

OCTOBER 2024

Food Access in Health Care

Strategic Plan



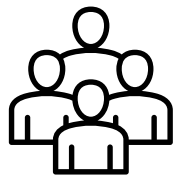


CONTENTS

Program Description	3
Vision, Mission and Strategic Purpose	4
Advisory Group Members and Governance	5
Identification of Need	6
Network Engagement	7
Goals and Objectives	8

Program Description

The Vermont Food Access and Health Care (FAHC) Network Development project aims to integrate evidence-based food and health care models across rural Vermont, building on previous strategic planning efforts. Initially, the project identified gaps in Vermont’s approach to merging food and health, such as enhancing clinical integration, exploring reimbursement options, and expanding beyond hospital systems. Key partners from various health, food, and agricultural organizations collaborated in this planning.



During the 2020-2022 planning period, the FAHC Consortium reviewed evidence and model programs, finding that rural Vermont primarily focused on food security, with fewer programs addressing individualized health care needs through food. In contrast, urban areas had more tailored food-health integration.

The FAHC's early efforts successfully advanced legislative goals for improving rural health networks, with a focus on sustainable, value-based care and population health management. The project demonstrated that food interventions can effectively address both prevention and treatment, improve health outcomes, and reduce health care costs. Additionally, these interventions can generate positive ripple effects within households and communities.



Moving forward, the FAHC work plan focuses on preparing for value-based care by addressing nutrition-related care gaps, and expanding food-health care services. The goal is to strengthen Vermont's rural health care system by building on national evidence and integrating food as medicine across the state.

Vision



All Vermonters have ready access to the appropriate diet to achieve and maintain good health.

Mission

The VT FAHC Network partners strive to make food and access to a healthy diet a fully integrated component of the entire spectrum of life and health for all Vermonters. This includes the continuum from prevention to treatment.

Strategic Purpose

The VT FAHC Network works collaboratively to identify strategic initiatives to implement our mission – going beyond special projects and pilots to sustained, fully integrated, far-reaching programs that will become foundational to our health care system. Our Network is currently focused on building capacity to develop and implement policies, secure project funding, and directly support the transformation of food’s role in health care at the local and statewide levels in alignment with our mission. Our collaborative efforts will result in better health for all Vermonters.

Advisory Group Members and Governance

Bi-State PCA; Kristen Bigelow-Talbert, Network Director & Jamie Rainville, Project Director

- Represents all VT FQHCs. Provides QI supports to FQHCs. Coordinates all aspects of project.

VT Foodbank; Chris Meehan, Chief Community Impact Officer & Michelle Wallace, Director of Community Health & Fresh Food Initiatives

- Provides nutrition education and food access; food shelves and community meal sites.

Hunger Free VT; Katy Davis, Community Advocacy Manager

- Provides nutrition education, policy analysis, and training on access food safety-net services

VPQHC; Morgan Bedard; Quality Improvement Specialist

- Provides QI supports to hospitals, including for FI screening.

VT Academy of Nutrition and Dietetics (VAND); Joanne Heidkamp, President

- Provides outreach to nutritionists/RDs

VT Farm to Plate; Hannah Baxter, Farm to Plate Network Manager

- Convenes CSA Community of Practice, connecting FAHC Network to food partners/farms.



Identification of Need



Many of Vermont's health care providers participate in food access initiatives, through Community Supported Agriculture (CSA) partnerships, emergency food pantries onsite, assistance in applying to federal nutrition programs, care coordination, and nutrition education. Nonetheless, the approaches remain uncoordinated and at a pilot scale, while food insecurity among rural patients remains high. There has been a shift from diet-related health conditions being primarily a focus for prevention to a time when most adults have an existing condition or pre-condition.

