Delaware Food Is Medicine Committee

Improving Health, Strengthening Systems, Sustaining Communities

Lt. Governor Kyle Evans Gay, Chair

Chair Updates

- One year of Food is Medicine
  - One of the most diverse committees in the country
  - Agreed upon statewide definition
  - Establishment of working groups
  - National recognition and partnership (CHILPI, CSG, FIMCON)
  - Food is Medicine Officer
  - Rural Health Transformation Program RFP decision
- The Path Ahead
  - Rural Health Transformation Program work
  - Additional funding considerations
  - Delaware Farm and Food Council partnership

Rural Health Transformation Program Grant

Total Grant: Delaware received $157 million for 15 critical projects, programs, and initiatives

Food is Medicine: Our coordinated systems-based approach will drive towards our 5 goals: expanding access, improve health outcomes, advance equity, building workforce and partnerships, and establishing a sustainable structure.

Growth and Investment: We will invest in infrastructure in this first year and to set up structures that we can build upon in years 2-5 to reduce costs while improving health outcomes for rural residents who too often face inadequate access to quality healthcare services.

Role of Food is Medicine Committee

- DE Division of Public Health is managing and overseeing the 15 critical projects and execution of the full program grant for the state
- FIMC to take the lead on the Food is Medicine Infrastructure Initiative in coordination with vendors
- Working Groups will communicate with vendors to identify discrete deliverables and strategize implementation
- FIMC staff will coordinate with DPH, the vendors, and working groups to ensure appropriate and timely CMS reporting

Vendor Introduction

- Guiding the RHTP work will be:
  - University of Delaware
  - Beebe Healthcare
  - Deloitte Consulting LLP

Food is Medicine: Rural Health Transformation Grants in the Context of Delaware's State Model

What is Food is Medicine?

Food is Medicine incorporates healthy food into patient care by prescribing a variety of nutritious foods, prioritizing Delaware grown options, to improve health outcomes.

Why Food is Medicine Matters for DE

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.

