



Medicaid Food Security Network Quarterly Meeting

May 7, 2026



Welcome!

Share the following with us in the chat:



Name / Pronouns



Organization & Title / Role



What questions or thoughts are you bringing to the meeting today? Give a rose and a thorn!

Housekeeping



Zoom Recording: This meeting will be recorded and available on the Network website.



Use the chat feature: Feel free to submit questions through the chat. We also will have time for Q&A near the end of the meeting.



Make sure you are muted: Please stay muted while others are presenting. Feel free to use the chat and/or hand raising features.

MFSN Meeting Objectives



Increase awareness of new resources in the field available to support partnering with Medicaid to address food and nutrition security, with a focus on talking about FIM's multi-pronged cost-effectiveness



Articulate innovative strategies and inspirational case studies related to program and policy opportunities to address food security, focusing on Medicaid managed care regulations and flexibilities to support food security and Food is Medicine



Foster collaboration and engagement among attendees through breakout discussions, Q&A, and sharing of insights, aiming to generate actionable ideas and commitments for ongoing engagement with MFSN initiatives

Refresher: The Network's **Mission & Vision**



Support anti-hunger advocates to **engage, influence, and partner** with state Medicaid programs and Medicaid-serving systems **in adopting and implementing effective strategies** to support the full spectrum of food needs of children and families enrolled in Medicaid with an emphasis on **increasing Food is Medicine access, including closing the enrollment gap in SNAP and WIC.**



MFSN provides state and national anti-hunger and healthcare advocates, and other stakeholders with **infrastructure for collaboration, technical assistance, and tools for policy and advocacy.** MFSN participants will be able to successfully **identify, advocate for, and implement** effective, **state-specific policies and programs** for every state Medicaid program.

MFSN Policy Dashboard + legislative tracker

Users can filter by state and policy strategy and navigate to individual policy summaries

Follow link bit.ly/MFSNdash or QR code →



Also check out our new Medicaid food security/SNAP/WIC and FIM legislation tracker:

medicaidfoodsecuritynetwork.org/tracking-state-medicaid-legislation/

MFSN Resources Survey

We value your opinion of MFSN resources and would appreciate your feedback.

Responses will be kept anonymous.



MFSN Transition

Meeting Flow

1. Welcome & Introductions (8 min)
2. Rockefeller Foundation: “From Farm to FIM” Report (15 min)
3. Children’s HealthWatch: “Democratizing the Data” Dashboard (8 min)
4. FIMC: MTM Sustainability Blueprint (8 min)
5. MO & WV FIM Bills (24 min)
6. Breakout Room Discussions (25 min)
7. Closing Remarks (2 min)

Today's Speakers



Lindsey Johnson is a Program Associate for Food is Medicine at the Rockefeller Foundation, where she supports the expansion of FIM initiatives, focusing on aligning these efforts with local, regenerative food systems. She also contributes to the Foundation's work on Good Food Purchasing and Regenerative School Meals, helping advance access to nutritious food through institutional procurement. Her previous work includes advancing the Soil & Climate Alliance and Nutrient Density Alliance, where she convened farmers, researchers, businesses, and advocates around regenerative agriculture, and serving as an Eli J. & Phyllis N. Segal Fellow at AmeriCorps, where she helped launch Public Health AmeriCorps. She holds a Bachelor of Arts from Colgate University.



Trina Ragain

Trina Ragain is President of Eccentricity Consulting and a strategic public health professional with a driving passion for addressing social determinants of health. Before starting Eccentricity Consulting, Trina served as the Chief Innovation Officer at Operation Food Search. In this role, Trina created the Fresh Rx portfolio of research demonstration projects, exploring how FIM can be applied to address nutrition security within the healthcare system. Trina graduated from the University of Illinois with a Master of Science in Public Health in Community Health and a Bachelor of Science in Psychology.

Today's Speakers



Merinda Stricklen



Gina Wood

Merinda Stricklen is a certified physician assistant who is passionate about improving the health of families and communities in WV. She received a Bachelor of Science in Physician Assistant Studies from Seton Hill University in 2002. And a Master of Public Health in Health Promotion from Liberty University in 2023. She has over 23 years of pediatric experience, including extensive experience in treating childhood obesity. She currently serves as the Director of the Health and Community Education Department at FamilyCare Health Centers, a Federally Qualified Health Center, which serves 4 counties in WV. She is especially passionate about using FIM as an intervention to increase access to healthy foods and nutrition education for communities and serves as a Co-Chair of the WV FIM Coalition.

Gina Wood is an Associate Professor and Co-Director of the WVU Extension Family Nutrition Program where her role is focused on administration and implementation of EFNEP and other service delivery programs to under-resourced communities and populations through direct education and public health outreach. She also currently serves as a Co-chair of the WV Food is Medicine Coalition whose mission is to advance and sustain the integration of nutrition-focused interventions into West Virginia's healthcare system through collaborative leadership, advocacy, and innovative community partnerships.

Today's Speakers



Erika Hanson



Alissa Wassung

Erika Hanson, JD, is a Clinical Instructor at the Center for Health Law and Policy Innovation, where she works with partners and students to advance innovative health care models. Erika primarily focuses on legal and policy implementation matters concerning health care financing and delivery of services that address the social determinants of health. Prior to joining Harvard, Erika was a staff attorney at The Legal Aid Society in New York, a Georgetown Women's Law & Public Policy Fellow and a Reproductive Rights & Health Legal Fellow at the National Women's Law Center in Washington, DC.

