Community Benefit Webinar:
Hospital-Community Collaborations to Promote Healthy Food Access

Sponsored by CHA and Vizient

June 26, 2018
3 – 4 p.m. ET
Jesus often healed one or two people in need of immediate care. Jesus also fed thousands of hungry at a single time as he multiplied fish and loaves of bread. So too, we must heal the individuals in need of care, but also care for the multitudes who live in our communities.

Fr. Michael Rozier, S. J.
Healing the Multitudes
CHA 2018
“Delivering community benefit: Healthy food playbook”

Addressing social and environmental determinants of health to create resilient communities

Susan Bridle-Fitzpatrick, PhD
Senior Researcher, Health Care Without Harm
Our mission is to transform health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice.
Healthy Food in Health Care
Engaging the health care sector to support healthy, sustainable food systems for community health

Hospitals as Anchor Institutions
engaging a wide range of tools & resources to strengthen food systems, promote local economic development, advance health equity, and reduce environmental impacts

- Hospital food procurement
  of healthy, regionally and sustainably grown food

- Hospital community benefit activities
  to improve access to healthy food, reduce risk of diet-related disease & promote healthier food systems

- Other leverage points
  engaging clinician and administrator champions, employee wellness, policy advocacy, other investments
A broken food system

The connection between public health and our broken food system is clear, impacting lives, families and the cost of our health care system:

- DIET-RELATED DISEASE
- FOOD INSECURITY
- TOXIC INPUTS AND EXPOSURES
- THE FOOD CLIMATE CONNECTION
Not All Apples Are Created Equal

Environmental Nutrition Redefines What Constitutes Healthy Food

**Traditional Nutrition**
Focuses on biochemical components of food and individual food consumption

*Asks:*
- How much Vitamin C?
- How many calories?
- How much fiber?

**Environmental Nutrition**
Accounts for social, political, economic, and environmental factors related to the food system as a whole

*Also asks:*
- Was it grown with harmful pesticides or synthetic fertilizers?
- What labor standards were used?
- Were toxic chemicals used in packaging?
A healthy food system

What does a healthy, sustainable and equitable food system look like?

- Healthy food access for all
- Localized food economies
- Reduced agricultural impact on natural systems
- Agriculture and food policy that promotes all of the above
Purpose: To examine hospital community benefit landscape and identify promising practices to promote healthy food access, healthy eating, and healthier food environments to address the risk of diet-related health conditions.
THE APPROACH

- National survey of community benefit programs
- In-depth interviews with community benefit, public health and other stakeholders
- Case studies
- Playbook of resources to inspire and support community benefit professional
THE TRIPLE WIN

1. Improve access to healthy, affordable food, and at the same time
2. Support economic and workforce development in low-income communities
3. Strengthen local and sustainable food systems

These “win-win-win” initiatives support local and sustainable food production while working to eliminate health disparities and empower and improve the lives of community residents.
CHNA findings

- Health needs identified:
  - 71% - Obesity
  - 13% - Food insecurity or healthy food access
- 57% utilized food environment measures
- 40% included data on diet-related behaviors
- 45% of hospitals included at least one food-related organization on steering committee
Implementation strategy findings

- **Staff time/expertise** (e.g. staff hours to conduct diabetes screenings or nutrition education at a community center) - 89%
- **Other in-kind contributions** (e.g. donated food or materials; use of equipment or hospital facilities) - 68%
- **Financial support for an event** (e.g. funds to support a particular healthy cooking and tasting demonstration) - 58%
- **Financial support for an organization or ongoing program** (e.g. grant to support a community food bank) - 42%

*From 331 community benefit programs reported by 215 respondents. Respondents could select more than one support type for each program.*
## Implementation strategy findings

<table>
<thead>
<tr>
<th>Health need targeted</th>
<th>Intervention activity type</th>
<th>Diet &amp; Nutrition Education</th>
<th>Exercise Promotion</th>
<th>Improving Food Access</th>
<th>Diabetes Screening or Management</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention or treatment of obesity</td>
<td>56%</td>
<td>44%</td>
<td>20%</td>
<td>8%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Prevention or treatment of diet-related disease</td>
<td>55%</td>
<td>39%</td>
<td>16%</td>
<td>15%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Improving food security and/or healthy food access</td>
<td>44%</td>
<td>23%</td>
<td>56%</td>
<td>4%</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>Other health conditions or SDH</td>
<td>63%</td>
<td>41%</td>
<td>15%</td>
<td>7%</td>
<td>33%</td>
<td></td>
</tr>
</tbody>
</table>

