THE ROOT CAUSE COALITION™

**Accelerated Response Brief:**

VOLUME ONE, ISSUE 1

# ADDRESSING NUTRITION SECURITY AMIDST THE COVID PANDEMIC

## "Constant triage": adapting to ensure access to food during a pandemic

The COVID-19 pandemic has had a staggering impact on hunger and nutrition security in America. In a recent household pulse survey by the U.S. Census Bureau, approximately 22.3 million Americans reported they sometimes, or often didn't, have enough to eat in the past week, up from 18 million Americans before March 13. Feeding America projects a six- to eight-billion meal shortfall over the next 12 months.

In 2019, the USDA reported the lowest number of children in the United States who were considered food insecure since these statistics began to be published in 1998, about 5.3 million children. The Brookings Institute estimated that, in July of this year, about 14 million children in the United States were not getting enough to eat.

Throughout the pandemic, members of The Root Cause Coalition across the country -- and across sectors -- immediately adapted to meet the needs of the communities they served, and adopted a "yes/and" philosophy in ensuring access to nutritious food.

What follows are the stories of how five member organizations of The Root Cause Coalition responded to the needs of their communities during the pandemic, and how they are starting to prepare for a post-pandemic world.

### CERES COMMUNITY PROJECT

## Adapting, extending service to meet the community need

The Ceres Community Project in California is a medically tailored meal provider that typically serves people who are in acute health care crises, with the majority of their clients being cancer patients. They provide service to patients covering approximately 2,500 square miles in Sonoma and Marin counties, with a traditional weekly meal package delivery of seven complete meals. All meals are made with 100% organic ingredients.

Prior to the pandemic, Ceres Community Project had some training in dealing with crisis situations as a result of wildfires in their area of California that began in 2017. "In those situations, we needed to quickly pivot, and we ended up being a pretty significant emergency food provider," says Cathryn Couch, CEO of Ceres Community Project. "We got into the COVID lockdown with the attitude that we needed to be able to say "yes" and then figure how to pay for it on the back end."

In 2019, approximately 65 percent of the clients Ceres served were cancer patients. The percent has dropped to 35 percent as the pandemic worsened, and the organization began responding to a broader range of people living with serious health challenges.

During COVID, Ceres expanded its eligibility requirements to include people living with chronic health conditions rather than only those with acute health conditions. "People who were calling were often very poor people living alone without support, and scared," says Couch. "We knew that these people were at the highest risk from COVID and so we immediately extended our eligibility."

In addition to serving a different population, the volume of meals delivered increased dramatically. Prior to the pandemic, Ceres was producing and delivering about 1,600 meals a week; at the peak of the pandemic, the organization was delivering more than 5,400 meals a week and the level has remained at 2.5 times pre-pandemic levels.

As the counties Ceres served received shelter-in-place mandates, one of the challenges for the organization was its volunteer work force. Ceres traditionally has been largely a volunteer organization, with 75 percent of the volunteers over 60 years of age. Says Couch, "For the first week to ten days it was constant triage as we worked to ensure we had enough people on each shift to get the meals produced and delivered, while still keeping no more than 10 people on any one shift – following the public health guidelines at the time. The numbers were constantly changing as volunteers cancelled – our staff was in triage mode."

PRIOR TO THE PANDEMIC, CERES WAS PRODUCING AND DELIVERING ABOUT 1,600 MEALS A WEEK; AT THE PEAK OF THE OF THE PANDEMIC, THE ORGANIZATION WAS DELIVERING MORE THAN 5,400 MEALS A WEEK.

To create more stability, and minimize risk to staff, Ceres leadership made a decision to move to an all-paid staff. Says Couch, "We announced to our culinary team on a Friday morning, and we implemented the program the next Monday, which meant calling all the volunteers, and changing delivery days and times for many of our clients. We hired 10 staff immediately over the first weekend and ended up with 22 temporary staff members over a two-week period, closing one of our kitchen sites and consolidating another one – it was really intense."

### Demand creates need for new operating model

Because there was a concern that demand was going to outpace production capacity in this new operating model, Ceres created two teams of professional staff who were self-contained and didn't overlap with each other. Then they hired current and former young adults who had been Teen Leaders in their Youth Development Program to serve as Kitchen Assistants.

Another concern was potential production capacity limitations. To overcome this barrier, Ceres entered into an agreement with a restaurant that served all farm-to-table local, organic food – matching their food philosophy. The restaurant makes approximately 500 meals for Ceres each week using the organization's recipes and 100% organic ingredients, packaged to specifications.

