Making Food Systems Part of Your Community Health Needs Assessment

Practical Guidance from the TACKLING HUNGER Project

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Acknowledgements

We would like to thank the Tackling Hunger Practitioners' Expert Panel (PEP) for their substantial contributions to this guidance. The PEP comprises seasoned health professionals with extensive experience in hospital and health system engagement of diverse community stakeholders, and the design of strategies to address unmet health-related needs in local communities. The membership represents an effort to gain insights from a variety of hospitals and health systems in diverse demographic and regulatory environments across the country. The members of the panel served a critical role in the design and development of the guidance, and had the opportunity to review the document at multiple stages in its development. We are grateful for their commitment of time and knowledge shared in this process.

The Tackling Hunger Project supports the work of The Root Cause Coalition, a national, member-driven, nonprofit organization dedicated to addressing the root causes of health disparities by focusing on hunger and other social determinants leading to nationwide epidemic of preventable chronic health conditions. Founded by ProMedica and AARP Foundation, the coalition's diverse membership is dedicated to bringing the full power of health care to bear in our collective fight to address the short- and long-term health of our communities.

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Overview

The purpose of the Tackling Hunger Community Health Needs Assessment (CHNA) Guidance is to provide hospitals with links to external stakeholders and user-friendly tools and strategies that help to integrate food security and local food system capacity into their CHNA process. Tax-exempt hospitals are required to conduct a CHNA and develop a corresponding Implementation Strategy (IS) every three years. The assessment of nutritional needs, and strategies to "ensure adequate nutrition", are defined allowable components of a CHNA and IS.

This guidance focuses on the CHNA, and will be followed by a complementary guidance on the IS that will be released at a later date. This guidance presents the opportunity to pursue a quality improvement approach to community health improvement. In such an approach, the CHNA is the first step of an ongoing process where newly discovered data sources and partners provide the means to strengthen the evidence base, as well as the depth, scope, and scale of interventions. When we move beyond a compliance mentality and seek ongoing improvements, we increase the potential to achieve measurable and sustainable improvements in our communities.

There are many opportunities for hospitals to leverage their limited resources by aligning their efforts with diverse public and private stakeholders who are currently working to address food insecurity at the local and regional level. Rather than simply adding to expectations of hospitals in the CHNA process, this guidance is designed to optimally leverage their resources, reduce duplication of effort, and forge alignment across sectors. In the process, we hope to contribute to an ethic of shared ownership for health among diverse stakeholders; one in which hospitals are one (key) contributor among many who have a stake in improving health in our communities.

The Tackling Hunger CHNA Guidance provides links to existing online resources, as well as case examples of recent assessments conducted by hospitals, public health departments, food policy councils, and food banks across the country. It also points to online sources of baseline

data and metrics that support an evidence-informed approach to the design of interventions. Community food stakeholders and food banks who are interested in working with hospitals and would like more background information about the CHNA process and how they might partner with hospitals, and hospitals looking for more ideas for implementation strategies, may be interested in three complementary reports: Leveraging Nonprofit Hospital "Community Benefits" to Create Healthier Communities by ChangeLab Solutions, Food Banks as Partners in Health Promotion: Creating Connections for Client and Community Health by the Center for Health Law & Policy Innovation at Harvard Law School and Feeding America, and Achieving the Triple Aim in Health Care Reform: The Importance of the Food System from the Johns Hopkins Center for a Livable Future.

Rationale

High rates of chronic disease in the U.S., disproportionately borne by low-income and vulnerable populations, have contributed to growing awareness of the need to identify and address the social determinants of health. As payment systems shift from fee-for-service to value-based reimbursement, hospitals will assume increasing financial pressure to reduce the demand for treatment of preventable conditions. The lack of access to and affordability of adequate food for an active, healthy life among 17.4 million Americans is both a moral issue for the wealthiest nation in the world and a practical challenge as we come to terms with the negative health impacts.

A growing body of evidence shows that food insecurity contributes to poor health outcomes. Strategic investment in community food security is not only a good stewardship approach to fulfilling hospital charitable obligations, but also makes good business sense as we move towards value-based reimbursement by helping to reduce the demand for treatment of preventable conditions.

FOOD INSECURITY, CHNAS, AND PRIORITY HEALTH NEEDS

When people are food insecure and lack adequate resources to access healthy food, they often make tradeoffs in their diet that can exacerbate or contribute to chronic health conditions. Compensation strategies may include overconsumption of food when it is available, or consuming calorie dense foods that offer little nutritional value. When people have limited food resources, it is even more difficult to eat the specified diet that is necessary for preventing or managing conditions such as diabetes, high blood pressure, and/or obesity.

