

Welcome!

- ▶ Welcome Everyone
- ▶ Please take a moment to type your full name and organization into the chat box
- ▶ This session is being recorded
- ▶ Please keep lines muted to minimize background noise during presentation
- ▶ Feel free to type questions into the chat, we will be monitoring throughout our presentation; questions will be answered at the end.



Small Grants, Big Impact: Transforming Health with Food Across Vermont Communities

JUNE 17, 2025



Made Possible with HRSA Support

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Today's Presenters

- ▶ Bethanie Farrell - Giving Fridge
- ▶ Sarah Galbraith - Green Mountain United Way
- ▶ Thom Simmons - Neighborhood Connections
- ▶ Kelli Borgman - Northwestern Counseling & Support Services
- ▶ John Groton & Miranda Henry - Sheldon Methodist Food Shelf
- ▶ Leah Pryor - UVM Culinary Medicine
- ▶ Deborah Kennedy - Vermont Sustainable Jobs Fund

BI-STATE PRIMARY CARE ASSOCIATION



SERVING VERMONT & NEW HAMPSHIRE

Improving Access to Primary Health Care Since 1986



vermont
giving fridge

M a k i n g n u t r i t i o u s m e a l s
a c c e s s i b l e t o a l l

○ What is Vermont's Giving Fridge?

Giving Fridge is a non profit organization dedicated to ensuring everyone has access to nutritious, locally sourced and prepared meals. Our aim is to strengthen our local food system and help foster healthier, more productive communities.



○ The need

Food is medicine and with the rate of chronic, metabolic & mental illness rapidly rising in our communities, access to nutritious, clean, locally sourced & prepared meals is more important than ever.

Nourishing Communities, Strengthening Economies

- We work closely with Addison County restaurants, chefs, and farmers to source ingredients and create weekly menus that accommodate a range of dietary needs and health conditions. We believe in the concept of “food as medicine” and have witnessed the transformative power of healthy meals in our community.
- The meals we serve follow anti-inflammatory & mediterranean diet principles and are compatible for a number of chronic diseases and health conditions.
- Since December 2020, Giving Fridge has procured and distributed more than 50,000 meals to individuals and families throughout Addison County, while simultaneously injecting more than \$500,000 back into our local economy.

A n E c o n o m i c C i r c l e o f G i v i n g

- The Giving Fridge procures meals for \$10-\$12 each, with an average weekly distribution of 350 gifted meals. We are primarily funded by grants, donations and a unique “Adopt a plant, gift a meal” program via Everything Nice plant boutique, started by our founder.
- Local economy support: Meal recipients can feel good about the fact that each meal given to someone in need is helping to create revenue for our local economy, while strengthening our local food system.



Embracing Innovation for Community Nourishment

- Our latest initiative introduces Automated Giving Fridges - temperature-controlled smart refrigerators for distributing healthy prepared meals & snacks to members of our community experiencing health & financial hardship.
- Refrigerated units ensure optimal freshness, while unique access codes assigned to program participants allow meals to be accessed with autonomy at their convenience.



In their own words

"The Giving Fridge has brought some normalcy in an unstable and financially insecure time for our family. The food we receive is healthy, local and delicious. Since we have been impacted for awhile now, we have received other food programs but found they were high in sodium, preservatives and processed. It's difficult to be experiencing hardships and also feel unhealthy from unbalanced food options, both physically and mentally. We feel overwhelmingly appreciative and grateful for the food we receive. We are in a vulnerable position and it feels comforting to know that our communities have come together to help us through.

Sincerely, N.V."

"Dear Giving Fridge, I cannot tell you how grateful I am for your meals and options for healthy, wholesome products! The fact that I can access your program, tailored to my health needs as well as current life circumstances, has given me a viable option which other programs are not able to provide - so it, and you, have been a godsend. I appreciate immensely, the variety of not only meals with fresh, sustaining protein, starches and vegetables, but also terrific garden salads, soups and fruits and healthy "treat" items. The fact that your meals require little preparation and are easily heated, while needed a minimum of electricity, pots or utensils that may not be available, is an added bonus! With my various health factors, which reduce my energy & stamina, you have provided a way of maintaining healthy eating while I'm not able to devote my time and energy to food preparation. Thank you, from the bottom of my heart, and may each of us, whether recipients, benefactors, or simply civic-minded individuals, find a way to help you maintain and expand your wonderfully helpful, community-enhancing program (and creative use of resources!) Warmly, G.A."



The Fridges

- **Automated for more democratized meal distribution**
- **Easy RFID inventory tagging system**
- **Data collection for monitoring & evaluation**
- **Remote commands for admins**
- **Two access modes: Nurse/Patient & Standard Card Purchase**

Bi-State Primary Care Association Grant

01

Added Location

This grant allowed us to add an additional 1600 meals to our distribution, which prompted us to add another location to our roster: The Addison County Parent Child Center

02

Expanded Meal Reach

This grant also allowed us to add to the number of weekly meals being distributed at the John Graham Family Shelter



Next Steps...

01

Secure Additional Funding

We are working diligently to secure funding that would allow us to continue operating our Automated Fridge at the Parent Child Center to continue building on the success we've seen so far

02

Secure fellow orgs to incorporate Automated Giving Fridges into their offerings

If you are interested in discussing the possibility of an Automated Giving Fridge for your org, please get in touch!





Thank You

vermont
giving fridge



Food Access Pilot Program

A tool for financial stability within our Working Bridges program



Our Work

- Used food and meal support as a **tool to address financial hardship and crisis**
- Funding from Food Access in Healthcare allowed us to **expand to 6 new sites**
- **Frozen prepared meals, grocery cards, and CSA shares** were offered to people experiencing financial hardship
- Recipients were surveyed and results showed **positive outcomes for addressing financial and health concerns**



Social determinants of health:

- income
- job status
- education
- social support
- community support
- community safety

40%

**Health outcomes
due to social
factors**

Working Bridges works with 32 employers to support employees who are experiencing scarcity of resources

Resource coordinators offer support with financial counseling, budgeting, housing, childcare, legal issues, referrals, food access, and more



Food and Meal Support

- Grocery gift cards
- Free frozen prepared meals delivered to the break room refrigerator
- Reduced- and no-cost CSA shares
- Veggie VanGo (Vermont Foodbank)

Food and meal support is an important tool for financial stability. Working Bridges employees skimp on food to cover unexpected expenses, to catch up on bills, or to save for an upcoming need. Help with food is often a sigh of relief.