The Burden of Diet-Related Disease in DE

61%

of deaths in Delaware are due to chronic disease

72%

of adults are overweight or have obesity

11.6%

of adults have diabetes

$1.1B spent annually

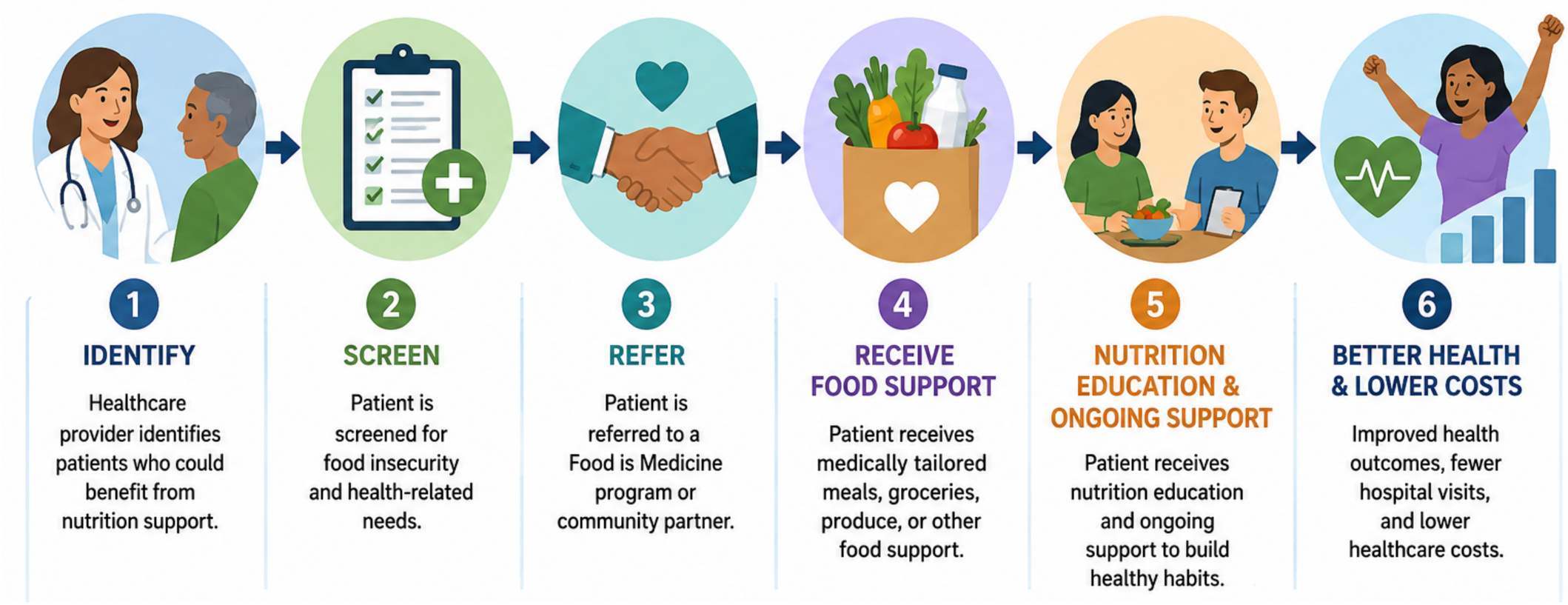
36.2%

of adults have hypertension

12.5%

of DE households face food insecurity

What Does Food is Medicine Look Like?



1 IDENTIFY

Healthcare provider identifies patients who could benefit from nutrition support.

2 SCREEN

Patient is screened for food insecurity and health-related needs.

3 REFER

Patient is referred to a Food is Medicine program or community partner.

4 RECEIVE FOOD SUPPORT

Patient receives medically tailored meals, groceries, produce, or other food support.

5 NUTRITION EDUCATION & ONGOING SUPPORT

Patient receives nutrition education and ongoing support to build healthy habits.

6 BETTER HEALTH & LOWER COSTS

Improved health outcomes, fewer hospital visits, and lower healthcare costs.

Types of Food in Food is Medicine Programs

Medically Tailored Meals (MTM)

Fully prepared meals designed by dietitians for specific medical conditions, delivered to homes.

Medically Tailored Groceries (MTG)

Prescribed food packages with disease-specific ingredients and recipes.

Produce Prescription Programs (PRx)

Healthcare provider-prescribed vouchers for fruits and vegetables, or other funds for free or discounted nutritious foods from health care providers or plans following identification as being at risk for a diet-related disease.

Delaware’s Statewide Food is Medicine Effort

Born from the Delaware Farm & Food Council and chaired by the Lieutenant Governor, the **Delaware Food Is Medicine Committee** brings healthcare, agriculture, state government, community organizations, and academia to one table — 17 seats that include representation from Medicaid, managed care organizations, health systems, federally qualified health centers, farmers, government agencies, General Assembly, food bank, community-based organizations, academia, and pharmacy.

Workgroups:

Programs & Implementation

Shared understanding of program implementation strategies statewide.

Funding, Policy, & Sustainability

Working toward Medicaid and insurer coverage so healthy food, CHW services and culinary medicine and educational support is paid for like other care.

Data, Research & Evaluation

Using research to drive recommended strategies in the state, identifying hot off the press studies and sharing them with statewide stakeholders, sharing common metrics, tools and strategies.

DE Rural Health Transformation & Rural Food is Medicine

Delaware Rural Health Transformation Grant Improving Health Across Delaware

- Investing in 15 initiatives to improve health and strengthen care statewide.
- Focus areas include:
  - Better access to care
  - A stronger health care workforce
  - Preparing Delaware's health system for the future

Food is Medicine

- One of the 15 funded initiatives.
- **$1.63 million** invested to advance Food is Medicine in Delaware.

FIM Initiative Strategy

Payment Infrastructure and Research

- Deloitte

Technology and Workforce

- UD (Kent Co.)
- Beebe (Sussex Co.)

Training and Pilot

- UD (Kent Co.)
- Beebe (Sussex Co.)

AFIRM: Food is Medicine in Kent County

Advancing Food Is Rural Medicine — a University of Delaware–led hub for nutrition-centered chronic disease management in rural Kent County
Technology & Workforce; Training & Pilot

UD CRESP & Extension

ChristianaCare Health System

Nemours Children's Health

Westside Family Healthcare

Food Bank of Delaware

Wakefern / ShopRite

The Need in Rural Kent County

12.5–15.6%

Adult diabetes prevalence in rural Kent County — among the highest in Delaware, alongside elevated hypertension and chronic kidney disease.

1 in 8

Kent County households experience food insecurity, many of them families with children, low-income residents, and farmworker households.