People with limited financial resources may also make tradeoffs between buying food and medications, further impacting chronic disease through decreased adherence to medication. Research also suggests a high prevalence of food insecurity among individuals with severe mental illness, which can exacerbate stress and comorbidities. Food insecurity can also lead to depression and other mental health issues, particularly in caregivers struggling to provide adequate, nutritious food for their families.

Data and information collected through hospital CHNAs may not lead partners to food insecurity as a top priority. Rather, it may emerge as an important factor in the exacerbation of the kinds of conditions outlined above. For example, one PEP member noted that food insecurity is most prevalent in communities where there is a concentration of obesity and diabetes. Their response was to expand data collection to better understand the relationship, and to design more comprehensive interventions in partnership with other stakeholders to include a focus on reducing food insecurity.

In response to the identification of the relationship between food insecurity and mental illness, the Connecticut Mental Health Center, a state institution that partners with Yale School of Medicine Department of Psychiatry to provide care to very low-income individuals with serious mental illness, holds a "Better Eaters Club" to teach patients how to prepare healthy food on a budget. At ProMedica's Food Pharmacy, patients who are identified as food insecure through a screening process are provided several days' worth of healthy food choices for their household that are aligned with any relevant diagnosis (e.g., diabetes, heart disease), along with free

> ### WHAT IS FOOD INSECURITY?
> The United States Department of Agriculture measures food insecurity through survey questions to determine a household's ability to secure adequately nutritious food. Food security means access at all times to enough food for an active, healthy life. Food insecurity exists when access to food is limited by a lack of resources. Food insecurity is a household-level economic and social condition to be distinguished from hunger, which is an individual-level physiological sensation that may result from food insecurity.

nutrition counseling, educational materials, and information on other community resources. Other strategies to help food insecure patients eat diets which support their health include Fruit and Vegetable Prescription Programs, home delivery of medically-tailored meals, and building community gardens.

Specific examples of such strategies are included throughout the Food Security/Food Systems Stakeholders section of this guidance.

Indicators and Measurement Tools

There are a number of user-friendly databases and mapping tools with secondary data on community food security, the food environment, and diet-related health measures. The following descriptions of selected resources are provided to help determine which may be most appropriate to your specific needs. The descriptions include information on types of indicators, format, and ways in which you can use the data.

It is important to note that while individual and environmental factors related to food and health are inter-related, a high prevalence of a chronic condition does not necessarily indicate a high prevalence of food insecurity, and will not identify what economic circumstances or environmental factors are the drivers behind these issues. Assessing several diet, environmental, and economic indicators together will better identify community needs and how to effectively address them. For example, a community that has a high obesity rate might also have a high rate of food insecurity, but assessing the food environment and resources is necessary for addressing food insecurity and reducing chronic disease. In the table below, we provide a sampling of useful metrics for community food system assessment, and how to use them in the context of your CHNA.

Community-based organizations and local residents may also be invaluable sources of ground level data to supplement these sources. In Albuquerque, Roadrunner Food Bank has partnered with health care providers to screen for food insecurity; this is an example of data that can feed into the needs assessments related to unmet need. In addition the Pathways for a Healthier Bernalillo County is a long-term program that has screened patients and identified rates of food insecurity and other basic needs among their participants over a seven-year period. Partnering with these types of programs on your assessments can provide important community context.

Partnering with community-based organizations is also a strategy for ground-truthing national data sources related to food availability and price that may no longer be up to date. The Food Trust, a community-based organization that was funded by Reading Hospital to conduct a

Community Food Needs Assessment after the hospital identified food-related issues through their CHNA process, uses detailed data sources such as grocery retailer data to ensure accuracy. Other strategies for engaging community-based organizations in primary data collection include inviting them onto your CHNA Steering Committee, and collaborating to design and conduct focus groups and stakeholder surveys and interviews.

The following table provides a sample of potential metrics, their sources, and potential uses.

A SAMPLING OF METRICS

Metric	Data Source	Potential Use
Food Insecurity Rate	Feeding America: Map the Meal Gap*	Provides the percentage of people living in food insecurity in your region/county compared to state totals. This will illuminate whether or not food insecurity is concentrated in your region.
Food Insecure Population – Ineligible for Assistance	Feeding America: Map the Meal Gap*	Informs strategies to address food insecurity. When food insecurity is identified as an issue, but the population is ineligible for federal food assistance programs, the need must be addressed through other strategies.
Children Eligible for Free/Reduced Price Lunch	National Center for Education Statistics*	The percentage of children who are food insecure, eligible for assistance, and who have limited access to food especially when at home and at times when schools are closed (for summer vacation and over the holidays). Strategies that target children should be considered in communities with a high percentage of need in that population.
Population Receiving SNAP Benefits	US Census Bureau: American Community Survey*	The percentage of the population that uses SNAP (food stamps) to meet nutritional needs. Strategies to incentivize healthy purchases with SNAP can help create better health outcomes in communities that rely on SNAP.