*From 331 community benefit programs reported by 215 respondents*

*Each program can have up to two intervention activity types and one to all of the targeted health needs*
Evaluation findings

From 331 community benefit programs reported by 215 respondents
Respondents could select more than one evaluation method for each program
SUPPORT FOR LOCAL FOOD SYSTEMS

43%
“including local or organic producers in the program was very important”

48%
“very or somewhat likely that their facility would provide community benefit support in the next 3 years to an initiative involving community agriculture”
Delivering community benefit: Healthy food playbook

- Community health needs assessment resources
- Implementation strategy resources
- Evaluating, reporting, and communicating results
- Case studies
Featured resource:
Engaging the community to understand food-related needs

- Assessing landscape of community food resources
- Engaging stakeholders and community members during CHNA and health improvement planning
Featured resource:
Fruit and vegetable incentive programs

- Program components and implementation resources
- Community benefit strategies and hospital examples
- Community collaboration and sustainable funding
Featured resource:
Evaluating community health impact

- Evaluation objectives and questions
- Recommended evaluation frameworks
- Resources for indicators and validated data collection tools
Featured resource:
IRS reporting for healthy food access programs

- Guidelines for reporting community benefit support for a set of healthy food access interventions

- If a program addresses an identified community health need, it may be reportable
RECOMMENDATIONS

- Include in CHNA:
  - Food advocacy organizations
  - Data on food insecurity & food environments
- Engage hospital leadership
- Build strong community partnerships
- Utilize shared, established evaluation metrics
- Adopt “triple-win” strategies
“Win-win-win” initiatives support local and sustainable food production while working to eliminate health disparities and empower and improve the lives of community residents.
Susan Bridle-Fitzpatrick
Senior Researcher
Health Care Without Harm
Healthy Food in Health Care program
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Food System Transformation

Doreen Fadus
Executive Director, Community Health & Well Being
Mercy Medical Center, Trinity Health Of New England
June 26, 2018
One Mile Radius Project

- 2015: Barbara Beyaz
  - Intern Report on social determinants of health within 1 mile of Mercy

- Correlation between health disparities and:
  - Graduation rates
  - Income level
  - Unemployment rates
  - Access to safe places to play and healthy food
Healing, Transforming, Presence in the Communities We Serve

Community Health & Well-being

Clinical Services:
Efficient & Effective Care Delivery through Trinity's Safety Net System

Community Engagement:
Efficient & Effective Wrap Around Services Focusing on the Vulnerable & the Poor

Community Transformation:
Community Building Focusing on Built-Environment Economic Revitalization, Housing, & other Social Determinants of Health

Innovation in Financing
Innovation in Technology

Triple Aim
Better health • Better care • Lower costs

Trinity Health Of New England
Trinity Health is investing in communities using policy, system and environmental change strategies to improve health

Transforming Communities Initiative (TCI)
- March 2016-June 2020 commitment
- 8 locations
- $18M grant for communities, plus $7M in community match
- $40M in community loan investing

Six evidence based strategies to accelerate community health improvement

- Tobacco-free Living
- Physical Activity
- Early Childhood
- Food Access
- Complete Streets
- Breastfeeding

National technical assistance partners

30+ multisector organizations
10+ years of collaboration
Ministry Overview

- Springfield, Massachusetts
- 3,411 Mercy & 12,000 THOfNE Employees
- Hampden County, Western Massachusetts
- Transforming Communities Initiative (TCI) grant
Cooperatively owned, new stable & well-paid jobs
Year-round local produce on remediated brownfield
Estimated 250,000 plants a year (greens & herbs)
Launch May 2018
Serves local hospitals, schools, and grocery stores
$1m project; $180,000 Trinity loan support invested
Springfield SPS Culinary & Nutrition Center

- Scratch cooking: cutting & processing room, bakery, training kitchens, and a cook-chill system.
- Expand Farm to School program & produce in meals
- 40 - 60 new stable & well-paid jobs
- Launch November 2018
- Serves Springfield school district; 50+ schools,
- $21m project; $500,000 Trinity loan in progress
Cross-Sector Collaborations
Lessons Learned
Social Determinants of Health
Live Well Springfield multi-sector coalition

