

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 [Mass-Health 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 a variety of 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

Since 1974, [Elder Services of Merrimack Valley and North Shore \(ESMVNS\)](#) has helped older and disabled adults maintain independence while ensuring a safe living environment, with specific programs evolving over the years. At its core, ESMVNS acts as a care manager, assisting clients and their caregivers with access to services, resources, and information. This could include finding transportation services, providing home care, helping with money management, assisting with housing, or locating food resources. A large part of their programming focuses on increasing the nutrition security of their clients by providing congregate dining, home-delivered meals, access to nutrition education, and connections to additional food resources.

FOOD IS MEDICINE STATUS

Through the Flexible Services Program, ESMVNS contracts with two MassHealth Account-

able Care Organizations (ACOs) to provide nutrition services. Prior to COVID-19, these services included nutrition assessments, home-delivered meals, supermarket gift cards that were paired with optional shopping assistance with a Registered Dietician Nutritionist (RDN), and nutrition education. The home-delivered meal service was tailored to meet individual need. While some clients received daily deliveries of two meals per day, five days a week, including one hot meal and one cold supper, others received one cold supper per day. Those who weren't able to be at home for regular deliveries could receive bulk delivery of frozen meals.

Since the onset of COVID-19, ESMVNS has had to pause their congregate dining programming and reconfigure some of their Flexible Services programming. Safety concerns and remote work have required the organization to provide nutrition assessments and education virtually. Additionally, the organization has had to forego offering RDN-led grocery shopping assistance.

Home-delivered meal services have been able to continue with minimal changes to client experience. However, internally, ESMVNS has had to prepare for possible disruptions to their operations. In June, their kitchen was forced to close for two weeks. Fortunately, the organization had pre-prepared a 14-day emergency supply of meals for clients. Services were altered slightly to provide clients with bulk delivery of emergency frozen and shelf stable foods until the kitchen was open and running again, but no client went hungry.

Over the course of the pandemic, ESMVNS has seen a threefold increase in referrals across the two Flexible Services programs. The organization is extremely grateful that their

ACO partners and MassHealth have been so flexible during this time. Adapting the program and expanding eligibility to meet evolving participant needs was vital. Moreover, the pivot to telehealth greatly improved program reach.

OPERATIONAL RESPONSE

Like many food access organizations, ESMVNS encountered substantial personnel challenges due to the pandemic's dual economic and public health crises. The switch to remote work was difficult for an organization that provides many in-person services. These difficulties were exacerbated by a dwindling volunteer force. Many of ESMVNS's regular volunteers are older and at higher health risk. When these individuals could no longer help, individuals who had lost their jobs or were working from home were able to fill in crucial gaps. However, as businesses reopen, ESMVNS may once again face staffing challenges. The organization increased the daily mileage and expense stipends for volunteers, yet they are still having to recruit assistance as their new volunteers begin to pull away to go back to work.

As part of its COVID-19 response, ESMVNS also implemented grocery shopping and grocery delivery services for clients who needed to self-isolate. Demand has continued to grow for these services, requiring ESMVNS to form new partnerships to increase capacity. These services are now contracted out to other community-based organizations in the area, such as senior centers, whose spaces have shut down.

As the crisis persists, the demand for services continues to rise. Overall, ESMVNS has seen a

30-40% increase in demand for their programming, even when taking into account individuals who have suspended services during this time. The organization expects that number to increase as some clients reengage with programs as the pandemic continues.

Elder Services of the Merrimack Valley and North Shore has seen a 30-40% increase in demand for their programming since the onset of COVID-19.

SAFETY PROTOCOLS

Although ESMVNS struggled to acquire personal protective equipment (PPE) in the first weeks of the pandemic, this became less of a challenge by the summer months. During meal deliveries, drivers wear masks and gloves and stand back to allow clients to answer the door from a safe distance. As a consequence of social distancing requirements, drivers no longer perform wellness check-ins when delivering meals to clients. However, office staff provide regular check-in calls for those clients who are most vulnerable.