Because Ceres had previously worked so much with cancer patients, people would call when they were diagnosed and service would start two to three week later. This worked fine for most of them since they were just starting treatment. That approach didn't work during the pandemic. People needed meals immediately so Ceres restructured their entire process. Rather than planning and purchasing food each week to meet the specific needs of that set of clients, they began ramping up production in anticipation of need and simply assigning clients to the next available delivery. To ensure adequate supplies, and to meet growing demand for medically tailored meals, Ceres contracted for 12,000 meals from a catering company – 250 each of the 48 items from their 8-week menu rotation that could be frozen – and rented a 20-foot freezer container for storage.

Along with the operational changes and investments made by Ceres, was a parallel effort to raise the funds to pay for the COVID response. The effort included outreach to individual major donors, foundation and corporate partners, ongoing virtual fund-raising, and development of a significant contract with the county. But the bigger concern for Ceres leadership was 2021 and beyond. The pandemic surfaced a set of patients who needed medically tailored meals – and that need will continue, certainly through 2021 or until we achieve wide-spread control of the virus. In addition, while Ceres benefited from government stimulus programs, county contracts, and an outpouring of donations in response to the emergency, those unique funding opportunities won't be available in the coming year.

The leadership of Ceres and California Food is Medicine Coalition have also been working with the DHCS, which runs the MediCal program in California, to include language about medically tailored meals as a standard of care in its next

Medicaid waiver. While the formal evaluation of the data won't be published until the end until 2022, the self-reported data from the 750 clients Ceres and their partners have served to-date indicates some encouraging outcomes. Utilizing medically tailored meals, 30-day hospital readmission rates have been dramatically lower than the statewide average for the same population.

Couch adds, "The Central California Alliance For Health, a health plan on the central coast, has been conducting a discharge pilot for two years for patients with diabetes, congestive heart failure, CPOD and other conditions. Their results are so positive that they're board has just agreed to make this a permanent benefit for their members."

In addition, Blue Shield of California is conducting a pilot with diabetes patients in San Diego, Anthem is doing a pilot with HIV patients in three counties in California and Kaiser Permanente is conducting four large scale randomized control trials on medically tailored meals – including a 1,000-person study that Ceres and Project Open Hand, another meal delivery program in San Francisco, are conducting together.

Ceres and California Food is Medicine Coalition leadership has also been working with the DHCS, which runs the MediCal program in California, to include language about medically tailored meals as a standard of care in its next Medicaid waiver. The proposal, which will go into effect in January 2022, allows home delivered meals at discharge and medically tailored meals for eight different conditions to be covered by plans as an "in lieu of service" benefit.

UTILIZING MEDICALLY TAILORED MEALS, 30-DAY HOSPITAL READMISSION RATES HAVE BEEN DRAMATICALLY LOWER THAN THE STATEWIDE READMISSION RATE FOR THE SAME POPULATION.

### Dignity and aging

The relationship between complex chronic disease and aging is clear. In that population, there are high rates of low income, with many of these individuals living alone and food insecure, and who may not always have caregivers providing support, among other complexities.

"In California we have six medically tailored meal agencies and the population we traditionally serve is the most at-risk for complications and death from COVID," says Couch. "They're mostly over 60, and they all have chronic health conditions.

"It is really important to stress the need for nutrition security, not just food security," she adds. "We need to better understand the broad range of circumstances people are facing, and create an integrated and coordinated nutrition security system, with a broad range of partners, to support them."

California is in the process of drafting a Master Plan on Aging to serve as guideposts for the next 10 years. The California Food as Medicine Coalition had been following and commenting on the development process. When the draft goals were presented – and the group heard no mention of nutrition security as a priority, they went to work. As a result, Couch and others crafted four high-level goals supporting nutrition security, along with dozens of suggestions for where nutrition could be integrated into the plan. A wide range of partners, from the California Association of Food Banks to UCSF researchers signed on to the recommendations and many have now been incorporated. The top level statements include an explicit link between nutrition security and health outcomes, the need for an integrated nutrition security system that includes medically tailored meals, and a standardized assessment for nutritional needs across all care transitions, as suggested in the Rockefeller Foundation report.

### Reasons to be optimistic post-COVID

The pandemic has dramatically shown where the breakdowns are in our food system, in our health care system and in our emergency response system.

