

Vermont Community Health Workers

Food and Nutrition Security Guide

Community Health Workers (CHWs) serve as a vital link between health care systems and the communities they serve. They play a key role in helping people gain access to nutritious, affordable and culturally relevant foods. This guide provides a **practical framework** to help CHWs identify food and nutrition insecurity, address barriers, connect individuals to resources and support Vermont community members in achieving improved well-being and food and nutritional security.

CHW Roles in Food & Nutrition Security

- **Education:** Provide clear, accurate information about nutritious & balanced eating.
- **Support:** Help community members to strengthen eating habits.
- **Access:** Connect individuals to food banks, nutrition assistance programs (e.g., WIC, 3SquaresVT) and other local resources.
- **Cultural competence:** Share nutrition advice that honors culture, tradition, values, practices and preferences.
- **Advocacy:** Promote policies that improve food access and equity.

Why it Matters



Food and nutrition security are fundamental to health, equity, and community well-being. Access to safe, affordable, and nutritious food supports physical health, reduces the risk of chronic diseases, and improves mental well-being. When people have consistent access to the food they need, they are better able to learn, work, and thrive. Investing in nutrition and food security strengthens entire communities: it supports local food systems, reduces disparities, and creates the foundation for healthier, more resilient populations.

Key Definitions

Food Insecurity: Limited or uncertain access to enough food to live an active, healthy life.

Nutrition Security: Consistent access to safe, affordable and nutritious foods that prevent disease and promote health. It's not just enough food—it's access to food that nourishes our bodies and aids in thriving.

Getting Started: Tips for Community Health Workers

- **Use a strengths-based approach:** Focus on what people **can** do and always approach food and nutrition insecurity with empathy and without judgment.
- **Avoid assumptions:** Let people share as much detail as they feel comfortable.
- **Be prepared with up-to-date local resource information:** Know about SNAP, food shelves, WIC, school meal programs and more. Partner with clinics, food pantries, schools and farmers' markets. Support may include more than referrals—CHWs may help schedule appointments, facilitate communication or assist with interpretation.
- **Respect people's choices:** If someone declines support, honor their decision while keeping the door open for future assistance.

Step 1: Screen with Empathy

Approach the conversation with empathy and non-judgmental language, normalizing the topic. **Sample phrasing:** "Accessing enough food can be challenging at times. May I ask you a few questions to better understand your needs?"

A CHW or another staff member may conduct screening and record electronically (EHR), on paper or verbally. CHWs can screen for food insecurity during routine interactions or assessments, particularly when someone may be at risk. Confirm your organization's specific screening process.

Food Insecurity Screening (Validated Screening Tool: Hunger Vital Signs)

- "In the past 12 months, have you or your family ever worried about running out of food before getting money to buy more?"
- "In the past 12 months, did the food you bought just not last, and you didn't have money to get more?"

Positive Screen: "Often true" or "Sometimes true" to either question indicates risk of food insecurity.

Nutrition Security Questions:

- “Do you have enough nutritious food (fruits, vegetables, whole grains and proteins)?”
- “Are there times when it’s hard to afford or find fresh food?”
- “Do you have any health conditions or problems with your teeth that make it harder to eat certain foods?”
- “Do you have access to the foods that are important in your culture or country of origin?”

Positive screen: Yes answers indicate low or very low nutrition security.

Note: Be aware of signs of disordered eating (e.g., restrictive eating, bingeing, fear of certain foods, obsession with “healthy” foods, skipping meals). Use gentle, non-judgmental questions like: “How do you feel about the foods you eat?” or “Do you ever worry about eating certain foods or amounts?”

Step 2: Identify Barriers

After a positive food insecurity screening, whether conducted by a CHW or another provider—it's important to explore the specific barriers that the person faces. Using open-ended, empathetic questions helps identify actionable solutions. Be sure to document the challenges so appropriate support can be provided.

Sample phrasing: "It sounds like accessing enough nutritious food might be a concern for you or your family. Can you tell me more about the challenges you face in getting the foods you need?"

