



YOU SPOKE, WE LISTENED:

**A DETAILED DIVE INTO THE MASSACHUSETTS FOOD IS
MEDICINE DATA AND KEY THEMES**

JANUARY 24TH, 2019



**CENTER *for* HEALTH LAW
and POLICY INNOVATION**
HARVARD LAW SCHOOL



**COMMUNITY
SERVINGS**
FOOD HEALS

Presenters

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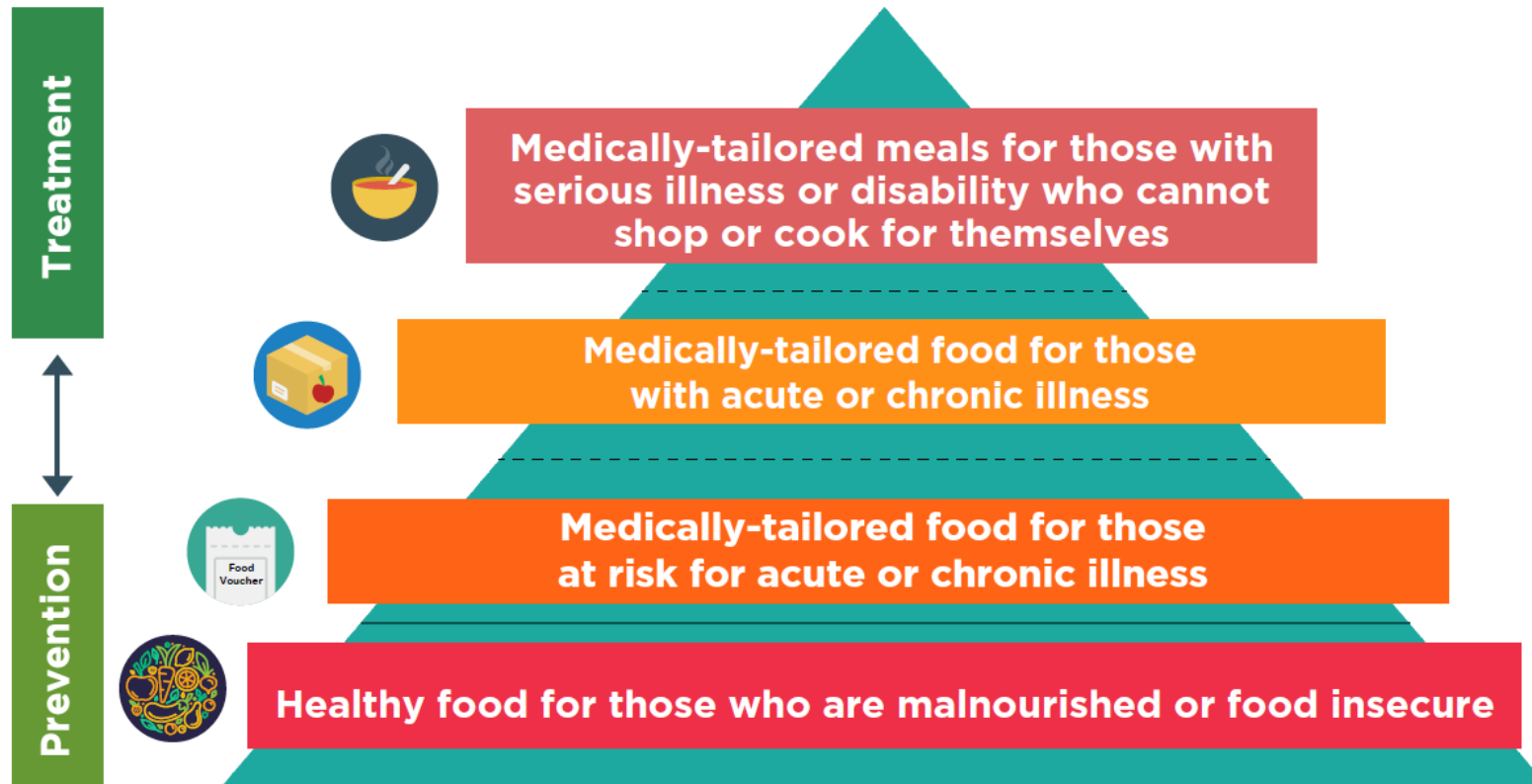
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WHAT IS FOOD IS MEDICINE?

FOOD IS MEDICINE



WHY HERE? WHY NOW?

THE WALL STREET JOURNAL.

The Washington Post

The New York Times

Los Angeles Times

The Boston Globe

HealthAffairs

AN AVOIDABLE

\$2.4

BILLION

COST

The Estimated Health-Related Costs of Food Insecurity and Hunger in Massachusetts



Children's HealthWatch and Greater Boston Food Bank, 2018

STATE PLAN OBJECTIVES

1. Assess the distribution of need
2. Assess the distribution of access
3. Develop a strategy to increase the availability of Food is Medicine interventions to meet the level of need throughout the state.



DATA COLLECTION

✓ Surveys →

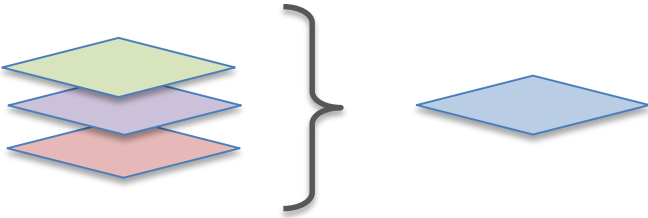
- 1. Healthcare Providers
- 2. Healthcare Payers
- 3. Community-based Food and Nutrition Service Organizations

✓ State-wide Listening Sessions →



✓ In-Depth Community Member Interviews

✓ Spatial Analysis



SURVEY OBJECTIVES

Goal: response from each key CBO, health care system and insurer involved in connecting people to FIM interventions, as well as those interested in but not yet involved in doing so

Surveys designed to understand:

- a. How patients are connected to services
- b. Range of services provided and how they are funded
- c. Where programming occurs
- d. Perspectives of key stakeholders

- **Medically tailored meals:** Meals tailored to an individual's medical condition, in consultation with a registered dietitian or a qualified nutrition professional; for example, diabetic or renal meals;
- **Medically tailored food boxes/packages:** Food boxes or grocery bags tailored to an individual's medical condition, in consultation with a registered dietitian or a qualified nutrition professional;
- **Fruit and vegetable prescriptions:** Produce or CSA vouchers, prescribed by a health care provider (e.g., physician);
- **Population health-level healthy food program:** Healthy food (not specifically tailored to an individual's health condition) provided to clients who are food insecure in partnership with a health care entity (e.g. produce or boxes of healthy food);

