WEST VIRGINIA
FOOD IS MEDICINE
COALITION

LOGIC MODEL

OVERARCHING GOAL

Fully integrate nutrition security and nutrition incentive initiatives into West Virginia's healthcare systems and develop community infrastructure for Food is Medicine.

PHASES 1 + 2 GOALS Integrate nutrition security and nutrition initiatives into West Virginia's Medicaid Managed Care programs.

Go to wvfim.org to learn more.

INPUTS

Human Resources
- Coalition Co-chairs and Steering Committee Members
- Coalition Members (food banks, FIM provider organizations, healthcare systems, food producers, non-profits, government agencies, payors and funders, philanthropic organizations, advocacy groups, community members with lived experience)
- Policy Experts and Coalition Consultants (The Camden Coalition and FIM Strategies)

Financial Resources
- AARP
- WVU College of Applied Human Sciences (CDC HOP grant)
- Other in-kind fiscal support (graduate students)
- Additional funds to be identified

Organizational Resources
- Lead backbone support organizations
- Existing coalitions, alliances, and networks
- National models of state-level FIM coalitions
- Shared coalition vision, mission, and guiding principles
- Coalition governance structure and decision-making framework

Knowledge and Data
- FIM Environmental Scan
- Healthcare systems policy research
- Evidence base supporting FIM services broadly and in WV

Political and Strategic Capital
- Credible and influential coalition members
- Relationships with policymakers, Medicaid officials, healthcare providers
- Federal and State support for Food is Medicine
- Champions within state government
- Allies in aligned movements (housing, transportation, etc.)

ACTIVITIES YEAR 1

PHASE 1 (February 2025 - March 2026)

Strategy Development
- Conduct Policy research and analysis
- Deepen understanding of FIM landscape in WV by conducting a stakeholder survey and key stakeholder interviews/focus groups to understand challenges and technical assistance needs
- Consolidate and translate the evidence-base to support FIM in WV
- Develop communications materials
- Develop capacity-building plan for phase 2

Coalition Building
- Host monthly coalition meetings
- Conduct outreach to underrepresented groups
- Create effective coalition governance structure
- Host one in-person Coalition meeting
- Host a minimum of two public webinars

PHASE 2 (April 2026 - September 2026)

Stakeholder Training and Technical Assistance
- Deliver training series on:
  - Healthcare policy and financing
  - Legislative and administrative advocacy
- Develop and disseminate toolkits or guides for key stakeholder groups
- Host one in-person coalition meeting
- Host training webinars

Building Strategic Alliances and Advocacy Engagement
- Develop relationships with key state legislators
- Build connections with healthcare institutions and healthcare providers
- Engage Medicaid managed care organizations
- Deepen partnerships with aligned movements
- State and Federal advocacy

Coalition Infrastructure Strengthening
- Formalize membership structure and onboarding process
- Create a strategic plan and short-term advocacy agenda

OUTPUTS AND OUTCOMES YEAR 1

PHASE 1 (October 2025 - March 2026)

Strategy Development
- Policy change recommendations/advocacy strategy
- Customizable talking points to use in meetings or public comment
- Survey results
- Interview/focus group summary reports
- Webpage, one-pager, recorded webinars
- Capacity-building plan

Coalition Building
- Meeting agendas, notes, attendance records
- Increased diversity of Coalition membership
- Coalition charter
- Recorded webinars and attendance records

PHASE 2 (April 2026 - September 2026)

Stakeholder Training and Technical Assistance
- Training series materials and attendance records
- Toolkits/guides
- Meeting agendas, notes, attendance records
- Recorded webinars and attendance records

Building Strategic Alliances and Advocacy Engagement
- Legislative meetings scheduled and completed
- Listening session scripts/questions and summary report
- Coalition representation from aligned groups
- Comment letters, MCO contract meetings, testimony
- Membership in National FIM Coalitions/groups
- Increased awareness and understanding of FIM interventions among clinical leaders/staff

Coalition Infrastructure Strengthening
- Coalition organizational chart
- Onboarding process document
- Strategic plan
- Advocacy agenda

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OVERARCHING GOAL

Fully integrate nutrition security and nutrition incentive initiatives into West Virginia's healthcare systems and develop community infrastructure for Food is Medicine.

