

**MEDICAID FOOD
SECURITY NETWORK**

Medicaid Food Security Network Summit

**MAY 7-8, 2025
WASHINGTON, DC**





Fidelity, Equity, and Dignity (FED) in Food is Medicine workshop

May 8th, 2025

Medicaid Food Security Network Summit 2025

Session Facilitator



Dr. Julian Xie
Director of Medicaid and
Benefits Integrations,
Share Our Strength

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Session Speakers



S. Maham Rizvi

Produce Prescription Specialist,
DAISA Enterprises & The FED
Collective



Kelly Horton

Senior Vice President,
Public Policy and Government
Relations, Academy of
Nutrition and Dietetics



Anthony Bonner
Master Barber &
Parent Advocate



Selene Tituaña Jurado
Senior Program Manager
for Health, UnidosUS

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Session Objectives

- Learn about how current policy proposals are impacting equity and dignity in food programs and effective advocacy and messaging.
- Learn best practices in culturally responsive programming - including hearing from UnidosUS about their CRS community health worker program, and from the FED Collective and its tools for implementing the FED Principles in FIM programming.
- Learn how they can apply equity principles and tools to their own service design and policy advocacy in a way that actively prioritizes the needs of the people who would be served by those policies and programs.





Discussion with Kelly, Selene, and Maham

May 8th, 2025

Medicaid Food Security Network Summit 2025



eat[®]
right. Academy of Nutrition
and Dietetics

Food is Medicine: Equity and Dignity in a Policy Landscape

Kelly D. Horton, MS, RDN

**Senior Vice President, Public Policy and
Government Relations**

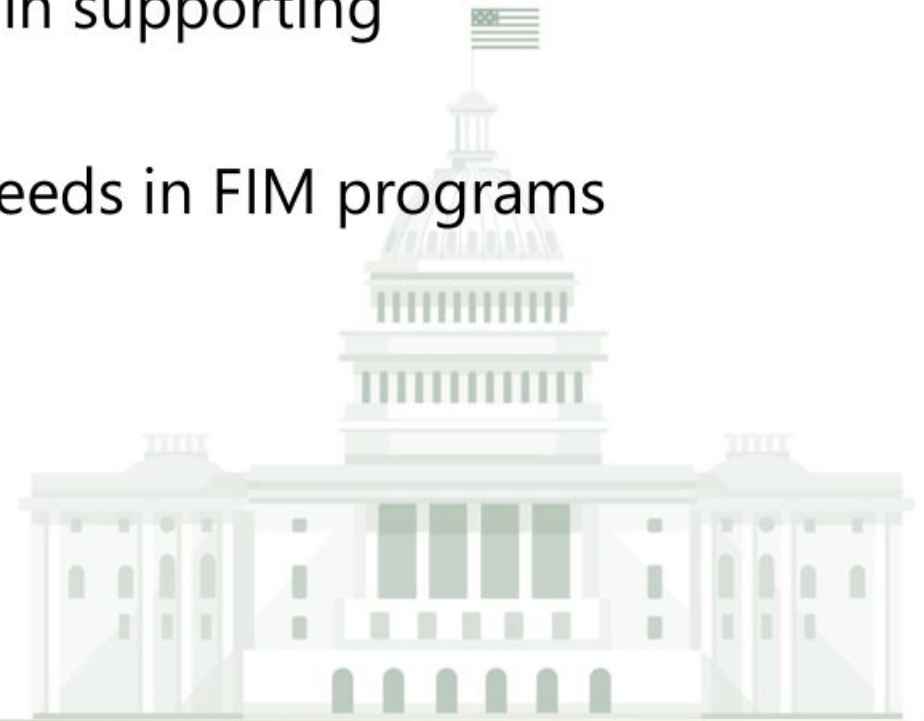
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Academy Vision

