

# Partnering to Provide Digital-Driven Nutrition Services: Attane Health and Anthem Blue Cross Blue Shield

**A**cross the nation, food insecurity remains a persistent public health concern, disproportionately affecting low-income communities and putting individuals at higher risk for chronic diseases.<sup>1</sup> In alignment with national trends, Kentucky faces the challenge of limited access to affordable, nutritious foods, exacerbating conditions like diabetes. In Kentucky's Jefferson County, which includes Louisville, 13 percent of the overall population experience food insecurity<sup>2</sup> and 11 percent of adults live with diabetes,<sup>3</sup> underscoring the need for interventions that enable healthier lifestyles. Reducing food insecurity and supporting access to nutritious foods is a cross-agency priority in Kentucky. For example, agencies within the state's Cabinet for Health and Family Services, including Medicaid, are exploring opportunities to implement and align policies and programs to support health through "Food is Medicine" programs.<sup>4</sup>

To help address this challenge and in alignment with state goals, from April through September 2024, Anthem Blue Cross Blue Shield (Anthem) partnered with Attane Health to implement a pilot program providing home-delivered groceries and tele-nutrition coaching to 66 Medicaid enrollees in the state with diabetes who are experiencing food insecurity. By supporting patient behavior changes, such as eating more fruits and vegetables and increased physical activity, the project sought to achieve better health outcomes. The pilot was supported by grants from The Leona M. and Harry B. Helmsley Charitable Trust through the [Medicaid Innovation Collaborative](#) and Render through the [Reconstruct Challenge](#).

## AT-A-GLANCE

**Goal:** Improve physical and mental well-being by providing home-delivered, nutritious groceries and nutrition coaching.

**Partners:** [Attane Health](#), a digital health company that provides groceries and nutrition services, and Anthem Blue Cross Blue Shield of Kentucky

**Location:** Jefferson County, Kentucky

**Target Population:** Medicaid enrollees with diabetes who are experiencing food insecurity

**Key Outcomes:** Survey data show behavior change (e.g., eating healthier foods) and reduced food insecurity among program participants. Health plan analysis identifies a correlation between participation and better A1c control.

## ABOUT THE MEDICAID INNOVATION COLLABORATIVE

The *Medicaid Innovation Collaborative*, a program of Acumen America and funded by The Leona M. and Harry B. Helmsley Charitable Trust and the Public Benefit Innovation Fund at Digital Harbor Foundation, convenes states and health plans to identify and support the adoption of tech-enabled innovations through a multi-state learning group. The Center for Health Care Strategies is a technical assistance partner to the collaborative. For more information, visit [www.medicaidcollaborative.org](http://www.medicaidcollaborative.org).

## Implementation Approach

To define the eligible population for the pilot, Anthem used diagnosis, claims, and demographic data to identify individuals with diabetes who lived in Jefferson County. Anthem recruited qualifying members through text messages, letting them know about the program and how to sign up to participate with Attane Health. Participants were provided five months of nutrition services. Services included a monthly food order using a \$145 grocery credit and optional, one-on-one tele-nutrition coaching sessions. Individuals generally began placing food orders within a few days of opting into the pilot. The Attane Health shopping platform offers 1,500 nutritious foods and includes a variety of search filters, such as those related to medical conditions and allergies, to help individuals easily select foods that fit their dietary needs and preferences. Nutrition coaching included an initial “meet and greet” session and intake survey to understand member needs. Thereafter, monthly coaching sessions supported members in making nutrition improvements, and helped members plan for how to continue making behavioral changes to achieve their goals after the program ends. At the conclusion of the program, members were connected with a care team at Anthem, focused on addressing health-related social needs, to support referrals to additional services.