Priority Populations

- Uncontrolled Diabetic Patients
  - Low-income residents and Medicaid enrollees
  - Food Insecure
  - Delawareans aged 65 and older
  - Families with children managing diet-sensitive conditions

HbA1c ≥ 9.0

For adult enrollment

≥ 7.5

For child enrollment

On-Ramp, Core Intervention, Off-Ramp

ON-RAMP

Building trust before care

- Bilingual nutrition education and outreach at community sites, faith organizations, farms, and mobile food-bank events
- Reaches residents who may be distrustful of, or disconnected from, formal healthcare
- Delivered through Cooperative Extension's rural networks, in Kent County since 1926, and related broad based outreach by food bank and physician practices.

CORE

Six months of clinical care

- EMR-based screening identifies eligible patients at each partner practice
- CHW assessment, individualized Medical Nutrition Therapy from a registered dietitian
- Medically tailored meals or groceries delivered to the home; biweekly CHW touchpoints and remote monitoring

OFF-RAMP

Sustaining change afterward

- Step-down food support through mobile pantries, produce pantries, and deliveries, connections to food bank resources
- Community nutrition education, gardening initiatives, and local support networks
- SNAP and WIC navigation with periodic community health worker check-ins

CORE: The Six-Month Patient Pathway

1

Recruitment

Monthly EMR-based screening at each partner site flags adults with HbA1c at or above 9.0% and children at or above 7.5%, prioritizing low-income, food-insecure, older, and minority patients. Outreach is bilingual and culturally responsive.

2

Vital conditions and baseline

Patients are called by the healthcare team and screened for eligibility, food insecurity, activities of daily living, and readiness. Consented patients receive a standardized baseline: HbA1c, cholesterol, weight, blood pressure, and dietary patterns.

3

Care and food provisions

A registered dietitian delivers Medical Nutrition Therapy; a CHW completes a home visit and engages biweekly. Patients receive medically tailored meals or groceries delivered to the home — no federal funds are used to purchase food.

4

Evaluation and off-ramp

Outcomes are collected at baseline, 3, 6, and 9 months. After six months, patients step down to mobile pantries, community gardens, nutrition education, and SNAP/WIC access points.

AFIRM Early Targets

40

Kent County patients served in the first year

2–2.5

Community health workers hired, plus a 0.5 FTE registered dietitian

2

Culinary Medicine Teachers certified

Building Toward Five-Year Goals

188 pilot participants reached

7.5 Culinary Medicine Teachers certified

75 rural practitioners trained

Year 5 Benchmarks

A clinically meaningful HbA1c reduction of 0.5 points or more in 40% of participants · blood pressure reduction greater than 5 mmHg in 40% · a 20% reduction in emergency department visits · a 25% reduction in food insecurity rates.

SUSSEX COUNTY is Our Specialty

Southern Delaware Food Is Medicine Infrastructure Initiative (SDFIMII)

Kim Blanch, BSN, RN
Director of Community & Mobile Outreach

Beebe Healthcare

Purpose of SDFIMII

Collaborate with Partners across Sussex

Align with Statewide FIM Committee efforts

Develop Rural FIMI Infrastructure in our communities, our healthcare systems, and beyond

Build Sustainable Rural Capacity for FIMI as it moves toward reimbursable payment models

Serve Rural Residents by meeting them where they are

Demonstrate improved health outcomes to further support reimbursement strategies and
- **most importantly** – to improve the lives of our rural families, friends, and neighbors

Beebe Healthcare

FIM Partnerships in Action

2016 - Food Bank of DE & Beebe

Launch monthly medically-tailored food box program for patients identified as food insecure through hunger vital signs tool

- Epworth & JSC volunteers

2021 - Food Bank of DE & Beebe

Partner on CSA program for low-income Seniors during the pandemic

- 2 - 10 week winter sessions; 1 - 22 week summer session
- Epworth & JSC volunteers

2023 - Further development of our FIM program and approaches

Focus groups conducted in partnership with FSCAA; Launch of our community-based Food Prescription Program in Millsboro, Georgetown, Ellendale, & Seaford

Beebe Healthcare

Strategic framing

Implementation posture: build the system before scaling the service

In Year 1, this funding supports durable infrastructure: workforce, workflows, technology, training, evaluation, and sustainability — the foundation for scale.