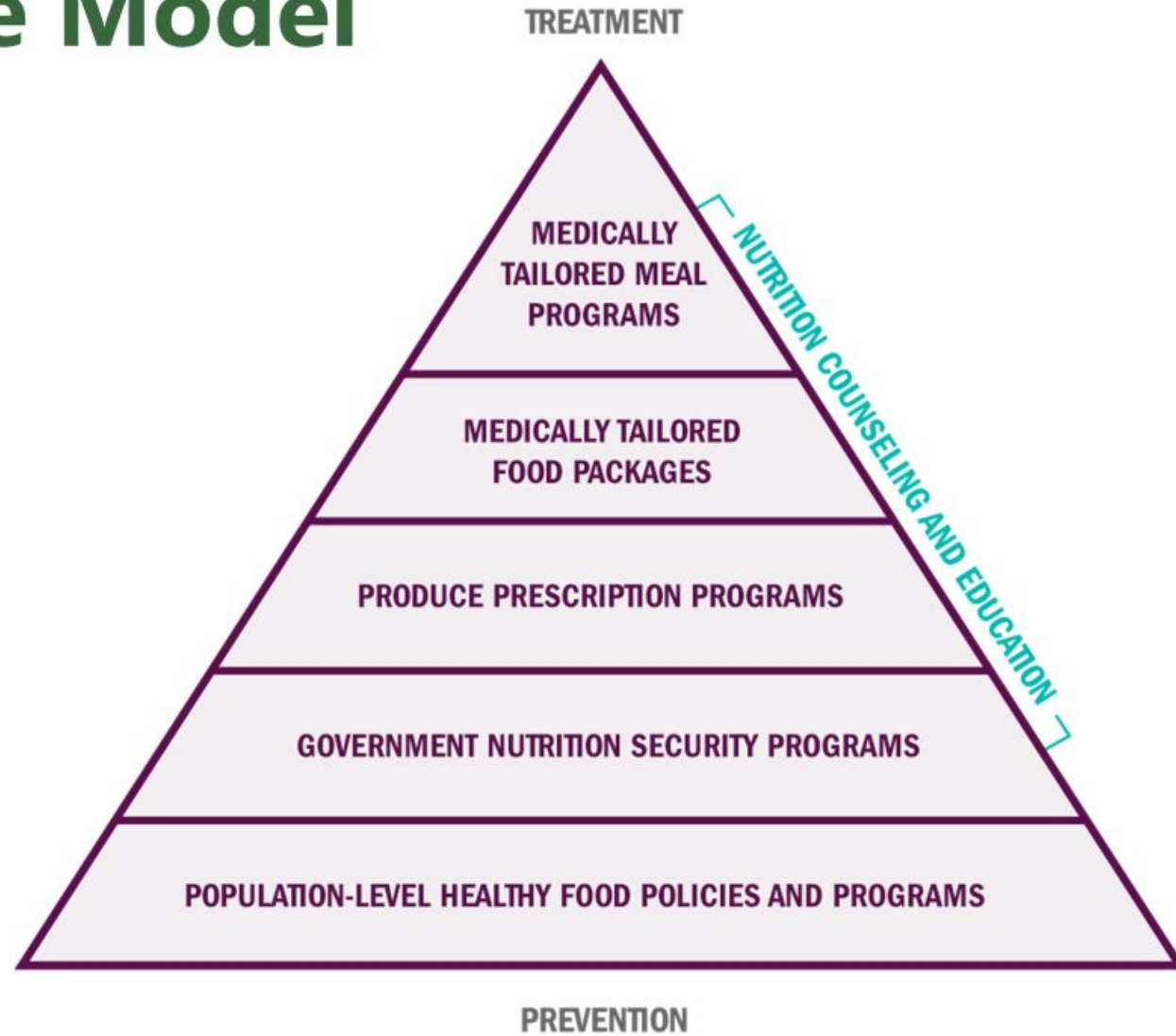
*A world where **all people thrive** through the transformative power of **food and nutrition**.*

Goals

- ✓ Understand the role that FIM programs play in supporting nutrition security
- ✓ Importance of meeting cultural preference needs in FIM programs



Food is Medicine Model



MTM Interventions associated with...

Improved: Quality of life,
Mental health, Stress, Food
Insecurity, Diet Quality,
Disease Management,
Biomarkers of Chronic
Disease

Decreased: Health care
utilization, medical
spending

SNAP's Role in Food as Medicine

"The Supplemental Nutrition Assistance Program (SNAP), formerly called the Food Stamp Program, is designed primarily to increase the food purchasing power of eligible low-income households to help them buy a nutritionally adequate low-cost diet."

Supplemental Nutrition Assistance Program (SNAP):
A Primer on Eligibility and Benefits, updated Nov 13, 2024

Food as Medicine: Registered Dietitian Nutritionist role

Food is Medicine Coalition defines MTMs as “meals **approved by a RDN that reflect appropriate dietary therapy based on evidence-based practice guidelines.** Diet/meals are **recommended by a RDN based on a nutritional assessment** and a referral by a health care provider to address a medical diagnosis, symptoms, allergies, medication management and side effects to ensure the best possible nutrition-related health outcomes”

FOOD IS MEDICINE™
— COALITION —



Model for Community-Based Organizations (CBOs) with Medically-Tailored Meal (MTM) programs

RDN in MTMs

Screening & Referral System

- Individuals referred to an RDN at a CBO for MTMs when:
- Prescribed a diet needed to manage a severe illness
 - Individual has limited resources available to comply with diet