Common Barriers and Potential Supports

Barrier 1: Limited knowledge about which foods are nutritious

Potential Solution: Promote hands-on learning opportunities such as community cooking classes, food shelf nutrition programming (e.g., Vermont Foodbank's VT Fresh approach), or connect to UVM Extension programs like the Extended Food and Nutrition Education Program ([EFNEP](#)). Refer to WIC or Registered Dietitians.

Barrier 2: Limited income or high food costs

Potential Solution: Refer to WIC, subsidized CSA programs (e.g., NOFA-VT Farm Share and Senior Farm Share), SNAP or 3SquaresVT incentive programs (Crop Cash, Farm Stand Match) and mobile or delivery-based food distribution models such as Veggie Van Go. Offer tips for budgeting and affordable meal planning.

Barrier 3: Limited transportation or uncertainty about nearby grocery store locations

Potential Solution: Connect to local transit options, volunteer ride programs, delivery services, or mobile food markets; provide maps or guidance on local stores.

Barrier 4: Few local stores offer fresh, nutritious, or culturally relevant foods

Potential Solution: Suggest farmers' markets, community gardens, co-ops, or culturally specific food programs. Look into local produce prescription programs that connect individuals with local foods (i.e. Vermont Farmers Food Center). Connect to UVM Extension programs like Bridges to Health.

Barrier 5: Health, dental, or dietary conditions (e.g., gluten-free, chronic illnesses)

Potential Solution: Refer to Registered Dietitians or Certified Diabetes Care and Education Specialists (CDCES) for individualized guidance; provide tailored food lists and recipe ideas. Refer to a dental provider as needed. Enroll them in [My Healthy VT](#) for self-management support.

Barrier 6: Limited time, cooking equipment, or culinary skills

Potential Solution: Share quick, easy and non-cook recipes; provide meal prep tips; connect to cooking classes or demonstrations; suggest time-saving kitchen tools.

Note: Eligibility for many assistance programs may vary based on income, citizenship status, Social Security numbers and specific immigrant classifications (e.g., refugees, asylees).

Unsure about the resources in your region? **Call 2-1-1.**

Step 3: Support Nutrition Choices and Develop a Plan

After screening and assessing barriers, CHWs can collaborate with people to create a personalized plan. Work together to set realistic, achievable food and nutrition goals that fit their lifestyle, preferences, cultural relevance and available resources. Develop a step-by-step action plan to support progress and success.

Sample phrasing: “Based on what we’ve discussed about your access to food and any challenges you’re facing, let’s work together to create a personalized plan that feels realistic and doable for you.” Refer to **Appendix II.** for a sample SMART Goal Worksheet.

Nutrition-related Strategies

Below are nutrition-related strategies that can be paired with some of the identified barriers to guide planning and support. As always, the plan will be tailored to meet the needs of the person.

Strategy 1 — Recommend whole foods

Suggest eating foods that are minimally processed and close to their natural form, such as fruits, vegetables, whole grains, nuts, seeds, legumes, and lean proteins.

Strategy 2 — Plan balanced meals

- Use the plate method: Half the plate vegetables, quarter protein, quarter grains: [MyPlate Resource](#).
- Encourage meal prep to save time, reduce stress, and cut costs.
- Suggest batch cooking.
- How to select produce from the food pantry

Strategy 3 — Promote more nutritious cooking methods

- Steaming or roasting instead of frying
- Using herbs and spices instead of excess salt.
- Incorporating more plant-based meals

Strategy 4 — Share tips to stretch food dollars

- Buying store brands
- Using frozen or canned fruit and vegetables (low sodium, no added sugar or fats)
- Shopping sales, using coupons and apps, and planning meals around what’s affordable

Strategy 5 — Provide health support

- Refer individuals to the [My Healthy VT](#) diabetes prevention or management programs, Registered Dietitians or Certified Diabetes Educators.
- Consult with the primary care provider regularly and serve as an advocate for the individual.

Strategy 6 — Address population needs

- Different populations have unique nutritional needs. Refer to the **Appendix I.** additional population specific nutritional guidance.

Strategy 7 — Note cultural and personal preferences

- Respect cultural food traditions. Share recipes, shopping tips or cooking methods that respect cultural traditions.
- Adapt nutritious swaps to [familiar meals](#).
- Connect people to local markets or community programs that offer culturally familiar foods.

