



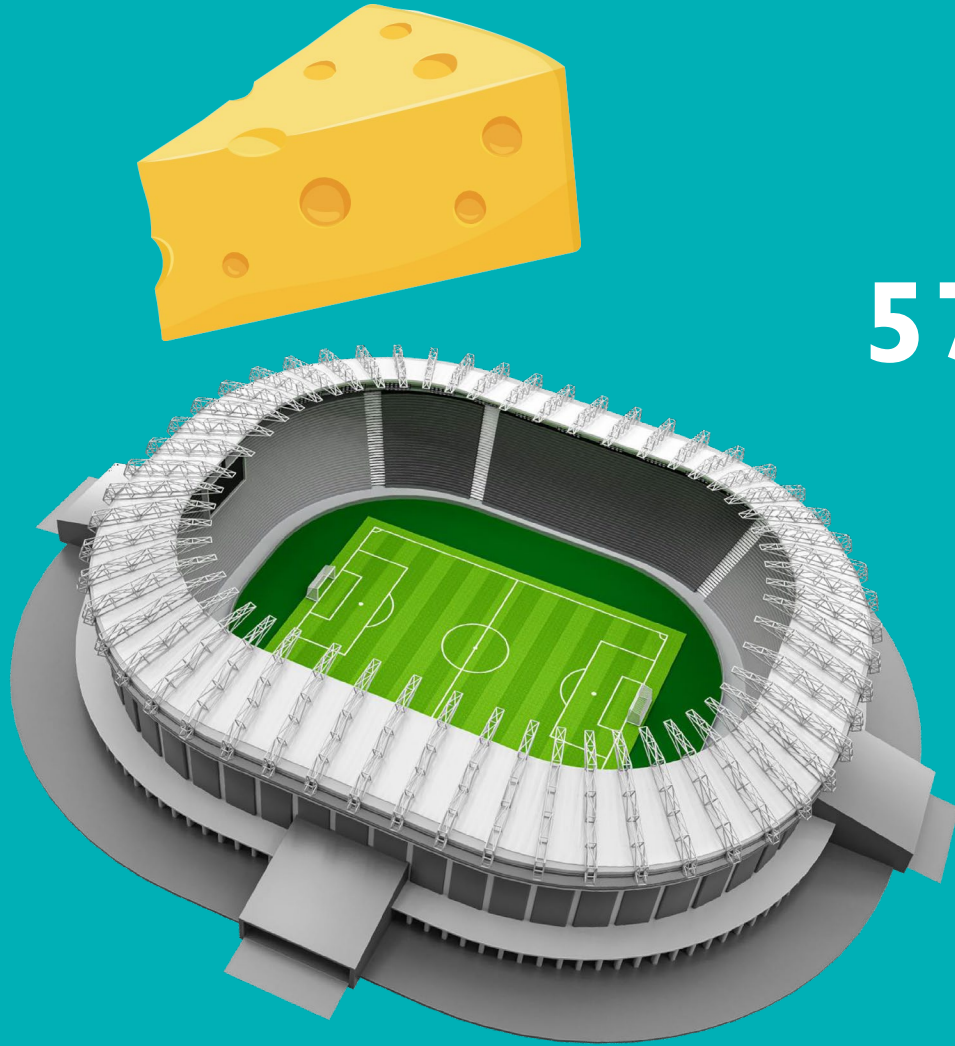
# Addressing Food Insecurity in Healthcare: Strategies, Stories & Solutions

June 27th, 2025

## **FOOD INSECURITY**



# **Addressing Food Insecurity in Healthcare: Strategies, Stories & Solutions**



**570,000 WISCONSINITES**  
**FOOD INSECURE**  
(10% total population)



LAMBEAU X 10



# FOOD INSECURITY

...a lack of consistent access to enough food for every person in a household to live an active, healthy life.



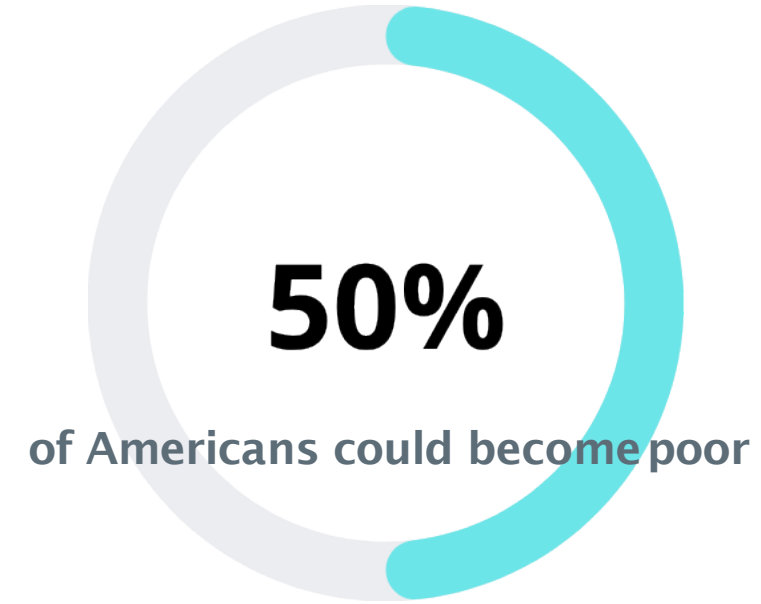
Today, more than 333 million people live in America  
Of those, 41 million Americans are food insecure.