Research

- RDN captures details of MTM interventions and document quality indicators
- Indicators used to evaluate program, compare with other programs, improve service delivery, transform healthcare
- Research captures other outcomes including health care utilization and medical spending

Medical Nutrition Therapy

- Typically offered via phone or in-person by an RDN
- RDN competency needed for education and counseling on managing medical needs with culturally appropriate diet
- RDNs coordinate care with other health providers

Nutrition Monitoring & Evaluation

- Select/identify quality indicators, including: **quality of life, mental health, stress, food security, diet quality, disease management, and biomarkers of disease**
- Monitor/evaluate resolution of diagnosis

Nutrition Assessment & Reassessment

- Obtain/collect important and relevant data, then analyze/ interpret data
- **Assess chronic disease(s), and Social Determinants of Health**

Nutrition Diagnosis

- Develop PES statement (Problem, Etiology, Signs and Symptoms)
- **Nutrition diagnosis informs MTM prescription**

Nutrition Intervention

- **Determine intervention and MTM prescription across dietary tracks**
- Formulate goals, determine action
- Implement action

Food Service Operation Management

- Menu, meal planning, recipe development
- Quality control checks: nutritional value, foods safety for vulnerable clients

Nutrition Education, Programming & Communications

- Cooking and nutrition classes
- Other programming depends on CBO (ie. online education models, nutrition handout provided in meals, etc.)

CBO provides MTMs

- Home-delivered meal service
- Service depends on CBO and state policies (ie. number of meals & snacks per week, frequency of delivery, household members eligible for meals, etc.)



National Food As Medicine Act



- Establishes a Food as Medicine Waiver Grant program
- Connecting food producers with healthcare systems to deliver FAM initiatives

Medically Tailored Home-Delivered Meals Demonstration Pilot Act

- The bill would expand access to Medically Tailored meals by creating a Medicare pilot to address the link between diet, chronic diseases, and the health of Medicare enrollees and people with disabilities.



Cultural Preferences in FIM

- FIM interventions and SNAP should uphold individual choice and dignity.
- Imposing food restrictions without addressing broader systemic issues is unlikely to significantly improve public health.
- Focus on increasing access to affordable, nutritious food and investing in strong nutrition education programs and incentives as an effective, equitable solution.



UNIDOS US
COMPRANDO
RICO Y SANO

Community-Based Strategies to Mitigate Food Insecurity among Latinos

Presenter: Selene Tituaña Jurado, MPH, CPH

May 8, 2025

About UnidosUS

- **Mission:** We build a stronger America by creating opportunities for Latinos.
- Our focus:
 - Health
 - Education
 - Workforce Development
 - Housing and Financial Empowerment
- UnidosUS elevates the expertise, actions, and voices of our Affiliate Network of more than 300 CBOs and community health centers.
- Integration of Immigration and Civic Engagement.

This is how we advance our mission.



Food Insecurity among Latinos

- In 2023, **1 in 4 Latinos** in the U.S. experienced food insecurity.
 - Nearly 14 million Latinos could not access enough food to lead a healthy, active life.
- Latino children are **twice** as likely to face hunger.
 - In 2023, 27% of Latino children experience food insecurity. That's 1 in 4 Latino children who do not have access to reliable access to food.

Source: Feeding America April 28, 2025

Causes of Food Insecurity among Latinos



Cost of living



Limited access to, and availability of, culturally responsive and linguistically appropriate information



Lack of awareness about eligibility for nutrition programs



Immigration-related concerns



Lack of transportation/Food Deserts



The digital divide

Pocketbook issues continue to dominate the concerns of U.S. Latino voters

1. **Cost of living / inflation (52%)** — main concerns are cost of food and basic living expenses, housing affordability.
2. **Jobs and economy (40%)** — wages, job security, prices, job creation.
3. **Housing (28%)** — rising cost of rent and cost of electricity, utilities, taxes, home insurance, home maintenance and repairs.
4. **Health care (23%)** — cost of insurance and prescription medications.

Source: First 100 Days Bipartisan Poll of the Hispanic Electorate, April 28, 2025

Program Background: *Comprando Rico y Sano* (Buying Healthy and Flavorful Foods) is a national program that builds the capacity of community-based organizations (CBOs) to:



Increase food security among Latinos by equipping their *promotores de salud* (community health workers) with knowledge and skills.



Offer training and resources to provide culturally responsive nutrition education that promotes healthy shopping and eating habits for Latinos across the U.S.