PHASES 3 + 4 GOALS Implement and evaluate a community infrastructure project.

Go to wvfim.org to learn more.

ACTIVITIES YEARS 2 AND 3

PHASES 3 AND 4 (October 2026 - September 2028)

Continue Advocacy Efforts
- Stakeholder Training and Technical Assistance
- Building Strategic Alliances and Advocacy Engagement
- Coalition Infrastructure Strengthening

Infrastructure Development
- Conduct infrastructure needs assessment
- Deepen understanding of solutions to address gaps
- Mapping plan to address gaps
  - identify backbone organization
  - identify clinical and heath information technology/exchange pathways for screening and referral
  - identify aggregation and distribution pathways for locally grown produce
  - identify key CBOs and clarify roles
  - identify evidence-based nutrition education programs
  - identify FIM program standards and definitions
  - identify common/core evaluation measures
- Design a pilot to address gaps

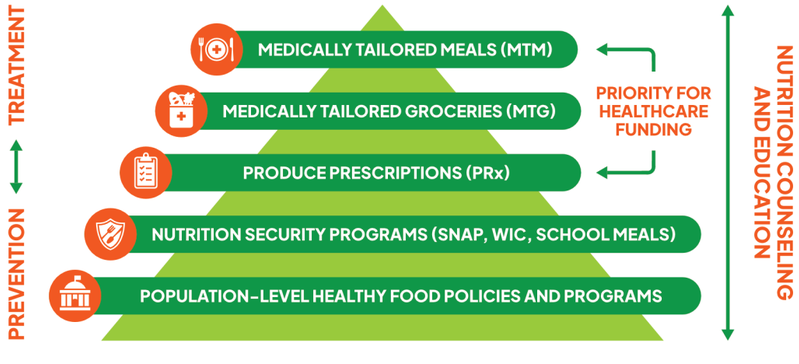
OUTPUTS AND OUTCOMES YEARS 2 AND 3

PHASES 3 AND 4 (October 2026 - September 2028)

Continue Advocacy Efforts
- Long-term advocacy agenda
- Consistent/continuous evaluation of coalition progress
- Modify coalition plans/structure as needed

Infrastructure Development
- FIM Pilot proposal
- MOUs
- Health Information Exchange Agreements

Possible Evaluation Domains
- Process/operations measures (service delivery fidelity and compliance payment operations, referral management, etc.)
- Intervention Characteristics
- Intervention Costs
- Engagement
- Sociodemographic
- Food Insecurity
- Financial Strain
- General Health Status
- Nutrition Security
- Diet Quality
- Fidelity and Acceptability
- Satisfaction
- Social Isolation and Loneliness
- Healthcare Utilization and Cost
- Clinical Impact/Biomarkers
- Food Systems Impact



OUR VISION

All West Virginians living with or at risk for food insecurity and chronic illness have reliable access to affordable nutritious food that supports their health and well-being.

OUR MISSION

To advance and sustain the integration of nutrition-focused interventions into West Virginia's healthcare system by improving health outcomes and reducing healthcare costs through collaborative leadership, advocacy, and innovative community partnerships.

- **Medically Tailored Meals (MTM):** Fully prepared meals designed by an RDN and customized to address an individual's severe, complex or chronic conditions based on therapeutic, evidence-based dietary specifications. Recipients are identified and referred in partnership with health care providers.
- **Medically Tailored Groceries (MTG):** Curated healthy food products consisting of un- or lightly processed foods that are sufficient for recipients to prepare nutritionally complete meals or provide a significant portion of the ingredients for such meals, including produce, whole grains and legumes, and lean proteins. Foods are identified by an RDN and are designed to treat specific diet-sensitive conditions and support health.
- **Produce Prescriptions (PRx):** Medical treatment or preventative service for eligible patients due to diet-related health risks or conditions, food insecurity, or other documented challenges in access to nutritious foods. Produce with no added fat, sugar, or salt is provided at low- or no cost to recipients through a referral from a health care provider or health plan.