Over 35 million people live below the poverty line.



**WORSE ½ of American households are either a paycheck or sick day away from facing poverty.**





# The Vermont Paradox: Abundance vs. Access

## Vermont Grows Abundance

- 1 in 7 Vermont jobs is in agriculture.
- More than 500 farms produce fresh fruits and vegetables statewide.
- Vermont ranks #1 in the U.S. for direct-to-consumer food sales per capita.



## Vermonters Still Go Hungry

- 1 in 9 Vermonters face food insecurity.
- 1 in 7 children in Vermont lives in a food-insecure household.
- Rural residents often live 10+ miles from a grocery store.



**The Gap:** In 2022, the Vermont Foodbank reported that over 2 million pounds of surplus produce were available – but not all could be distributed due to limited cold storage, transportation, or funding.



# FOOD INSECURITY IS A PUBLIC HEALTH CONCERN





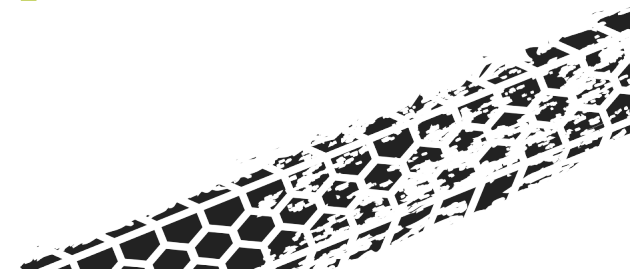
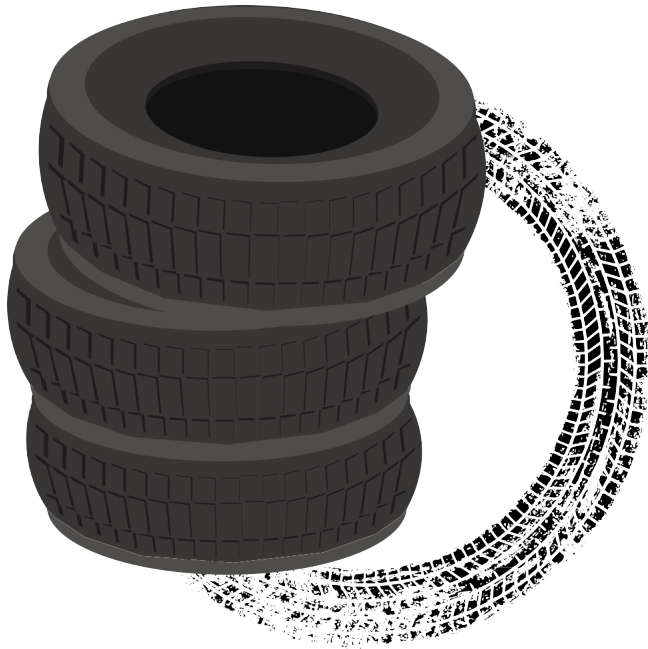
# Household Stability Wheel