Provide participants with information and enrollment assistance into the Supplemental Nutrition Assistance Program (SNAP), and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

Operationalization: Cultural Humility and Human Centered Design



Trust-based
partnership



Curriculum development
and pre-testing materials



Tailored training and
technical assistance



Periodic communication
touchpoints



Built-in flexibility



Active listening



Feedback loop

Multifaceted Intervention

Health
Education
“Charlas”

SNAP
Enrollment
Assistance

Use of
Traditional and
Social Media and
Public Health
Campaign

Cooking
Demonstrations

Grocery
Store Visits

Food
Distribution
and Delivery



Promotoras de Salud providing health education in the Bronx, NY.

Impact and Lessons Learned

By establishing trust-based partnerships, CRS has collectively:

- Trained over 2,650 promotores de salud (Community Health Workers)
- Reached over 227,000 people through culturally relevant nutrition education
- Provided over 225,000 people with SNAP & WIC enrollment assistance

Impact and Lessons Learned

In 2022, UnidosUS comments for the White House and the Food Nutrition Service were directly informed by CRS including recommendations on:


- **Increasing the availability of traditional and ethnic foods for SNAP participants**
- **Increasing the availability of translated nutrition, food security and hunger-related education materials, considering cultural differences and language nuances**
- **Promoting the increase of nutritious foods to the WIC food packages to help families lead healthier lives**

Connecting to our Emerging Food Security Strategy

2025 is a transition year for CRS to align with UnidosUS's renewed Nutrition and Food Security Systems Change strategy that focuses on:

- **Transitioning to a coalition-based model**
- **Partnering with community-based organizations**
- **Building local capacity and leadership development**
- **Influencing policies to create systemic change**

Thank you!



Fidelity, Equity, & Dignity (FED) in Food is Medicine

S. Maham Rizvi
Produce Prescription Specialist



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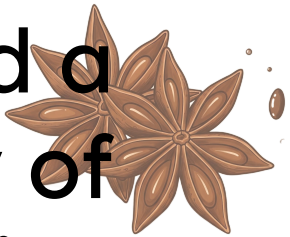
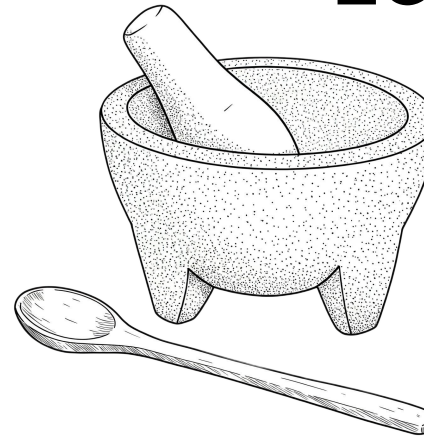
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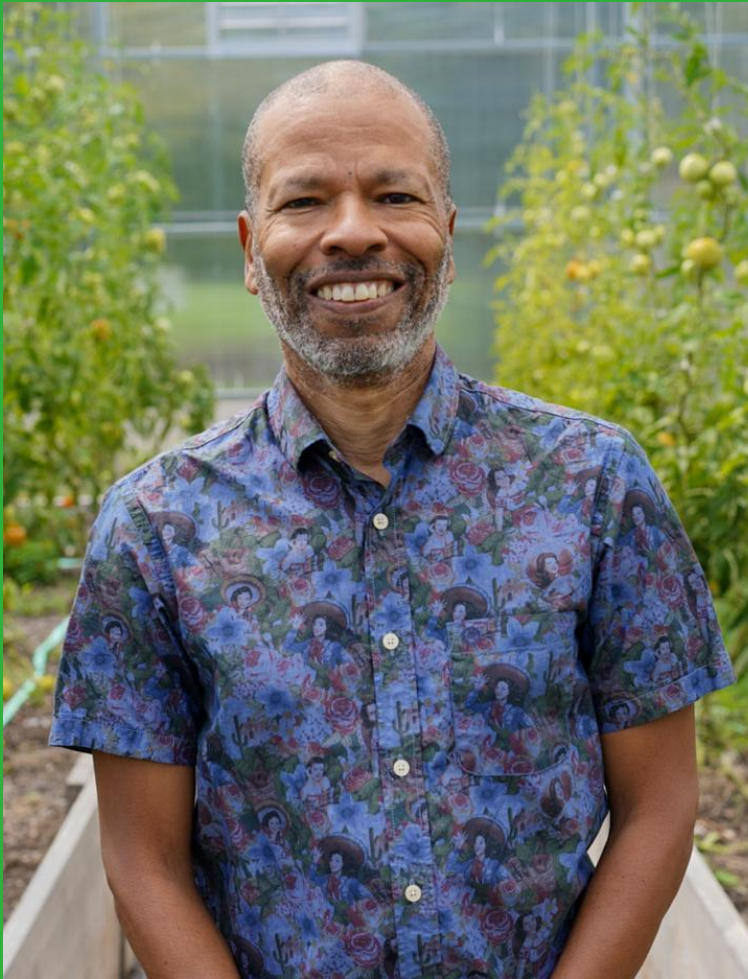
The FED Principle™ and Framework