SURVEY RESPONSES

Healthcare Providers

- **121** responses from **101** organizations

Community Based Organizations

- **110** responses from **104** organizations

Health Insurers

- **13** responses from **10** organizations

All Massachusetts counties were represented in the responses

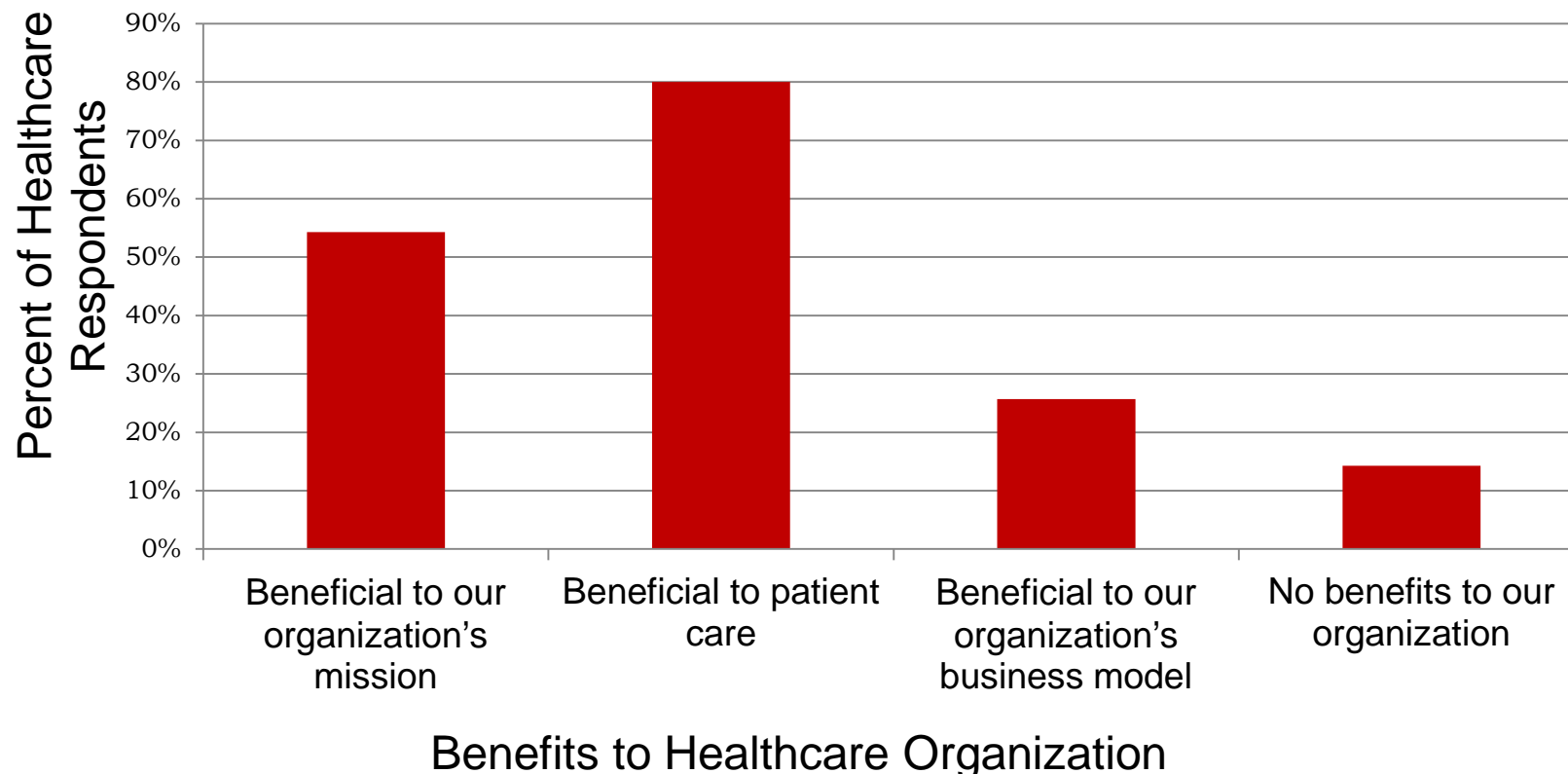
PLANNING COUNCIL ORGANIZATIONS

- Alliance of Massachusetts YMCAs
- Blue Cross Blue Shield of MA Foundation
- Blue Cross Blue Shield of Massachusetts
- Boston Medical Center HealthNet Plan
- Boston Medical Center
- Boston Public Health Commission
- Brockton Neighborhood Health Center
- Children's Health Watch
- Center for Health Law and Policy Innovation (CHLPI)
- Commonwealth Care Alliance
- Community Health Center of Franklin County
- Community Servings
- DentaQuest Foundation
- Elder Services of Merrimack Valley
- Emerald Physician Services
- Executive Office of Elder Affairs
- Feeding America
- Greater Boston Food Bank
- Harvard School of Public Health
- Health Care Without Harm
- Just Roots
- Krupp Family Foundation
- Massachusetts Healthy Aging Collaborative
- Massachusetts Department of Transitional Assistance
- Massachusetts Food System Collaborative
- Massachusetts League of Community Health Centers
- Massachusetts Medical Society
- Mayor's Office of Food Access, Boston
- Meals on Wheels America
- Minuteman Senior Services
- New England States Consortium Systems Organization (NESCSO)
- Project Bread
- The Food Bank of Western MA
- Tufts Friedman School of Nutrition Science and Policy
- UMass Medical School
- UMass Memorial Medical Center
- Wholesome Wave