"It feels like such a big moment right now," says Couch. "And the crisis has been an opportunity to talk about the critical importance of nutrition security and the critical role of medically tailored meals."

## OREGON FOOD BANK

# A statewide approach to food and nutrition security during the pandemic

The Oregon Food Bank is one of the only statewide single-network food banks in the country including about 1,400 pantries in every county of the state, and partnerships with major food distributors. In addition, Oregon Food Bank provides education programming including gardening and a robust cooking education program. Because the organization is statewide, it has a unique ability to have a significant role regarding food security and the root causes of food insecurity on the state level and Federal level.

Pre-pandemic, Lynn Knox, Statewide Health Care Liaison for the Oregon Food Bank, traveled often working with the more than 1,500 clinics and 100 hospitals across the state helping them implement food insecurity screening, connecting them with local food pantries or food banks, and building relationships with programs and activities that local organizations could independently adopt in addressing food security.

As the pandemic gripped the state, Knox suddenly couldn't go anywhere and she had to remotely work with clinics. Most of the clinics shut down for the first three months of the pandemic, and many continue to operate very differently as they reopened. All the nutrition education programming came to a halt.

"It was critical to keep up-to-date on the resources throughout the state to distribute timely and accurate information to local organizations, not just about our services but other organizations," says Knox. "For example, there were major changes in the SNAP and WIC application processes during the pandemic, so that needed to be incorporated in our information related to school meals. Requirements are different in every district, so trying to help people figure out how to get information for their county or school district was a challenge."

> "AND SO, JUST LIKE EVERY FOOD BANK IN THE NATION, WE HAD TO RAPIDLY CHANGE OUR TOTAL OPERATIONS, TO PROTECT EMPLOYEES, VOLUNTEERS AND CUSTOMERS FROM COVID..."
>
> **LYNN KNOX**
> Statewide Health Care Liaison
> for the Oregon Food Bank

Within the first two months of the pandemic, the distribution need in the state for food doubled to tripled depending on location. Many people who had never used food banks started using them. "People were starting to panic and looked for resources they didn't know anything about," says Knox. "And so, just like every food bank in the nation, we had to rapidly change our total operations, to protect employees, volunteers and customers from COVID.

"Pre-COVID, we had gone almost entirely to a shopping style pantry, a farmer's market pop-up style environment, often outside, with music, educational activities, and food demonstrations. We were trying to make it a community-positive event. No more," says Knox.

Now, because of safety concerns during the pandemic, everything must be boxed. The food bank lost much of its produce, which was provided by grocers, and then suddenly there was no excess because of the massive buying by consumers at grocery stores.

Because the Oregon Food Bank had excellent relationships with a statewide network and legislature, the organization was able to convince the state to provide $8 million to purchase food. Says Knox, "As much as possible, we purchased food from local farmers, but it was early in the growing season and they weren't producing much, so we went to the big food distributors early in the pandemic."

### Focusing efforts on those with the greatest need

The Oregon Food Bank tried to focus its initial efforts in areas with the greatest need. Food insecurity rates among Black, indigenous and people of color increased significantly during the pandemic. The largest rate of COVID infection was with Pacific Islanders in Oregon. "The total population of Pacific Islanders isn't high, but the rate of infections is three times higher than other populations of color," says Knox.

The state sent out grants to 170 community organizations in the state, many of which work with culturally specific groups, to do contact tracing and then support people while they are in quarantine. So that became a focus for Knox. She says, "Because I had developed good relationships previously with the Oregon Health Authority, they asked me for assistance, and I compiled information and did training on food resources."

The bulk of the population in Oregon is middle-to low-income white people from Portland to Eugene or Medford, the I-5 corridor in the western part of the state. There are communities and counties in the eastern part of the state near Idaho and Nevada where people have to drive an hour to get to a place that sells food. Often these people are older, disabled and have limited transportation. Reaching some of the communities can be a challenge for the food bank or any social services. The terrain in the state also can be challenging, particularly in the winter months.

The Oregon Food Bank also works with tribes, and distribution to migrant workers in the fields. For several years in areas where there is the largest usage of migrant labor during migrant season, the food bank mobilized to distribute food to the field or at housing sites. Now the food needed to be boxed. Knox says, "We do the same in remote, tribal reservation villages on the Columbia river that have been vastly underserved. When you go onto a reservation it is a complex federal question. In some places the barriers are bigger than others. As much as we can, we try to provide food in the reservations and in rural areas that aren't served at all by a grocery store."