Food

Health

Employment

Housing







# Household Instability Wheel

**Food**

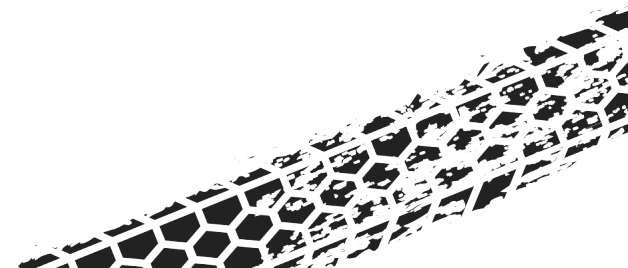


**Health**



**Employment**

**Housing**





# The Impact of Food Insecurity



Margo



Jose



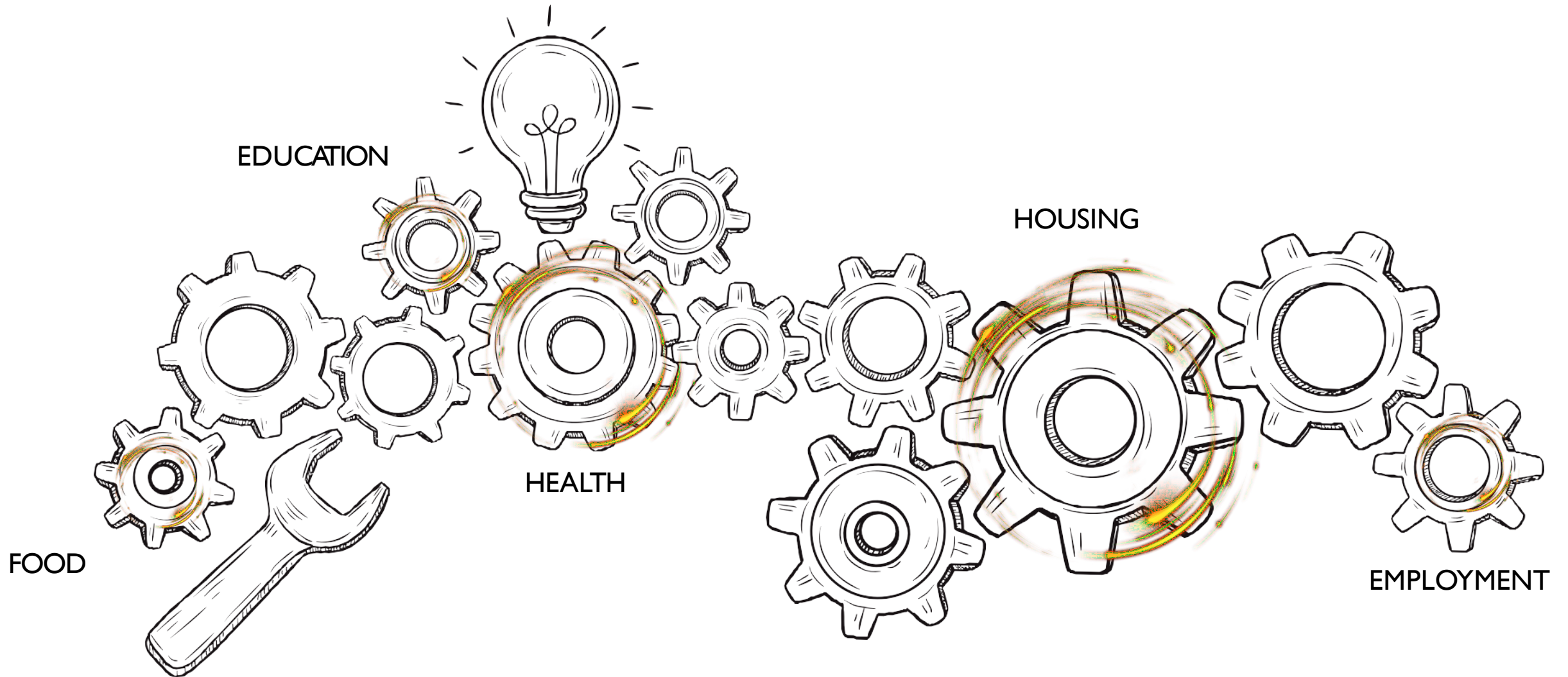
Maria



Gary



# Solving the Puzzle





# Change the Narrative

**FEEDING  
AMERICA**



**NOURISHING  
AMERICA**





# Vulnerable Americans

Members of many groups are more vulnerable to falling below the poverty line than the average American.



Veterans  
>1.4M



Disabled  
X2



Women &  
Children  
X2



Seniors



# Vulnerable People of Color

Within each vulnerable group, however, communities of color (African Americans, Hispanic, Asian, and Native Americans) fare worse every time.



Veterans  
x2



Disabled  
x3



Women &  
Children  
x2



Seniors  
x4



# WHY DO PEOPLE OF COLOR HAVE HIGHER RATES OF HUNGER AND POVERTY?





# THE RACIAL WEALTH GAP







# THE FAIR LABOR STANDARDS ACT OF 1938

*First-ever minimum wage legislation*





Image from Free Source Images



## SOLUTIONS

- Livable wage
- Good benefits (i.e. health insurance, retirement savings plans, paid time off, and childcare assistance)
- Aggressively recruit and train workers of color for higher-paid positions and industries
- Identifying all positions where workers of color experience the racial pay gap to eliminate this gap



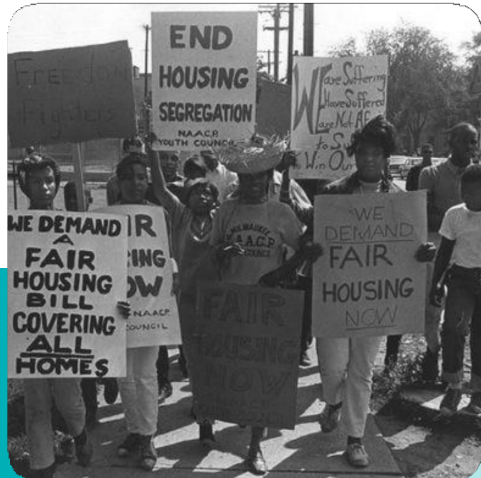


# THE NATIONAL HOUSING ACT OF 1934

## “Redlining”



# SOLUTIONS



- Helping lower-income people of color **purchase and restore homes**, which will increase property values in their neighborhoods
- Investing in lower-income communities by ensuring access to amenities and services that make neighborhoods more livable, such as grocery stores and hospitals
- Prioritizing initiatives to reduce poverty in neighborhoods with rates between 20 percent and 40 percent or even higher





