

VOICES FROM THE FIELD

A CASE STUDY SERIES: FOOD IS MEDICINE DURING COVID-19

INTRODUCTION

Food is Medicine interventions such as medically tailored meals, medically tailored food packages, nutritious food referrals, and population-level healthy food programs are a critical component of Massachusetts's COVID-19 response. A growing body of research illustrates that [Food is Medicine services](#) are an effective, low-cost strategy to improve health outcomes, keeping patients in their homes and out of our strained health care systems. Additionally, many of the chronic diseases that these interventions typically address are the same pre-existing health conditions that have been shown to put individuals at higher risk for severe illness and mortality from COVID-19.

Demand for Food is Medicine interventions has therefore continued to increase throughout the COVID-19 crisis. Yet many of the systems and supports for these services have proven inadequate, forcing community-based organizations (CBOs) to adapt rapidly or make difficult decisions regarding their Food is Medicine programming. In some cases, CBOs are draining vital resources to meet current demand, threatening their long-term sustainability, or delaying the start of important new programs. Others are seeking out additional funding, forging new partnerships, or seizing upon new infrastructure such as the [MassHealth Flexible Services Program](#) to ensure

their Food is Medicine programming remains intact during this troubling time.

Through a series of short interviews, [Food is Medicine Massachusetts](#) (FIMMA) compiled case studies exploring the challenges and opportunities facing Food is Medicine programs across Massachusetts as they work to respond to COVID-19. This report illuminates the incredible work being done by CBOs while exposing the operational and logistical hurdles that these organizations have had to tackle along the way.

METHODOLOGY

FIMMA contacted many of their community-based member organizations that were either offering or preparing to offer various types of Food is Medicine services as defined by the Massachusetts Food is Medicine State Plan. To ensure diverse perspectives, FIMMA collected information from CBOs ranging in size, scale, geography, and consumer focus. The services that these organizations provide also offer different levels of tailoring across the spectrum from prevention to treatment.

An initial email was sent out to selected organizations to assess interest, and phone interviews were scheduled with those willing to participate within a week after initial contact.

FIMMA conducted interviews that ranged from 20 to 30 minutes in length. Interviewees were asked a series of 10 standardized questions that included topics such as operational response to COVID-19, changes in food supply, and networks of communication. Follow up questions were posed via email communication. Answers were consolidated in the case studies into 6 categories and an introduction to each organization was included to provide background.

CASE STUDY



INTRODUCTION

[Community Servings](#) has been providing medically tailored meals to critically ill individuals, their families, and caregivers since 1990. Established in direct response to the HIV/AIDS epidemic, the agency gradually accumulated expertise in addressing the critical link between nutrition and illness, and dealing with vulnerable populations in times of crisis. Out of their new Food Campus in Jamaica Plain, Massachusetts, Community Servings has expanded their service area across Massachusetts and into Rhode Island. Since their inception, Community Servings has prepared and delivered over 9 million meals for individuals and their caregivers and dependents.

FOOD IS MEDICINE STATUS

Unlike many other Food is Medicine providers in the state, offering Food is Medicine programming is the principal mission of Community Servings. Therefore, they have been committed to intensifying their core programming during this unprecedented time, focusing on providing medically tailored meals to as many clients and food insecure neighbors in the city of Boston as possible. Additionally, as part of the MassHealth Flexible Services Program, Community Servings has been preparing to expand their services for eligible food insecure individuals through referrals from Accountable Care Organization (ACO) partners. Their implementation plans were able to continue as expected and their Flexible Services programs launched on March 1, 2020.

OPERATIONAL RESPONSE

Upon the government-ordered shutdown of non-essential services, the first step for Community Servings was to secure their ability to operate. After speaking with individuals at The Greater Boston Food Bank, they learned about the [Corporate Emergency Access System](#), a third-party vendor to the City of Boston and Commonwealth of Massachusetts whose job is to credential private-sector personnel as essential service providers and issue identification cards. After going through a training and activation as an essential service, Community Servings secured the credentials identifying their organization as an essential services provider.

From the beginning, Community Servings has remained committed to preparing and delivering scratch-made, medically tailored meals to their clients. However, they faced a number of

operational challenges in the early days of the pandemic. Like many not-for-profit nutrition programs, Community Servings relies on 50-75 volunteers daily in order to prepare and package their meals. With City and State emergency orders requiring the closure of schools and businesses, the agency experienced significant reductions in individual volunteers and corporate volunteer groups, as well as staff who needed to care for family members. Critical to the work they do, Community Servings quickly developed a Rapid Response Team of longtime volunteers, who, along with their office staff, worked alongside their core kitchen team to bridge the significant and sudden gap in volunteer labor.

Community Servings also developed and implemented new protocols that include social distancing. Their kitchen operations had previously relied on having individuals working close together. To incorporate the challenging new social distancing protocols, the kitchen staff shifted their model to utilize the maximum amount of space available.

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In spite of these obstacles, Community Servings has committed to make 500 additional meals a day, 5 days/week through at least June with funding from the Boston Resiliency Fund. Due to the rapidly changing nature of policy

surrounding this pandemic, Community Servings also made a supplemental back up meal plan for clients during the first stages of the crisis. This included packing and shipping over 2,000 boxes of shelf-stable, diet-approved food to clients so they would feel safe and secure in the event of an unforeseen disruption to their meals service.

BIGGEST CHALLENGES

Community Servings began to secure personal protective equipment (PPE) for their staff and volunteers even before the Centers for Disease Control and Prevention (CDC) reversed its directive, and strongly recommended the use of masks and other protective measures. However, they found these resources to be scarce and costly. Maintaining an adequate supply of PPE for workers making home deliveries has been a huge concern for the organization, as many of Community Servings' clients are living with complex health conditions, placing them at particular risk for COVID-19 and related complications. Community Servings continues to purchase their own PPE with organizational funds, often at a considerable cost. Due to the increase in operating expenses, Community Servings developed a rapid response fund in order to meet the rising demand for their services.

SAFETY PROTOCOL

In addition to utilizing PPE for home deliveries and social distancing in the kitchen, Community Servings has made other changes in protocol to ensure the safety of their staff. This includes having all workers sanitize their hands and take

their temperature upon entering the building, and wearing face masks in the kitchen. They have also encouraged staff and members of their volunteer Rapid Response Team to avoid using public transportation, when possible, in order to minimize exposure to others.

COMMUNICATION NETWORKS

Community Servings has been communicating primarily with the City of Boston, the Department of Public Health, and the [Food is Medicine Coalition](#) (FIMC), a national coalition of medically tailored meal providers.

A HOPEFUL FUTURE

Community Servings is hopeful that Massachusetts comes out of this pandemic with stronger partnerships between social safety net programs. This crisis has proved that the state cannot rely solely on a small system of nonprofits, but needs government involvement as well, to keep residents safe and healthy. Seeing food as the most effective and efficient form of medicine, Community Servings hopes that stakeholders across the state recognize the necessity of establishing contingency plans to ensure adequate access to food, and the incredible results that arise when people are able to mobilize and provide this essential service to those who need it.

About the Authors

The Voices from the Field project is led by the Center for Health Law and Policy Innovation of Harvard Law School (CHLPI) as part of its role as co-convenor of Food is Medicine Massachusetts (FIMMA). For more information regarding CHLPI and its work, please visit: www.chlpi.org.



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