BIGGEST CHALLENGES

Remote Work

One of the biggest challenges for ESMVNS was the switch to remote work and telehealth. All but two of its 500 employees transitioned to working from home. Though this change has created some efficiencies, many older and disabled adults continue to require in-person assistance, especially with home care. The staff

has been trying to provide high-quality virtual care while simultaneously exploring how to build an infrastructure that allows for safe, in-person visits.

Uncertainty of Telehealth Policy

MassHealth's first approval of telehealth visits proved to be a vital resource for the health and safety of ESMVNS clients, yet MassHealth coverage of telehealth was set to end at the end of July if the [Federal Disaster Declaration for Massachusetts](#) was allowed to expire. This would have substantially reduced the number of people that ESMVNS could reach. Although the outlook is promising for the course of the pandemic in Massachusetts, ESMVNS's clients represent vulnerable populations who will still be home-bound for a long period of time, even after vaccines and treatments for COVID-19 are widely available. Therefore, ESMVNS was extremely worried about the fate of telehealth policy in the state. Fortunately, Massachusetts became one of the first states in the nation to make temporary COVID-19 telehealth policies permanent.

Uncertainty of Eviction Policy

Many of ESMVNS's clients are frequently mobile or experiencing homelessness. Typically, these clients move between different service areas, requiring them to transition to different ACOs. These transitions can be complicated and time-consuming. By the time the process is complete, individuals may have moved again. The moratorium on evictions granted these clients some stability and made it easier for ESMVNS to ensure continuity of services. ESMVNS was concerned when the moratorium on evictions was set to expire August 18th,

however, the governor moved to extend the moratorium on evictions and foreclosures to October 17th. Though happy with the extension, ESMVNS remains concerned about the upcoming policy expiration.

In-Home Care

ESMVNS has observed a long-standing shortage of in-home care providers, a shortage that was acute even before the pandemic and which has worsened in recent months. In-home providers are often poorly paid, are not compensated for the cost of transportation to and from clients' homes, and are at greater risk of contracting COVID-19 in the workplace. As a result of this provider shortage, ESMVNS sometimes struggles to provide clients with as many hours of home care as they are eligible to receive.

Waning Vigilance

ESMVNS may face a new challenge in the weeks to come, as clients and the public at large relax their vigilance around basic COVID-19 safety protocols. Many people are questioning the need to wear masks as the economy reopens, and a false sense of security is increasingly on display in the greater community. Nevertheless, ESMVNS expects to keep its new protocols in place for the rest of the year.

“It takes a coalition of community folks to move it forward. Everyone is talking to each other in new ways now.”

JENNIFER RAYMOND

CHIEF STRATEGY OFFICER, ELDER SERVICES OF THE
MERRIMACK VALLEY AND NORTH SHORE

COMMUNICATION NETWORKS

Although there is wide variation across the 28 communities in which ESMVNS is active, the Merrimack Valley is fortunate to have a strong foundation of coordinated communications that originally emerged after the [gas explosions of 2018](#). A group of 30 organizations in Lawrence assembled a regular call to allow for streamlined referrals across providers and according to the specific needs of individual clients. The [Executive Office of Elder Affairs](#) holds calls twice a week with a subgroup of nutrition organizations, including ESMVNS, who can discuss best practices for providing services during the pandemic. ESMVNS has also been providing advice and leadership through calls with [Meals on Wheels America](#) networks, sharing insights and experiences from the Massachusetts pandemic with organizations in states where outbreaks are still growing.

by the partnerships, collaboration, and communication between groups across the state. The value of clinic-community partnerships has definitely been demonstrated throughout COVID-19 response.

A HOPEFUL FUTURE

The COVID-19 crisis has spurred national recognition of the woes of social isolation, the time and energy required for caregiving, and the importance of addressing food insecurity. ESMVNS hopes that the general public will be better able to empathize with family caregivers and with older and disabled adults for whom these challenges are always present. The organization has also felt inspired and supported

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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