- 10 years, 30+ organizations
- Collaborative decision-making
- Challenges & Benefits
- Managed by Partners for a Healthier Community
- Marketing: Local Story Campaign
- Evaluation
Target Neighborhoods: Map

- South End
  - South End
  - Six Corners
- North End
  - Brightwood
  - Memorial Square
- Mason Square
  - Bay
  - McKnight
  - Old Hill
  - Upper Hill
Target Neighborhoods:
Race, Ethnicity, Poverty Level, Obesity & Smoking Rates

Table 5. Race and Ethnicity of TCI Target Area Residents and Springfield Overall, 2015

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Total Estimated Population</th>
<th>Latino</th>
<th>Non-Latino, White</th>
<th>Non-Latino, Black/African American</th>
<th>Non-Latino, Other Races</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay</td>
<td>3757</td>
<td>45%</td>
<td>11%</td>
<td>40%</td>
<td>4%</td>
</tr>
<tr>
<td>McKnight</td>
<td>4871</td>
<td>44%</td>
<td>10%</td>
<td>37%</td>
<td>9%</td>
</tr>
<tr>
<td>North End</td>
<td>8945</td>
<td>86%</td>
<td>5%</td>
<td>8%</td>
<td>1%</td>
</tr>
<tr>
<td>Old Hill</td>
<td>4117</td>
<td>53%</td>
<td>11%</td>
<td>34%</td>
<td>1%</td>
</tr>
<tr>
<td>Six Corners</td>
<td>7592</td>
<td>61%</td>
<td>15%</td>
<td>20%</td>
<td>4%</td>
</tr>
<tr>
<td>South End</td>
<td>4132</td>
<td>62%</td>
<td>20%</td>
<td>13%</td>
<td>6%</td>
</tr>
<tr>
<td>Upper Hill</td>
<td>7910</td>
<td>26%</td>
<td>31%</td>
<td>40%</td>
<td>4%</td>
</tr>
<tr>
<td>TCI Target Area Total</td>
<td>41324</td>
<td>55%</td>
<td>15%</td>
<td>26%</td>
<td>4%</td>
</tr>
<tr>
<td>Springfield</td>
<td>153,947</td>
<td>42%</td>
<td>34%</td>
<td>19%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Neighborhoods percentages were calculated using census tract data from U.S. Census Bureau, 2011-2015 ACS.

Obese and Overweight Children, Springfield (Grades 1, 4, 7 & 10 combined), 2013-2016

<table>
<thead>
<tr>
<th></th>
<th>2013-2014 School Year</th>
<th>2014-2015 School Year</th>
<th>2015-2016 School Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Obese</td>
<td>23.5%</td>
<td>23.8%</td>
<td>24.6%</td>
</tr>
<tr>
<td>% Overweight</td>
<td>17.5%</td>
<td>16.7%</td>
<td>16.8%</td>
</tr>
<tr>
<td>% Overweight &amp; Obese</td>
<td>41.0%</td>
<td>41.3%</td>
<td>41.5%</td>
</tr>
</tbody>
</table>

Sources: 2013-14 School Year data from MDPH; 2014-2016 School Year Data from Springfield Public Schools

Table 8. Households below the Poverty Level in the TCI Target Area and Springfield Overall

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Total Households (#)</th>
<th>Households Below Poverty Level (#)</th>
<th>Households Below Poverty (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bay</td>
<td>1237</td>
<td>502</td>
<td>41%</td>
</tr>
<tr>
<td>McKnight</td>
<td>1571</td>
<td>605</td>
<td>39%</td>
</tr>
<tr>
<td>North End</td>
<td>3251</td>
<td>1755</td>
<td>54%</td>
</tr>
<tr>
<td>Old Hill</td>
<td>1169</td>
<td>557</td>
<td>48%</td>
</tr>
<tr>
<td>Six Corners</td>
<td>2865</td>
<td>1441</td>
<td>50%</td>
</tr>
<tr>
<td>South End</td>
<td>1724</td>
<td>742</td>
<td>43%</td>
</tr>
<tr>
<td>Upper Hill</td>
<td>1797</td>
<td>538</td>
<td>30%</td>
</tr>
<tr>
<td>TCI Target Area Total</td>
<td>13,614</td>
<td>6,140</td>
<td>45%</td>
</tr>
<tr>
<td>Springfield</td>
<td>55,644</td>
<td>16,227</td>
<td>29%</td>
</tr>
</tbody>
</table>

