Delaware Food Is Medicine

Improving Health, Strengthening Systems, Sustaining Communities

Agenda

Delaware Food Is Medicine Committee Kickoff Meeting May 20, 2025, 9:30am – 10:30am Hybrid: Virtual and Tatnall Building, Third Floor

1. Welcome & Introductions (Lt. Governor Gay)

- a.Remarks by Lieutenant Governor Gay
- b.Member Introductions

2. Committee Overview (Nikko Brady)

- a. Methodology: Why Food is Medicine?
- b.Member Commitment
- c.Meeting Structures
- d.Staffing & Support roles

3. Workgroups (Lt. Governor Gay)

- a. Review Working Groups
 - i. Program & Implementation
 - ii. Funding, Policy, Sustainability
 - iii.Clinical & Referral Integration
 - iv.Data, research & Evaluation

4. Committee Work Products (Nikko Brady & Lt. Governor Gay)

- a.Identify state FIM priorities
- b.Develop FIM framework

5. Questions

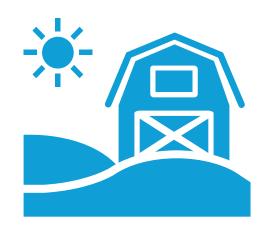
Why Food is Medicine Matters for Delaware



Health Equity: Expand access to medically tailored meals, groceries, produce prescriptions, and other FIM programs for Delawareans including low-income and high-risk individuals – increasing the state's capacity to prevent and manage diet-related diseases such as diabetes and heart disease.



Healthcare Cost Savings: Implementing FIM programming can lead to reduced hospital visits and lowers Medicaid spending by addressing diet-related health issues.



Economic Growth: FIM programs offer new market outlets for local farmers and retailers. Creating jobs, and strengthening Delaware's food system.

Delaware Food is Medicine Committee Overview

PURPOSE

Facilitate the coordination and information sharing between stakeholders and practitioners throughout the state to better define and shape Delaware's food is medicine identity.

VISION

A healthier Delaware where nutritious food is recognized and reimbursed as a core component of healthcare — especially for individuals managing chronic illness or experiencing food insecurity.

WHY FOOD IS MEDICINE

- Health Equity: Expand access to medically tailored meals, groceries, produce prescriptions, and other FIM programs for Delawareans including low-income and high-risk individuals increasing the state's capacity to prevent and manage diet-related diseases such as diabetes and heart disease.
- Healthcare Cost Savings: Implementing FIM programming can lead to reduced hospital visits and lowers Medicaid spending by addressing diet-related health issues.
- Economic Growth: FIM programs offer new market outlets for local farmers and retailers. Creating jobs, and strengthening Delaware's food system.

COMMITTEE CHARGE

Lead a coordinated, strategic effort to embed food is medicine interventions in clinical and community settings—designing programs, policies, and funding models that strengthen the local food systems and drive better health outcomes and greater equity.

