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## Access to Food, Access to Health : A Resource Guide for Food Insecurity in Windham County, VT

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# Access to Food, Access to Health : A Resource Guide for Food Insecurity in Windham County, VT

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Rotation: July-August 2025  
Mentor: Wyll Everett M.D.

# Food Insecurity in VT & Windham

- According to statistics from FeedingAmerica, food insecurity rates have risen in Vermont and in Windham County from 2019 to 2023 <sup>3</sup>
- Research shows that food insecurity and cardiovascular disease are closely linked, with food insecurity increasing the likelihood of conditions like hypertension, coronary heart disease, and stroke <sup>2</sup>
- Individuals already living with cardiovascular disease are also more likely to experience food insecurity, especially at more severe levels <sup>2</sup>

## 2019 Data

	Vermont	Windham County
Food Insecurity Rate	11%	12.3%
Food Insecure Population	68,590	5,280

## 2023 Data

	Vermont	Windham County
Food Insecurity Rate	12.2%	13.6%
Food Insecure Population	79,010	6,250

# Estimated Healthcare Costs

- Vermont has identified 3 behaviors, one of which is poor diet, that result in 4 disease which contribute to more than 50% of deaths in VT
- Those 4 disease are: Cancer, Heart Disease & Stroke, Type 2 Diabetes, and Lung Disease
- Estimated Health Care Costs:
  - Cancer: Approximately 600,000 people die from cancer each year in the US. The cost of care is expected to be over \$240 billion by 2030 <sup>1,7</sup>
  - Heart Disease & Stroke: It is estimated that heart disease & stroke costs our health care system \$254 billion per year.<sup>9</sup> Costs from Cardiovascular disease are projected to hit roughly \$2 trillion by 2050 <sup>5</sup>
  - Diabetes: In 2022, the total estimated cost of diabetes, both medical costs & loss in productivity, was \$413 billion <sup>8</sup>

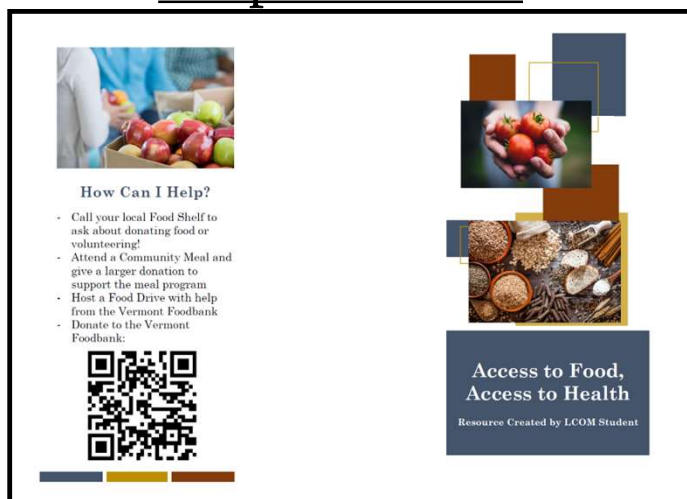
# Community Perspectives

- During my conversation with Dr. Wyll Everett, we discussed the complex and often unspoken realities of food insecurity within our community. He pointed out that while many are working to address the issue, it's still something people are hesitant to talk about—especially in Vermont, where cultural values like independence and pride in our agricultural roots can make it difficult to acknowledge food-related struggles. Dr. Everett emphasized that while the idea of “food as medicine” is gaining traction, it means very different things to different people. He also highlighted how family medicine often finds itself caught in the middle of this - tasked with addressing nutrition but lacking the robust data and training to offer clear guidance. We discussed the broader challenges as well, such as how to support families living on minimum wage in accessing nutritious meals, or how to teach basic cooking skills when those opportunities haven't existed. Dr. Everett sees these challenges as key areas for intervention, and as a major opportunity to improve the overall health of our communities.
- During my conversation with Claire Bemis, RN, BSN, a Care Coordinator at Grace Cottage Hospital, we explored several critical themes related to food insecurity and the unique challenges faced by residents of Windham County, Vermont. Given the region's rural nature, transportation emerges as a significant barrier—impacting individuals' ability to access both grocery stores and local food banks. Claire also highlighted the stigma that often surrounds food insecurity, noting that many individuals perceive it as a personal failing. She has been actively working to dismantle this stigma in her patient interactions, fostering a more supportive and compassionate approach to care. Additionally, she emphasized the digital divide among older Vermonters, many of whom struggle to navigate online systems and, as a result, may miss out on essential food assistance resources.

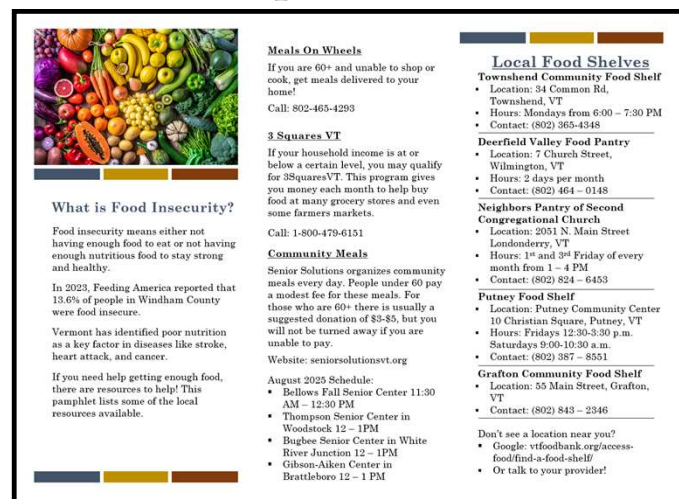
# Intervention and Methodology

- ❖ For this project, I developed a comprehensive pamphlet addressing food insecurity, which includes detailed information on local resources such as application procedures for Meals on Wheels, community meal programs, and food shelf locations.
- ❖ The pamphlet was provided to clinical staff for distribution to patients who screen positive for food insecurity.

## Pamphlet Outside



## Pamphlet Inside



# Results & Reflections

- ❖ The goal of this project is to develop a resource that can be easily distributed to patients in the clinic who screen positive for food insecurity. This approach enables the clinic to provide patients with valuable information, empowering them to decide how they wish to engage—whether by exploring the resources independently or by initiating a deeper conversation with their healthcare providers.
- ❖ While many of these resources are available online, they are scattered across multiple websites and require a certain level of internet proficiency to navigate. This pamphlet consolidates key resources in one convenient location and includes phone numbers, offering an accessible alternative for individuals who may be uncomfortable or unable to use online platforms.
- ❖ Given additional time, I would have aimed to evaluate the pamphlet's effectiveness through several methods. First, I would check in with clinic staff after three months to assess the frequency of pamphlet distribution and identify opportunities to optimize this process. Second, I would seek patient feedback via a brief survey to understand how useful they found the information and to gather suggestions for improvements.
- ❖ To further expand the project, I would also organize an educational session with rooming staff to enhance awareness of food insecurity and improve screening practices during patient intake.

# Future Directions

Several strategies could enhance and expand the impact of this project over time:

1. **Track distribution and utilization** by monitoring how often the pamphlet is taken by patients and gathering staff feedback on placement and visibility.
2. **Engage clinic staff and providers** through an educational session focused on food insecurity, including how to identify and support patients at risk.
3. **Evaluate effectiveness** by collecting patient and community feedback through informal interviews or a brief survey.
4. **Expand to other social drivers of health** by developing similar resource-based pamphlets addressing housing insecurity, transportation challenges, or social isolation to name a few.

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