Neighborhoods calculated using census tract data from U.S. Census Bureau, 2011-2015 ACS
## Transforming Communities Initiative Grant

### POLICY
- **State:** Tobacco 21
- **City:** Complete Streets
- **Institution:** School Wellness & Procurement

### SYSTEMS
- Effective physical education curriculum
- Create community network for Safe Routes to School
- More local produce in school meals

### ENVIRONMENT
- Build bike lanes & crosswalks by schools
- Build school gardens to teach healthy eating & science
- Serve healthier food in school cafeterias
MLK Peer Health Advocates

- Summer Public Health Training
- Stipended Community Outreach
- Tours & Dinner with Hospital Staff
- Paid summer hospital internships
- Professional Development, Civic Capacity Building, & Health Outreach

One Story: Danielle
Complete Streets as Obesity Prevention

- Complete Streets
- Neighborhood Councils
- Renaissance Science Class
- Community Meetings
- Stakeholder partnerships
Farm to School as Obesity Prevention

- CDFI Loan
- Wellness & Procurement Policies
- School Gardens
- Free Meals: Community Eligibility Provision

Springfield announces new $21 million, state-of-the-art food service center for public schools
Better Play as Obesity Prevention

- Healthy Hill Initiative
  - Safe Routes to School
  - Public safety & C3 Policing
  - Taking back our parks
  - Resident Health Advocates

- LAUNCH Program
  - SPARK curriculum
  - Pre-K Wellness
  - Leverage partnerships to maximize change
How to Get Involved

- Community Connection
- Youth Internships
- Outreach Events

Maggie Whitten
TCI Program Director
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Questions?
Addressing Hunger Together in the Columbia River Gorge
• Providence St. Joseph Health is a faith-based multi-state not-for-profit health system representing 50 hospitals and 829 clinics.

• Special concern for those whose circumstances make them more vulnerable.

• Providence has served Oregon for 160 years with our 8 acute care hospitals, over 100 clinics and a regional health plan.
• Providence Hood River Memorial Hospital is a 25-bed critical access hospital.

• 13 clinics

• 2 housing facilities

• 550 employees

• $160M gross revenue in 2017
Columbia Gorge Community Health Needs Assessment 2017
The Columbia Gorge

7 counties in 2 states
4 different hospital systems
4 different health departments
~84,000 people
~25% of residents; +50% of kids on Medicaid.
~30% Hispanic population
~5% Native American
### General Population

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Needs</strong></td>
<td>1 in 4 had to go without a basic need AND 1 in 4 had to go without a healthcare need</td>
</tr>
<tr>
<td><strong>Income Security</strong></td>
<td>1 in 3 had trouble paying for basic needs</td>
</tr>
<tr>
<td><strong>Food Security and Healthy Eating</strong></td>
<td>1 in 3 are worried about running out of food*  more than 1 in 10 had to go without food</td>
</tr>
<tr>
<td><strong>Housing Security</strong></td>
<td>25% are worried about their housing situation 7% had to go without stable housing</td>
</tr>
<tr>
<td><strong>Transportation Access</strong></td>
<td>13% had to go without transportation</td>
</tr>
<tr>
<td><strong>Health Insurance</strong></td>
<td>8% are uninsured of the uninsured, 21% live in Washington and 69% live in Oregon</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Basic Needs</td>
<td>4 in 10 in the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had to go without a basic need and healthcare need</td>
</tr>
<tr>
<td>Income Security</td>
<td>More than half of the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had trouble paying for basic needs</td>
</tr>
<tr>
<td>Food Security and Healthy Eating</td>
<td>1 in 4 in the Hispanic/Latino/Other, Uninsured, and Medicaid populations had to go without food</td>
</tr>
<tr>
<td>Housing Security</td>
<td>About 40% in Hispanic/Latino/Other, Uninsured, and Medicaid populations are worried about their housing situation</td>
</tr>
<tr>
<td></td>
<td>16% of these populations had to go without stable housing</td>
</tr>
<tr>
<td>Transportation Access</td>
<td>About 1 in 4 in the Hispanic/Latino/Other, Low income, Uninsured, and Medicaid populations had to go without transportation</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Hispanic/Latino/Other and Low income populations are about twice as likely to be uninsured than the general population</td>
</tr>
</tbody>
</table>
BASIC FINDINGS:
• 1 in 3 worry about running out of food
• 1 in 5 run out of food
• 1 in 7 skip meals
<table>
<thead>
<tr>
<th></th>
<th>Surveyed Population</th>
<th>SNAP/WIC/Free Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ran out of food</td>
<td>22%</td>
<td>34%</td>
</tr>
<tr>
<td>Went without a meal</td>
<td>15%</td>
<td>24%</td>
</tr>
<tr>
<td>Went without a meal so children can eat</td>
<td>10%</td>
<td>18%</td>
</tr>
<tr>
<td>Children went without a meal</td>
<td>3%</td>
<td>5.5%</td>
</tr>
</tbody>
</table>
What makes it hard to get food?