Alissa Wassung is Executive Director of FIMC, where she unites diverse constituencies to advance the field of medically tailored food and nutrition and promotes equitable access to these life-saving interventions through policy change, research and evaluation, and best practices. Previously, she was Senior Director of Policy & Planning at God's Love We Deliver. A recognized leader in the Food is Medicine movement, Alissa has been an advisor to the Aspen Institute's Food is Medicine Research Initiative and serves on the advisory board for the Root Cause Coalition and the Coding4Food Project. She has been a featured speaker at national convenings hosted by the American Public Health Association, CleanMed, Ryan White Foundation, The Root Cause Coalition, and others.

Today's Speakers



Richard Sheward

Richard Sheward, MPP, is the Director of System Implementation Strategies at Children's HealthWatch. In this role, Richard leads the cross-sector policy work and initiatives of the organization. In close coordination with the Children's HealthWatch Principal Investigators and Executive Director, he identifies and executes a wide range of projects grounded in research, policy analysis, and advocacy to inform and influence policy decisions that improve children's health. Richard's multi-pronged portfolio includes leadership of the Children's Health Watch Social Vital Signs™ Communities of Practice, as well as strategic and innovative partnerships with other national organizations, researchers, and policy makers to advance the mission of Children's HealthWatch.



“From Farm to FIM: The Economic Impact of Local Food is Medicine”: Lindsey Johnson

From Farm to FIM

The Economic Impact of Local Food is Medicine

May 7, 2026 · The Rockefeller Foundation



The challenges of health and food production

More than 50% of Americans have a diet-related disease

The Washington Post
Democracy Dies in Darkness

Opinion

Chronic disease rates are growing. Here's the unexpected story.

The nation's health crisis is a design flaw, not a lack of personal responsibility.

Yesterday at 6:30 a.m. EDT



20,000 - 30,000 farms disappear annually

The Economist

United States | From Hormuz to the heartland

American farmers are feeling the squeeze

Surging fertiliser prices are a blow to a limping industry

Share



PHOTOGRAPH: GETTY IMAGES

Mar 19th 2026 | ATLANTA | 4 min read

What is Local Food is Medicine?

Local Providers



Prepare and distribute medically tailored meals, groceries, and produce prescriptions to patients.



Local Food Sourcing



Source foods from local farmers, distributors, and aggregators.



Food is Medicine could unlock \$50B annually

**43
million
Americans**



**\$50B
annual
market**

1

A diet-related chronic disease (diabetes, hypertension, cardiovascular disease, obesity, and others)

2

Income at or below 185% of the Federal Poverty Line

Increased demand for healthy food.

Key Findings



Local Food is Medicine (FIM) programs represent a significant and largely untapped economic opportunity for states.

Local FIM programs benefit states in 3 ways:



1 Stable income for small and mid-sized family farms



2 Job creation and business growth across the food value chain



3 Stronger community resilience and environmental stewardship

How to inform design from the start

Lessons to achieve economic impact through Food is Medicine:

- Intentionally design programs to prioritize local sourcing and implementation
- Procurement should be paired with public and private investment
- Act early and intentionally to pilot and iterate



Methodology

Key assumptions



Full enrollment of eligible patients



State-specific local sourcing capacity



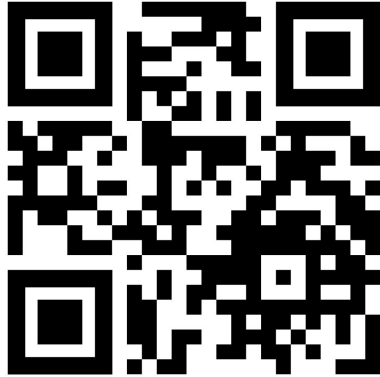
Gross effects



Macroeconomic changes

Analysis provides directional estimates of the scale of opportunity – not precise forecasts. Technical appendix and full model available on The Rockefeller Foundation website.

Potential State- Level Impacts



State
Oklahoma

Date of Analysis: 2026

Total population	4,095,000
FIM-eligible population¹	737,000
Annual FIM expenditure at scale	\$867,994,000



Impact of locally sourced FIM on Oklahoma's farmers

Revenue for local farmers	Revenue for local small and mid-sized farmers	Number of small and mid-sized farms supported	Acres impacted by FIM
\$37,481,000	\$27,009,000	270	113,000