## Success Factors

- **Strong health plan and tech vendor partnership:** Anthem and Attane Health had complementary capabilities and developed a collaborative relationship, which was critical to the pilot’s success. For example, going into the pilot, Anthem had a strong relationship with its members and Attane Health was able to build on that foundation of trust with its service delivery approach, informed by leadership and staff with lived experience of food insecurity. Independent of the pilot, Anthem developed a care team focused on addressing the health-related social needs of its members. Attane Health was able to work closely with this team, training them on the value of the pilot intervention and collaborating on a member communication strategy. This partnership resulted in successful recruitment and the highest engagement Attane Health has experienced on any project, with 92 percent of recruited members signing up and placing a grocery order. As another example, both organizations prioritized robust data analysis. Anthem was able to assess select HEDIS measures for the pilot and Attane Health was able to collect survey data to understand participant experience and behavior change. Attane Health’s ability to be flexible and adapt their data collection approach to fit Anthem’s needs was also helpful for this pilot.

- **Actively monitoring member engagement to adapt the program as needed:** Throughout the pilot, Attane Health monitored participant engagement and sought to adjust aspects of the program not working as intended. Most notably, participants were more reluctant to sign up for nutrition coaching than the food subsidies. To address this issue, Attane Health developed incentives for participation in coaching sessions, which improved utilization. Members were able to earn \$100 in additional food shopping credits for completing each of up to five coaching sessions.
- **Meeting program participants where they are:** Attane Health seeks to empower the individuals it serves. For example, this includes a “food first” philosophy, in which they strive to get food benefits to program participants immediately upon sign up. This approach builds trust with members, which helps increase participation in nutrition coaching. Another example of how Attane Health aims to be member centered is through giving participants “the dignity of choice” through their wide range of food options and products to support meal preparation, such as food storage containers and spices.
- **Having the right capabilities and approach to accommodate pilot parameters:** Key challenges of this project were the limited funding and short timeframe of the grants. Startup processes, such as contracting and developing member communications that are compliant with Kentucky Medicaid policies, are time consuming and cut into program launch. Attane Health and Anthem needed to be realistic about “right-sizing” the pilot to accommodate their resources. For example, the team carefully determined the pool of eligible members to get an appropriate number of participants for their resources. Another success factor was designing the program to align with the partners’ existing capabilities, allowing for quick implementation. For example, prior to the pilot, Anthem already had the infrastructure to quickly recruit members through text messaging.

## Impact

The pilot was evaluated through an array of measures, partly informed by Anthem’s goal of using the pilot as a learning opportunity. From the start, the health plan aimed to collect as much information as possible to inform future iterations of nutrition interventions. Evaluation metrics included those related to program participation/service utilization (e.g., number and type of food orders), member satisfaction, behavior change, access to nutritious food, and health outcomes. From the plan and state perspective, it was important to both understand immediate health outcomes and whether short-term financial supports for food, coupled with nutrition coaching, could have long-term impact on member skills and behavior. Overall, post-intervention surveys found high participant satisfaction with the program, evidence of behavior change (such as eating more nutritious foods), reduced food

insecurity, and improved ability for members to manage their health. Survey data and analysis of claims data both suggested potential improvements in the health of participants.

In addition to quantitative measures, highlighted in **Exhibit 1**, feedback collected during coaching provided some qualitative outcomes. For example, one member shared that during the pilot, they consumed less sugar. This resulted in weight loss and they also noticed their tastebuds changing. Another participant described how the pilot enabled them to incorporate more produce into their diet, experiment with cooking methods, and feel confidence in meal planning.

**Exhibit 1. Select Outcomes from the Pilot**

<b>Member Satisfaction:</b>	In a post-pilot survey, 89% reported being <b>more likely to re-enroll with their health plan</b> after participating in the program.
<b>Behavior Change:</b>	In a post-pilot survey: <ul style="list-style-type: none"> <li>• 70% reported <b>increased fruit and vegetable consumption</b></li> <li>• 74% reported <b>trying new foods</b></li> <li>• 37% reported <b>eating fewer unhealthy foods</b></li> <li>• 37% <b>cooked more at home</b> than prior to the program</li> </ul>
<b>Food Access:</b>	Based on pre- and post-pilot surveys, participants reported a <b>26% decrease in frequent food insecurity</b> . <sup>5</sup>
<b>Health Knowledge and Outcomes:</b>	In a post-pilot survey: <ul style="list-style-type: none"> <li>• 52% reported that their <b>health improved</b> during the pilot</li> <li>• 90% who participated in coaching reported that it <b>improved their nutrition knowledge and the management of their health</b></li> </ul> Additionally, analysis of quality outcomes by Anthem found: <ul style="list-style-type: none"> <li>• <b>Lower rate of poor A1c control</b>, at a statistically significant level, for pilot members (39.5%) versus the control group (47.3%)</li> <li>• Pilot participants had <b>better outcomes than the control group</b> on measures of blood pressure control, blood pressure control for people with diabetes, and statin therapy for people with cardiovascular disease (findings not statistically significant)</li> </ul>