Grant Funding Expanded the Pilot

- 6 new employer sites
- 42 grocery cards
- 1,800 frozen prepared meals in partnership with Feed Every Need
- 40 8-week CSA shares in partnership with Pete's Greens (using online shopping and customer choice)



Frozen Prepared Meals

- 29 participants reported **reduced anxiety** around sourcing food
- 10 participants are unable to source food due to **lack of money**
- 11 participants are unable to access food due to **lack of transportation**
- Health conditions among this group: **Prediabetes, diabetes, high blood pressure, high cholesterol**

“[These meals] taste way better than over-priced garbage from the vending machine.”

– MEAL RECIPIENT

Grocery Cards

- 100% of recipients reported **reduced stress** around sourcing food
- Anxiety about sourcing food was the **highest among this group**
- **One-third** of recipients were unable to access food due to lack of funds
- **One-third** due to lack of transportation
- Health conditions among this group:
Diabetes

“Grateful for this resource with the high cost of living.”

– GROCERY CARD RECIPIENT

CSA Shares

- Nearly all recipients reported the CSA **reduced financial stress**
- **Second-highest level of stress** around sourcing food among program participants
- Numerous recipients treating **health problems**:
 - dairy and gluten allergies
 - autoimmune diseases
 - high blood pressure
 - high cholesterol

“I eat more fresh vegetables and save money so I can pay down my fuel bill. Hopefully I can have it paid off by next winter.”

**– CSA SHARE
RECIPIENT**

In Summary

- Food assistance **reduces stress and anxiety**
- **Worksite delivery** addresses barriers of time and transportation
- Food support is especially useful for people who are addressing **new health concerns**
- Results **confirm the impact** of this program
- Seeking **additional support** to continue this work



Thank you!



Neighborhood Connections

Kitchen Chat with Thom Simmons



Pediatric Medically Tailored Meals Grant Program

Presented by Kelli Borgman, MS, RDN, CD
Pediatric Dietitian @ Attune2Food
in partnership with NCSS in St. Albans
(Northwestern Counseling & Support Services)





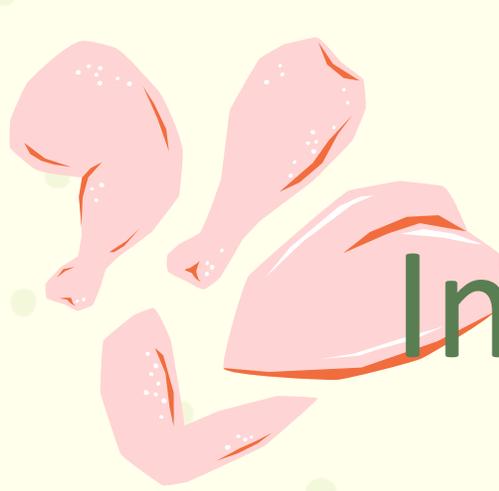
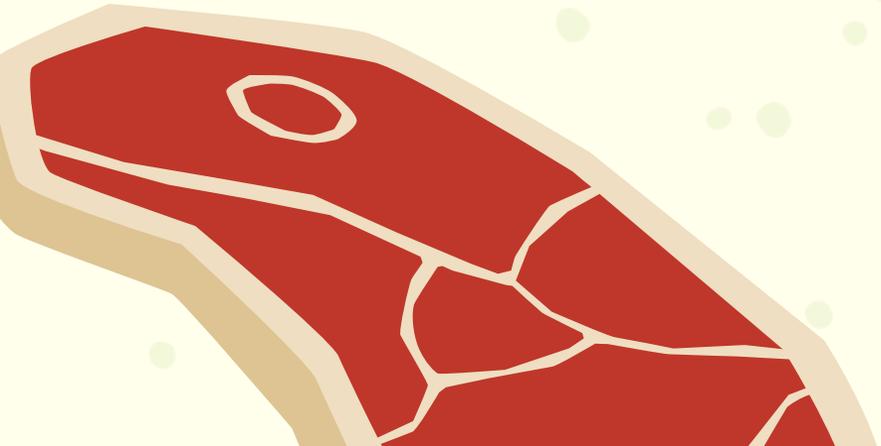
Pediatric Medically Tailored Meals

- Population we aimed to reach: Kids 1-18 and families with food insecurity &/or eligible for food assistance (SNAP or WIC)
- Franklin/Grand Isle residents
- Diagnoses or s/s of Pediatric Feeding Disorder, ARFID, food allergy/sensitivity, GI complexity or conditions including tube feedings, or other medical diagnoses that affect long-term feeding and nutrition status (see QR Code- over 300 conditions). Children do not necessarily need a diagnosis to qualify, but need to present with extreme picky eating (EPE).



How? Improving Nutrition Access

- Increasing oral motor skills, slow progress with textures (home or therapeutic setting)
 - Increasing sensory & physical tolerance
- Increasing engagement at home, reducing barriers & anxiety (caregiver & child)
- Dietitian or feeding therapist meets with family at least one time/month to develop goals & shopping lists

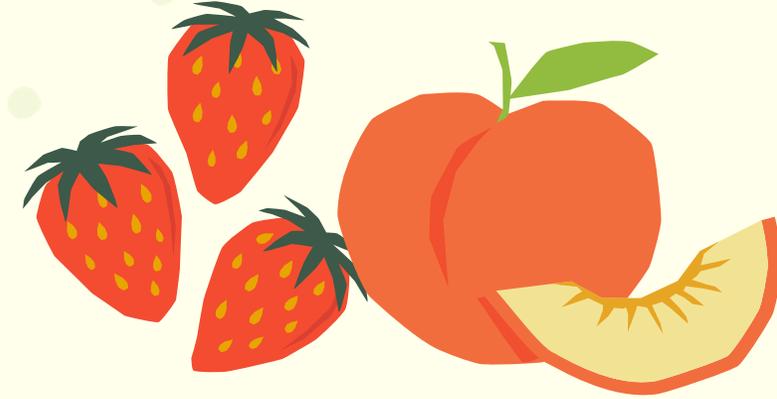


Program Engagement

- 18 referrals placed between mid-February and early June via RD, EI, PCP, NMC Pediatric Developmental Clinic
- 15 families actively participated
- Medical diagnoses included: PFD, ARFID, ASD, intellectual developmental disability, panic disorder, depression, PTSD, ADHD, Down Syndrome, FTT, anemia, stomach pain, underweight, 'struggles to eat solids', 'fear of trying new foods'
- Average monthly gift card amount (Hannafords or Price Chopper)= \$120
- Average number of new foods per family shopping list= 24 (including fresh, frozen or low sugar/sodium fruit or vegetable of choice)