# OTHER FEDERAL POLICIES

1. *Andrew Johnson's Land Policies*
2. *Land Seizures (1865 - Present Day)*
3. *The National Housing Act of 1934, Part I*
4. *The National Housing Act of 1934, Part II*
5. *The Social Security Act (1935)*
6. *The Fair Labor Standards Act of 1938*
7. *The G.I. Bill of 1944*
8. *The Impact of "Separate but equal"*
9. *Subprime Loans (1970's to Present Day)*
10. *The War on Drugs (1971 to Present Day)*
11. *Life After Incarceration (Present Day)*
12. *Employment Discrimination (Present Day)*
13. *Voting Restrictions (1890 to Present Day)*



# THE NEED FOR NUTRITION SECURITY



# The Need for Nutrition Security

Nutrition security means consistent **access**, **availability**, and **affordability of foods** and beverages **that promote well-being**, prevent disease, and, if needed, treat disease, particularly among racial/ethnic minority, lower income, and rural and remote populations including Tribal communities and Insular areas.



Chronic disease has caused a health crisis



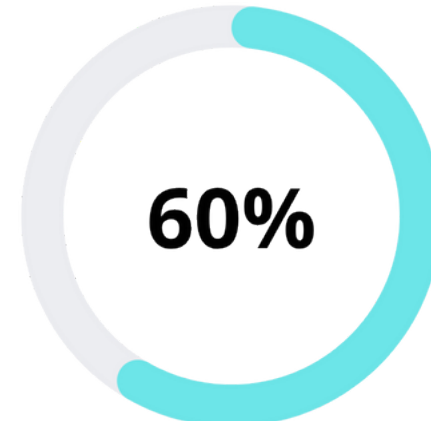
Draining society and killing our families



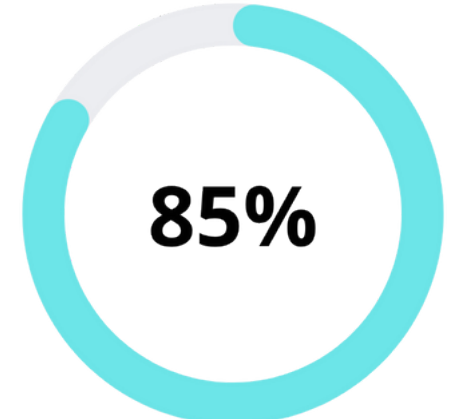
Hurting the ones most with lower income



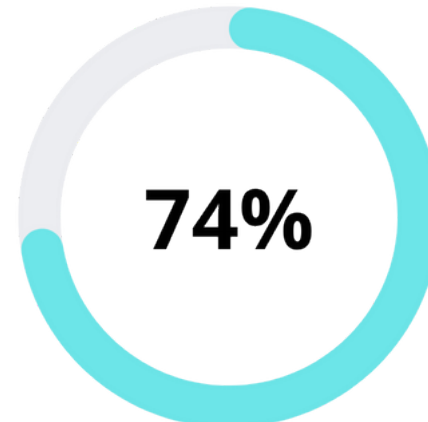
Crippling employers



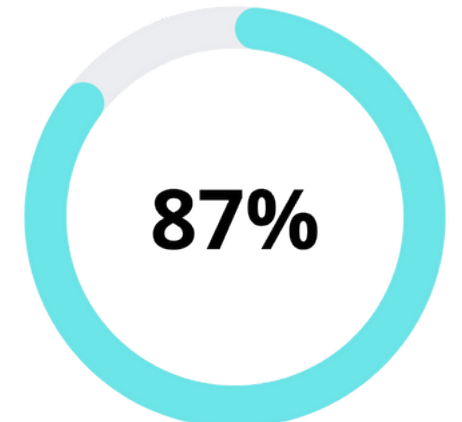
Americans have at least one chronic disease.



of U.S. health expenditures spent on chronic disease



relative increase in diabetes prevalence in near poor vs. high income earners



of employers believe the cost of providing health benefits will become unsustainable in the next 5-10 years



