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 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

The Open Door has been committed to connecting people to good food, advocating for those in need, and engaging others in food security-related work since 1978. Their core programs include a food pantry, community meals, thrift store, and a mobile market. Operating with the goal of alleviating hunger in the North Shore of Massachusetts, The Open Door sees food as a medical, rather than emergency, intervention and a key social determinant to better health.

FOOD IS MEDICINE STATUS

With a one-year planning grant from the Tufts Foundation, The Open Door was preparing to launch two consecutive pilot programs in early 2020 to provide Medically Tailored Groceries (MTG) to those aged 55 and older. Program participants would receive weekly nutrition counseling by a registered dietitian as well as a food intervention. Participants with more acute illnesses would receive weekly medically tailored boxes of food, while those with less acute illnesses would receive access to a pantry where they could pick out their own food. The Open Door secured an additional $5,000 "Mobilizing Health Care for a Hunger Free Massachusetts" grant through the Hunger to Health Collaboratory to convene key stakeholders and share learnings. However, plans for the MTG program are currently suspended as the team is focusing exclusively on core hunger-relief services during the pandemic. They have secured multi-year funding to allow them to revisit these plans when they have the time and capacity to do so.

The Open Door had to suspend the launch of two consecutive Medically Tailored Groceries pilot programs to those aged 55 and older to focus on core hunger-relief services during the pandemic.

OPERATIONAL RESPONSE

After confirming with the government that The Open Door was officially considered an essential service, the team got right to work. In an attempt to meet the increase in acute demand, The Open Door made the difficult decision to double down on their core food program-

ming, which includes two food pantries and prepared meals, and suspended all other programming, including their MTG program. They allocated the majority of their resources to a robust roadside distribution model of pre-packaged food bags. In this model, a household of 1-3 people receives 2 bags of dried/canned foods, 1 bag of produce, meat, milk, cheese, a loaf of bread, a carton of eggs, and when available, a package of toilet paper. For larger households, the bags of dried/canned foods and meat portions are doubled, and for vegetarians, the beans are doubled and meat is not included. To date, they have thankfully had no problem maintaining their food supply, crediting it to their strong and lasting relationship with The Greater Boston Food Bank.

Most clients have been directed to curbside distribution, where people line up in their cars at one of the two pantry locations, open their trunk for volunteers to place the bags of food in, and drive off. The process takes 3 minutes total. Pre-packaged meals are also available for pickup or delivery directly to homes. Home delivery service is reserved for those at higher risk of developing serious illness after contracting the disease, including seniors, individuals with underlying conditions, or homes with a sick or quarantined individual. In this way, The Open Door is able to partially mimic the work they were hoping to address through their MTG program, and provide a food and nutrition service to meet the medical, and now social, needs of their clients. It has been an unexpected opportunity to learn.

With COVID-19, The Open Door's pantries serve 38% more households; they see an average of 1,100 households per week, compared to 800 households pre-COVID. In addition, their prepared Community Meals went from serving 500 individuals a week to 1,200 a week, a staggering 240% increase. They cite the staff of local restaurants, hotels, and businesses that have been deemed "non-essential" and have temporarily closed as the largest population driving the increase in demand. Food insecurity and malnutrition are strongly associated with lower quality diets, increased likelihood of adopting health-harming coping strategies to mitigate limited financial resources, and greater health care utilization. The rising need for general food assistance in an environment with a strained and limited health care system is worrisome and could predict the need for more robust Food is Medicine programming in the future.

"The people that were coming in and giving $25 donations to the food pantry are now the ones coming in to get food."

JULIE LAFONTAINE
PRESIDENT AND CEO, THE OPEN DOOR

BIGGEST CHALLENGES

The Open Door has needed to develop a variety of new policies to support their staff amidst the COVID-19 crisis. The Open Door has had to develop organizational policies related to hazard pay and working from home that they have never had to address before. In addition, they have had to decide what to offer the workers of their non-essential programs (i.e. thrift shop), whether that be medical leave, furlough or something else entirely.

SAFETY PROTOCOLS

Many of The Open Door's regular volunteers have had to pull back due to their own underlying health conditions, or those of somebody they are living with, that put them at high risk for the virus. Fortunately, the Open Door has had no problem getting new volunteers, with about 120 new volunteers having come forward offering to help.

In order to keep their customers and food-handlers safe, volunteers are divided into two teams, the Orange Team and the Green Team. Team members alternate weeks, with one team working at the larger pantry, and the other at the smaller pantry or at home. This is done to minimize contact between individuals, and avoid worker burn-out, securing the longevity of their service. In addition, workers stand 6 feet apart at all times, following rules of social distancing. Personal protective equipment (PPE) is worn by staff and volunteers at all times. Volunteers who distribute food to cars in the pick-up line wear a mask, gloves, and goggles. Volunteers who make home deliveries must follow a strict protocol that entails wearing gloves and face mask, placing the food on the doorstep, returning to the car, and then calling the phone number of someone in the house to ensure they know their food has arrived.

COMMUNICATION NETWORKS

The Open Door has been able to work very closely with local boards of health as well as sit on the Subcommittee of Incident Command in Gloucester County. Their local communication has been strong, crediting it to years of being engaged with their local community. In addition, they look to the Massachusetts Emergency Management Agency, The Greater Boston Food Bank, CDC, and WHO for state and federal updates.

A HOPEFUL FUTURE

Bluntly put during the interview, this crisis has "brought the world to its knees." Through this communal hardship, The Open Door is hopeful that new segments of our society are gaining a better understanding of what it means to be food insecure or chronically poor, as well as the health-related fears and complications that come along with those statuses. This, in turn, could spur substantial action that prioritizes the connection between food and health, garnering support for Food is Medicine services long after this pandemic is over.

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.