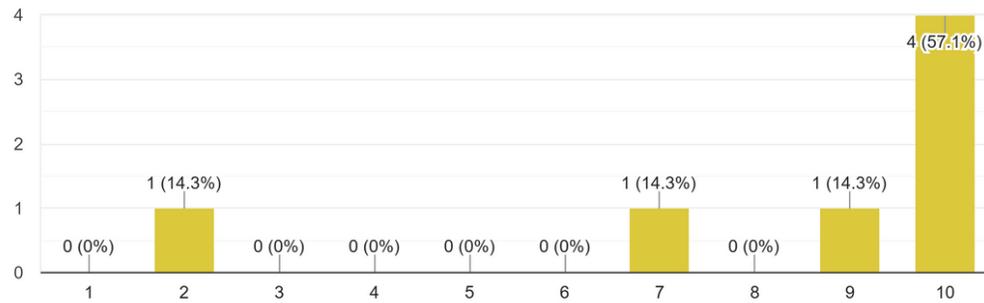


Caregiver Feedback



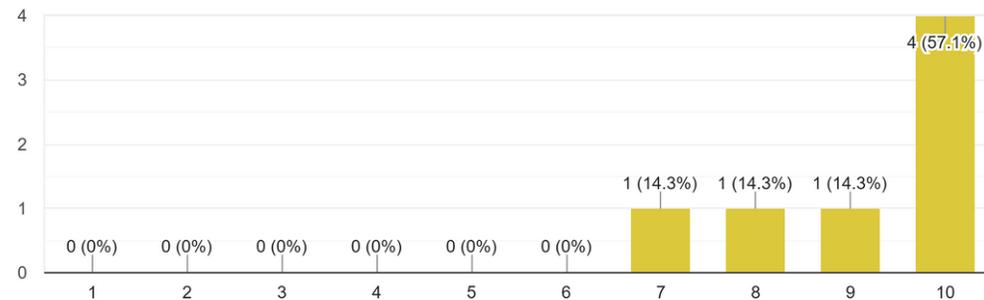
Have you found the grocery store gift cards helpful in your child making progress in their eating & interaction with new foods at home?

7 responses



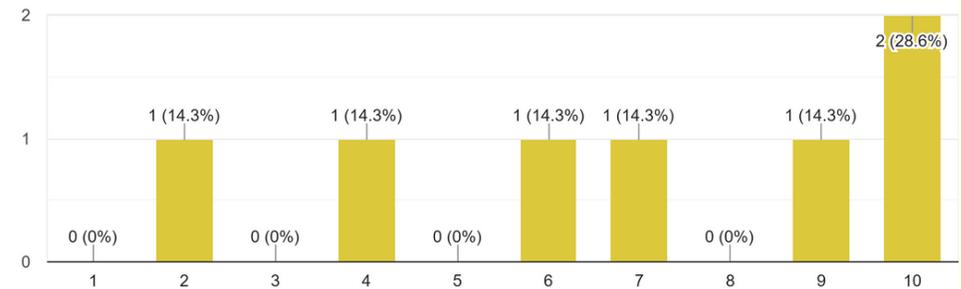
Have you found the grocery store gift cards EASY to obtain and use?

7 responses



Have you found the therapeutic foods on your child's personalized shopping list EASY to obtain and use?

7 responses

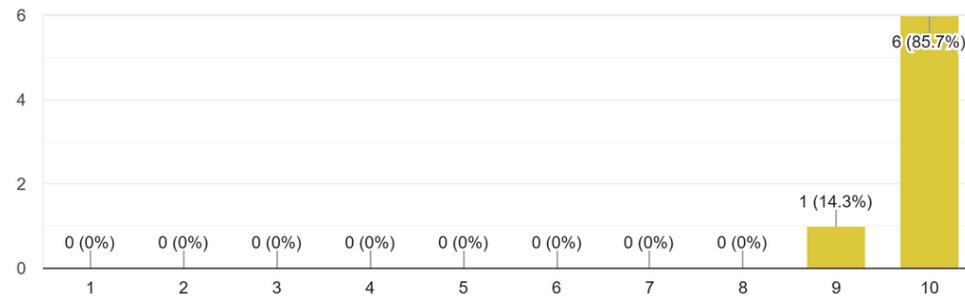


Caregiver Feedback



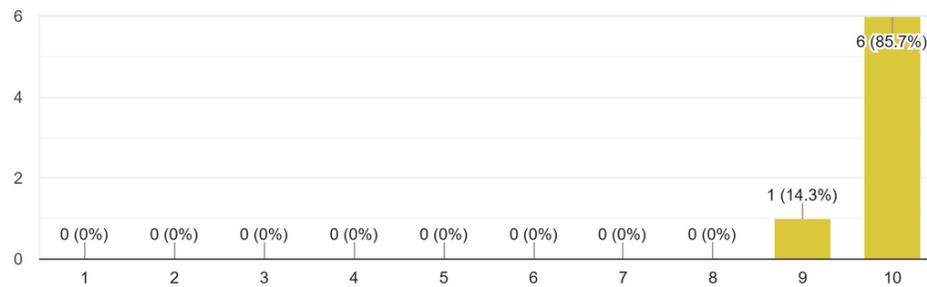
Have you been able to get a hold of your providers and the staff members assisting with this grant when you need help, want to discuss concerns, &/or ask questions?

7 responses



Have you been able to get a hold of your providers and the staff members assisting with this grant when you need help, want to discuss concerns, &/or ask questions?

7 responses

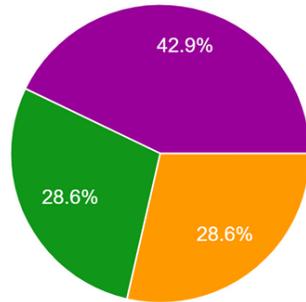


Caregiver Feedback



Has your own stress and anxiety around feeding your child changed since you started participating in the Pediatric Medically Tailored Meals program & working with your child's team around eating?

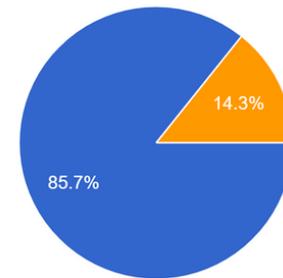
7 responses



- My stress and anxiety around feeding has increased a lot
- My stress and anxiety around feeding has increased a little
- My stress and anxiety around feeding has stayed about the same
- My stress and anxiety around feeding has decreased a little
- My stress and anxiety around feeding has decreased a lot

Would you recommend this program to other caregivers in Vermont with kids that struggle with very picky eating?

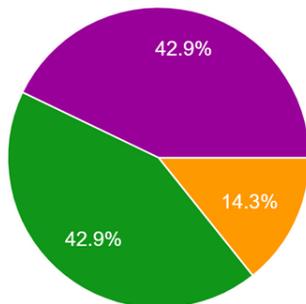
7 responses



- Yes
- No
- Maybe

Has your child's stress, anxiety, &/or difficult behaviors around food and eating changed since you started participating in the Pediatric Medically Tailored Meals program & working with your child's team around eating?

