

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 re-

sponse 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

[Mill City Grows](#) is a food access and educational organization based in Lowell, Massachusetts. Their programming includes urban farms, mobile markets, community gardens, school garden partnerships, and a volunteer program. Recently, Mill City Grows built a community kitchen and training space, [ROOT](#), that utilizes a “1,800 square foot, four-season community space” to provide year-round access to fresh food. Mill City Grows is committed to ensuring opportunities to improve access to wholesome foods for the most vulnerable and food insecure members of their community.

FOOD IS MEDICINE STATUS

Mill City Grows has been preparing to launch two different Food is Medicine programs: one in partnership with Circle Health’s Cardiac Re-

hab program, and another through the Mass-Health Flexible Services Program.

With research protocols approved and contracts secured, their first program targeting cardiac patients was ready to begin in June at Lowell General Hospital. This program, in its second year, would provide up to 30 patients from the Cardiac Rehab program with a weekly vegetable farm share alongside education including recipes, taste tests, cooking demonstrations, and a weekly check-in with Mill City Grows’ staff. This program would also include a scientific study completed in partnership with faculty and students at UMass Lowell’s Department of Biomedical and Nutritional Sciences. While Mill City Grows is prepared for the program to continue as planned, ultimately, the hospital will make the final decision on whether or not to continue given the COVID-19 crisis.

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The second program, although only in the beginning phases of development, is a farm share and food voucher program aimed at individuals living with diabetes and run through a local community health center. This program would provide medical advice and care to patients at the health center, while also providing weekly farm shares of fresh food and

vouchers to be redeemed at Mill City Grows' Mobile Market. Participants would also have access to in-person Farm to Table cooking classes focused on helping patients learn how to integrate more produce into their cooking using recipes approved by a nutritionist at the health center. Unfortunately, the health center has been forced to greatly reduce its staff and funding at this time, and plans for this program have been put on hold until the pandemic has passed.

OPERATIONAL RESPONSE

Aside from their Food is Medicine work that has been put on hold, Mill City Grows has adapted and amended all of their [current programming](#) in response to the crisis, aiming to keep as many community members engaged with food-related work as possible. While their [community gardens](#) have remained open, new protocols and safety precautions have been put in place for the 200+ households who comprise the garden community. Mill City Grows cancelled their annual garden season opening meetings, and instead sent mailers and called each gardener individually to go over new rules. The annual Seed Swap was also cancelled, and Mill City Grows has shifted to an online ordering model for free seeds to be used by gardeners or for those growing at home.

The Mill City Grows school-run gardens were closed for two months due to early school closures. However, the organization is currently working closely with school administration to revamp their school garden work. With support from Mill City Grows staff, the plan outlines day-to-day management and food distribution operations that will benefit each

school's community. The team has also created educational videos for students and a take-home seed-starting enrichment project for second and third graders.

The team is currently committed to focusing on spaces where they can broadly increase food access. Thus, much of their work has been aimed at keeping their 5-acre farm open. Their [farmers market](#) remains open with modifications. For example, they pivoted from the typical in-person model to an online ordering system. This new model has proven successful. In its first two weeks, Mill City Grows was able to process the same amount of orders and sales as they would a normal week.

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Payment options for the farmers market normally include either credit card or [SNAP/HIP](#). Amidst this crisis, they have added a "pay as you can" option for those who cannot pay. Mill City Grows is making food available, at no cost, to any who request this option. To help cover expenses, Mill City Grows is applying for emergency grants, and has started a campaign to raise funds from individual donors to ensure that they can continue growing food, and, for some crops, purchase inventory from other local growers. In the first two weeks, 42% of farmers market clients paid with credit card, 16% paid with SNAP/HIP, and 42% did not pay. They have also enlisted some of their staff members to start delivering in a limited capac-

ity to homebound individuals, which make up about 34% of orders.

BIGGEST CHALLENGES

Mill City Grows has a gardener training program that is usually hosted in March, April, and into May. With over 20 different languages spoken in the gardens, the team has been struggling with whether or not to put these lessons online, and how to do so equitably. They are also challenged by meeting the increase in need without the same increase in funding. However, Mill City Grows is committed to finding ways to continue providing services and scaling up, knowing that their work is more critical now than ever.

SAFETY PROTOCOLS

Other than four employees working on the farm, all Mill City Grows staff have been working remotely. Additionally, new rules have been put in place at the community gardens, which include hand washing before entering, maintaining social distancing, and a limit of 2 families, or 5 people, in each garden at a given time.

COMMUNICATION NETWORKS

In developing best practices, Mill City Grows has relied on advice and feedback from other

local partners in food access and urban agriculture. They have convened some discussions locally with partners in these efforts, and have joined a coalition of Massachusetts urban agriculture organizations which holds regular discussions on program development and best practices throughout the COVID-19 pandemic. Mill City Grows has been communicating closely with its community partners, including churches, civic associations, African American community centers, and elder care centers to get the word out about their programming and to gain information about what other organizations are doing.

A HOPEFUL FUTURE

Mill City Grows sees this crisis as both humbling and unifying in many ways. With the broader population facing increasing rates of unemployment, the leaders of Mill City Grows hope that some of the stigmatization associated with SNAP and welfare programs will be dispelled; a potential silver lining being that people will internalize the critical need for reliable access to food, as well as the fear that comes with the inability to access it.

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.



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