Providing culturally specific foods for certain populations has been a challenge because of massive increases in overall demand during the pandemic. Says Knox, "The tribes want venison and salmon and other types of food that are traditional for them; and those types of foods are particularly hard to come by during the pandemic. So that means we needed cash to purchase those specific food supplies for them. We provided gift cards as a way to help cultural communities to purchase from their own small shops, or to get things that we couldn't get from the main stream food system."

INSTEAD OF PROVIDING RELATIVELY FEW HOME DELIVERIES, THE NETWORK ACROSS THE STATE WAS NOW PROVIDING THOUSANDS EACH WEEK, BUT STILL NOT COMING CLOSE TO MEET THE DEMAND.

### Cold storage: a major issue in rural communities

Another challenge was related to cold storage. The cold storage in the eastern part of the state is not adequate to store enough food based on demand. Local providers played a critical role in obtaining storage during the pandemic response. Says Knox, "We have 21 regional food providers and they know where to find an available refrigerated unit or warehouse we could rent for short-term usage. So we rely on their expertise."

As the pandemic worsened, there was increased need for home delivery services. Instead of providing relatively few home deliveries, the network across the state was now providing thousands each week across the state but still not coming close to meet the demand. To help supply this service, Knox worked with healthcare partners throughout the state to try to help provide home delivery themselves. She says, "Major health care organizations in the state stepped up and are doing a variety of things in terms of financial support. We have social service agencies in several counties who have assisted with delivery or processing and packaging of the food."

Finding solutions to the delivery of food and other issues with clinics and hospitals in different communities is very much on a case-by-case basis, and that can take time to work through the nuances. Knox says, "The 12 most rural counties of the state have one accountable care organization that serves all of them. The accountable care organization was willing to donate funds to help with transportation, and their medical transport and aging services transport teams started helping with the situation.  In addition, we wrote a grant to a state-level foundation for support, and they provided support for staffing and for the development of a volunteer recruitment effort across rural Oregon to get drivers."

### Working on statewide screening for hunger insecurity

Knox also continues to work with state policy-makers and other organizations on implementing programming to screen for hunger insecurity statewide. Working remotely, she works with hospitals and broader health systems to ensure these organizations understand what resources are available, and has trained some local staff on the best means for conducting screenings. In the past, screenings have been completed at the hospital discharge or clinic level. In addition, since 15 accountable care organizations represent a significant percent of Oregon residents, they are now beginning to participate in screening.

### Changing the way the Oregon Food Bank thinks about its mission

The pandemic has changed how the Oregon Food Bank thinks about its mission in the future, says Knox. "We were engaged in a three-year planning effort before COVID, and our leadership has acknowledged that what we did before needs to be re-examined and maybe seriously changed. I am hopeful. Oregon is a great farming state, and we have some strong relationships with local growers. We worked with the legislature to pass a tax credit for Oregon farmers. So that kind of relationship will continue to expand."

The Oregon Food Bank has seen a large growth in the last few years in immigrant farmers and farmers of color. As a result, the organization has established a farmer training program specific for those populations. In addition, they now have as ambassador program, which is a peer/professional group of indigenous community leaders that work with communities to develop gardens and farms. Says Knox, "We provide resources and support in a wide range of ways, and all of that is going to grow."

Knox sees the pandemic as a time of opportunity and learning. She says, "Nationally it has focused food banks on race and inequity issues, and issues of chronic disease and chronic disease and poverty. Like the Root Cause Coalition, Oregon Food Bank is focused on systemic issues causing hunger as well as trying to alleviate it. The pandemic has highlighted the need for health care to prioritize these issues as well to do its job."

## SHARE OUR STRENGTH
## Doing more in different ways

Share Our Strength is a national organization addressing poverty and hunger, particularly childhood hunger. Major initiatives of Share Our Strength include Cooking Matters, which addresses nutrition education and helps parents and caregivers access food skills education in order to surround children aged zero to age five with the nutrition they need to grow and thrive; and the No Kid Hungry campaign, an effort to expand access to and participation in federal child nutrition programs, including the National School Lunch Program, Supplemental Nutrition Assistance Program, and Out of School Time Meal Programs.