# The Problem

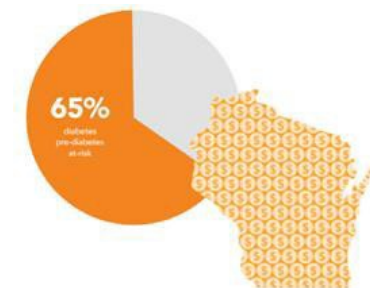
## We are sick

Preventable disease causes 35% of deaths in WI annually and is the leading cause of death in the state

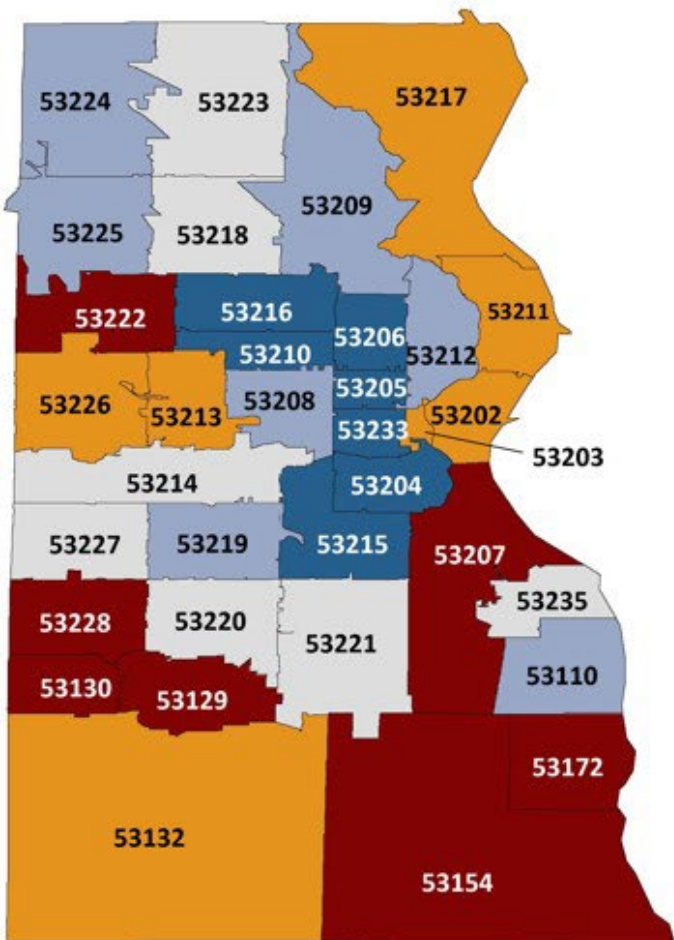


## It's costing us

65% of WI residents have diabetes, pre-diabetes or are yet to be diagnosed -- we spend \$1.15B/annually on Medicaid alone on diet related disease



SES Regions



## Disproportionally impacting our underserved Lower income communities hit hardest

- Many lack access to healthy food
- Highest incidence of chronic illness
- Inability to manage resulting medical bills



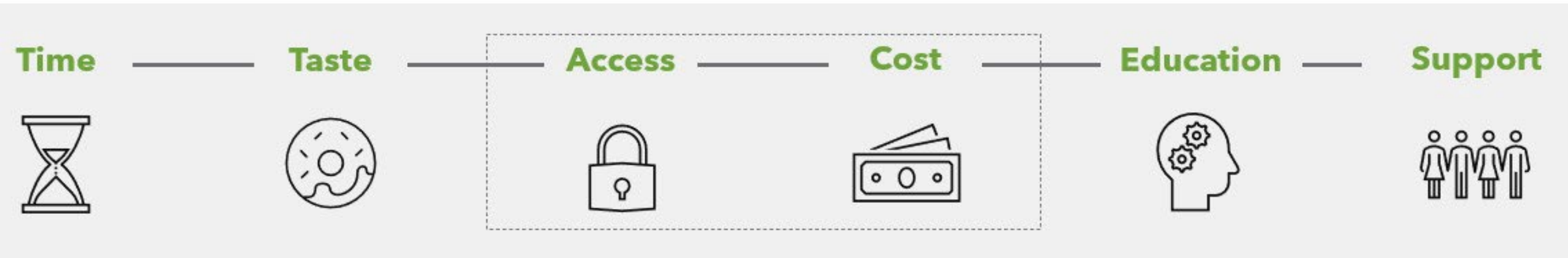


We disrupt diet-related disease for vulnerable populations by delivering delicious, medically tailored meals; keeping participants active; and motivating them through well-being services, programming, and measurement.





There are six common barriers to a healthy diet and lifestyle....  
Traditional programs focus on addressing one or two



**The diet and lifestyle  
challenge...**





# B3 HEALTHY



## Digital Well-Being App

All-in-one app for ordering meals and educational content



## Nutritionally Tailored Meals

10 individually prepared meals delivered to the home weekly



## Personal Health Coaches

Individualized coaching that meets participants where they are



## Health Risk Assessments

Gain key insights to Participants' concerns and barriers, such as SDoH and BH.

