



Utilization Of Community Benefits To Improve Healthy Food Access In Massachusetts

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A HEALTHY FOOD IN HEALTH CARE REPORT: SUMMARY
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Utilization of Community Benefits to Improve Healthy Food Access in Massachusetts is an outgrowth of an Eastern Massachusetts workgroup of Health Care Without Harm. This group, composed of hospital leaders and nonprofit organizations, felt there was a strong need to understand the ways in which hospitals across the Commonwealth were engaged in efforts to improve healthy food access for vulnerable communities as a strategy to address chronic diet-related disease. Three objectives were developed to meet this goal.

1. Provide an overview of the ways in which hospitals use their community benefit resources to address healthy food access.
2. Develop an understanding of the types of food access programs that comply with community benefit regulations at the federal and state levels.
3. Develop an understanding of the ways in which hospitals are measuring the impact of food access programs on health outcomes.

To meet these goals, a review was conducted of all fiscal year (FY) 2013 community benefit reports submitted to the Massachusetts Attorney General's Office (AGO). This provided an overview of the landscape of relevant activities. Eleven facilities were then interviewed to provide a deeper understanding of their programming and the measures used to evaluate program impact. Additionally, community health needs assessments (CHNAs) were reviewed for the 11 interview facilities to understand how they integrated food security and food access. The research process also included a review of the rules and requirements for compliance with federal and state community benefit standards and an interview with the Massachusetts AGO.

COMMUNITY BENEFIT STANDARDS

Federal community benefit standards have been in place since 1969. However, they underwent a significant transformation with the passage of the Affordable Care Act (ACA) in 2010. Nonprofit hospitals are now required to conduct a CHNA every three years. They must include community input in the assessment process and make the assessment publicly available. Nonprofit hospitals are also required to identify priority health needs, based on CHNA results, and develop a plan to address those needs. Finally, hospitals must submit an annual report of their community benefit activities that is required to include an evaluation of their work.

In addition to establishing a framework for how to assess community needs, the new rules acknowledge that community benefits are more than provision of financial assistance to low-income patients and improved access to care. The final rule, published in December 2014, states that hospitals may also consider "...the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community." The specific incorporation of "nutrition" signals support for the idea that improving the community food environment and addressing barriers to healthy food access are viable strategies to improve population health.

FINDINGS

All of the interview hospitals identified diet-related disease as a primary health challenge for their community and two of the 11 facilities specifically noted healthy eating as a health challenge. Despite awareness of the struggle for many community

members to eat a healthy diet, facilities were inconsistent in their inclusion of questions about food access and food security in their CHNAs.

A total of 80 nutrition and healthy food access activities were reported in FY 2013. These included activities that improved direct access to food, education programs, policy and systems oriented activities, diet and exercise interventions, and grant making activities. Despite the widespread investment in these types of activities, there was little evaluation of their impact. Most programs focused on operational measures such as the number of people served or amount of food provided. Only a small number of programs conducted evaluations that included outcome measures such as body mass index (BMI) or A1c (blood glucose) levels.

RECOMMENDATIONS

It is recommended that hospitals incorporate a more robust evaluation of the community food environment into their CHNAs. This can be done through the use of secondary data sets such as the United States Department of Agriculture's (USDA) Food Access Research Atlas and Food Environment Atlas and Map the Meal Gap by Feeding America. Further nuance at the neighborhood level can be provided through community surveys, focus groups, and key informant interviews. The report provides a series of questions to consider for inclusion in primary data collection.

A variety of healthy food access initiatives may be successful in Massachusetts communities. This report includes three recommendations for activities that are appropriate for most communities in which diet-related disease is a priority health issue. Priorities from the state health improvement plan (SHIP) were overlaid with the tiers of impact described in the Health Improvement Pyramid developed by the Centers for Disease Control and Prevention (CDC) to develop specific recommendations for Massachusetts hospitals.

1. **Food Security Screenings.** It is recommended that hospitals routinely screen patients for food security and connect patients in need with community resources.

2. **Development of Healthy Retail Options.** Hospitals may consider partnering with community groups to invest in the development of healthy retail options to increase food access and stimulate job creation. When possible, such initiatives should focus on incorporation of local food businesses and producers to further the economic impact of such initiatives.
3. **Fruit and Vegetable Incentives.** Hospitals may consider development of incentive programs that provide financial assistance to low-income individuals for the purchase of fresh, and when possible, local fruits and vegetables.

Finally, to enhance program evaluation it is recommended that facilities implementing similar programs collaborate around assessment by using the same assessment tools. This approach will lead to a larger sample size and increase the strength of findings. A community-based participatory research approach is recommended to ensure that evaluation tools will be accepted by study participants and that the reliable data will be collected.

Read the full report at

www.noharm-uscanada.org/CommunityBenefitsMA

UTILIZATION OF COMMUNITY BENEFITS TO IMPROVE HEALTHY FOOD ACCESS IN MASSACHUSETTS

Health Care Without Harm, February 2015

Health Care Without Harm seeks to transform the health sector worldwide, without compromising patient safety or care, to become ecologically sustainable and a leading advocate for environmental health and justice. Health Care Without Harm's national Healthy Food in Health Care program harnesses the purchasing power and expertise of the health care sector to advance the development of a sustainable food system.

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