WORKFORCE

1 RD + 4 CHWs: deployment, training, role clarity

WORKFLOWS

Standardized screening, referral, navigation, closed-loop coordination

COMMUNITY

Partner network, food resource navigation, culturally responsive access

EVALUATION

Measurement framework, data readiness, RE-AIM effectiveness outcomes

TRAINING

Culinary medicine certification and pilot-readiness infrastructure

Outcome: a replicable rural model that makes nutrition part of healthcare delivery — not a stand-alone pilot.

Governance & collaboration

Coordinated partner model: backbone + distributed implementation for sustainability

Beebe serves as the rural operational backbone with a partnered implementation approach within clinical, community, food system, training, and evaluation settings.

Component B: coordinated workforce + patient/community access infrastructure

Build a cross-partner workforce capable of finding, referring, supporting, and connecting Sussex County residents with diet-sensitive chronic conditions and food insecurity.

Registered Dietitian
Beebe-employed clinical nutrition lead; nutrition assessment, MNT, counseling, education, care plans

CHW – Beebe
Connector between primary care, population health, and the community; screening, referral, resources

CHW – La Red
Outreach to medically underserved and Spanish-speaking populations; culturally responsive navigation

CHW – TidalHealth
Screening and referral activities in TidalHealth clinical settings and community locations serving Sussex residents

CHW – SCHC
Community, faith-based, and other network outreach for residents not regularly connected to care

Successful Year 1 outcome: a coordinated RD/CHW team with standardized screening, referral, navigation, and resource connection workflows.

Component C: culinary medicine training + pilot readiness

Component C creates the training infrastructure and operational readiness needed in Year 1 to launch a future culinary medicine pilot in early phase of Year 2

1. Leadership cohort

Identify and enroll 7 healthcare professionals representing Beebe, TidalHealth, La Red, and Food Bank of Delaware in ACCM's Certified Culinary Medicine Specialists training.

2. Community educator pathway

Enroll CHWs in ACCM FIM Community Health Educator certification to reinforce clinical nutrition guidance in their community-based engagements.

3. Pilot readiness

Plan cohort structure, establish community teaching kitchen access, participant pathways, and evaluation/data-sharing processes.

Successful outcome: a trained launch team, accessible training logistics, and a defined fall 2027 patient cohort strategy ready for implementation.

RE-AIM: Evaluation framework

The Center for Nutrition & Health Impact's (CNHI) expertise, design, and input keep the evaluation grounded in measurable outcomes.

Beebe Healthcare

Implementation timeline

Year 1 coordination roadmap: shared milestones and dependencies

	Jul–Aug 2026	Sep–Nov 2026	Dec 2026–Jan 2027	Feb–Sep 2027	Fall 2027
Program management	Post FIM Program Manager	Confirm workgroups/ cadence	Dashboard phase I / reporting tools	CQI + progress reporting	
Workforce	RD/CHW recruitment	1 RD + 4 CHWs onboarded & deployed	Protocol refinement	Operational support	
Technology/workflows	Build plan + requirements	Screening/referral protocols; referral pathways	Directory completed	Workflow testing + monitoring	Pilot patient referrals begin
Culinary medicine	Enroll 7 clinicians	Training begins	First hands-on sessions complete	Certification progress	Pilot Launch
Evaluation	Align CNHI/UD/Deloitte	Framework + measures	Data-sharing process	Readiness monitoring	Pilot outcomes evaluation begins

Near-term coordination requirement: align State/Component A, Beebe, CNHI, UD, Deloitte, and all implementation partners before finalizing measure definitions and data pathways.

Our Year 1 implementation positions us to successfully build toward the State of Delaware's Year 5 FIM Goals:

Clinical outcomes: 40% of participants achieve ≥ 0.5-point HbA1c reduction and/or ≥ 5 mmHg blood pressure reduction by the end of year 5.

Healthcare Utilization & Food Security: 20% reduction in ED visits, 25% reduction in food insecurity by end of Year 5.

Workforce Capacity: Hire 5-6 staff with 80% retention; train 75 rural practitioners with 80% implementing FIM within 6 months; certify 7.5 Culinary Medicine teachers by Year 3.

Sustainable Infrastructure: $500,000 annual in FIM reimbursement; value-based payment agreements with
≥ 2 payers by Year 4; 20 rural sites with EMR-integrated tools; 2 peer-reviewed publications; ≥ 5 new partnerships annually.

Beebe Healthcare

Public Comment