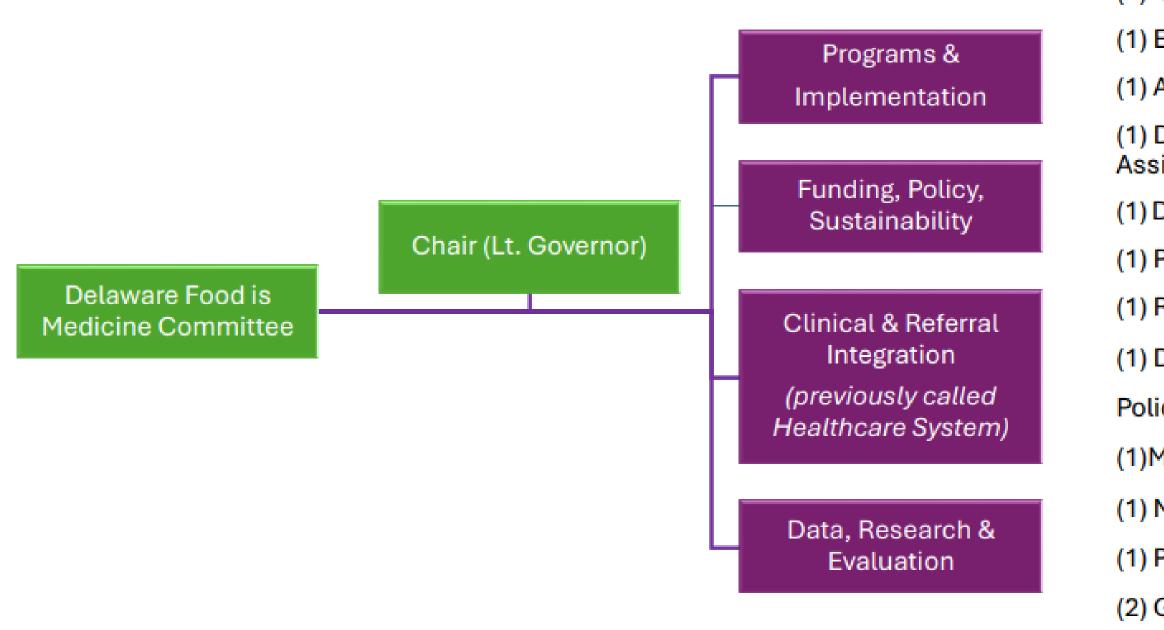
VALUE ADD

- Drive scalable, proven nutrition interventions
- Identify, support, and scale proven FIM models—such as medically tailored meals and produce prescriptions—that are grounded in data and community need.
- Advance health equity
- Ensure FIM interventions reach, and uplift communities disproportionately impacted by food insecurity and chronic illness.
- Measure and share impact
- Establish consistent evaluation metrics to track outcomes, inform investment, and elevate the visibility of successful local programs.

METHOLOGY

- This workplan was developed by the Delaware Council on Farm & Food Policy, Christiana Care, and University of Delaware Center for Research in Education & Social Policy.
- A culmination of work initiated by ChristianaCare and Lutheran Community Services to launch the Delaware Food Farmacy program during the COVID-19 pandemic, extensive field research and data analytics, cross sector conversations, policy discussion, stakeholder surveys, and best practices gleaned from the US Department of Health and Human Services, state sponsored programs, private sector experts, and academic institutions. Namely Keiser Permanente, Tufts, North Carolina, US Office of Disease Prevention and Health Promotion.

Committee Member Structure



MEMBERS

- (1) Community-based food organization
- (1) Emergency Food organization
- (1) Ag producer or distributor
- (1) Division of Medicaid and Medical Assistance
- (1) Delaware Health and Social Services
- (1) Pharmacy Representative
- (1) Research/academic institution
- (1) Delaware Council on Farm and Food

Policy

- (1) Medical Society of Delaware
- (1) Managed Care Organization
- (1) Person w/ lived experience
- (2) General Assembly
- (2) Office of Lt. Governor

As a Member of the Delaware Food is Medicine Committee

Term

- Committee members serve a term of 2 years.
- Members may serve no more than 3 consecutive terms.

Deliverables

- Inventory FIM programs across health systems and CBOs in the state.
- Identify state FIM priorities.
- Set process standards based on state priorities, ensure consistency across programs. (develop state FIM framework)

Commitment

- Members are expected to attend meetings of the Committee held in person or virtually. (to be determined following the kickoff meeting)
- Members are expected to contribute to the completion of all Committee deliverables.
- Members are expected to provide or present information to Committee Chair, the Governor, or members of the General Assembly.

Workgroups

Program & Implementation Workgroup

Purpose: Establish shared implementation guidelines and best practices for FIM programs statewide.

Focus Areas:

- Model definitions (e.g., MTM, produce Rx, food pharmacies)
- Cultural responsiveness
- Community-based provider readiness
- Technical assistance for scaling programs
- Shared protocols across organizations

Funding, Policy, Sustainability Workgroup

Purpose: Align and advocate for funding mechanisms, policy changes, and sustainable reimbursement.

Focus Areas:

- Medicaid 1115 waiver and MCO partnerships
- •State budget alignment (e.g., HIP, SNAP App)
- •Federal (GusNIP, CMS, etc.) and foundation funding
- •Shared proposals and grant TA support
- •Reimbursement models

Clinical & Referral Integration Workgroup

Purpose: Build pathways to integrate FIM interventions into clinical care and ensure appropriate referrals from providers.

Focus Areas:

- Screening tools (food/nutrition insecurity)
- Clinical referral workflows
- •RDN and care team involvement
- Provider education & training
- •EMR integration of FIM services

Data, Research & Evaluation Workgroup

Purpose: Define and track success through shared metrics, outcomes, and evidence generation.

Focus Areas:

- Standardized evaluation frameworks
- •ROI and health outcome analysis
- Data-sharing across partners
- Inventory of existing programs and outcomes
- Research partnerships (academia, etc.)

Committee Work Products

Identify state FIM priorities

Develop FIM framework

- **Vision** A healthier Delaware where nutritious food is recognized and reimbursed as a core component of healthcare especially for individuals managing chronic illness or experiencing food insecurity.
- **Purpose** Facilitate the coordination and information sharing between stakeholders and practitioners throughout the state to better define and shape Delaware's food is medicine identity. Charge Lead a coordinated, strategic effort to embed food is medicine interventions in clinical and community settings—designing programs, policies, and funding models that strengthen the local food systems and drive better health outcomes and greater equity.

Value Add

- Drive scalable, proven nutrition interventions
- Identify, support, and scale proven FIM models—such as medically tailored meals and produce prescriptions—that are grounded in data and community need.
- Advance health equity
- Ensure FIM interventions reach, and uplift communities disproportionately impacted by food insecurity and chronic illness.
- Measure and share impact
- Establish consistent screening standards and evaluation metrics to track outcomes, inform investment, and elevate the visibility of successful local programs.