7 responses



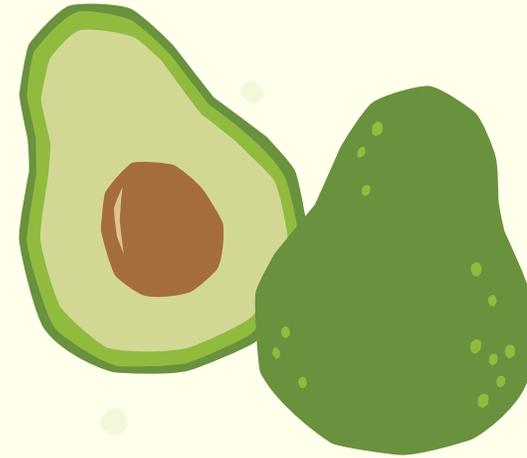
- Their stress and anxiety around feeding has increased a lot
- Their stress and anxiety around feeding has increased a little
- Their stress and anxiety around feeding has stayed about the same
- Their stress and anxiety around feeding has decreased a little
- Their stress and anxiety around feeding has decreased a lot



Provider Feedback

Benefits:

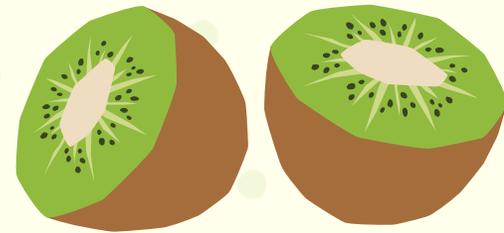
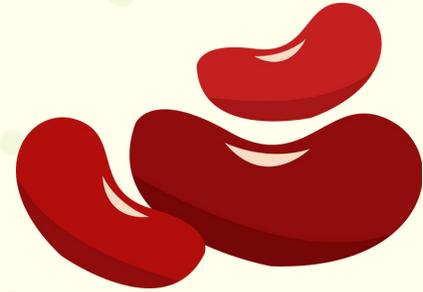
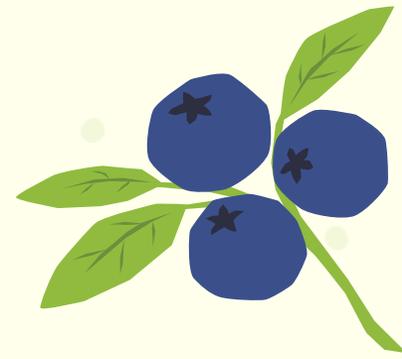
- Created new opportunities to different/new foods to trial
- Offered supplemental funds for families to purchase foods without fear of “wasting” money
- Allowed for new learning and nutrition education opportunities about food acceptance/willingness to try foods
- Provided direct instruction of similar/preferred foods (modified food-chaining approach) where families felt safe to try new items outside of their comfort zone
- A unique opportunity to build in a “food as medicine” approach; exploring both plant based and fewer ultra processed food options



Provider Feedback

Challenges:

- Identifying participants and completing intake paperwork
- Need for more guidance/education when shopping from food lists provided (i.e., if items are not available, unable to find item(s), family has a food allergy not known to providers, etc.)
- Mailing gift cards to recipients (mail not received or delayed)
- Time-consuming to create tailored lists based on food preferences, causing additional delay in recipients receiving gift cards
- Gift cards limited to 2 locations (Market32/Price Chopper, Hannaford)
- Challenges with scheduling follow-ups to update/change lists to include new/different foods; new food acceptance takes > 20 exposures.
- BIGGEST challenge: Duration of grant timeline was relatively short
- Sustainability of program without funding





Healthy Pantry & Meal Kit Program Sheldon Methodist Food Shelf



Bi-State Summer Webinar: Small Grants, Big Impact

June 17, 2025

John Gorton, Sheldon Methodist Church Food Shelf & Miranda Henry, Northern Tier Center for Health

Overview



Collaborative Partners: SMC Food Shelf, NOTCH, and Hannaford, and Healthy Roots Collaborative.



Outcome Goals: Improve dietary habits, food confidence, and health biomarkers.



Data & Evaluation: NOTCH tracked outcomes using pre/post surveys and EHR.



Target Population: Franklin County residents facing food insecurity and chronic, diet-related health conditions.



Budget: \$20K exclusively for food; 30 kits/week of distribution starting in August 2024 - June of 2025.

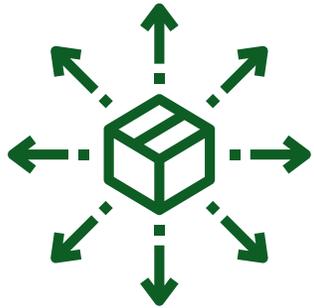
Program Strategy



Identify participants via health screenings conducted by NOTCH.



Monitor health outcomes through clinic visits and chronic care management.