## Health & Well-Being Education

Coach-directed nutrition and lifestyle classes connected to in-app education modules



## Biometric Screenings

Key biomarkers measured for improvement





## ----- Case Study Highlights -----

Serving Type 1, Type 2 Diabetics

- Commercial Population
- 6 Month Program Duration
- N=84, 84% A50-65

Programming

- 10 Medically Tailored Meals / Week
- Quarterly Biometric Screening
- Weekly Coaching Calls

## ----- 6 Month Program Outcomes -----

Quality

**74%** Reduction  
Emergency Visits  
**100%** Reduction in  
Inpatient Admissions

Biometrics

**89%** A1c <8.0 HEDIS  
**17%** Improved A1c Range  
**94%** BP <140/90 HEDIS  
**46%** Lowered BP Range  
**85%** Lost Weight  
**95%** Satisfaction

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TREND

**46%** PPPM Medical Savings based on 6 mos programming  
**58%** PPPM Medical Savings based on 12 mos programming

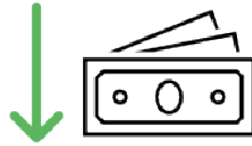




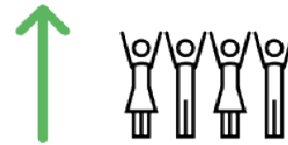
# Collective Impact



Better Health Outcomes



Lower Cost of Care



Improved Patient Satisfaction



16%

Net Healthcare cost savings



50%

Reduction in hospitalizations



23%

More likely to be discharged to home



50%

Increase in adherence

FOOD IS MEDICINE™  
— COALITION —



CENTER *for* HEALTH LAW  
and POLICY INNOVATION  
HARVARD LAW SCHOOL



**Food is Medicine**  
@TUFTS UNIVERSITY



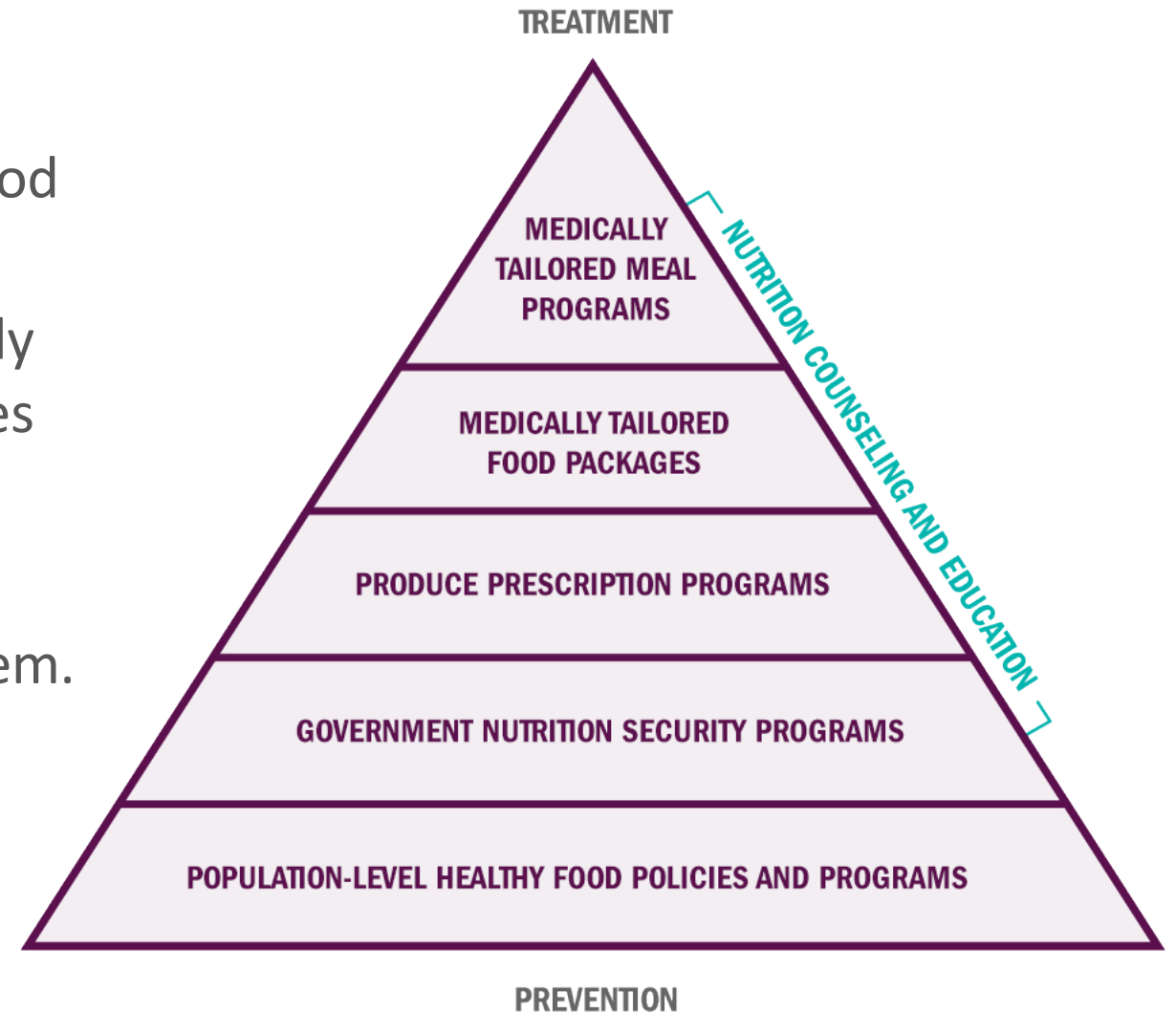
WHITE HOUSE  
CONFERENCE ON  
**HUNGER,  
NUTRITION,  
& HEALTH**