### Funding grants for emergency food relief

As the pandemic gripped the nation, from March through June, Share Our Strength funded nearly $27 million in grants for emergency food relief to hundreds of schools and community groups across all 50 states, and including Puerto Rico, Washington D.C., and Guam. In addition to these grants, Share Our Strength provided hands on guidance in helping local organizations with the resources to provide food for 10.8 million meals a day during the crisis. Share Our Strength continues to focus on resourcing communities to address hunger, and has launched additional school and community granting programs now totaling over $42 million.

"Since we are not a foundation, the $27 million in emergency relief was a huge lift for us and I am proud of the organization for doing that," says Kelleen Zubick, Director, Health Strategies, Share Our Strength. "We are still offering grants throughout the year for school districts and community organizations."

Share Our Strength believes that people from local communities know the partners and the mechanisms to connect people to food, says Zubick. "They tell us through the granting system what they might need – it could be PPE or it might be personnel or a vehicle – and we have a flexible granting system in order to cover those needs. We really do value local knowledge about what each community needs."

One of the things Share Our Strength prioritized with emergency granting was to ensure that the support went to school districts and organizations disproportionately affected by COVID, with a focus on communities of color, immigrant populations, indigenous communities, and also rural communities because these groups have been disproportionately bearing the brunt of the pandemic.

"These populations have disproportionate poor health outcomes and they suffer – increased food insecurity accordingly, which is another lens we used in allocating resources," says Zubick.

### Looking for opportunities to step in, not duplicate

As Share Our Strength is a national organization, it looks for opportunities to step in, not to duplicate services in supporting local groups across the country.

Share Our Strength has an online Center for Best Practices which offers extensive resources about school meals, schools as hubs, feeding programs models, and best practices. Once COVID gripped the country, Share Our Strength pivoted to tailor some of its educational resources specific to addressing meal access during the pandemic.

One of the first things Share Our Strength completed was to support school districts' meal service planning during the challenging 2020-21 school year through the creation of Back-to-School Meal Service Toolkit. Says Zubick, "Experts on our team created a comprehensive tool kit offering tips for the back-to-school planning process, explaining the waivers that are available, and also offering information about public assistance grants and other strategies for increasing revenue and avoiding debt, which is a big issue for school districts as they continue to meet the food needs of children and their families."

In addition to providing information about helping school districts ensure they have the funds and resources necessary for their community, the tool kit provides safety procedures on how to set up a classroom. The tool kit also goes into detail about meal service models both for meals at school and meals taken to go.

"We strive to develop resources in a helpful, practical way that everyone can access so they don't have to spend time trying to figure out which way to go to get the reimbursement or to find out what other schools have done to create safe environments," says Zubick.

Even before the pandemic hit, summer months can be the hungriest time of year because kids no longer have the transportation to school where they receive meals – sometimes up to three a day. With this in mind, Share Our Strength developed a meals finder hotline, which utilizes texting technology to identify and inform people where they can find meals during the summer in their communities.

"The technology helps users identify locations across the country where meals are available, and then we utilize a texting program – in both Spanish and English – to let people know where in their community they can access food during the summer," says Zubick. "When COVID hit, we asked ourselves what can we do more of, or do differently, to help ensure
that people have access to healthy food. As a result, we expanded the summer meal finder hotline to become an emergency food distribution site finder."

Currently, parents and caregivers can text the word "FOOD" (or "COMIDA") to 877-877 to find the nearest sites by
address and zip code in 18 states, with a goal to expand that capability nationwide. In just a few months, the emergency food distribution site finder has resulted in 10,218 map views and 19,378 texting hotline messages received.

ONE OF THE THINGS SHARE OUR STRENGTH PRIORITIZED WITH EMERGENCY GRANTING WAS TO ENSURE THAT THE SUPPORT WENT TO SCHOOL DISTRICTS AND COMMUNITY ORGANIZATIONS SERVING THOSE DISPROPORTIONATELY AFFECTED BY COVID-19, WITH A FOCUS ON COMMUNITIES OF COLOR, IMMIGRANT POPULATIONS, INDIGENOUS COMMUNITIES, AND ALSO RURAL COMMUNITIES.

### Focusing on bills and policies that impact access to food

Share Our Strength also has a strong advocacy effort focusing on bills and policies that impact the availability to access food. Says Zubick, "Since March, we have really been emphasizing the importance of our advocacy coalitions to offer the strongest endorsements of bills critical to food access like the CARES Act and the Heroes Act. Our key coalition partners include The Root Cause Coalition, the Academy of Nutrition and Dietetics, Feeding America, the Food Research and Action Center, School Nutrition Association and other national partners."