Rigorous, clear
guidelines and tools



FED Collective
Leadership and a
Community of
Practice





Benjamin Perkins

Founder & CEO

Upstream Impacts Solutions

- **former CEO at Wholesome Wave**
- **Tenure in Public Health and Ministry**
- **Ideator of The FED Principle™**

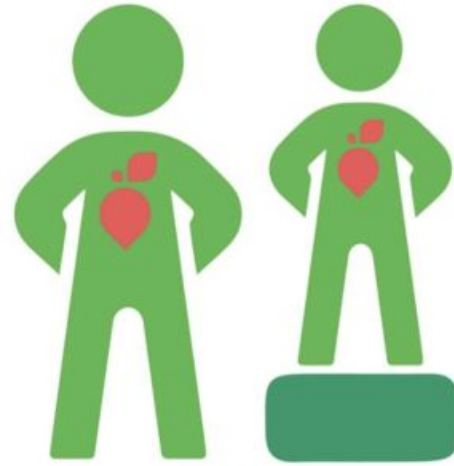
The FED Principle



Fidelity

The belief and commitment that meeting communities where they are, means building solutions that serve them.

Programs should serve communities and not the other way around



Equity

We work tirelessly to ensure that our efforts increase access to nutritional foods for our most vulnerable community members, and we should always interrogate our policies and practices to ensure that we are achieving that goal.



Dignity

Human beings have inherent worth regardless of their station in life, which is why we are all deserving of health and wellbeing. Nutritious food is the vehicle by which we affirm and celebrate human dignity.