CLINICIAN SUPPORT FOR FOOD INSECURITY SCREENING

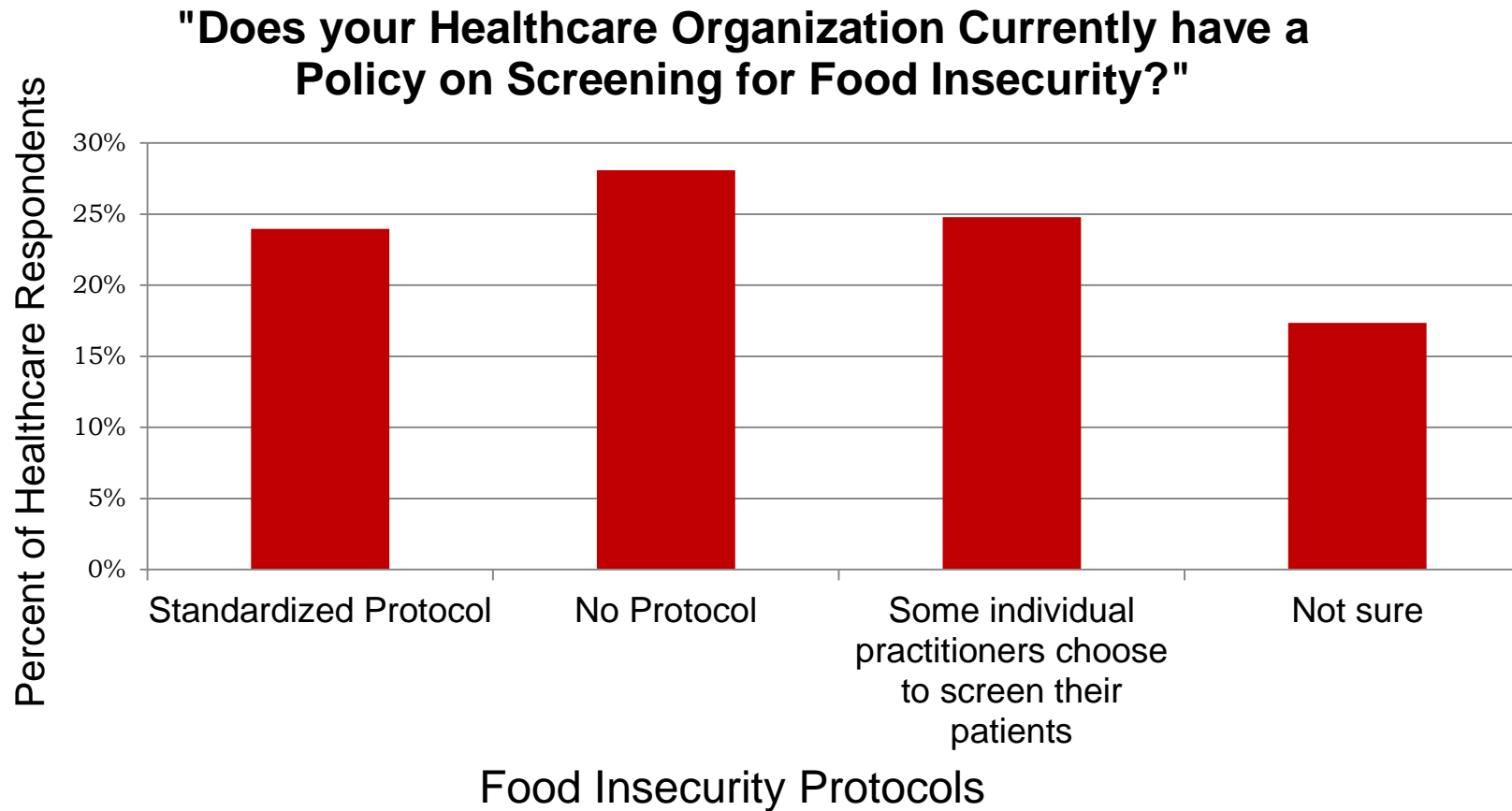
Food insecurity screening receives strong support from Massachusetts healthcare providers

"How Does Food Insecurity Screening Benefit your Healthcare Organization?"



FOOD INSECURITY SCREENING IN MASSACHUSETTS

Less than 25% of responding healthcare organizations currently implement standardized food insecurity screening



TRACKING FOOD INSECURITY

Food Insecurity is rarely assigned a diagnostic code in the patient's medical records

“If a Patient Screens Positive for Food Insecurity, is a Diagnostic Code Used in the Patient's Electronic Medical Records?”

No Diagnostic Code or Not Sure: 88%

Specific Code is Used: 12%

SIGNIFICANT BARRIERS IN REFERRING PATIENTS

A majority of healthcare respondents reported barriers in referring food-secure patients to nutrition resources

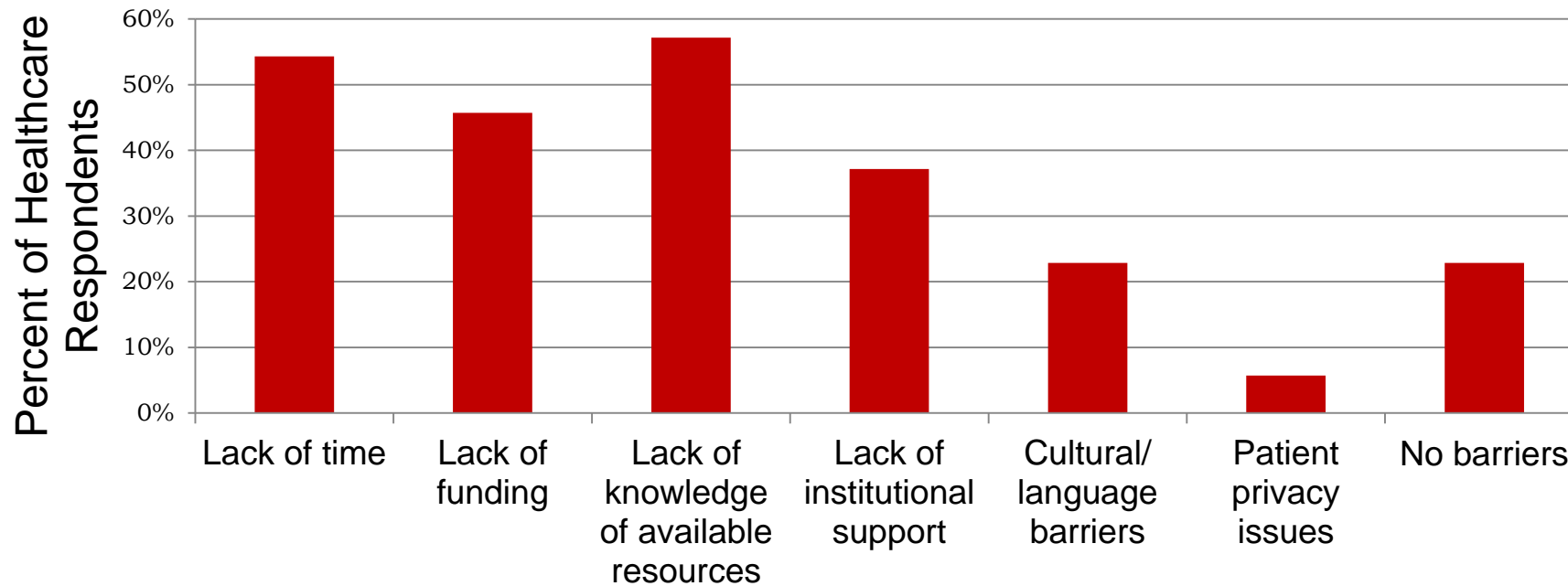
“My Healthcare Organization Faces Barriers in Referring Patients to Food and Nutrition Resources”

