

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

[Project Bread](#) is committed to preventing and ending hunger in Massachusetts. They provide access to food for people who are hungry today while working to break the cycle of hunger through advocacy, education, and community action. Project Bread works with farmers, legislators, school food workers, parents, and everybody in between to effectively connect food services to the vulnerable members of our community that need them most. The organization operates the only comprehensive statewide information and referral service in

Massachusetts for people facing hunger, the [FoodSource Hotline](#), which typically responds to over 28,000 calls a year.

FOOD IS MEDICINE STATUS

Project Bread's Flexible Services program with [Community Care Cooperative](#) (C3), a MassHealth Accountable Care Organization (ACO), was not slated to go live until June of this year. However, with the closure of all but essential businesses leading to skyrocketing rates of job losses and subsequent food insecurity, both teams became committed to expediting the program's development in hopes of launching as soon as possible. It took about three weeks to finalize all aspects of the program, with the accelerated development of the technology for the online referral system proving to be the most difficult obstacle to overcome. Finally, with their new plan complete and authorization granted from MassHealth, Project Bread and C3 launched their Flexible Services program the second week of April.

Project Bread describes their Flexible Services program as straddling both Food is Medicine and traditional food access. Project Bread provides a \$200 "Food is Medicine Gift Card" from one of two large chain supermarkets based on client geography. As soon as the initial referral comes in, a gift card is immediately sent in the mail, reaching the client in just a matter of days. Clients then receive a follow-up phone call to assess their needs. From information gathered in these calls, Project Bread can determine the appropriate goods and services to improve healthy food access for the client. This may include purchasing kitchen equipment ranging from cutlery, to pots and pans, to microwaves, or

even a refrigerator. The \$200 food voucher can be provided for an additional two months and referrals can be provided for federal nutrition assistance programs or even medically tailored meals. After the initial three months, individuals are re-assessed with the Hunger Vital Sign™ questions. The program can then be extended for another 90 days, if necessary.

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Project Bread's initial goal was to conduct the follow-up phone call to each client within three days of the initial referral. However, due to the unprecedented COVID-related increase in demand, they have found a more realistic follow-up timeline to be about two weeks. In non-COVID conditions, the program has also received approval to provide reimbursement for transportation to the supermarket for participants with transportation barriers. This aspect of the program has been put on hold until it is deemed safe to resume.

In its first month, the program has received 325 referrals. These referrals have come from 13 of C3's 17 partner health centers located across the state. The greatest number of referrals have come from East Boston Health Center where a case worker is calling each patient in their complex care program to assess patient eligibility and interest.

OPERATIONAL RESPONSE

In addition to implementing its new Food is Medicine program with C3, Project Bread has dedicated significant time and energy to their FoodSource Hotline, the primary source of food access information for the entire state. Call volume has risen from 80-100 calls per day to 250-300 calls per day since the onset of the pandemic. Project Bread has also partnered with the Massachusetts Department of Transitional Assistance to be the main information source for [Pandemic-EBT](#) (P-EBT), or Pandemic-SNAP. The information sent to households about P-EBT directs individuals to the hotline for any questions. Since the roll out of P-EBT and the promotion of the hotline as a main source of information regarding the program, calls have spiked to over 400 per day.

Due to the increase in call volume, the organization has hired additional staff and shifted internal operations to help meet the demand. Project Bread has also tailored their resources to meet COVID-specific needs. They have set up a "[COVID-19: Hunger & Food Resources for Households](#)" guide on their website to help their clients navigate general food assistance during this crisis.

BIGGEST CHALLENGES

While Project Bread has made major shifts in an effort to expand their services as quickly as possible, the logistical challenges presented by COVID-19, along with the lack of infrastructure to support these new systems, have left many gaps in their ability to serve. Individuals are being instructed to stay at home as much as possible and those at higher risk are being asked to self-isolate. Unfortunately, the delivery

infrastructure needed to get food to individuals with limited mobility due to COVID does not exist in the way it needs to.

“We need to better plan for the next something like this.”

JEN OBADIA
DIRECTOR OF HEALTH CARE
PARTNERSHIPS

For example, Project Bread chose Stop and Shop as one of the grocery options for their Flexible Services program gift cards because of the ability for a client to use the same card both in-store and online for delivery through Peapod. However, due to the surge in demand for grocery delivery, it has been particularly challenging for clients to utilize this service. Similarly, non-profits and food pantries are typically not set up for delivery. Most have had to put together improvised delivery systems that are unprepared to tackle this crisis effectively.

SAFETY PROTOCOLS

Project Bread's entire staff is working from home. They are in the process of hiring a Nutrition Services Coordinator to work on the Flexible Services program. This individual will be trained remotely. Additionally, C3 conducted a virtual, rather than in-person, training to teach

members of their teams how to refer patients into the Flexible Services program.

COMMUNICATION NETWORKS

Project Bread has continued to coordinate and align their work with other food assistance providers across the state.

A HOPEFUL FUTURE

Project Bread believes that the sheer volume of people in need and seeking help during this pandemic clearly demonstrates the importance of food assistance services. Additionally, Project Bread is hopeful that the data that will emerge in the wake of the pandemic will serve as critical evidence of both the necessity of food assistance services and the tangible difference that Food is Medicine programs make in the health and well-being of the people they serve.

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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