# What is Food is Medicine?

Food is Medicine interventions include food that both:

1. Supports health, such as medically tailored meals (MTMs) or groceries (MTGs), and
2. Has a nexus to the healthcare system.







# Medicaid Food Is Medicine Policy Innovation



California



1115 Waiver



New York



Value-Based Payment  
Roadmap



Massachusetts



Medicaid Demonstration  
Flexible Services Pilot



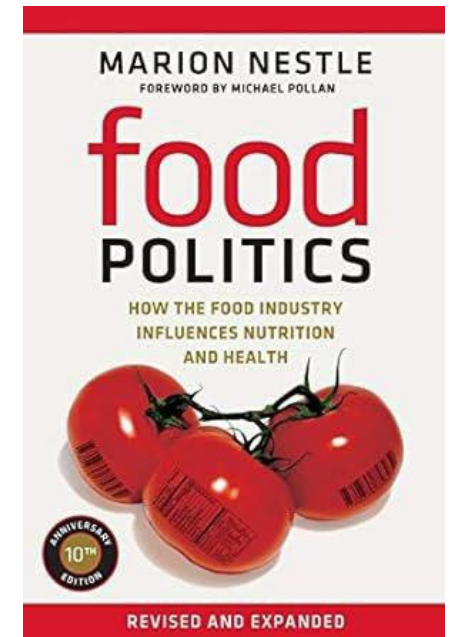
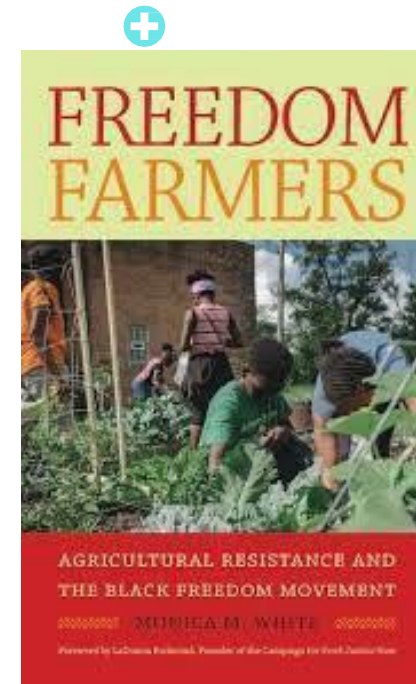
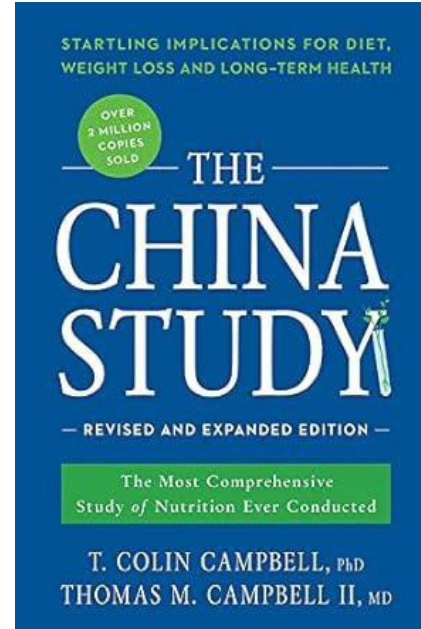
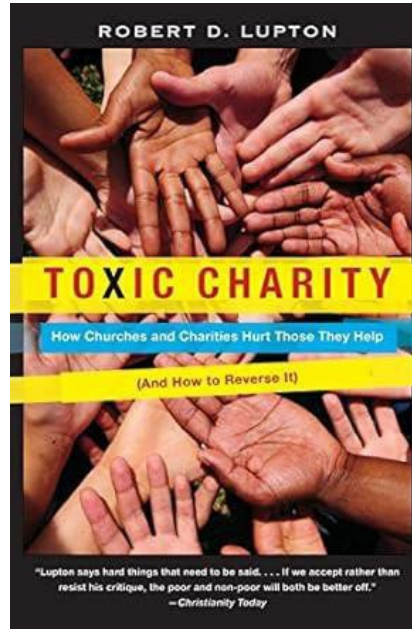
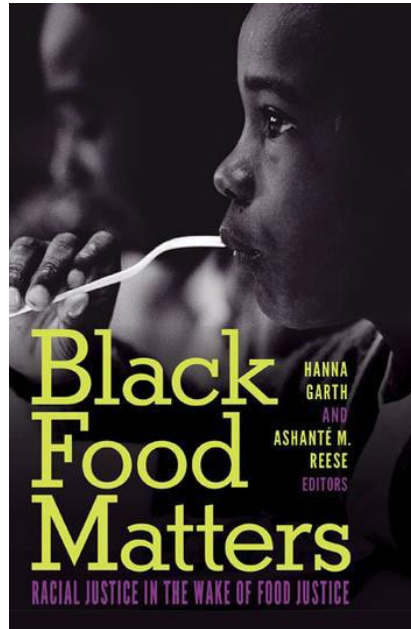
North Carolina