68% Agree or Strongly Agree

SPECIFIC BARRIERS IN REFERRING PATIENTS

The primary barriers for healthcare providers are lack of time, funding and knowledge of available resources

Reported Barriers in Referring Patients to Food is Medicine Interventions and Nutrition Resources



Reported Barriers in Referring Food-Insecure Patients to Food is Medicine Interventions

PHYSICIAN SURVEY SUMMARY

- Food insecurity screening receives strong support from Massachusetts healthcare providers
- Few healthcare organizations currently implement standardized food insecurity screening
- Food insecurity is rarely assigned a diagnostic code in the patient's medical records
- The primary barriers for healthcare providers are lack of time and knowledge of available resources

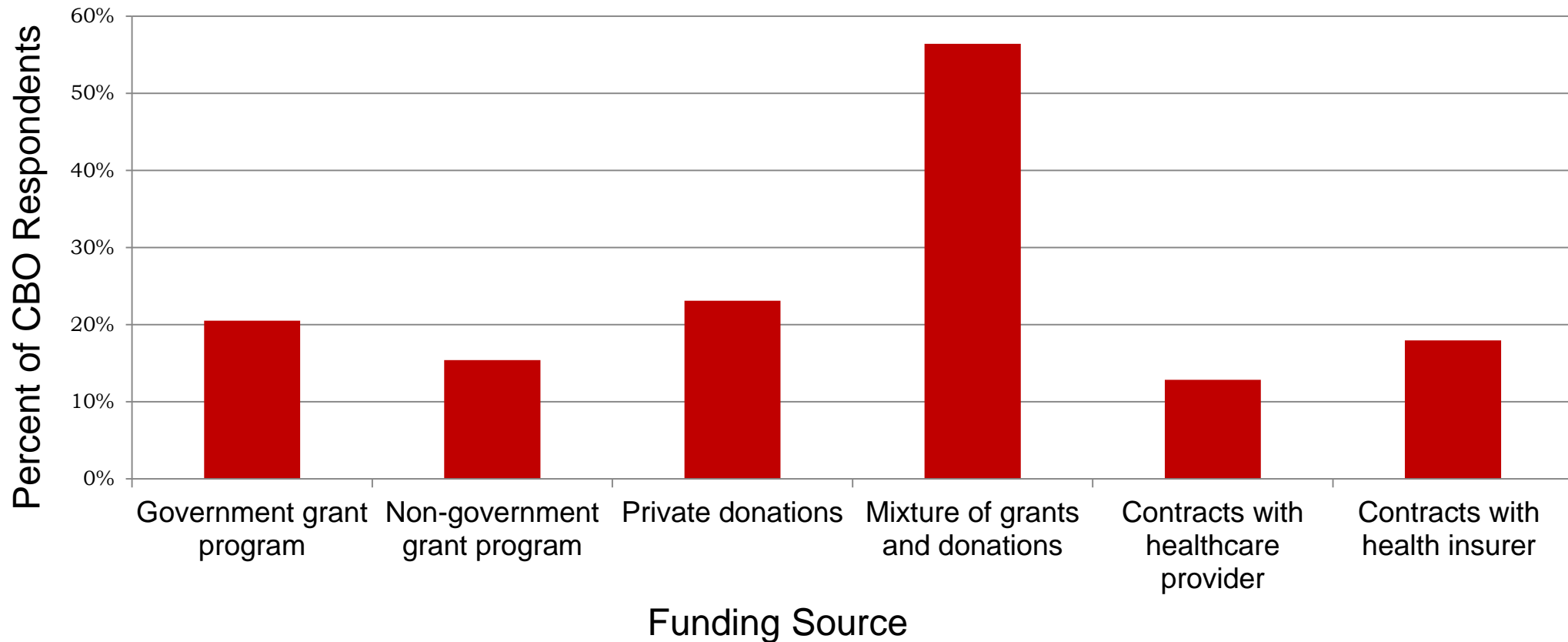


Photo: National Board of Physician Nutrition Specialists

FUNDING FOR COMMUNITY BASED ORGANIZATIONS

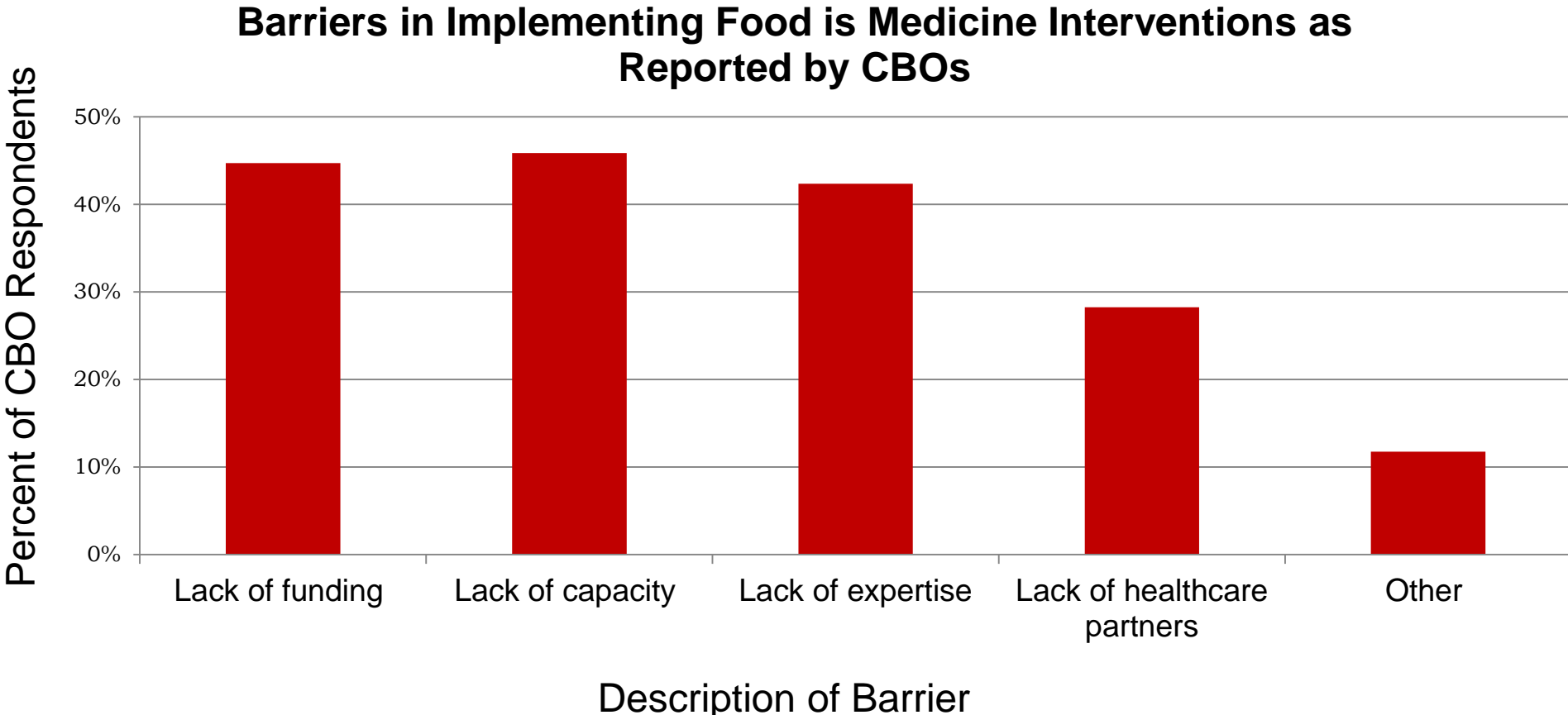
The majority of food is medicine interventions are funded by grants and donations in Massachusetts