Note: Many of the practices outlined in this guide reflect common approaches to nutrition and health in the U.S. While these are generally considered healthy, it is important to approach all people with **cultural humility**. CHWs should recognize that dietary habits and health practices vary widely across cultures.

Step 4: Follow Up

The follow-up conversation is a chance to check in, strengthen trust and keep individuals motivated. Even small changes are important, and celebrating progress—no matter how modest—can make people feel encouraged and supported.

Review of previous goals

- Ask gently about the goal(s) the person set last time. **Sample Phrasing:** “Last time you mentioned wanting to add a vegetable at dinner a few nights a week. How did that go?”
- Listen without judgment. If they couldn’t follow through, explore together what the barriers are.

Celebrating small successes

- Acknowledge effort, not just outcomes. **Sample Phrasing:** “That’s great that you tried it once! Even thinking about it is a step forward.”
- Reinforce that progress happens gradually and that every action counts.

Reassure and encourage and normalize any challenges.

Encourage confidence by asking what the individual feels is an achievable goal moving forward. **Sample Phrasing:** “You’re not alone—we’ll take it step by step.”

Appendix

I. Nutrition Support: Different Groups Have Unique Nutritional Needs

Children

- Emphasize balanced meals for healthy growth and development.
- Encourage healthy snacks, limiting sugary drinks and highly processed foods.
- Promote family meals to model healthy eating habits and consider school and daycare meals, ensuring children receive adequate nutrition throughout the day.
- Support age-appropriate portions and teach children to recognize hunger and fullness cues.

Older Adults

- Focus on nutrient-dense foods to combat decreased appetite and maintain energy.
- Ensure adequate calcium and vitamin D intake to support bone health.
- Address barriers such as difficulty cooking, shopping, or chewing or swallowing.
- Consider social isolation: access congregate meal sites or meal delivery programs.
- Monitor hydration and fiber intake to prevent constipation.
- Encourage physical activity, when possible, to maintain muscle mass and support appetite.

People who are Pregnant and Lactating

- Ensure adequate calories, protein, and nutrients (iron, folate, iodine, calcium).
- Encourage a variety of fruits, vegetables, whole grains, and lean proteins.
- Stay hydrated and avoid foods unsafe in pregnancy (e.g., unpasteurized cheeses, certain fish high in mercury).
- Support food access through WIC and prenatal nutrition programs.

Chronic Conditions:

Diabetes

- Eat regular meals and snacks.
- Choose whole grains, veggies, beans, lean protein.
- Limit sugary drinks and refined carbs.

High Blood Pressure

- Cut back on processed or packaged foods.
- Eat more fruit and vegetables.
- Use herbs and spices instead of salt.

High Cholesterol and Heart Disease

- Eat fiber-rich foods (oats, beans, veggies).
- Use healthy fats (olive oil, nuts, fish).
- Limit fried and fatty meats.

COPD and Lung Issues

- Eat small, frequent meals.
- Get enough protein (fish, eggs, beans).
- Avoid foods that cause gas or bloating.

Cancer (during treatment)

- Focus on protein and calories.
- Soft, easy-to-eat foods if needed.
- Bland foods if nausea is an issue.

Disordered Eating

- Avoid food rules or judgment.
- Encourage balanced, regular meals.
- Refer to professionals for extra support.

Always remind clients to follow medical advice from their healthcare provider.
CHWs support, not replace clinical care.

II. CHW Food & Nutrition Security SMART Goal Worksheet

Patient Name: _____

Date: _____

1. Specific

What exactly do you want to achieve regarding food and nutrition?

Example: Plan and prepare at least three balanced meals per week using affordable ingredients.

Goal: _____

2. Measurable

How will you track your progress?

Example: Keep a weekly food log or grocery list.

Goal: _____

3. Achievable

Is this goal realistic given your resources, skills, and schedule?

Example: Start with one meal prep session per week and build from there.

Goal: _____

4. Relevant

How does this goal fit your health needs, lifestyle, or priorities?

Example: I want to improve my energy and manage my blood sugar.

Goal: _____

5. Time-bound

When will you reach this goal or check progress?