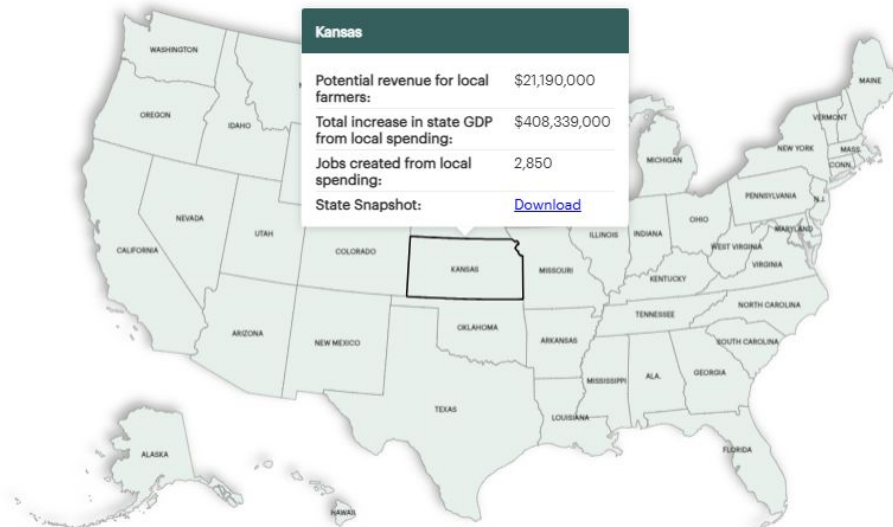
Interactive Map on Website

[Jump To](#)
[Overview](#)
[Key Findings](#)
[Resources](#)
[Related Reports](#)

State-level economic impacts of locally sourced Food is Medicine (FIM) programs.

This model estimates total FIM program demand if all eligible patients were covered nationally. It quantifies FIM's contribution to state-level farm revenue, job creation, and GDP growth if FIM programs prioritize local providers and local food sourcing.

Hover (or tap) to see state details. Zoom in/out using Ctrl and +/-, or Ctrl + mouse wheel scroll. On touchpads, use a two-finger pinch-in/out. Reset to 100% with Ctrl + 0.



Source: [U.S. Census Bureau 2021 boundaries](#)

What's in the Report — and How to Use It



<https://www.rockefellerfoundation.org/reports/from-farm-to-fim-the-economic-impact-of-local-food-is-medicine/>

STATE 2-PAGERS

Find Your State

Individual two-page analyses for all 50 states showing FIM-eligible population, potential GDP impact, jobs, farm revenue, and acres. Find yours at [rockefellerfoundation.org](https://www.rockefellerfoundation.org).

APPENDIX B

Case Studies

Real examples of local FIM in action: Community Servings (MA), FreshRx Oklahoma, Recipe4Health (CA), 4P Foods (VA), and more.

APPENDIX C

Program Design Strategies

Stage-by-stage guidance on how to design FIM programs that capture local economic benefits — from early alignment through operationalization.

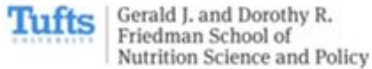
TECHNICAL APPENDIX

Methodology & Full Model

All assumptions, data sources, and the full analytical model (Excel) are available on the Rockefeller Foundation website. A resource for those who want to go deeper on the numbers.

Real World Examples

FIM Providers



4PFOODS



Policy



MAXIMIZING THE IMPACT OF NUTRITION INTERVENTIONS WITH LOCAL FOOD PROCUREMENT

Envisioning a Food is Medicine marketplace that integrates America's local producers to build thriving local economies and food systems



**"The future of Food is
Medicine is not just
about quantity. It's
about quality, of food,
and of care, and that
begins, always, with the
local."**

**– Michelle Howell, Farmer
Need More Acres Farm**





Children's HealthWatch Dashboard: Richard Sheward

**MEDICAID FOOD
SECURITY NETWORK**



Democratizing Our Data

Putting evidence in action — a guided tour

May 7, 2026

Richard Sheward, MPP

Director of System Implementation Strategies, Children's HealthWatch
Assistant Professor of Pediatrics, Boston University Chobanian & Avedisian School of Medicine



Public data access is shrinking. Ours is opening up.

The federal data infrastructure that food security advocates have leaned on for decades is being dismantled.

The CPS Food Security Supplement — cancelled. Survey budgets — cut. Public dashboards — taken offline.

Children's HealthWatch built this dashboard to keep evidence in the hands of the people who use it — parents, advocates, journalists, researchers, and policymakers.

Customizable

Filter to a site, time range, or population that fits your community.

Continuous

25+ years of primary, caregiver-reported data on children under four.

Open

Free, public, no login — built for democratic information sharing.



A 28-year sentinel surveillance system at your fingertips

Caregiver-reported data, collected on the front lines of pediatric care.



1998

Continuous data collection
80,000+ surveys



4 Cities

Active sites: Boston,
Philadelphia, Little Rock,
Minneapolis



Safety Net
Hospitals

Emergency departments
and primary care clinics



<4

Caregivers of children
under four years old

Standard, validated instruments — including the **18-item U.S. Household Food Security Survey Module**, and validated housing and energy insecurity measures.

The full Children's HealthWatch survey instrument is publicly available:

childrenshealthwatch.org/core-survey



Nine interconnected data domains

Each domain is fully filterable and exportable.



Food Security

Household & child food insecurity



Housing Stability

Insecurity, moves, homelessness



Energy Security

Utility shut-off threat & forgone



Healthcare Hardships

Forgone care & cost barriers



Child Care Constraints

Disruption, cost, access



Child Health Outcomes

Health status, developmental risk



Caregiver Health Outcomes

Self-rated & maternal mental health



Program Participation

SNAP, WIC, Medicaid, housing aid



Trends by Characteristics

Race, nativity, employment, insurance

Filter, break it down, export.