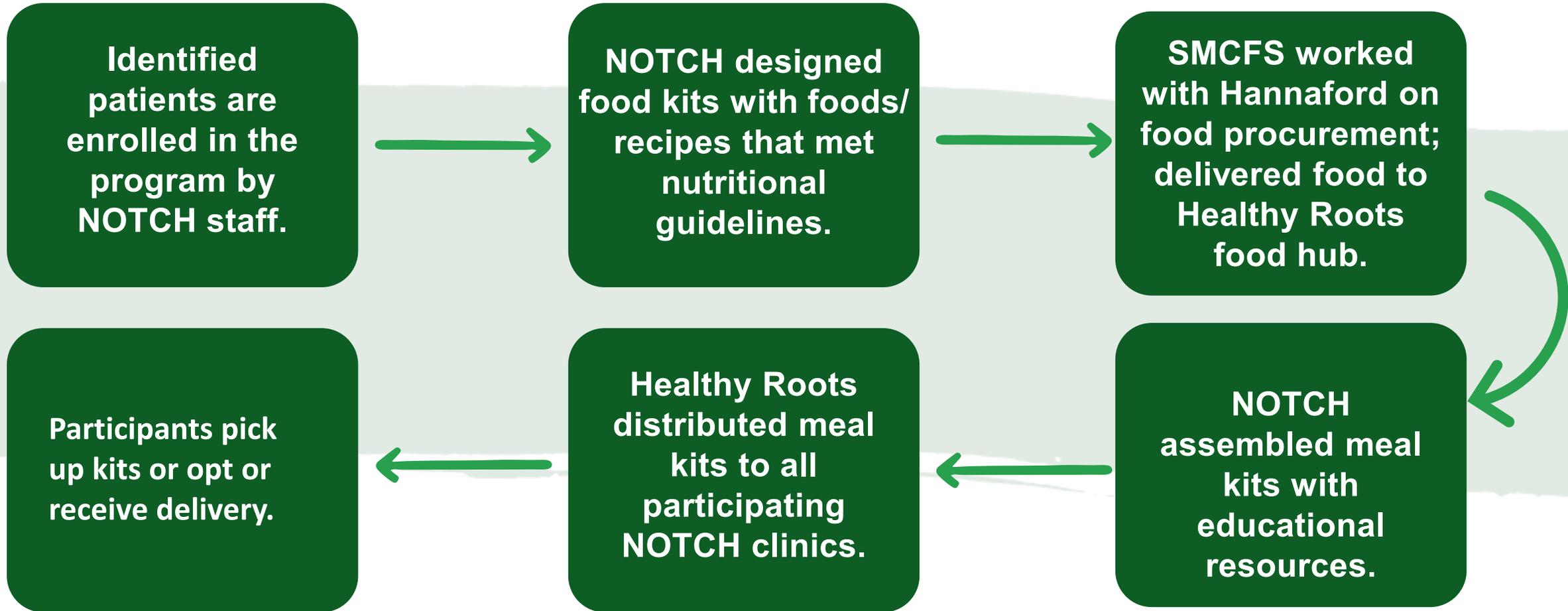


Distribute medically supportive meal kits with recipes and instructions.



Educational Support: In-kit recipes and resources, optional attendance to in-person nutrition and cooking activities facilitated by NOTCH.

Process



Healthier Choices: Price Comparison

Many healthier options are comparable in price to alternatives with lower nutritional attributes.



14 Oz.
Hannaford Long Grain
Instant Brown Rice
\$2.59
\$2.96/Per pound

VS



14 Oz.
Hannaford Long Grain
Instant White Rice
\$2.59
\$2.96/Per pound



14.5 Oz.
Hannaford Sliced
Carrots
\$1.39
\$1.53/Per pound

VS



14.5 Oz.
Hannaford No Salt
Added Sliced Carrots
\$1.39
\$1.53/Per pound

Healthier Choices: Price Comparison

Of course, there are exceptions.



1 LB Package

Monkfruit In The Raw
Zero Calorie Sweetener

\$7.99/lb

VS



4 LB.

Domino Premium Pure
Cane Granulated Sugar

\$1.31/lb

Recipes



Cozy Chicken & Rice Soup

Prep Time: 15 minutes | Cook Time: 20-25 minutes
Yield: 8 servings



Ingredients

- 1 tablespoon canola or vegetable oil
- 2, 12.5oz can low-sodium chunk chicken
- 1/4 cup uncooked rice
- 1 yellow onion, diced
- 2 cloves garlic, minced
- 2 large carrots, peeled and thinly sliced
- 2 celery stalks
- 8 cups chicken broth
- 2 dried bay leaves
- 1/4 teaspoons parsley
- 1/4 teaspoons dried thyme
- 1/4 cups vegetables (canned, fresh or frozen - try peas, beans, corn, carrots, etc.)
- 1 tablespoon lemon juice, plus more to taste
- Black ground pepper, to taste

Instructions

1. Heat the oil in a large pot or Dutch oven. Add the diced onion, garlic, carrots, and celery to the pot and sauté for 2-3 minutes until fragrant.
2. Add the chicken, broth, dried herbs, vegetables, and rice to the pot. Bring the soup to a boil and then reduce the heat to medium-low to simmer.
3. Let the soup simmer for 20-25 minutes or until the rice is cooked and vegetables are tender.
4. Turn the heat to low and add lemon juice. Give the soup a taste and add more pepper or lemon juice to taste. Enjoy!

Recipe adapted from All the Healthy Things <https://allthehealthythings.com/healthy-chicken-soup/>



Healthy Pantry & Meal Kit Program

Healthy Tuna Patties

Prep Time: 20 minutes | Cook Time: 20 minutes
Yield: 3 servings



Ingredients

- 2, 5 oz cans tuna
- 1 cup old fashioned rolled oats
- 2 eggs
- 1/2 onion
- 2 cloves of garlic OR 1/2 tsp garlic powder
- 1/4 cup fresh parsley OR 2 tbsp dried parsley
- 1/4 tsp salt or to taste
- 1/4 tsp black pepper
- 2-3 tbsp olive oil

Instructions

1. Drain the water (or oil) from tuna cans. Place in a large bowl.
2. Finely chop onion and parsley (if using fresh). Crush garlic (if using fresh). Add to the bowl.
3. Place the oats into a food processor or blender and process for 2 minutes. Add the oat flour to the bowl.
4. Add salt and black pepper. Mix well.
5. In a small bowl beat eggs and add to the tuna mixture. Stir until combined. Shape into patties.
6. Heat olive oil over medium - high heat. Cook each side of patties for 3-4 minutes or until golden brown. Place finished patties on a plate with a paper towel to drain oil. Enjoy!

Recipes adapted from The Cooking Foods <https://thecookingfoods.com/recipe/healthy-tuna-patties-recipe/>



Healthy Pantry & Meal Kit Program

Sunbutter Hummus

Prep Time: 5 minutes
Yield: 2 cups

Ingredients

- 1 can garbanzo beans (aka chickpeas drained, liquid reserved)
- 1/4 cup creamy sunbutter
- 3 tablespoons lemon juice
- 1/2 teaspoon ground cumin
- 2 minced garlic cloves
- 1/2 teaspoon salt plus more to taste
- 1/2 Olive oil for garnish



Instructions

- Add everything except the liquid from the garbanzo beans into your blender or food processor. You may also mash the mixture with a fork or masher for a chunkier consistency.
- Pulse, adding a tablespoonful of bean liquid at a time to help get things moving. Continue pureeing for a minute or so until completely smooth. If you are mashing the chickpeas, drizzle and stir in the liquid until well blended.
- Scoop into a bowl, top with sunflower seeds and a liberal drizzle of olive oil, and serve.
- Keeps refrigerated for 3 - 4 days.

Recipe adapted from Kitchen Truly <https://www.kitchentruly.com/sunbutter-hummus/>

Meal Kits in Action!

The fresh carrots in this soup were made available from the Northwest Farmacy CSA box!



Healthy Pantry & Meal Kit Program

NORTHWEST VT HEALTHY ROOTS COLLABORATIVE

NORTHWEST FARMACY CSA

Impact: Confidence Improvement



Confidence in preparing meals from scratch increased by 15%.



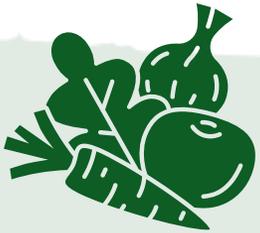
Participants were 13% more confident in helping their households eat healthier.



