforms to share information, coordinate efforts and engage patients.

Beyond existing tools, participants identified resource gaps and support needs that could help expand and sustain efforts to improve access to healthy foods. These needs fall into five major areas:

- **Strengthening Local Food Systems:** Hospitals see opportunities to expand local food systems through incentives for grocery stores to offer healthier options and strategies to deliver fresh food to individuals. Hospitals described these supports as ways to help address food access and strengthen community infrastructure.

- **Sustainable Funding and Reimbursement:** Participants emphasized the need for dedicated funding for staff time, assistance identifying and applying for grant opportunities and improved reimbursement for nutrition services such as dietician visits and the Food is Medicine programs through policy action. Low or nonexistent reimbursement was noted as a barrier.

- **Leveraging Community Knowledge and Partnerships:** Hospitals expressed interest in learning from successful models used elsewhere to avoid "reinventing the wheel." Peer learning, local food policy councils and cross-community collaboration were highlighted as valuable mechanisms for strengthening local-food initiatives.

"... hospitals are increasingly turning to digital tools and social media platforms to share information, coordinate efforts and engage patients."

- **Nutrition Education and Tools:** Participants emphasized the importance of nutrition education in clinical settings and schools. They expressed interest in digital apps and tools to provide personalized education, such as scanning nutritional information at the point of purchase to help patients make informed choices.

- **Policy, Coordination and Information Sharing:** One of the most frequently noted needs related to policy was reimbursement for nutrition counseling and other healthy food initiatives. Additional priorities included streamlining pathways to dietitian certification, applying lessons from tobacco control, improving coordination and communication from state partners and strengthening hospital–community partnerships for food purchasing and distribution.

Closing Reflections and Next Steps

Access to healthy foods is closely connected to community health and well-being. Hospitals across Kansas are engaged in a range of efforts to expand healthy food access, including community partnerships, education initiatives, food distribution programs and integration of nutrition into care management. These activities reflect a growing recognition of the connection between nutrition and health outcomes and commitment to community health improvement.

Participants identified several factors that influence the scope and impact of these efforts. Opportunities include leveraging existing community assets, aligning with local partners and exploring new tools and technologies to support implementation. Challenges include limited funding, workforce capacity, availability of fresh foods and lack of reimbursement.

Hospitals emphasized the importance of continued coordination and support in six key areas:

- Advocating for sustainable funding and reimbursement models;
- Strengthening local food system partnerships;
- Accessing an abundance of and variety of fresh foods in rural areas;
- Expanding nutritional education;
- Improving Social Determinant of Health data collection and use; and
- Coordinating hospital sharing of resources and strategies, such as collective food procurement bargaining and responsible use of AI.

These findings offer a foundation for future planning, resource development, policy change and collaboration among hospitals, community partners and state agencies to improve access to healthy foods in Kansas.

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