EVERY DOMAIN IS FILTERABLE BY

- Year and time range
- Site (Boston, Philadelphia, Little Rock, Minneapolis)
- Caregiver race / ethnicity
- Caregiver nativity
- Caregiver employment
- Caregiver health insurance
- Child health insurance

FOR THIS NETWORK



The insurance breakdowns are where the conversation gets interesting.

Stratifying food insecurity, healthcare hardships, and program participation by **child or caregiver insurance status** surfaces the populations your Medicaid and Food is Medicine programs are designed to reach.



LIVE DEMO

Let's open the dashboard.

01

Trend, then story

Watch what happens to food insecurity from 2020 → 2024 — a policy story in three peaks.

02

Toggle a breakdown

Switch 'Break Down By' to insurance — see how the picture shifts for Medicaid-enrolled families.

03

Build a snapshot

Pick a site, isolate a year range, and capture a chart you can drop into a brief, op-ed, or testimony.



Four ways to put this to work



Inform state agency conversations

Pull insurance-stratified food insecurity and program participation rates to ground discussions with state Medicaid and SNAP agencies.



Generate testimony-ready snapshots

Filter to a site, time range, and population. Capture a chart for legislative testimony, op-eds, or coalition briefings — same day.



Counter-narrative when federal data goes dark

When a USDA series is delayed or cancelled, point partners to a continuous, primary-source alternative on children under four.



Surface questions for new research

Use trend visualizations and demographic breakdowns to spot patterns worth probing in your own research, evaluation, or policy analysis.

TAKE IT WITH YOU

Open it. Use it. Share it.

DASHBOARD



childrenshealthwatch.org/democratizing-our-data/

STAY IN TOUCH

Rich Sheward, MPP

Director of System Implementation Strategies
Children's HealthWatch · Boston Medical Center

richard.sheward@bmc.org

PASS IT ALONG

Send the link to your screening team.

Bring a chart to your next coalition meeting.

Cite it in your next public comment.



MTM Sustainability Blueprint: Alissa Wassung & Erika Hanson



FOOD IS MEDICINE™
COALITION

The Medically Tailored Meal Sustainability Blueprint



The Medically Tailored Meal Sustainability Blueprint

SPRING 2026



Key Partners



CENTER *for* HEALTH LAW
and POLICY INNOVATION

With generous support from



The Medically Tailored Meal Sustainability Blueprint

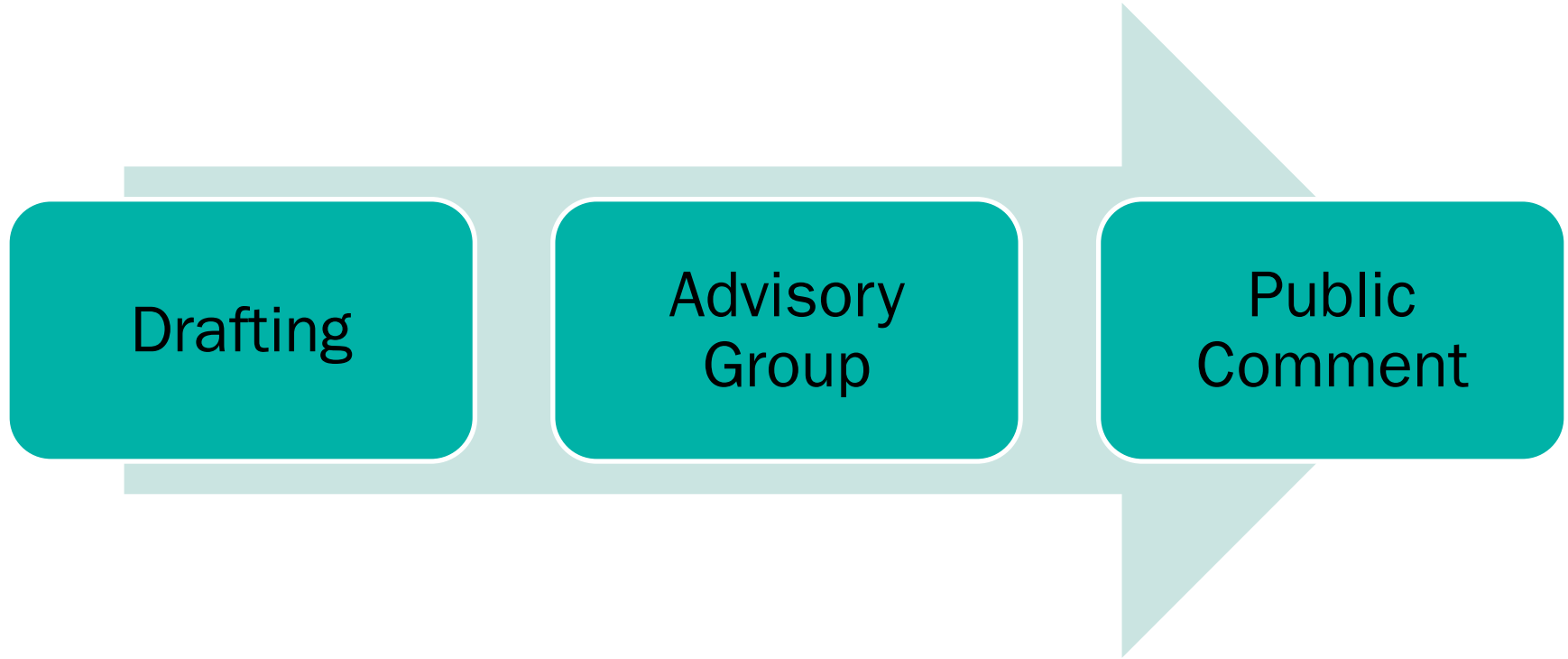
Goal: Answer fundamental questions regarding how medically tailored meals (MTMs) can be designed to fit within legal frameworks governing coverage and quality of Medicaid benefits.