Funding Sources for CBO Food is Medicine Interventions



BARRIERS FOR CBOs IN EXPANDING SERVICES

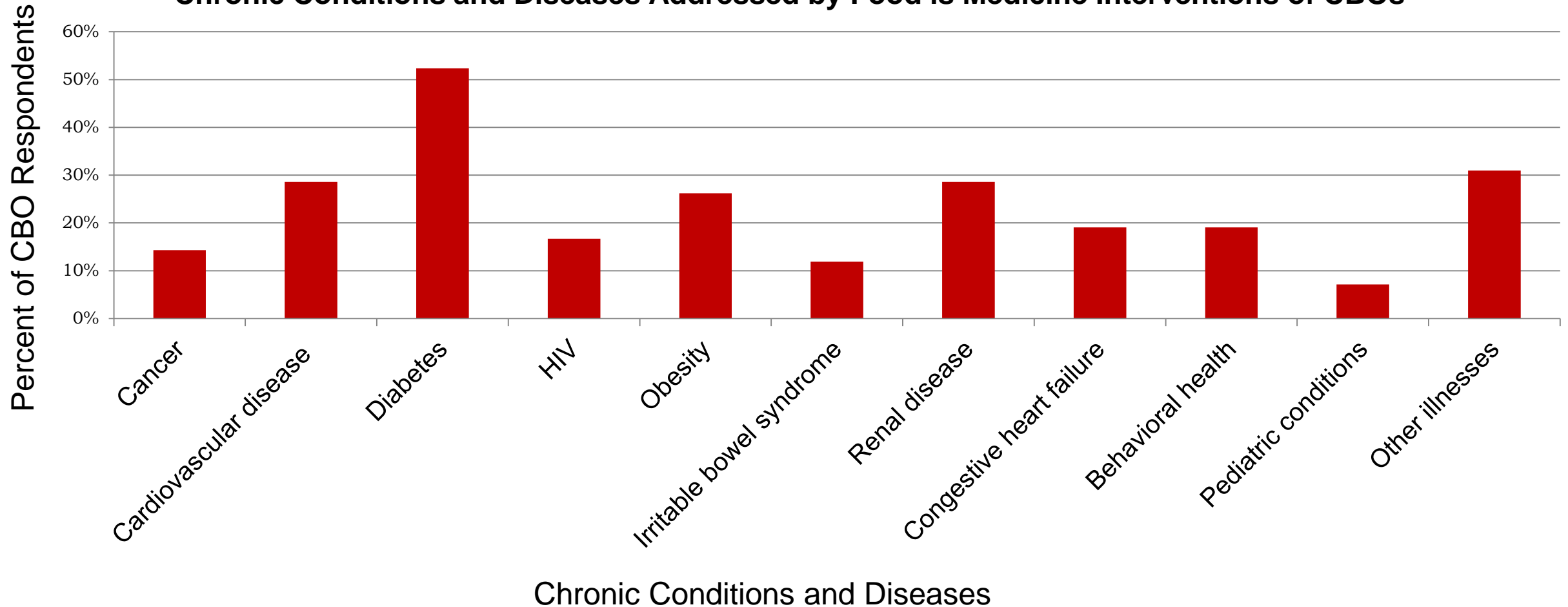
Lack of funding, capacity and expertise are the leading barriers for community based organizations



TARGETED DISEASE TREATMENT

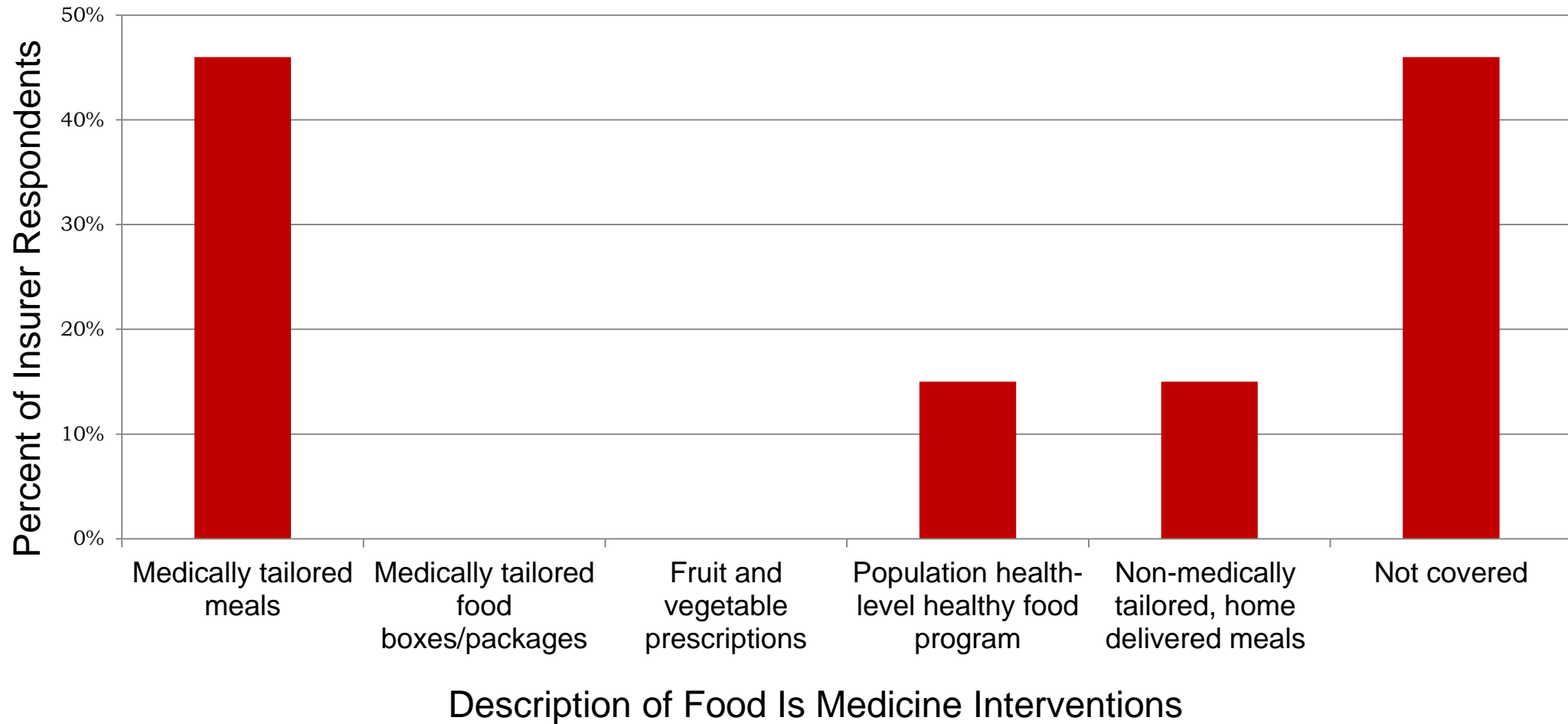
Current food is medicine interventions address a range of conditions