Grocery Store Access	US Census Bureau: County Business Patterns*	Illustrates whether or not individuals are able to access a wide variety of affordable, quality foods. Hospitals might recruit additional stores to their community, or partner with stores if they exist.
Modified Retail Food Environmental Index	CDC, Division of Nutrition, Physical Activity, & Obesity*	Illustrates the percentage of retailers that sell healthy food. Increasing access to healthy food is a strategy to address community health conditions related to poor diet.
Population with Low Food Access	USDA Economic Research Service: Food Access Research Atlas*	The percentage of the population with limited access to food. Limited access to food will compound issues related to food insecurity.
SNAP-Authorized Food Store Access	USDA Food and Nutrition Service: SNAP Retailer Locator*	A low number of SNAP-Authorized retailers would indicate that SNAP enrollment in itself is an ineffective food security strategy. Detailed information about the type of SNAP-Authorized retailers (grocery stores or convenience stores) will indicate the quality and price of food available to people who rely on SNAP.
WIC-Authorized Food Store Access	USDA Economic Research Service: Food Access Research Atlas*	A low number of WIC-authorized stores suggests a need for new or existing retailers to become WIC-authorized, to fill the gap.
Fast Food Restaurant Access	US Census Bureau: County Business Patterns*	Documenting the concentration of fast food restaurants in low income neighborhoods will help make the case for investment in food outlines that offer healthy options calorie-dense foods that are often high in sodium.
*Data available through the Community Commons (see section on Community Commons for more information)		

COMMUNITY COMMONS: FOOD ENVIRONMENT REPORT AND RELATED TOOLS

The Community Commons database and mapping tool draws from multiple data sources – including the Feeding America and USDA data sources, described below – allowing users to develop maps and generate reports that incorporate customizable layers of social, environmental, and health indicators. Helpful features include the CHNA toolkit, a topic-based Food Environment Report, and vulnerable population footprint. Users can also map food deserts, food retailers, and visualize food access and demographic information together. Data are available to create a report at the county level, or for a customizable geographic area.

The Community Commons will soon release new geocoding indicators for food system stakeholders that will provide templates to encourage alignment in assessment reports among different jurisdictions and sectors; detailed information about food system indicators, how to use them and what they mean for your assessment; and a crowd sourcing tool to support the collection of local level data such as the price and quality of food available in local retail stores. We will update this guidance with the new tool when it is released.

FEEDING AMERICA: MAP THE MEAL GAP

Feeding America's Map the Meal Gap provides data on food insecurity and income eligibility for federal nutrition programs at the county, congressional district, and state level. Data are also available on the cost of food by county, and on child and adult food insecurity. Data on income eligibility for federal nutrition programs can inform which local government agencies or community based organizations to partner with to improve food security, if identified as a community need. For example, if you identify a high number of seniors who are eligible for but not utilizing federal nutrition programs, such as the congregate meal program, you might reach out to the Area Agency on Aging or other nonprofit organizations that work on senior health issues.

Similarly, you might work with schools, social service agencies, and community based organizations to increase student enrollment in free reduced price meals. Or, you might work

with community-based organizations to increase Supplemental Nutrition Assistance Program (SNAP or Food Stamp) enrollment. St. Joseph Health Redwood Memorial collaborated with the Food for People food bank and food pantry network, the Food Policy Council, and other community-based organizations to increase SNAP enrollment after identifying food security and access to fresh fruits and vegetables as priority needs in their 2015 CHNA through the use of existing SNAP participation data as a proxy for food access.

USDA: FOOD ACCESS RESEARCH ATLAS AND FOOD ENVIRONMENT ATLAS

The USDA's Food Access Research Atlas allows users to create maps to visualize low income and low food access areas by census tract, and by select subpopulations. A wider range of food environment indicators is available through the USDA Food Environment Atlas, which features over 211 indicators on Food Choices (including information on grocery and food stores, food price, food and nutrition assistance program participation, availability of local food, and expenditures on fast food), Health and Well-Being (indicators include food insecurity, diabetes and obesity rates), and Community Characteristics (income and poverty, general demographics, and community amenities).

Food Security and Food Systems Stakeholders

What types of entities in communities focus on food security and local food systems capacity? In the consideration of how best to leverage hospital resources for CHNAs and implementation strategies in this arena, it is essential first to identify other organizations and groups that have a shared interest. Below, we offer options for consideration, along with suggestions on the potential assets (e.g., data, expertise, knowledge, experience, relationships) these community organizations may have in place to supplement the hospital's CHNA and support future implementation strategies.