The Blueprint is not meant to be prescriptive. Instead, it outlines legal requirements, the choices they present, and options for navigating those choices based on current evidence, practice, and law.

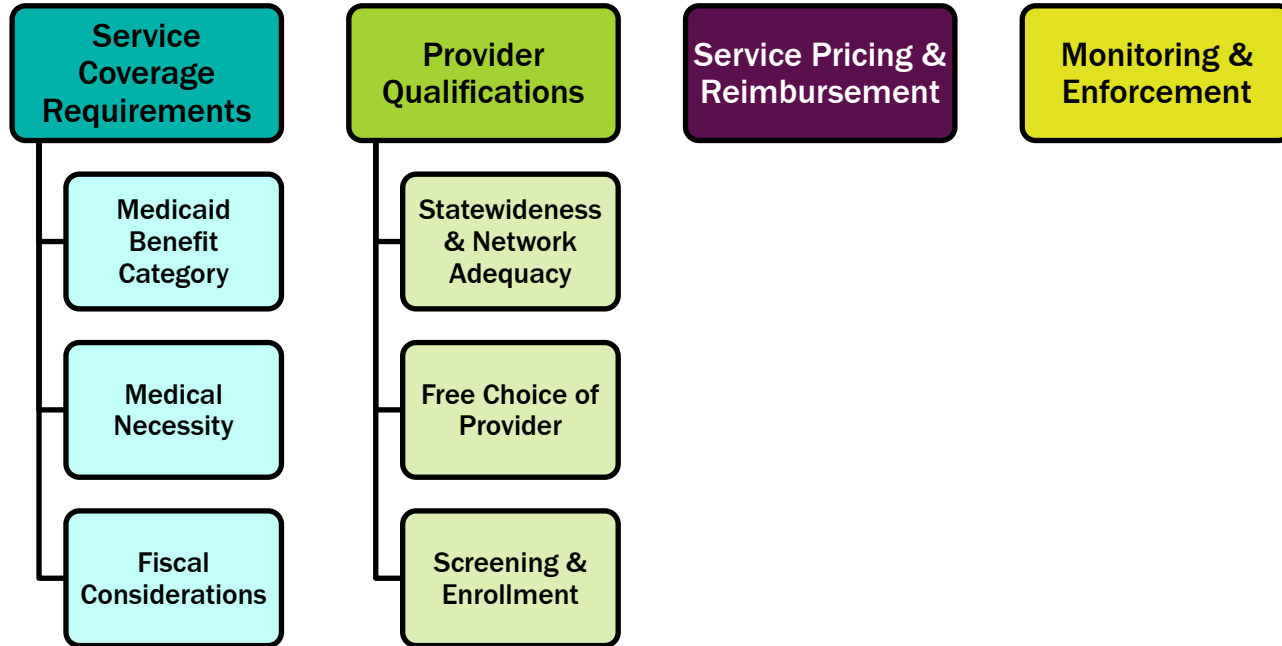
Deliverable: A clear, concise, cited blueprint that creates a foundation for program design and implementation that can remain consistent as we chart a course to coverage over time