Diet-related conditions account for the majority of deaths in the U.S. and also in Vermont (CDC, VT Department of Health). The CDC reports that not only do an estimated 1 in 3 Americans have pre-diabetes, but the age of onset for Type 2 diabetes is shifting from adult to become a juvenile disease. Looking to older demographics, over 80% of participants in Meals on Wheels programs report doing so with the primary goal of managing chronic health conditions. In recent years we saw a stark example of diet's health impacts. Diet-related conditions increased the risk of death from COVID-19 by a factor of 12, with the American Hospital Association attributing 66% of 2020's COVID-19 hospitalizations to complications from diet-related conditions. Although health care providers may understand this trend intuitively, we have found that data collection practices have not kept pace.

The massive flooding in July 2023 and 2024 in Vermont has further exacerbated food insecurity and access to locally grown produce in Vermont. Food pantries, health centers, businesses, and homes were flooded, impacting thousands of Vermonters. Even several months after the most recent flood, recovery is still in progress, and food insecurity remains high with many food pantries reporting record numbers.


Network Engagement

Our goal under this Network grant is to take the next steps with health care practices and food access partners to standardize SDOH screening, build up a referral infrastructure, and expand pilot models to new regions. We established a collaborative framework to support the Network in continuously reviewing project priorities and adjusting as local needs and opportunities evolve.

The Network Advisory Group was engaged in all aspects of development of communication strategies, meeting rules and voting guidelines, proposal guidelines and scoring, and crafting our mission, vision, and strategic purpose, as well as defining our priority areas. All six organizations of the Network Advisory Group (listed previously) meet quarterly, participate jointly in many related external meetings (such as the Older Vermonters Nutrition Council), and communicate regularly via email. Work groups with Advisory members were formed to address specific topics, such as the mission and vision development, the proposal guidelines, and the data dashboard development. Additionally, the Advisory members provided feedback and input on this Strategic Plan. Activities relevant to this Plan, such as the SWOT analysis, Year 5 goals, and the objectives, mission, vision, strategic purpose, and priority areas were all created by a collaborative effort of all Advisory member organizations over a series of meetings, work groups, MS Forms surveys, and email communications. Our Network Advisory Group works in a very collaborative fashion, with Bi-State staff leading the efforts on the administrative tasks.



Goals and Objectives



The Advisory group provided input on the goals and objectives for post-grant work (year five). While it is difficult to ascertain exactly what goals and objectives would be feasible and appropriate five years from now, the Advisory group shared their hopes and dreams:

Goals:

- That by year five we have demonstrated the impact of Food as Medicine Health Care CSAs. By doing so, we have positioned these organizations and programs for access to long term sustained funding for program expansion and reach.
- Fully integrated Food Insecurity screening at all VT FQHCs.
- Maintaining the systems we further through this grant work over an additional 5 years.
- Program offerings are firmly anchored in communities throughout the state and continue to grow by a minimum of 10% annually until all households in the geographic region are satisfactorily served.

Objectives:

- Review systems and programs to determine the nutrition and food related gaps that still exist.
- Develop a plan for how the work and knowledge done over the course of the grant will continue to serve a purpose. (This cannot be done at this time because we are still in the beginning stages of the project.)
- Advocate for policies and reimbursement structures to support medically tailored meals (if they do not already exist).



QUESTIONS?
CONTACT US.

KBIGELOW@BISTATEPCA.ORG
JRAINVILLE@BISTATEPCA.ORG

www.vtfoodinhealth.net
www.bistatepca.org

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

Our vision is healthy individuals, families, and communities with equitable and quality health care for all.

Bi-State Primary Care Association is a nonpartisan, nonprofit organization that represents New Hampshire and Vermont's 28 Community Health Centers serving over 300,000 patients at 142 locations across every county in New Hampshire and Vermont. Bi-State works to promote access to quality, affordable primary health care with a special emphasis on reaching those most in need. Bi-State Primary Care Association was founded as a 501(c)3 charitable organization in 1986 with offices in Bow, New Hampshire, and Montpelier, Vermont.