Share Our Strength recognizes that each rural community operates within in a context of unique assets and challenges faced, and is also aware of the that some of these challenges have been heightened during the pandemic. "We currently have an RFP out for funding rural innovations to increase access for families with the greatest food needs,"says Zubick.

As part of an upstream intervention, Share Our Strength is working with communities to help people both understand the benefits of SNAP and how to enroll if eligible, including understanding the benefits of online SNAP application.

### Technology platform focuses on addressing food insecurity for patients in need

Share Our Strength is also partnering with the Cambridge Health Alliance (CHA) in Massachusetts on a technology platform and food access pilot, Feed to Heal, to address food insecurity for patients in need. Zubick says, "The technology has the ability to embed the referral outcome in the medical record and it has a communication tool to know what the referral outcomes are and the measures for follow-up, and serves as a collaboration tool with the community-based organizations. It provides an additional fail-safe measure in one system that makes it more likely for families to receive food deliveries".

## AREA OFFICE ON AGING OF NORTHWESTERN OHIO

# Helping seniors gain access to food during a forced isolation

Prior to the pandemic, the Area Office on Aging of Northwestern Ohio, Inc. distributed about a million meals a year. Covering a 10-county area, they ensure both congregate and home-delivered meals meet requirements, and that all provider contracts are in order.

In addition, the area Office on Aging offered outreach including health fairs for thousands of people with booths, entertainment, meals, and samples. "That was great for the seniors as well as vendors," says Rebecca Liebes, PhD, RDN, Vice President of Nutrition, Health and Wellness Division, Area Office on Aging of Northwestern Ohio. "We sponsored four of these a year. And each one had a different focus. For example, one is specifically for caregivers so that people taking care of older parents could come."

"Next thing you know, all the senior centers are shutting down, and we are telling people to stay home, which created a kind of forced social isolation," says Liebes. "As a dietician, I wanted to make sure that everyone had food because a lot of people come to the senior centers five days a week and they count on that. It is part of their budget; it is how they live their life.  And suddenly all that was shut down."

"NEXT THING YOU KNOW, ALL THE SENIOR CENTERS ARE SHUTTING DOWN, AND WE ARE TELLING PEOPLE TO STAY HOME, WHICH CREATED A KIND OF FORCED SOCIAL ISOLATION."

**REBECCA LIEBES**
PhD, RDN, Vice President of Nutrition,
Health and Wellness Division,
Area Office on Aging of Northwestern Ohio

Immediately, the Northwestern Ohio Office on Aging converted people who had traveled to the center to home-delivered meals. Prior to the pandemic, to receive home-delivered meals you had to be assessed to be home bound. As a result, about 700,000 were at the congregate sites and about 300,000 meals were home-delivered, with 47 sites throughout 10 counties.

"Suddenly we are delivering an additional 700,000 meals to homes, and I have to train everyone that everyone is home bound," says Liebes.

One of the new programs implemented helped significantly – grab-and-go meals.  Says Liebes, "Offering grab-and-go meals gave people a reason to get in the car, drive by the senior center where they could pick up meals, where they could see a friendly face – under a mask, of course. But it was something better than sitting at home all day."
Almost everyone was converted to home-delivered meals. About a tenth of them changed to grab-and-go meals. In addition, the demand for meals increased. The organization served between 13,000-14,000 people on the meal program pre-pandemic. During the pandemic the number increased to 20,000 people.

### Supporting grandparent raising grandchildren

Childhood hunger is also an issue, and with that in mind the Area Office on Aging of Northwestern Ohio offers a Kinship Navigator program for grandparents raising grandchildren. Says Liebes, "In Lucas County we have identified 8,000 kinship families, many of which utilize our meal services."

Studies show that if there are children in the household of a senior, the senior is more likely to suffer from food insecurity, because they are more concerned about feeding the child than themselves. The Kinship Navigator program has been a success in getting nutritious food to the grandparents as well as the grandchildren they are caring for, according to Liebes. "Some of the Toledo Public Schools were also doing grab-and-go meals, so the grandparents would drive by the schools and then the senior centers to get meals, and then go home to eat."

### Overcoming distribution issues

In addition to meals, the Area Office on Aging of Northwestern Ohio provided food boxes, which presented some supply chain challenges.  Says Liebes, "It was difficult finding spaghetti noodles and basic food supplies on a large-scale basis. We were putting together 1,000 meal boxes to distribute and were challenged to locate 1,000 of basic items for the boxes."