## Looking Ahead

Although Anthem is no longer participating in Kentucky Medicaid, lessons from the pilot will be used to both inform Anthem’s work in nutrition interventions in other states and help refine Attane Health’s service model. Additionally, lessons from this and similar partnerships have helped Kentucky Medicaid deepen its relationship with other state agencies prioritizing nutrition interventions and helped agencies within the Cabinet for Health and Family Services consider additional opportunities to provide a robust array of Food is Medicine programs. For example, Kentucky Medicaid is exploring using *in lieu of services* to pay for nutrition services and plans to use evidence from this pilot to help assess the case for such a policy change.<sup>6</sup>

## Acknowledgements

Thank you to the following individuals who helped inform this profile: **Emily Brown**, co-founder and CEO at Attane Health; **Misty Snodgrass**, senior vice president, Growth and Healthcare Strategy at Attane Health; **Kate Miller**, former director of whole health, Anthem Blue Cross Blue Shield of Kentucky; **Jeremy Randall**, former director of Medicaid state operations for Anthem Blue Cross Blue Shield of Kentucky; **Danita Coulter**, chief health equity officer, Kentucky Department for Medicaid Services, Cabinet for Health and Family Services; and **Leitha Harris**, human services program branch manager, Kentucky Department for Medicaid Services, Cabinet for Health and Family Services.

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## ABOUT THE CENTER FOR HEALTH CARE STRATEGIES

The Center for Health Care Strategies (CHCS) is a policy design and implementation partner devoted to improving outcomes for people enrolled in Medicaid. We support partners across sectors and disciplines to make more effective, efficient, and equitable care possible for millions of people across the nation. For more information, visit [www.chcs.org](http://www.chcs.org).

## ENDNOTES

<sup>1</sup> Office of Disease Prevention and Health Promotion. (n.d.). *Exploring the Food Is Medicine Landscape*. U.S. Department of Health and Human Services. <https://odphp.health.gov/foodismedicine/understanding-food-medicine/exploring-food-medicine-landscape>

<sup>2</sup> Feeding America. *Food Insecurity among the Overall Population in Jefferson County, 2022*. (n.d.) <https://map.feedingamerica.org/county/2022/overall/kentucky/county/jefferson>

<sup>3</sup> County Health Rankings and Roadmaps. *Diabetes Prevalence, 2024 Annual Data Release*. (n.d.). University of Wisconsin Population Health Institute. <https://www.countyhealthrankings.org/health-data/health-outcomes/quality-of-life/diabetes-prevalence?year=2023&county=21111>

<sup>4</sup> “Food is Medicine” describes a range of approaches that seek to promote health and wellbeing by “providing nutritious food through education, policy changes, and collaboration at the nexus of health care and community”. More information on Food is Medicine is available at: Office of Disease Prevention and Health Promotion. (n.d.). *Understanding Food is Medicine*. U.S. Department of Health and Human Services. <https://odphp.health.gov/foodismedicine/understanding-food-medicine>

<sup>5</sup> Specifically, the survey included the following question:

“Within the past 6 months, we worried whether our food would run out before we got money to buy more and the food we bought just didn’t last and we didn’t have money to buy more”

Possible responses included: “Often true”, “Sometimes true”, or “Never true”

<sup>6</sup> For more information on *in lieu of services*, see: Crumley D. *Using In Lieu of Services to Address Health-Related Social Needs: Upshots from the Recent Federal Rule*. (June 2024). Center for Health Care Strategies. <https://www.chcs.org/resource/using-in-lieu-of-services-to-address-health-related-social-needs-upshots-from-the-recent-federal-rule/>