2021



wholesome
wave

Yale
SCHOOL
OF PUBLIC
HEALTH

Griffin Health

PRC
PREVENTION
RESEARCH CENTERS

Hispanic Health
Council

GusNIP PPR

USDA
NIFA

Nutrition
Incentive
Hub
CREATED BY GUSNIP NTAE CENTER

DAISA
ENTERPRISES

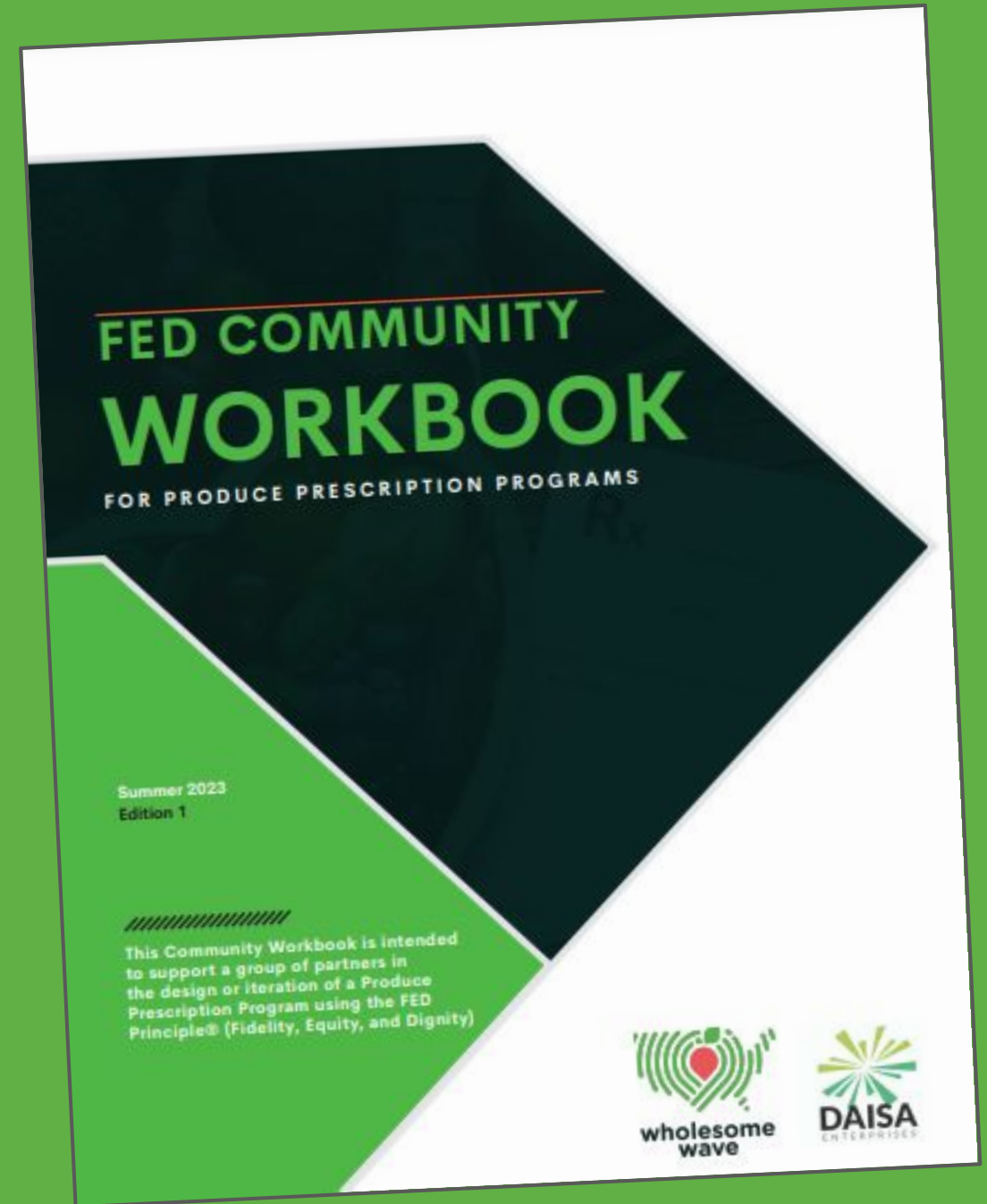
Research Trajectory

- 2021 survey of 800+ Produce Rx & Nutrition Incentive programs
- 2021 Field Scan Research documenting **growth of PRx field** over last decade
- 2022-2023 **BIPOC Leadership in PRx Field Research** looking at innovations & barriers



FED Program Touchpoints

1. Participant Recruitment & Eligibility Screening
2. Prescription Provided
3. Prescription Redemption
4. Nutrition / Culinary Education
5. Data Collection & Evaluation
6. Program Management
7. Program Funding & Sustainability





THE FED COLLECTIVE

FIDELITY, EQUITY, & DIGNITY IN FOOD AS MEDICINE



FED Collective Goals



1. Build **equitable capacity** to engage in **FIM policy**
2. Co-develop and disseminate **tools for effective community engagement**
3. Narrative-shift through **participatory research** – both quanti- and qualitative – for *systemic* community health impacts

The FED Core drives measurable outcomes...



...with **37,635**
participants...



...and **20 Clinic**
partners...



...in **6 cities**

Anthony, NM / El Paso TX /
St. Paul, MN / Buffalo, NY /
New York, NY / Alameda CA

