

# 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

Through the work of a committed coalition of staff, partners, volunteers and supporters, [The Greater Boston Food Bank](#) (GBFB) takes an innovative, multi-pronged approach to ending hunger. GBFB is the largest hunger-relief organization in New England, and among the largest food banks in the country. In 2019, GBFB distributed over 68.5 million pounds of nutritious food to individuals and families otherwise struggling to put food on the table.

### FOOD IS MEDICINE STATUS

#### Mobile Markets

GBFB runs monthly produce mobile markets at eight health centers throughout Eastern Massachusetts. Prior to the pandemic, these markets were modeled as market-style distribution sites where households could pick up

25-30 lbs. of fruits and vegetables each month. Pivoting from the typical mobile market model to accommodate safe social distancing, mobile market volunteers have prepacked bags of food for pick-up since March 2020.

### Cambridge Health Alliance Mobile Market: Revere, MA

As part of this program, GBFB partners with [Cambridge Health Alliance](#) (CHA) to run a free mobile fresh food market the first Saturday of each month in Revere, Massachusetts. Anticipating an increase in demand due to COVID-19, CHA ordered more food from GBFB for the market and took preventive measures to ensure the outdoor market could continue to operate. Pre-COVID, CHA's largest market served 323 households. In April 2020, the market served 474 households, and in May they served 635 households, ultimately leaving some individuals at the end of the market's line to leave without food.

**The CHA mobile market has experienced increased demand during the pandemic. Pre-COVID, CHA's largest market served 323 households. In May, the market served 635 households.**

### Exploring MassHealth Flexible Services

Before COVID-19 struck, GBFB had been exploring potential opportunities to participate

in the MassHealth Flexible Services Program. As the crisis has unfolded, the Flexible Services Program has proven to be a critical resource, enabling MassHealth Accountable Care Organizations (ACOs) to enhance their COVID-19 response. As a result, a number of ACOs have recently reached out to GBFB regarding potential Flexible Services partnerships to address the growing needs of their patients. GBFB plans to continue to explore these potential partnerships moving forward.

## OPERATIONAL RESPONSE

GBFB has seen a huge increase in demand since the onset of the COVID-19 crisis. GBFB partner agencies have experienced a 93% increase in the number of households seeking their services, and GBFB has increased the volume of food it delivers to these partner organizations by more than 50%.

## BIGGEST CHALLENGES

In order to effectively respond to this surge in demand, GBFB has needed to expand its staff. In particular, GBFB has worked to hire additional warehouse workers and drivers. However, even in an economic downturn, GBFB has found it difficult to find new workers that have the necessary skills for these jobs.

Despite a heavy focus on increasing the sheer volume of food it provides, GBFB also continues to strive to ensure its food is as healthful as possible. However, it faces several challenges in doing so due to the variable food supply chain that is deeply connected to this crisis. Perishable foods, such as produce, require

fridge and freezer space, which is a critical limitation for local pantries storing more food amidst the increased demand. Additionally, many food pantry clients are seeking shelf-stable items, which are harder commodities to obtain, rather than fresh food because of its ability to keep longer.

## SAFETY PROTOCOLS

GBFB has established a variety of protocols to ensure the safety of its staff, partners, and clients. GBFB warehouse workers and drivers are all now required to wear masks, and GBFB has put increased sanitation practices in place for their facility including hiring additional cleaning staff. Individual programs have also enhanced their safety procedures. At the CHA mobile market, volunteers were typically CHA staff members. CHA staff members whose jobs entail patient interaction have been prohibited from volunteering during the crisis to ensure health and safety and to prioritize patient care. To fill this sudden gap in staffing, the team was able to enlist a group of Harvard Medical School students as volunteers. CHA provided all volunteers with donated cloth masks to wear at the market.

## COMMUNICATION NETWORKS

GBFB has been following the guidance of the [CDC](#), [Feeding America](#), peer New England food banks, and the City and State Departments of Public Health. GBFB is thankful to report an impressive eagerness and ability to coordinate efforts among city and state governments, CBOs, and GBFB.

## COLLABORATING TO STRENGTHEN OUR SAFETY NET

The nation's emergency food systems are facing increasing demand every day. The already strained U.S. safety net is being pushed to its brink. Food banks, which have established themselves in this safety net, are working to serve millions more in a matter of weeks. GBFB's network has proven resilient to this challenging environment, in part due to state and federal investments. The State of Massachusetts has prioritized measures to ensure a robust and unified response across the Commonwealth that includes immediate and emergent food, as well as long term investments in SNAP to maximize enrollment and utilization of federal programs. Sustained multi-sector collaboration is necessary to continue to put food onto the table of those who need it during this pandemic.

*The Voices from the Field case studies are published on a rolling basis, generally 3-4 weeks after interviews. During this time, organizational responses to COVID-19 are rapidly changing. For the most up-to-date information, we recommend contacting the organizations directly or checking their webpages.*

### 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](http://www.chlpi.org).



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