Informing a Future System of Quality Care

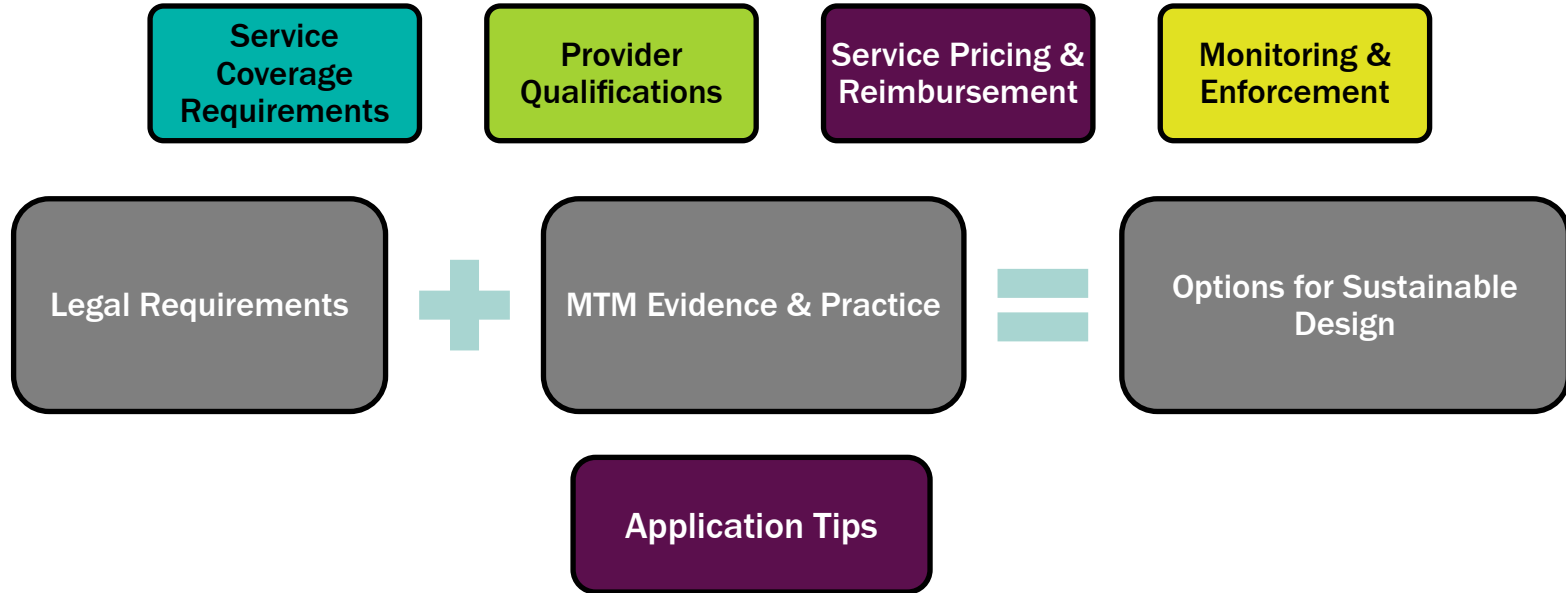
Project Flow and Input



MTM Blueprint Framework



MTM Blueprint Framework

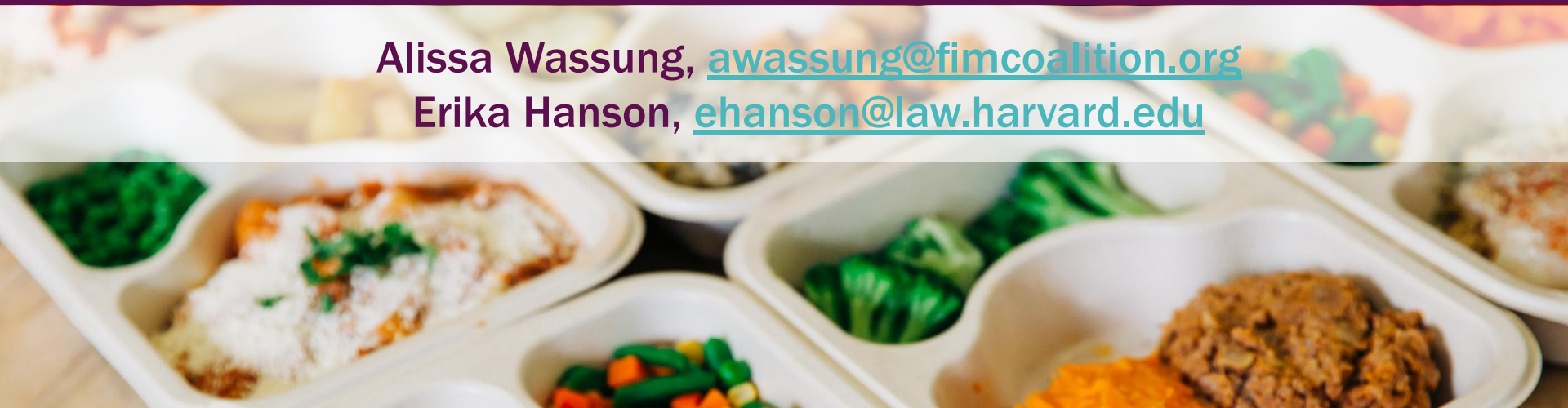




FOOD IS MEDICINE™
— COALITION —

Thank You

Alissa Wassung, awassung@fimcoalition.org
Erika Hanson, ehanson@law.harvard.edu





Missouri FIM Bill: Trina Ragain

Pending Legislation

- 3 bills filed: SB 1075, SB 1499, HB 2355
 - All require MO HealthNet to prepare and submit an 1115 waiver
- HB 2355: Food is Medicine Act ([SCS HCS HB 2355](#))
 - Currently in Fiscal Oversight
 - Large fiscal note attached
- HB 2372: Healthcare Omnibus ([SCS HCS HB 2372](#))
 - Food is Medicine Act (pages 60 - 61)
- Session ends on Friday, May 15th

Prioritizing Local Food

“Whenever feasible, the MO HealthNet division shall prioritize the inclusion of community-based organizations and local growers to support the purchase of locally grown food in nutrition prescriptions.”