In addition, Liebes worked with the USDA to distribute 2,000 10-pound boxes of fruits and vegetables on a weekly basis. "We did a three-week rotation with our eastern and western counties," says Liebes.

To arrange for seniors to have access to fruits and vegetables, Liebes was able to find a vendor in Michigan who could deliver in the quantity necessary. The challenge was to gain approval to deliver food across state lines from Michigan to Ohio during the pandemic. After completing special paperwork permits, the food could legally cross the state border.

### Helping ensure access to fruits and vegetables

At the same time, the Area Office on Aging of Northwestern Ohio was gearing up its senior farmers' market nutrition program. Through this program, seniors can receive $50 coupons/vouchers to use and redeem at local food markets for fruits and vegetable.  Approximately 20,000 people in a 10-county area are served through this program.

Typically, the coupons are distributed in May or early June, but because of the pandemic, the state requested that coupons not be sent out until July, at which point the farmers' markets were allowed to reopen with appropriate restrictions required during the pandemic.

"The seniors who take advantage of this program are very passionate about it because they believe food is medicine," says Liebes.

### Changes to senior wellness programming

Wellness programs immediately began a transition from face-to-face to remote workshops during the pandemic. Says we Liebes, "We are in the process of getting seniors [computer] tablets, converting our evidence-based programs to Zoom-type or phone-type programs. We are starting with 400 tablets.  We are working through senior centers and a group called CanDo, a company that works with seniors. As part of this, we are pre-loading wellness Apps we know they will use on each tablet, and then CanDo provides training."

The Area Office on Aging is also ramping up its wellness checks, either by phone or via a tablet. Sprint/T-Mobile is providing free data as part of this program, and will track the data usage. Say Liebes, "At the end of a few months we will analyze if seniors are using the tablet and how they are using it which will allow us to determine if we need to reissue the tablet to them or retrieve it for someone else to use."

### Access to quality food: "A critical part of what we do."

"Many people still don't realize that senior hunger is an issue, which was only made worse by the pandemic," says Liebes. "Access to quality food takes a lot of extra work, but it is a critical part of what we do."

## PRESBYTERIAN HEALTHCARE SERVICES

## Creativity in leveraging resources, and communities coming together

Presbyterian Healthcare Services in New Mexico provides a wide range of programs designed to improve the nutrition of its residents, including free health meals for kids, nutrition education, community gardens, community-supported agriculture initiatives and increasing access to healthy food.

The pandemic forced the organization to significantly alter how those programs operated. By quickly adapting and utilizing relationships in the communities they serve, they were able to continue, and in some cases, expand services to improve access to healthy food.

Presbyterian has provided nearly 86,000 healthy meals since 2016 to children 18 years and younger as part of Presbyterian's partnership with the United States Department of Agriculture Food and Nutrition Services (USDA) Southwest Region and the New Mexico Early Childhood Education and Care Department (ECECD).

In 2020 Presbyterian has provided about 32,000 meals, which is a significant increase from previous years. During the peak of the pandemic in New Mexico, there was a 600% increase in the number of people accessing meals. The USDA typically requires kids to eat meals in the hospital cafeterias, but during the pandemic, the USDA made an exception to that requirement.

"As a result, we set up tents outside some of our hospitals and the children were able to pick a meal box and take it with them," says Leigh Caswell, Vice President for Community Health, Presbyterian Healthcare Services. "The creativity and the willingness of our food services staff to make this possible required a lot of extra work, but it was so meaningful."

Presbyterian also operates a Food Farmacy at two locations, one is in a resource center and one is in a clinic. During the pandemic, the organization shifted to a drive-through model. Says Caswell, "We still have the same number of people participating in this program. The system for providing the food is more elaborate now, but it remains important for those patients to access nutritious food. We wanted to ensure safe practices around wearing masks, hand hygiene and social distancing."

Another focus for Presbyterian is nutrition education, including a community garden and three community kitchens.

The pandemic caused the face-to-face education programs to shut down, so Presbyterian staff quickly ramped up virtual capabilities. Programs include food preservation, cooking with kids, emotional eating, healthy lifestyle cooking, seasonal cooking, kitchen creations for diabetes, gardening and even juggling. Programs are offered in Spanish as well as English.

"We are seeing really strong participation in these online classes," says Caswell. "The team has gotten really creative with what we are offering."