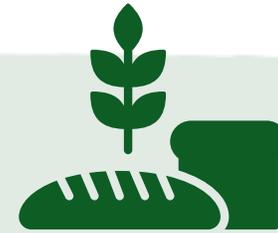
Ability to follow a recipe saw an 11% increase.

Confidence in buying healthy food on a budget rose by 11%.

Impact: Improved Dietary Behavior



Vegetable consumption nearly tripled, with a 196% increase in average days per week vegetables were reportedly eaten.

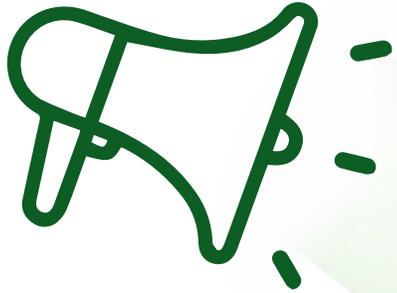


Cooking from scratch and whole grain consumption improved by 40%, reflecting more intentional meal preparation.



Low-fat dairy intake rose by 84%, showing stronger nutrition label awareness and food selection.

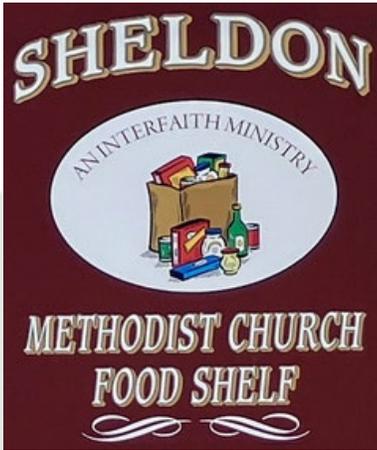
Participant Testimonials



“This program showed me that there are other foods that I like that I would have never tried.”

”I’m so excited my provider referred me to this program. I get excited every time I get my box of vegetables and my pantry bag. I made a lazy susan that I put in my cupboard to store my spices and it works great to find what spices I need to cook with.”

Questions?



John Gorton, Coordinator
Sheldon Methodist Church Food Shelf
jgortonfarm@myfairpoint.net



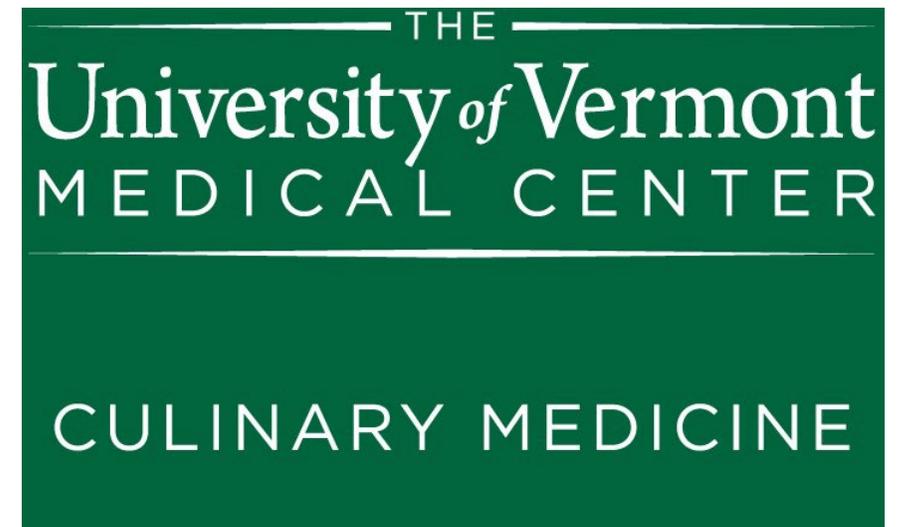
NORTHERN TIER CENTER FOR HEALTH
FEDERALLY QUALIFIED HEALTH CENTER

Miranda Henry, Community Services Manager
Northern Tier Center for Health
mhenry@notchvt.org

UVM Culinary Medicine

Leah Pryor

Executive Chef Manager and Co-Founder of the
Culinary Medicine Program at UVM Medical Center



June 17, 2025



FIM in Vermont: Survey

**Food Providers
&
Clinicians**

By Dr Deb Kennedy – PhD Public
Health Nutritionist and Chef





Food Providers

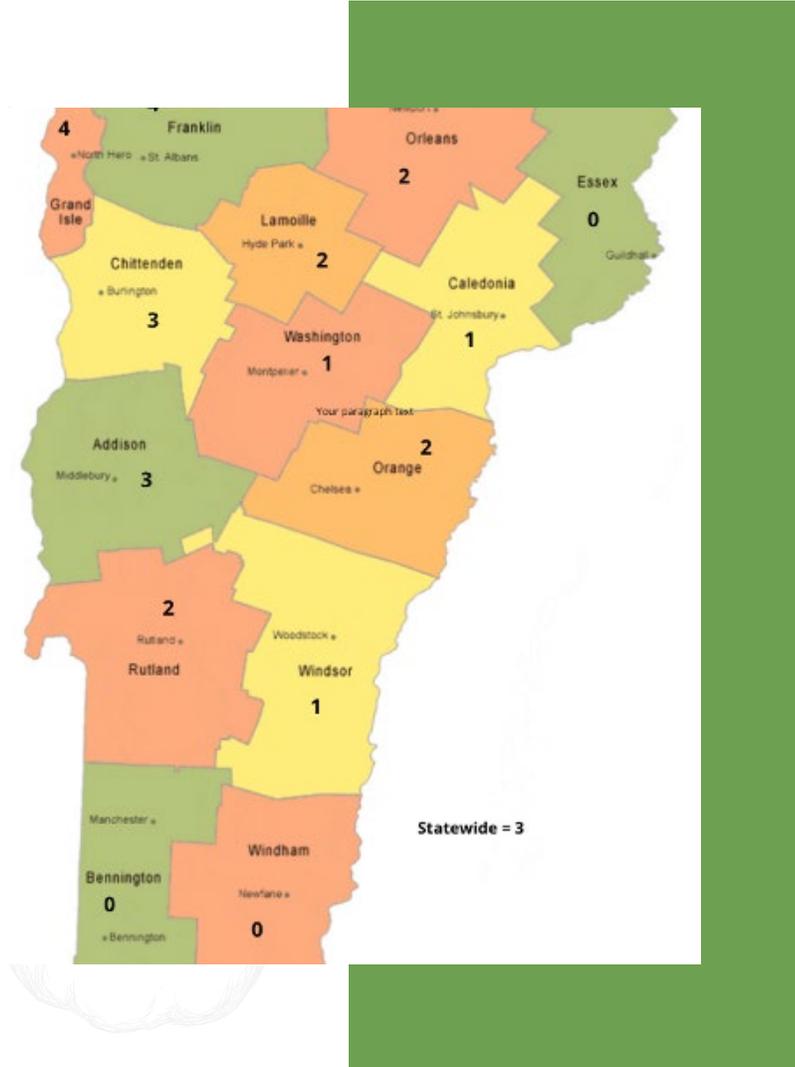
12 filled out the survey

- **5 CSAs, Food Shelf, Food Pantry, State Organization, Healthcare Systems**



Counties served

1. A total of 11 counties (plus 3 serving “Statewide”) were selected by respondents, showing a broad geographic reach
2. Northwestern region (Franklin and Grand Isle) most commonly reported.
3. However, there are **noticeable gaps in coverage in Bennington, Essex and Windham counties.**