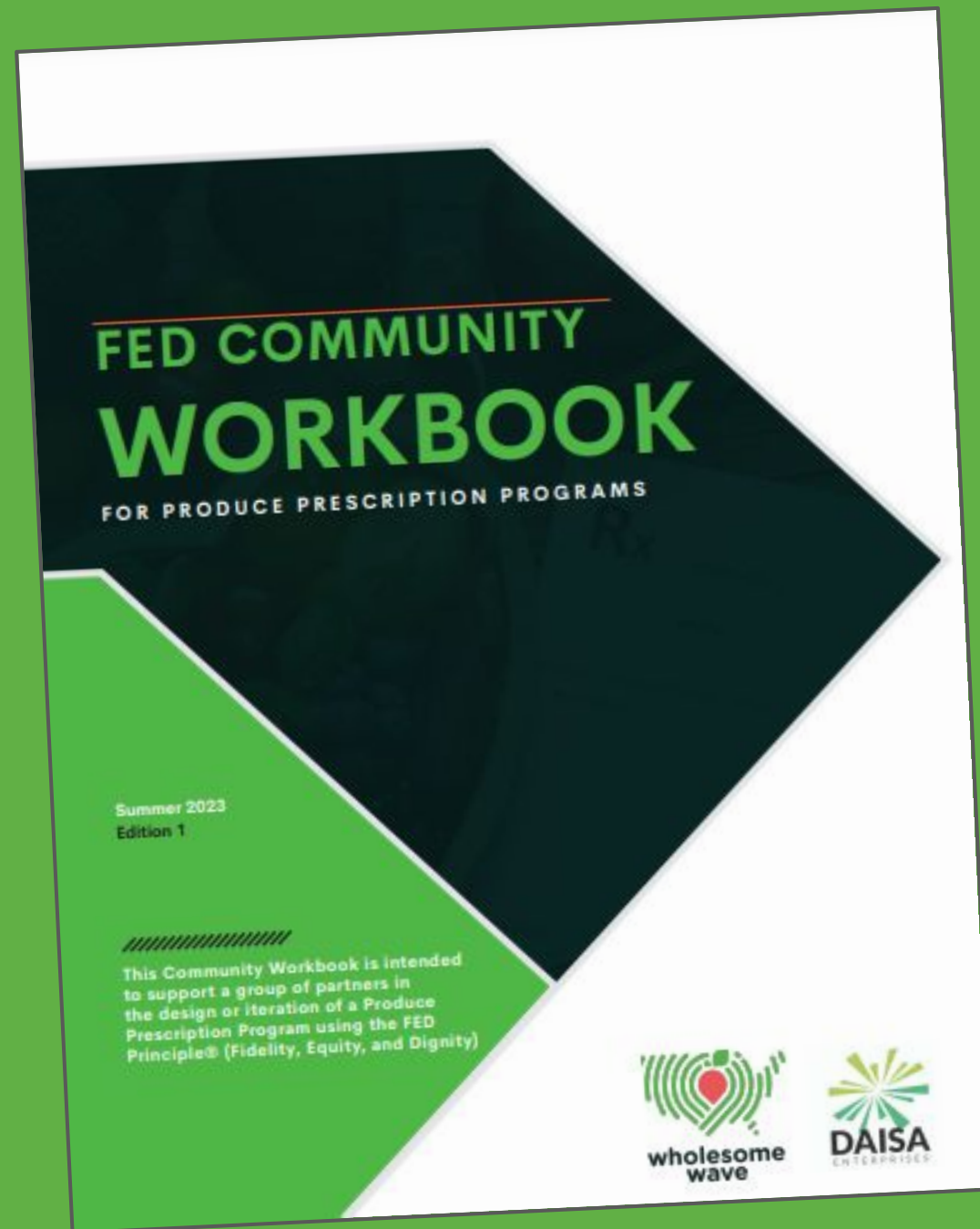


FED-designed Wholesome Wave Food4Moms program, 2019-2022, showed monthly redemption rates average 70%–90%, far above the national PRx average of 30%–60%

FED Community Workbook

A practical resource for **designing** *applied **fidelity, equity, and dignity*** into Food is Medicine programs.

1. Applicable beyond PRx
2. Intended for collaboration with all your stakeholders
3. Choose-your-own adventure



Produce Prescription (PRx) Programs: Critical Principles and Distinctions

Conventional Non-FED and FED PRx Programs

Aligned Across Conventional Non-FED and FED PRx Programs:

- Measurable health changes
- Healthcare, community and retail partners
- Basic formation of healthcare partners issuing prescriptions for healthy food
- Prevention and intervention better than medical treatment and hospitalization

Conventional Non-FED PRx Programs	FED PRx Programs	FED Category
Focus on individual patient health, pathologies like obesity, and chronic disease; outcomes are focused on changes in patient biometrics	Care about family, household and community health; outcomes include social cohesion, mental health, and evidence of power shifting	F
Top-down, external health intervention	Community-driven and participatory	F
Patients have deficits of knowledge and decision-making	Patients have assets of wisdom, culture, and community	D
Focus only on changing patient diet and patients' personal choices	Focus on full human, social change for equity in access and community partnerships; holistic with peer support	E
Extract data for reporting; focus on biometrics	Learn together for long-term community health; holistic human and community change data; examine racial health disparities	F
No attention to where prescription dollars go after produce transaction	Prescription redemption drives development of a stronger food system, with attention paid to local farmers and BIPOC/community asset building, when possible	E
Patients have a right to nutrition	Communities also have rights to fidelity, equity, and dignity, which have traditionally been denied by systems of oppression	E
Dietary guidance and fruit / vegetable access framed primarily by white dominant food culture norms	Guidance and access inclusive of cultural practices, food quality and variety, and personal choice	E

Source: DAISA Enterprises & Wholesome Wave

The FED Community Workbook

- Evaluators have cultural competency
- Data transparency
- Reduction of the evaluation burden

Download Workbook at

www.fedcollective.org/resources

Data Collection and Evaluation

Collecting and evaluating meaningful data can contribute to understanding the impact and success of a PRx program, as well as areas for improvement. Programs may evaluate the impact on participants of having increased access to fruits and vegetables, their experience in the program, and how to better meet the needs of community members. Some grant-funded programs may have requirements or recommendations for data collection and evaluation. Data collection is most often conducted through participant surveys, focus groups, or interviews, while some healthcare entities may have access to medical records to evaluate biometrics or healthcare utilization data. Evaluation may be conducted by the partner responsible for program management, or a university or other community partner with evaluation experience may be brought in. **Please use the workbook activity prompts on page 13. Place a [*] [X] [!] in the line next to each criteria.**