DURING THE PEAK OF THE PANDEMIC IN NEW MEXICO, THERE WAS A 600% INCREASE IN THE NUMBER OF PEOPLE UTILIZING THIS MEAL SERVICE.

During the growing season, Presbyterian operates a mobile farmer's market. As leaders at Presbyterian reached out to community partners to determine need, the focus shifted from a mobile market to making investments that support existing farmers' markets and community organizations to build capacity in supporting the local food systems and food access.

Community health work at Presbyterian focuses on 10 counties in the state where the organization operates facilities, some of which are rural. Says Caswell, "As a system we are also doing all kinds of other efforts that aren't necessarily in the community health sphere. For example, Presbyterian Health Plan has a partnership with Meals on Wheels to bring food to COVID-positive people."

### Screening for hunger insecurity

Screening for social needs, including food insecurity, has been a major focus within the health system, according to Caswell.

"Our community health workers were already screening for food insecurity and connecting patients to community food resources as appropriate," she says. "Working with NowPow, we have now fully integrated our social needs screening and resource directory into our electronic medical record."

Starting this winter, all patients will be screened for abuse/violence, food insecurity, housing and transportation every six months, and with each inpatient admission.

Nursing and triage staff will perform this screening before being seen by a provider and the patient will automatically receive a resource list tailored to their needs in their after-visit summary.

Providers will also have access to the searchable resource directory if additional issues arise during the patient visit. A social determinants of health (SDOH) wheel will be visible in every patient chart to easily identify when screening has been completed and risk identified for each domain.

"We have such a high food insecurity rate in New Mexico that we had a great need for interventions even before COVID," says Caswell. "That need has grown, and we anticipate it will continue to grow. What is heartening is to see the community come together and be creative and innovative in developing solutions. Many are stepping up across the state to support the community and being creative in how we leverage resources."

"WE HAVE SUCH A HIGH FOOD INSECURITY RATE IN NEW MEXICO THAT WE HAD A GREAT NEED FOR INTERVENTIONS EVEN BEFORE COVID."

**LEIGH CASWELL**
Vice President for Community Health,
Presbyterian Healthcare Services

### Pandemic reinforces focus on health equity

As part of this, Presbyterian continues to focus on health equity, a focus which has been reinforced by the pandemic. Says Caswell, "We have made a lot of progress in bringing people from across our health system together to develop

a comprehensive health equity strategy. We are at a point where we are looking at inequities in outcomes for our patients, and understanding why that is happening and making sure that we can develop interventions to address inequitable outcomes, whether it is access to care, food and nutrition, or something else.

"We are looking to scale up the work as part of being responsive to our communities. We are always interested in partnering, finding efficiencies and increasing access. There are more spaces now to have those conversations."

## The Root Cause Coalition convenes food access and security work group

As a result of the impact of the COVID-19 pandemic, The Root Cause Coalition has established a Food Access and Security Work Group that will inform the Advocacy, Education and Research committees. Kelleen Zubick and Leigh Caswell co-chair the group.

"Hunger is a solvable issue, but we have been given the challenge of our lifetime with the pandemic and its aftermath," says Zubick. "As members of The Root Cause Coalition and all of our partners throughout the country, we cannot let the exacerbated disparities and need of this crisis become the new normal."

The plans for this group to share learning as well as identify policies for consideration by the advocacy committee; inform the education committee of best practices nationally; and share opportunities for research. The group hopes to identify gaps where some evidence-based research would help cement some of the work or ideas for work that people have in cross-sector partnerships in addressing the dramatic increase in food insecurity.

"One of the benefits of The Root Cause Coalition is its cross-sector membership, which allows us to convene and learn from each other." says Caswell. "That includes how we might strengthen partnerships, learn from practices of other organizations, and how we come together as a coalition and address these staggering figures related to food insecurity that our communities are facing."

This is The Root Cause Coalition's first Accelerated Response Brief designed to address the innovative ways organizations have responded to the COVID-19 pandemic.

---

For more information about membership opportunities, please contact Barbara Petee, Executive Director at **bpetee@rootcausecoalition.org** or Thomas Dorney, Director at **tdorney@rootcausecoalition.org**.

Co-founded by AARP Foundation and ProMedica in 2015, The Root Cause Coalition is a non-profit member-driven organization comprised of more than 70 leading health systems, hospital associations, foundations, businesses, national and community nonprofits, health insurers, academic institutions, and policy centers. Our common goal is to achieve health equity for every American.