Chronic Conditions and Diseases Addressed by Food is Medicine Interventions of CBOs



INTERVENTIONS COVERED BY INSURANCE IN MASSACHUSETTS

Food is Medicine Interventions Covered by Insurance Plans in Massachusetts



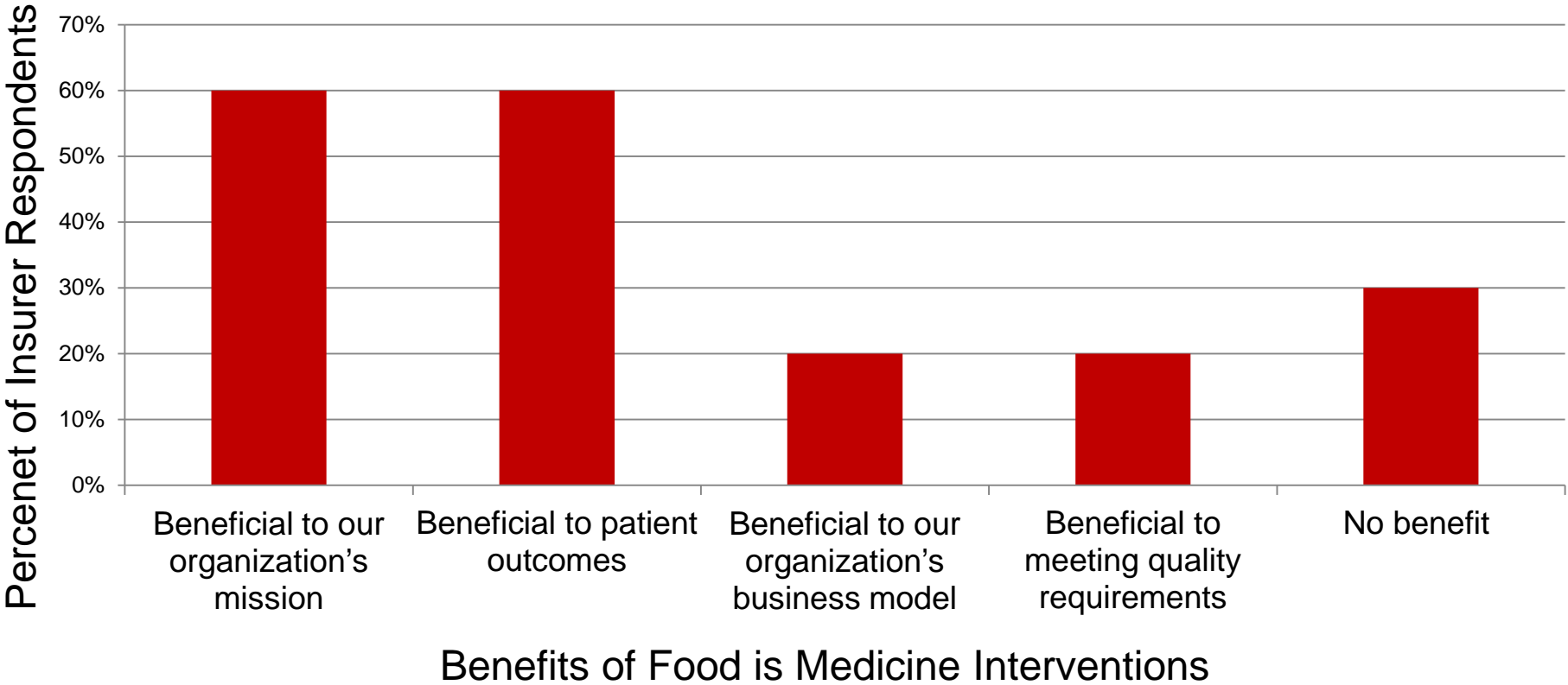
INTERVENTIONS COVERED BY INSURANCE IN MASSACHUSETTS

- *Medically tailored meals are the most common food is medicine intervention covered by insurance*
- *Nearly half of insurer respondents do not cover food is medicine interventions*