Healthy Opportunities Pilot



# TOP 5 MUST READ



**CLOSING FOOD FOR THOUGHT**



# LET'S STAY CONNECTED!

## RAYNA ANDREWS



[rayna@healthyfoodmovement.com](mailto:rayna@healthyfoodmovement.com)



[www.healthyfoodmovement.com](http://www.healthyfoodmovement.com)



<https://www.linkedin.com/in/raynaandrews/>





# Q&A

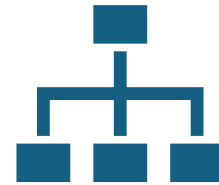
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# Summary and Reflection



Addressing Food Insecurity and Nutrition Insecurity requires collaborative efforts to not only address the immediate need but also address long standing disparities that affect people's opportunity and ability to meet their social and health needs.

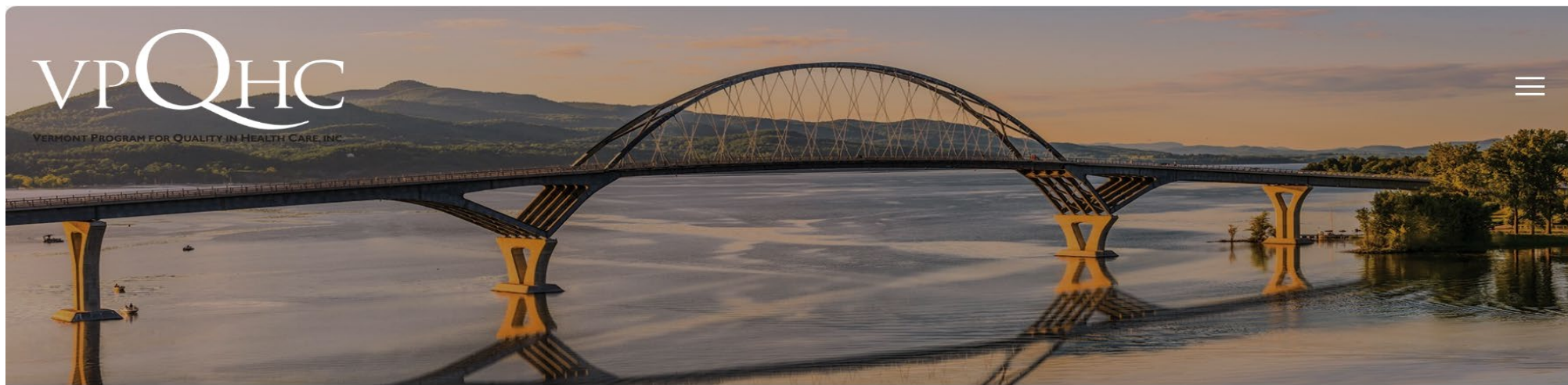


What can we do in our roles to address these issues at the local, regional and State level?



What would a Food and Nutrition Secure Vermont look like and how do we create a path to get there?





## CREATING A CULTURE OF QUALITY THROUGH EDUCATION, MEASUREMENT AND COLLABORATION

Leveraging its expertise in facilitating productive change and quality improvement, VPQHC bridges the gap from the start of needed health care reform to organized processes, enhanced methods, and state-of-the-art tools that result in better health care experiences and outcomes for all Vermonters.

Randy Messier MT, MSA, PCMH CCE, Certification in Value Based  
Care Quality Consultant VPQHC  
RandallM@VPQHC.org

Session Satisfaction Survey:

<https://www.surveymonkey.com/r/VYJTFFWF>

[www.vpqhc.org](http://www.vpqhc.org)