Widespread Support

Missouri House approves 'Food is Medicine' bill aiding Medicaid patients

The program outlined in the bill would include prescriptions of fresh produce, medically tailored meals and nutrition services for Medicaid recipients with diet-related health conditions

BY: STEPH QUINN - APRIL 3, 2026 8:00 AM



- Empower Missouri
- Columbia Center for Urban Agriculture
- Columbia Farmers Market
- Mid-America Regional Council
- Health Forward Foundation
- A Red Circle
- Missouri Chapter of the American Academy of Pediatrics
- Rustic Roots Sanctuary
- BJC Healthcare
- Feeding Missouri
- Registered Dietitians
- Missouri Residents
- Physicians
- Green Gate Family Farm
- Kansas City Food Hub
- Missouri Farmers Union
- Springfield Community Gardens

Food is Medicine Missouri Working Group

- Started in 2025; meeting monthly for 16 months
- Food is Medicine Act legislation catalyzed widespread interest
- Facilitated conversations with MO HealthNet Division & Medicaid Managed Care Organizations
- Current focus on formalizing into a statewide FIM coalition
 - Receiving short-term technical assistance from the Center for Health Law and Policy Innovation
 - Learning from neighboring states: Oklahoma, Michigan
 - Coordinating with other statewide food system projects, such as the [Missouri Rural Food Access Partnership](#).



West Virginia FIM Bill: Merinda Stricklen & Gina Wood



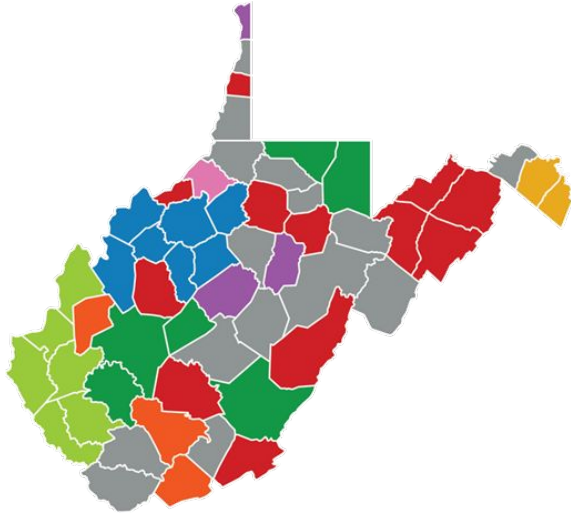
Transforming Health in West Virginia

The West Virginia Food is Medicine Coalition is committed to leveraging the power of nutrition through strategic initiatives and community collaboration to improve health outcomes throughout the state.

Learn more at [wvfim.org](https://www.wvfim.org)



Serving Communities Across West Virginia



WEST VIRGINIA
FOOD IS MEDICINE
COALITION

SITES



FARMACY WV



WVU EXTENSION



FACING HUNGER
FOOD BANK



MOUNTAINEER
FOOD BANK



VANDALIA HEALTH



WVU MEDICINE -
POPULATION HEALTH



MEMORIAL
HEALTH SYSTEM



**MULTIPLE
ORGANIZATIONS**

Multiple organizations operating in counties, include: Family Care Health Centers, FARMacy WV, KEYS 4 HealthyKids, Mountaineer Food Bank, Vandalia Health, WVU Medicine Medical Weight Management Clinic, and WVU Medicine - Population Health.

Map data collected in 2024.

Learn more
at
wvfim.or

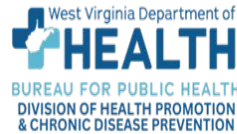


Coalition Membership

- 250+ individuals
- 150 unique organizations
- 100+ attended first in-person meeting
- 70+ attending quarterly virtual meetings

Sectors Represented:

- Health care
- Charitable food
- Agriculture/food producers
- Community development
- Community-based organizations
- Government
- Philanthropy
- Academia
- Policy/advocacy
- Payors/insurance



Aetna Better Health
of West Virginia



MEMORIAL
HEALTH SYSTEM





Merinda Stricklen,
FamilyCare Health
Centers



Gina Wood, WVU
Extension Family
Nutrition Program



Carol Antonelli-Greco,
FARMacy WV



Adam Baus, WVU Office
of Health Services
Research



Kimberly Becher,
Community Care of WV



Cordel Bostic, WV
Food & Farm Coalition



Carolyn Canini, WV
Primary Care
Association



Lacy Davidson Ferguson,
WV Dept of Agriculture



Kelly Elkins,
Appalachian Regional
Healthcare



Megan Govindan,
Nourish WV - WVU
Institute for
Community and Rural
Health



Cynthia Kirkhart, Facing
Hunger Foodbank



Katie Lanham,
Vandalia Health
Network



Laura Mayhew,
Wellpoint WV



Holly Morgan, WV
Farmers Market
Association



Hilary Payne, WV
Dept of Health



Laura Phillips,
Mountaineer Food Bank



Sue-Lynn Ramella,
Community Member



Robert Trombley, Refresh
Appalachia/Coalfield
Development



Jeff Wiseman,
The Health Plan
of WV



Consultants

Kristin Sukys



Ryan Rousseau

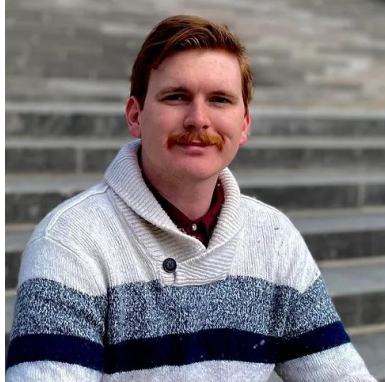


Mark Humoweicki





Cordel Bostic,
Communications and
Legislative Coordinator



Cyndi Kirkhart
Executive Director



Caitlin Cook,
Director of Advocacy and
Public Policy



Policy Context

- SNAP Waiver: 01/01/2026
 - Prohibits the purchase of soda
- Successful advocacy for HB 4982 – a.k.a The Make WV Healthy Act, passed 2/28/26
 - Reinstates the Office of Healthy Lifestyles (schools, worksites, higher education training, etc.)
 - Reinstates the Healthy Lifestyles Coalition
 - Authorizes the Bureau for Medical Services to operationalize FIM programs
- BMS is actively developing their ILOS framework
- 2024–2027 BMS Quality Strategy explicitly includes language related to improving nutrition in alignment with the Governor’s pillars
- FIM is included in RHTP under the Personal Health Accelerator