BENEFITS OF COVERING NUTRITIONAL INTERVENTIONS

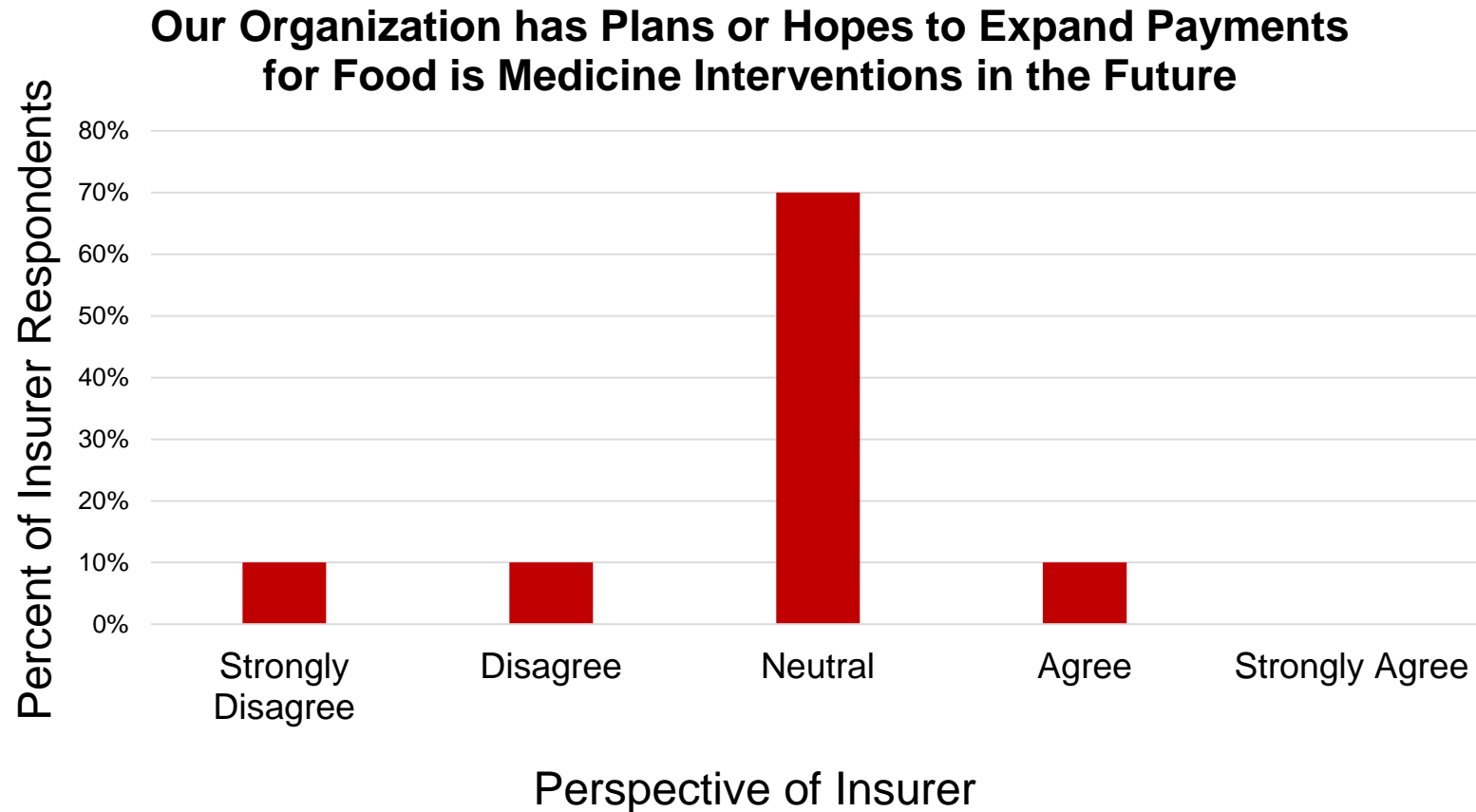
Majority of insurers report that covering food is medicine interventions is beneficial to the organization's mission and patient outcomes

Reported Benefits of Covering Food is Medicine Interventions by Insurer Respondents



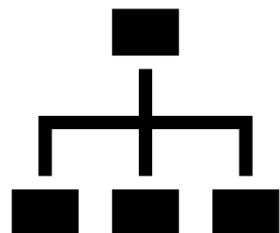
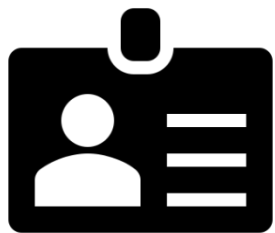
EXPANSION OF COVERAGE

However, few health insurers have concrete plans to expand their coverage for food is medicine interventions



INSURER SURVEY SUMMARY

- Medically tailored meals are the most common food is medicine intervention covered by insurance
- Nearly half of insurer respondents do not cover food is medicine interventions
- Majority of insurers report that covering food is medicine interventions is beneficial to the organization's mission and patient outcomes
- However, few health insurers have concrete plans to expand their coverage for food is medicine interventions



QUESTIONS?

Brief pause for questions on Surveys before Listening Sessions

Please type questions into chat box!



LISTENING SESSIONS



LISTENING SESSIONS

Metro Boston

Blue Cross Blue Shield of
Massachusetts Foundation

Pioneer Valley

Caring Health Center, Springfield

Western Massachusetts

Berkshire Community College, Pittsfield

Northeastern Massachusetts

Elder Services of Merrimack Valley,
Lawrence

Central Massachusetts

Family Health Center of Worcester,
Worcester

Cape & Islands Listening Session

Barnstable Senior Center, Hyannis

Southeastern Massachusetts

Brockton Neighborhood Health Center,
Brockton

Massachusetts Medical Society

Seaport Hotel, Boston

Harvard Medical School

Center for Primary Care, Boston

ANALYZING KEY THEMES FROM LISTENING SESSIONS

35 Key Themes Identified Across 4 Larger Categories:

1. Food insecurity screening and referrals in clinics
2. CBO program design and nutrition
3. Funding for food is medicine programs
4. Relevant state-wide health policy

Key themes identified based on the number of tables at each listening session that discussed the theme

LISTENING SESSION QUOTES

“It is easy to de-prioritize food insecurity issues because **health care providers do not fully understand the scope of the problem.**”

“With our current budget we can’t medically tailor meals, but **we could do so much more with MassHealth support**...it costs money to make food with better and more nutritious ingredients and to have a variety, but again, we are not funded enough to do that”.

“Food insecurity screening must be incorporated in electronic medical records and can’t take more than **20 seconds.**”

“There was a list of food pantries by zip codes that someone put together and circulates as a hard copy within the health center. That’s about all we can do at this point.”

“If we promoted our food services at community health centers I’m sure we would see a huge increase in demand, but **we can’t promote the service if we do not have enough resources** to fill the need.”

SUMMARY OF KEY LISTENING SESSION THEMES

Healthcare Providers and Clinicians

- Providers want and need more information about nutrition and health to best serve patients
- Food insecurity screening is not widespread, standardized, or tracked
- Providers want to connect patients to resources but feel constrained by time
- Providers do not know what resources are available

Community-Clinic Collaboration

- CBOs and health care providers/payers want to work together, but can find it difficult to align priorities
- Need for bidirectional, secure referral platforms and trusted databases that accurately reflect resources available in the community
- Care team members must be empowered and equipped to make referrals

CBOs

- FIM services are supported primarily by (and subject to) philanthropy and other grant programs
- At current funding levels, CBOs will be hard-pressed to change their practices or serve many more clients
- CBOs need assistance to build capacity and expertise

REGIONAL AND STATEWIDE CHALLENGES

Statewide

- Transportation
- Individual needs are often multifactorial
- A well-functioning, sustainable food system is a necessary foundation to Food is Medicine reform
- A coordinated, well-functioning social safety net is also a necessary foundation
- Housing instability and food insecurity go hand in hand

Regional

- Variations in vulnerable populations that need these interventions but are hard to reach (e.g. seniors, communities where language barriers are common, etc.)
- Seasonality of tourism-driven areas can create unique challenges (e.g. employment)
- The opioid epidemic is top of mind
- Affordable housing

QUESTIONS?