Type of FIM Offered

1. Mostly produce, not prescribed 92%
2. Nutrition education 58%
3. Meals not tailored 25% (n=2)
4. Medically tailored groceries (n=2)

Criteria

Very varied:

- (4) require a poverty threshold to be met.
- (4) accept individuals who self-identify as needing services.
- (3) provide services based on diet-related diagnoses (e.g., hypertension, obesity, diabetes).
- (3) require a referral from a community/state organization.
- Other criteria included clinician referrals (5) social isolation, age, or limited daily functioning, though each was selected by fewer respondents (1-2)





Cooking Education

- 8 provide cooking education
 - All of the 8 provide recipes
 - 3 provide cooking classes in person
 - 3 provide remote cooking classes
- COVID disrupted cooking classes
- Who teaches them
 - Staff member 6
 - A trained chef/cook 4
 - Dietitian 2





Food Provisions

Its all or part local

50% all local



Most offer produce 2/month (7)

50% provide produce seasonally only

Major Barrier is PickUp

67% deliver; 42% deliver to the HC facility,
42% require pickup at the farm/pantry

Servings 251 to 500 people per year

- Methodist Church Food Shelf serves ~11,500 in 2024
- One reported serving 30 to 40 patients annually + an additional 1000+ through free gleaned produce available at the clinic

Healthcare Partner Collaboration Type



- 9 serve as referral partners
- 5 collaborate through grants
- 2 are contracted to provide prescribed food
- 1 acts as a research partner
- Some are HC providers themselves
- Some act as contractors between the healthcare setting and the food providers





Food Insecurity - Food Providers

**7 have a policy or process to screen
5 have no formal process**

Screeners

- Hunger Vital Signs
- CMS 10
- Accountable Health Community Social Needs Screening Tool

Funding

A diverse blend of fundraising efforts



92% (11%) Non-government grants (NGG)

67% (8) Government grant

75%(9) Private donations

67% (8) Community partnerships

25% (3) Through the HC provider

Other: Various fundraising efforts



Comparison of Funding Efforts



Food providers most commonly fund:

- 9 fund non-medically tailored F/V, 1 supports non MTM and MTG
- 5 support nutrition education
- 4 support groceries, transportation, administration and nutrition and link to Community Based food services
- 3 support cooking classes

Healthcare Partners are more selective, they fund:

- 6 fund non-medically tailored F/V, 2 MTG and 1 MTP and 1 non- MTG
- 3 support nutrition education and administrative services
- 2 support Health Coaching, transportation, and link to Community Based food services
- 1 supports cooking classes and groceries



Food providers support more than the Healthcare providers



Clinicians

14 filled out the survey representing:

- 3 hospital based systems (CHCRR, RRMC, UVM)
- 2 FQHCs
- 1 solo practice
- 1 free clinic
- Other – 2 housing organizations, 1 WIC, 1 Nutrition and Health

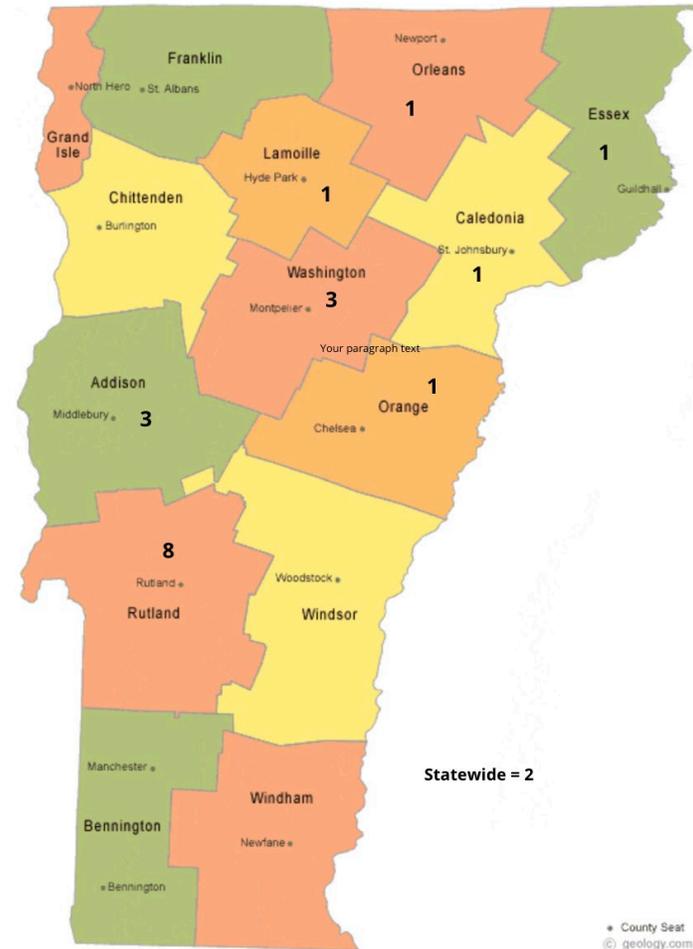


Served

This represents recruitment and is not an accurate representation of counties served by clinicians in FIM.