Learn more at wvfim.org



WEST VIRGINIA LEGISLATURE

2026 REGULAR SESSION

Committee Substitute

for

House Bill 4982

By Delegate Wornell

[Originating in the Committee on Health and Human

Resources, Reported on February 3, 2026]

a.k.a
**Make West Virginia
Healthy Act of 2026**

9 (c) Food is Medicine services offered pursuant to this section shall be designed to improve
10 health outcomes for Medicaid members with nutrition related chronic diseases through nutrition
11 supports and related services that reduce the need for higher cost medical care.

12 (d) Food is medicine services include, but are not limited to:

13 (1) Nutrition-related case management;

14 (2) Nutrition counseling provided by qualified professionals;

15 (3) Medically tailored meals;

16 (4) Produce prescriptions, and

17 (5) Grocery provisions intended to support medically appropriate diets.

18 (e) Where feasible and consistent with Medicaid requirements, the Bureau for Medical
19 Services shall encourage managed care organizations and their contracted entities to partner with
20 community-based organizations and to prioritize the use of food grown or produced by local
21 farmers and food producers in West Virginia.

Learn more at wvfm.org



Other HB 4982 Elements

- Creation of a Healthy Lifestyles Fund – special revenue account
- WV Departments of Education and Agriculture
 - Physical fitness – standardized tests and daily requirements
 - Farm-to-School initiatives (county grant program)
 - School meal compliance
 - Food dye study
 - Feed to Achieve Act – establishment of a public-private partnership, non-profit foundation
- Coordination with Medicaid
 - Development of an 1115 waiver for FIM

Learn more at wvfim.org



The RHTP opportunity

The specific FIM-related goals and activities outlined in the PHA include:

- Scaling FIM to prevent obesity and diabetes
- Expanding locally grown produce prescriptions through FQHCs, CHCs, hospitals, and pharmacies
- Develop shared referral and tracking systems by funding data integration between EHRs and community resource databases
- Partnering with community-based organizations (CBOs) to build off existing program infrastructure

Learn more at wvfm.org



Our Strategy

Phase 1: Build the Foundation

- Distinguish FIM from broader food assistance funding
- Embed FIM into existing state frameworks
- Establish clear standards and build provider capacity
 - Define FIM eligibility criteria and service standards
 - Set standardized evaluation measures
- Direct resources toward populations of highest need
- Design a shared administrative services infrastructure
- Assess agricultural supply chain readiness

Phase 2: Demonstrate Value

- Launch targeted grant aligned with Medicaid requirements
- Evaluate health outcomes, utilization and cost impact
- Generate data to justify Medicaid decision-making

Phase 3: Transition to Financing:

- Move high performance models into managed care
- Explore value-based payment arrangements
- Establish provider qualifications and billing standards
- Formalize FIM requirements into MCO contracts
- Formalize agricultural procurement within healthcare supply chains

Phase 4: Scale and Integrate:

- FIM becomes a standard component of chronic disease prevention and management
- Leverage healthcare purchasing to strengthen regional food economies
- Align with federal policy and guidance so WV can act quickly on new opportunities

Contact Information

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WV Food is Medicine Coalition

wvfimcoalition@gmail.com

wvfim.org

How to Join a Breakout Room

- Once the host opens the breakout rooms, a pop-up window should appear, inviting you to join a room.
- Select the *Join* button in the pop-up window to move into the room of your choice or your assigned room.
- If the *Join* button does not appear, look for the *Breakout Rooms* button under the *More* menu.
- For an open discussion, remain where you are and do not join a room.

Breakout Rooms by Topic

Breakout Room 1:

From Farm to FIM:
Economic Impact
of Local FIM

Facilitator &
Notetaker:
Julian Xie

Breakout Room 2:

Missouri & West
Virginia FIM Bills

Facilitator:
Kathryn Jantz

Notetaker:
Elena Rees

Breakout Room 3:

Children's
HealthWatch
Dashboard

Facilitator:
Richard Sheward

Notetaker:
Katrina Scott

Breakout Room 4:

MTM Sustainability
Blueprint

Facilitators:
Alissa Wassung &
Erika Hanson

Notetaker:
Madeline Moritsch



Share Out

What were highlights
from your breakout
room discussion?



Closing Remarks

Network Events and Next Steps

Contact

For any questions related to the MFSN,
please contact:

Julian Xie Director, Medicaid and Benefits
Integration
Share Our Strength
jxie@strength.org



MFSN@strength.org
<https://medicaidfoodsecuritynetwork.org/>