Brief pause for questions before Consumer Interviews

Please type questions into chat box!



BRINGING IN THE COMMUNITY VOICE

Qualitative interviews with 12 recipients of food and nutrition programs in Massachusetts

Geographic Representation:

6 organizations

7 counties

Organizations Included:

meal delivery programs

produce programs

pantry programs



CONSUMERS REPORTED

1. Overall improvements in food security
2. They would need to purchase cheaper, less healthy food without the FIM program
3. Improvements in health outcomes, including better A1Cs levels and blood pressure, improved lymph edema, and less use of oxygen and medications
4. Greater financial stability



QUOTES FROM INTERVIEWS

“The meals were kind of like a reminder that I am a diabetic and I need to watch what I eat. So it forces me to eat meals at mealtime and not skip anything.”

“It changes what you eat...I look for things in the super market trying to balance the food plate.”

“My food stamps would probably only last half a month and I would be struggling majorly, which is what I did before...You can't afford a lot of fruits and vegetables. So you end up doing what you have to do to fill your belly, and it's almost never good for you. Something has to give when you don't have the money to buy good food.”

CONSUMER ENROLLMENT IN FIM PROGRAMS

- Social workers, patient navigators, and nurses were typically the team members who informed consumers about a FIM service.
- Factors affecting continued enrollment in the program included:
 1. An individual's perception of their own health status
 2. Quality and taste of the food

CONSUMERS VALUED

1. Easy, non-invasive onboarding process
2. Choice and variety in the foods they received
3. Fresh foods and produce
4. Home delivered meals *or* convenient pick-up locations accessible by public transit



RECOMMENDATIONS

Provider knowledge & screening

- Provider education
- Standard screening protocols embedded in EMRs and tracked
- Incentives for screening: reimbursement and quality measures
- Research on intervention outcomes

Patient referral & connection

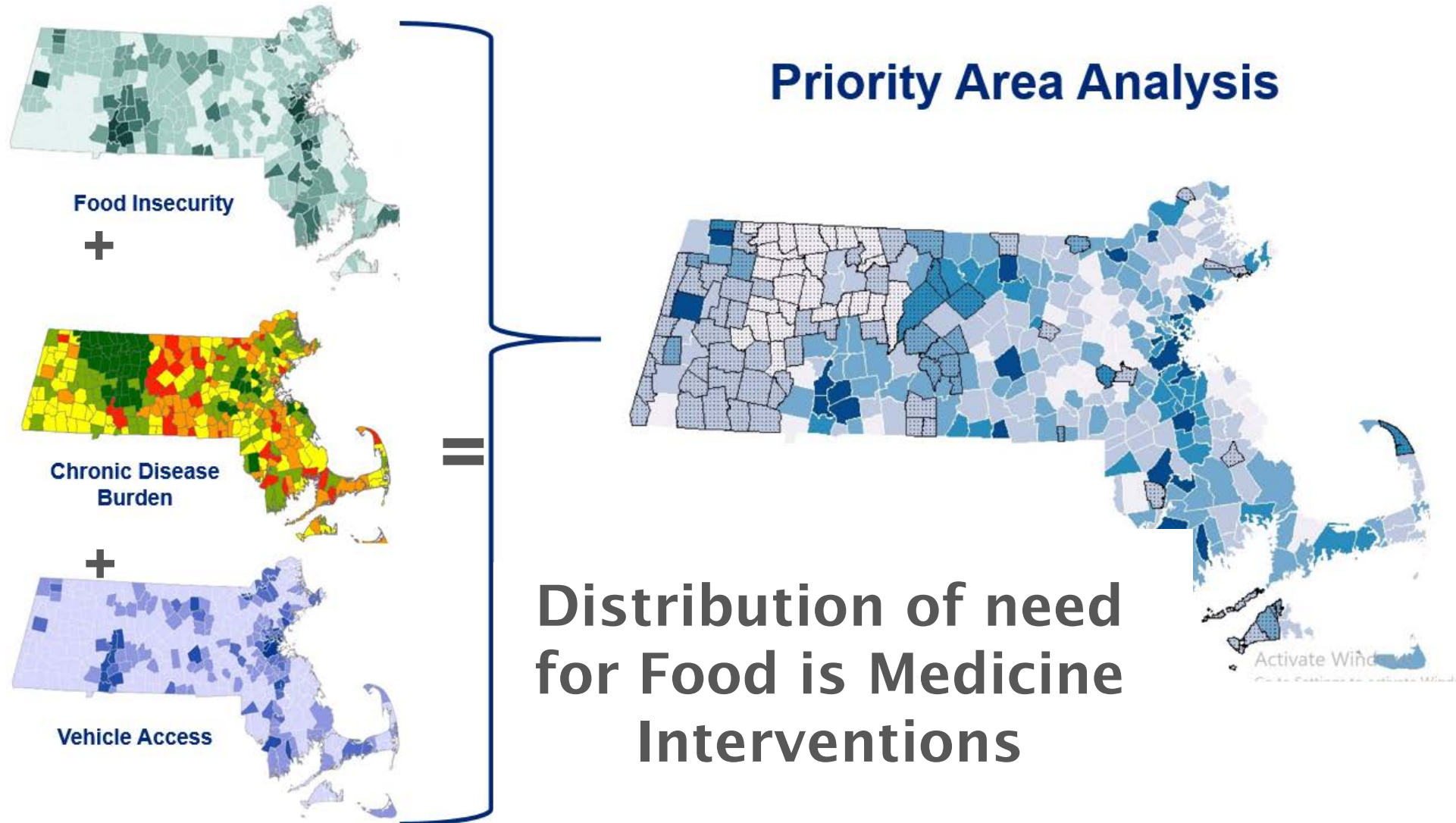
- Bidirectional referral with warm hand-off
- Referral platform must be seamlessly integrated into the EMR
- Improved communication channels and data collection

Expanding FIM services

- Sustainable financial resources to build CBO capacity to deliver FIM services
- Embedded within a larger public health infrastructure promoting nutrition
- Addresses patient needs

Leadership & Communication

JOIN US NEXT WEEK: SPATIAL ANALYSIS!



NEXT WEBINAR

**The Massachusetts Food is Medicine State Plan GIS
Methodology: Mapping the need for and access to
interventions across the Commonwealth**

Thursday, January 31 @ 1:00-2:30PM EST

Register [Here](#) or at our website:

www.chlpi.org/massachusetts-food-medicine-state-plan/



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Learn more about the MA Food is Medicine State Plan at chlpi.org/fim