85% partner with a food provider, and of those 65% are referred

30 to 156 participants received meals, PP or groceries/year



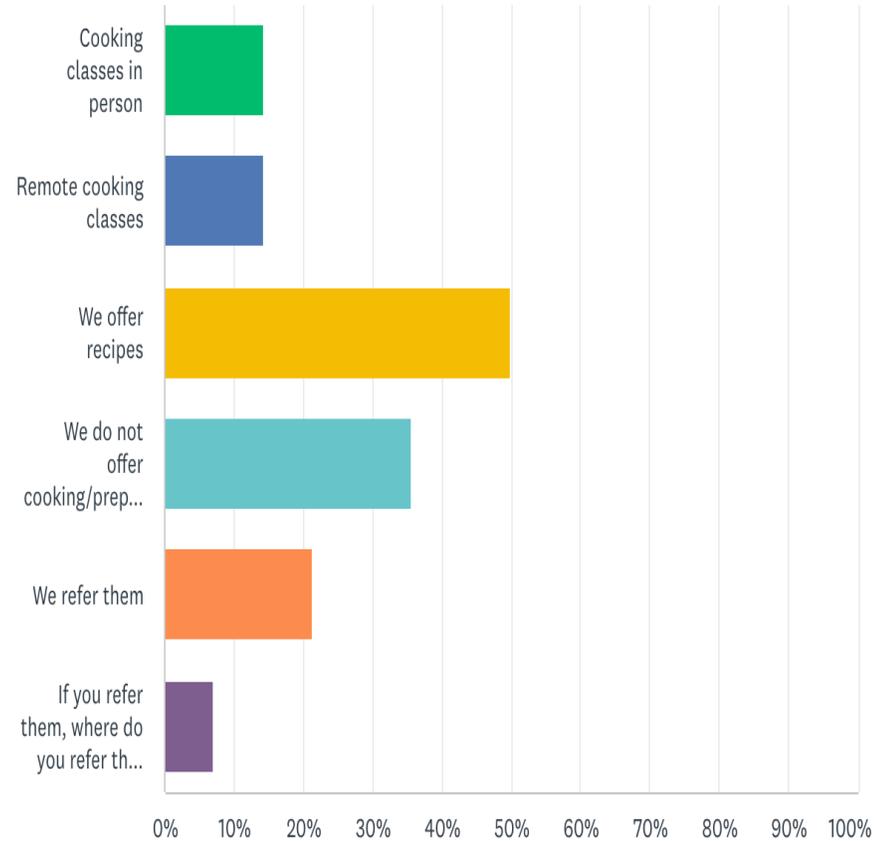


Type of FIM Offered

Type of Intervention	Prescribe	Refer – Non Prescribed
Produce Prescription	2	
Fruits & Vegetables		9
Medically Tailored Meals	4	1
Medically Tailored Groceries	1	2
Meals		7
Onsite Farmacy		3
Groceries	1	3
Nutrition Education		10
Cooking education		4
Behavior Health Coaching		4
Food Bank/Pantry		12
SNAP, WIC, CSFP		10



Cooking Education



Most likely to teach cooking skills – dietitian or “other”

Criteria

Top Criteria:

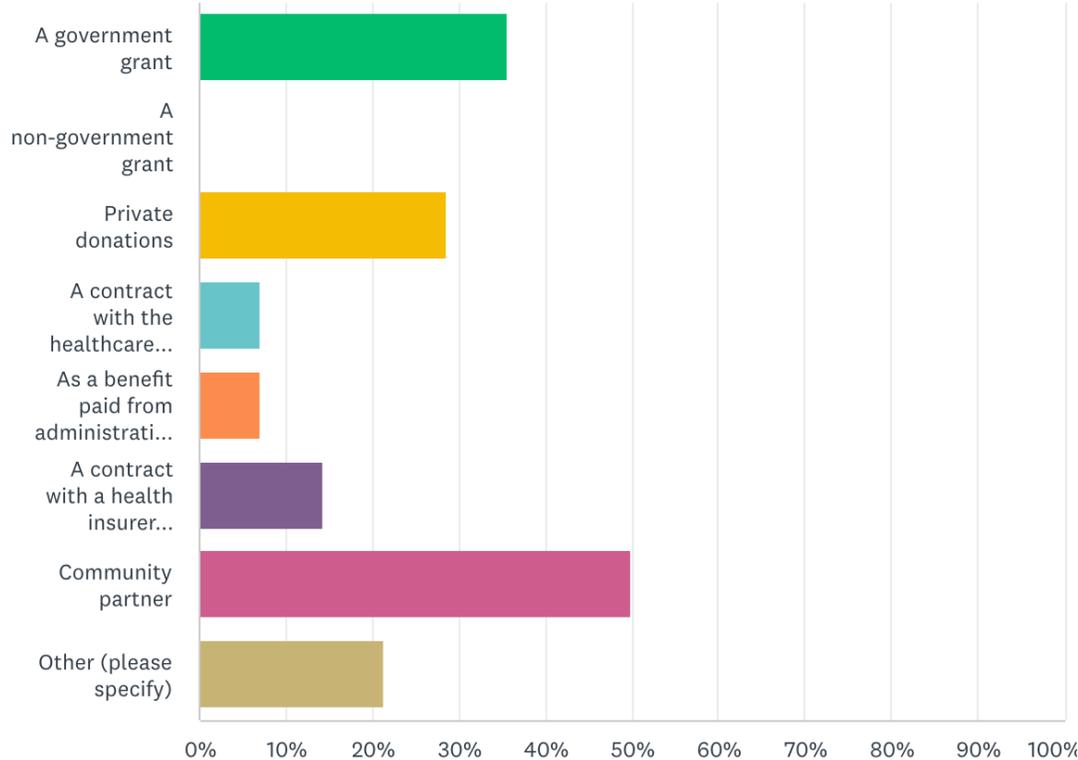
- Food Insecurity (86%)
- An individual says they need services (71%)
- A diet related diagnosis (58%)
- Poverty threshold (36%)



	Food Providers	Clinicians
#1	Poverty threshold	Food Insecure
#2	Self-identify	Self-identify
#3	Diet related diagnosis	Diet related diagnosis

Funding

A diverse blend of fundraising efforts



Clinicians rely heavily on community organizations to supply food for their patients. Only 2 clinical organizations out of the 7 pay for fruits and vegetables.



Food Insecurity – Clinicians

77% screen

Only one uses the official code for food insecurity (Z59.41) and not consistently

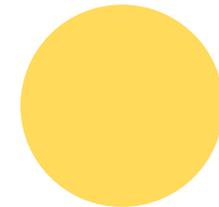
Of the 10 that Screen

- 4 use Hunger Vital Signs
- 4 use CMS SDOH

Of those 10, 8 put the results into the electronic medical record

Next steps were very varied:

- Most commonly, patients are referred to information about SNAP, WIC etc. (67%), external food resources (50%) or to social workers, CHW etc. (50%), while 41% refer to on-site food providers or have other (4) or no (1) protocol





Barriers for helping patients receive nutrition services:

#1 Patient's awareness or willingness to partake in or use resources (75%)

#2 Patients knowing the resources are available (67%)

#3 Transportation (67%)

#4 Cost: Insurance reimbursement (32%) + 3 others wrote cost as an issue

#5 Shortage of specialized programs (42%)

#6 Lack of knowledge on program options or referral clinics and organizations (42%)

#7 Limited access to RD (25%)

Questions?

Please complete the brief survey in the chat, we appreciate and value your feedback!

BI-STATE PRIMARY CARE ASSOCIATION



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