FIDELITY

1. PARTICIPANT-CENTRIC / PRIVACY – Attention to reduction of burden on patients for data gathering, use of Electronic Medical Records (with patient approval) to minimize multiple entries of basic data. *!*
2. PRIVACY – Patient records are privacy protected – patients have a right to privacy of their health information. PRx programs should take care to comply with HIPAA regulation and ensure they are protecting privacy beyond the letter of the law. ***
3. COMMUNITY TRUST – Evaluation team has existing relationships with program community and understands the community environment and history. ***
4. PARTICIPANT-CENTRIC – The program participants and program operator partner together on the evaluation design. *I'm not sure → Question for Rafael*
5. OWNERSHIP – Reporting includes sharing back to the community, not just to funder and/or publishing for public consumption. *→ I believe we will do this*
6. LANGUAGE – Evaluation team has language and cultural competency with participant community. The ability to reach people through shared language and cultural familiarity is critical in building trust and understanding in order to accurately represent the participants. ***
7. OWNERSHIP – Customizable questionnaires are provided based on community design, needs, and interests. Allowing communities to define their own health goals and metrics is important and should be considered alongside priorities to standardize survey content. *We provide open-ended questions for improvement. Pilot is suppose to inform as well*

EQUITY

1. ACCESSIBILITY / TRANSPARENCY – Participants can own and access their data and track their own progress towards goals. Data will make possible patient and community learning in addition to the benefit of health systems, academics, and technology companies working to scale PRx interventions. Community report-backs of program impact should be incorporated as key milestones. *Not sure if relevant*
2. COMMUNITY TRUST – Include peer or community members in data collection and design to focus resources and learning in the community, build long-term capacity for research and critical thinking, and establish trusted connections with participants. ** Confirm*
3. PARTICIPANT-CENTRIC / LANGUAGE / ACCESSIBILITY – Equitable survey design and access (tech-appropriate, phone plans, etc) – distributing surveys in formats that are accessible, and have flexibility to respond to diverse patient needs for accessibility.

The FED Community Workbook

- Charettes & focus groups
- Language competency / justice
- Expansive eligibility criteria

Download Workbook at

www.fedcollective.org/resources

Participant Recruitment & Eligibility Screening

In order for potential program participants to gain access to the program, an outreach, recruitment, and eligibility screening process must take place. Depending on the design of the specific program, these steps may be conducted by the same entity, or they may be shared amongst partners. In many produce prescription programs, the healthcare partner completes the eligibility screening process as a part of a routine medical appointment with a patient. Healthcare partners may conduct recruitment through their health and wellness programs or EMR screening, or a community-based organization may do direct outreach and engage local community members to make them aware of the program. Please use the **workbook activity prompts on page 13. Place a [*][X][!]** in the line next to each criteria.

FIDELITY

* referrals

1. PARTICIPANT-CENTRIC / COMMUNITY TRUST – Outreach strategies should be informed by communities, rather than solely identified by statistical information on demographics and access. This level of initial community work will improve enrollment, participation, and participant experience. Through community charrettes or discussions a program can better identify program aspects such as potential underserved target populations, where community members go for healthcare services and where they shop, in addition to expanding the outreach and recruitment pool.
2. PARTICIPANT-CENTRIC – Customizable questionnaires based on community design, needs, or interests. While standardization is helpful for scaling technology solutions and health interventions, creating opportunities for communities to define their own health goals and metrics is crucial for fostering community fidelity, ownership, and agency.

EQUITY

*

1. LANGUAGE – Staff speak languages of community members being recruited – being able to reach people through shared language is critical in informing potential enrollees and building trust and understanding.

DIGNITY

*

Note

1. PARTICIPANT-CENTRIC / TRAUMA-INFORMED – Healthy food is a human right. To identify and enroll participants, more expansive criteria such as food insecurity can and should be considered as primary criteria, not only disease diagnosis.
2. PARTICIPANT-CENTRIC / LANGUAGE / TRAUMA-INFORMED – All staff involved in the program have training in holistic participant health conversations, including non-shaming language. Different cultures and body types can be “healthy,” even if not meeting white-normed health metrics, like BMI and obesity determinations.
3. PARTICIPANT-CENTRIC – Include patient-oriented wellness metrics towards care and acknowledgment of whole person wellness, (i.e. self-reported healthy days, stress, mental health, medication adherence, etc.)

You can use the below space to write your own criteria for assessment:

WIC, Comadrona, HHC family members
WIC/SNAP-ED/Medicaid Screening Questions cover this
although staff know how to address the community
more specific trainings could be conducted
Typical for Baseline Survey



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Q&A with Panelists

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THANK YOU

Your feedback is important to us, please take a moment to fill out our survey. The first 10 respondents get a \$10 e-gift card, and you can submit the survey multiple times if you think of more to share.