<table>
<thead>
<tr>
<th></th>
<th>Surveyed population</th>
<th>Those who ran out of food</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>69.3%</td>
<td>85%</td>
</tr>
<tr>
<td>Time for shopping</td>
<td>24.0%</td>
<td>15%</td>
</tr>
<tr>
<td>Distance to the store</td>
<td>20.4%</td>
<td>21%</td>
</tr>
<tr>
<td>Transportation</td>
<td>15.1%</td>
<td>22%</td>
</tr>
<tr>
<td>Foods that I want/ need are not available</td>
<td>12.6%</td>
<td>8%</td>
</tr>
</tbody>
</table>

- 19% noted Health Concerns: Food Allergies, Diabetes, Disabilities
RWJF Culture of Health Action Framework
Collaborative CHIP Prioritized Drivers:

- Sense of Community
- Access
- Built Environment/Physical Conditions (Includes access to healthy foods)
Food Initiatives Funded by PHRMH

- Veggie Rx
- Veggie Rx evaluation
- Veggie Rx + WIC pilot
- Columbia Gorge Food Bank for School Pantries
- Raicés/Roots Cooperative Farm
- FISH food bank
- Blue Zones The Dalles: food policy
- Food bank infrastructure, eg freezers
- Food Coalition
- Funds to facilitate participation of low income community members in food security coalition
- Grant writing, meeting space and letters of support for food partners
Investments Synergistic with Desired Food/Nutrition Outcomes

- *Pasos a Salud*
- *Pasos para la Familia*
- Community Health Worker Trainings
- Pathways Community Hub
- Collective Impact Health Specialist
Leadership

Governance-Advised Funds

• Budgetary commitment for proactive investments (vs. community benefit in billable services).

• 3-year commitment to reduce the prevalence of childhood obesity
  • Focus on nutrition.
  • Majority of funds supporting food initiatives.

  Healthier Kids, Together
  #HealthierKidsTogether
  #5210everyday
Leadership

• Mission Outreach Community Health Advisors (MOCHA) 14 members

• Subcommittee of local hospital governance body

Collective expertise in:

• public health
• social services
• health care
• education
• faith community
• insurance
• mental health
• early learning
• cultural competency
• philanthropy
• prevention
Food Security Coalition

- 30+ organizations convened in 2016
- Special designation by Governor
- Neutral facilitation and project management
- Common agenda: More healthy local food for all.
Community Benefit on Steroids: The Case of the Collective Impact Health Specialist

- Started in 2013 to leverage the impact of Providence community benefit investment in the Gorge.
- $7.3M secured to date
- >95% from non-local funders
- >$200,000 additional dollars for food-related work

>17:1 Return on Investment
Evaluation: Photovoice

“What I really love is to eat the rainbow. I love a big salad with every color in there.”

“Fresh fruit is expensive. And you can’t find coupons for them.”

“I’m setting an example for my kids.”
"I feel better when I have fresh fruits and vegetables."

“My child cries when the fridge is empty. He looks at the refrigerator and cries. It’s a lot of stress for me.”

After a cold, “my kid went back to school quicker.”
Hospital Lessons Learned

• We’re better together *but* collective impact is hard: it requires trust and accountability
• Hospitals can be good partners, but we have to stay humble: we aren’t the experts in food systems.
• Elevate the stature of food system partners.
• Clarify a common problem and find shared goals.
• Identify who “wins” if a project works, and include them in the process.
• Include the “end user” in understanding the problem and designing the solution.
Thank You

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