Example: By the end of four weeks

Goal: _____

Optional Notes, Barriers, Support Needed:

Patient Signature: _____

CHW Signature: _____

III. Sample Script

This script is designed for use when someone screens positive for food or nutrition insecurity (see the guide for process). It offers simple, supportive language that can be adapted to help individuals feel heard, reduce stigma, and connect with resources in a way that works for them.

CHW and Patient Dialogue Script:

Building Rapport

CHW: “Hi [Person’s Name], it’s really good to see you today. How have you been doing?”

Patient: [Responds]

CHW: “Thanks for sharing that. If you’re okay with it, I’d love to talk a little about food and nutrition—just to see how things are going for you. Does that sound alright?”

Exploring Current Habits

CHW: “What does a typical day of eating look like for you?”

Patient: [Shares]

CHW: “Thanks, that’s really helpful. What are some foods you especially enjoy?”

Patient: [Responds]

CHW: “And have you been running into any challenges with food—like cost, time, cooking, or health concerns?” (It’s okay to reiterate questions that appeared in the initial screening).

Connecting to Goals

CHW: “Earlier you mentioned [example: wanting more energy, saving money or managing diabetes]. Would you like to hear some simple ways that food and nutrition might support that?”

Patient: [Responds yes or no]

CHW: Great. “Small changes can make a big difference.”

Sharing Practical Tips

CHW: “Here are just a few ideas you might find helpful: Fruits and Vegetables: Adding one fruit or veggie to each meal—like tossing spinach in your eggs or adding apple slices to a sandwich. Whole Grains: Trying brown rice or whole grain bread a couple times a week instead of white. Beverages: Choosing water or unsweetened drinks more often than soda or juice.”

Problem-Solving Barriers

Patient: [Raises concerns such as cost, time or picky kids.]

CHW: “I hear you—that’s a challenge for a lot of people. Let’s think together about what might work for you.”

Encouraging Small Steps

CHW: “Of all the ideas we talked about, which one feels most doable for you this week?”

Patient: [Chooses one]

CHW: “Perfect—that’s a great step. Even small changes really do add up. How confident are you that you can try that?”

Closing & Support

CHW: “Thanks for sharing with me today. You’re already moving in the right direction just by having this conversation. I’ll check in with you next time to see how it’s going. If you’d like, I can also connect you to [Suggest resources like a food pantry, cooking class, SNAP benefits or MyHealthyVT]”

Patient: [Responds]

CHW: “Wonderful. You’re not alone in this—we’ll take it step by step together.”

Tip: Keep it warm, conversational, and flexible—the script is a guide, not a checklist. Focus on **what feels realistic and enjoyable** for the patient.

Resources

3 Squares Vermont: <https://dcf.vermont.gov/benefits/3SquaresVT>

Area Agencies on Aging: <https://www.vermont4a.org/>

Bi-State Primary Care- Food Access & Health Care: <https://vtfoodinhealth.org/>

Farm to Family Coupons: <https://dcf.vermont.gov/benefits/f2f>

Food and Drug Administration: Nutrition Education Resources & Materials: [Nutrition Education Resources & Materials | FDA](#)

Hunger Free Vermont: <https://www.hungerfreevt.org/>

MyHealthy Vermont: <https://www.myhealthyvt.org/>

NOFA-VT: <https://www.nofavt.org/>

Vermont 2-1-1: <https://vermont211.org/>

Vermont Association of Community Health Workers:
<https://www.vtassociationofcommunityhealthworkers.com/>

Vermont Department of Health WIC Program: <https://www.healthvermont.gov/family/wic>

Vermont Department of Health Community Health Workers: <http://healthvermont.gov/chws>

Vermont Farm to Plate: <https://www.vtfarmtoplate.com/>

Vermont Foodbank: <https://www.vtfoodbank.org/>

Vermont Program for Quality in HealthCare (VPQHC): <https://www.vpqhc.org/addressing-food-insecurity-strategies-stories-solutions>

University of Vermont Bridges to Health: <https://www.uvm.edu/extension/bridges-health-program>

University of Vermont Extension's Expanded Food and Nutrition Education Program (EFNEP):
<https://www.uvm.edu/extension/expanded-food-and-nutrition-education-program-efnep>