FOOD POLICY COUNCILS

Food Policy Councils (FPCs) serve as conveners of stakeholders working on food system issues. They can be grassroots organizations or have local governmental affiliations. If there is a FPC in your region, they are a great starting point for identifying a wide range of different organizations and stakeholders engaged in food issues. If there is not an FPC in your area, a great starting point may be to help form one. Many FPCs conduct their own food system assessment; in some cases, this may have been the impetus for the formation of the council, or was an early activity. These councils often serve as an integrator for groups working on food system issues, and have identified metrics and baseline data. They should have knowledge of the full range of food system issues in their community, relationships with food system stakeholders and play a role in raising the visibility of efforts in the public arena.

Hospitals can partner by serving on FPCs, providing funding and/or collaborating on targeted assessments and programs, and supporting ACA and SNAP enrollment, according to FPC responses to an inquiry through the Johns Hopkins Center for a Livable Future Food Policy Council Networks (FPN) Listserv. The FPN website is a valuable repository of FPC's and includes a database of FPCs, their work, and resources.

> → Example: Kaiser Permanente is represented on the Los Angeles Food Policy Council (LAFPC) leadership board, and was one of the funders of the Los Angeles Food System

Snapshot, issued in 2013 to create baseline metrics for various organizations and individuals engaged in Los Angeles food systems work. The LAFPC acts as an integrator for a network of more than 150 public, private, academic, and nonprofit organizations.

Source: http://goodfoodla.org/good-food/2013-food-system-snapshot/

→ Example: The New London County Food Policy Council was created in response to the high prevalence of obesity identified through multiple health needs assessment including the CHNA conducted in 2010 by Backus Hospital in Norwich, CT.

Source: http://www.nlcfpc.org/what-is-a-food-policy-council/

→ Example: Cox Health started and funded the Ozarks Regional Food Policy Council to address the issue of childhood obesity in Southwest MI.

Source: http://aese.psu.edu/nercrd/publications/what-works-2014-proceedings/health-care-sector-support-for-healthy-food-initiatives-1

FOOD PROVIDERS AND FEEDING SITES

Organizations that distribute food secured through charitable donations and government feeding programs include food banks and food pantries, commodity food program distribution sites, summer meals program sites, and soup kitchens. Food providers often collect data related to food assistance needs and distribution, and some have conducted broader food systems assessments. They have good knowledge of food providers and the general distribution infrastructure. When working with food providers, consider the nutritional quality of the food that they provide, and support changes to make more healthy food available as appropriate.

→ Food Banks – Example: The Joan C. Dauber Food Bank at the Saint Francis Hospital and Medical Center in Hartford, CT supplies food to clients at the outpatient clinic and to people in the community who have been referred from other agencies.

Source: http://www.stfranciscare.org/Patients_and_Families/Ways_to_Give/The_Joan_C__Dauber_Food_Bank_at_Saint_Francis.aspx

→ Food Pantries – Example: Rush Oak Park Hospital in Oak Park, IL partnered with the Oak Park River Forest Food Pantry to address food insecurity in the community.

Source: Rush Oak Park Hospital https://www.roph.org/about-us/newsroom/surplus-kindness

→ Food Pantries – Example: Cook County Health & Hospital System (CCHHS) in partnership with the Greater Chicago Food Depository provides patients and families who screen positive for food insecurity with information on nearby food pantries in the Food Depository's network.

Source: America's Essential Hospitals, Quality http://essentialhospitals.org/quality/a-prescription-for-better-nutrition/

→ Food Pantry – Example: The Boston Medical Center's onsite food pantry provides therapeutic food to low-income patients with special nutrition needs, and nutritious food, including fresh fruits and vegetables, to families.

Source: http://www.bmc.org/nutritionresourcecenter/foodpantry.htm

→ Summer Meals Program Sites – Example: The Hennepin County Medical Center (HCMC) also sponsors free breakfast and lunch for school-aged children during summer vacation in the HCMC hospital cafeteria as a part of their implementation strategy.

Source: https://www.mnhospitals.org/Portals/0/Documents/data-reporting/CHNA/hcmc_p_050360.pdf

→ Summer Meals Program Sites – Example: Sierra Vista Regional Medical Center in San Luis Obispo, CA and the Twin Cities Community Hospital in Templeton, CA provide children with a healthy breakfast during summer months.

Source: https://www.sierravistaregional.com/about-us/news/2015/11/10/sierra-vista-hosts-cereal-drive-to-help-feed-local-kids

→ Soup Kitchens – Example: War Memorial Hospital in Berkeley Springs, WV provides soup and other donations for the Soup Kitchen program of the Morgan County Starting Points Center.

Source: http://www.valleyhealthlink.com/upload/docs/WAR%20implementation.pdf

PUBLIC HEALTH/NUTRITION PROVIDERS

Organizations include SNAP-Ed implementing agencies, WIC providers, land grant universities, a component of a local health department, or the state or local Cooperative Extension Service. Public health/nutrition providers conduct outreach, social marketing, and nutrition education, work on policy, system and environmental change strategies, and/or support healthy eating and active living for SNAP participants or communities that have a significant SNAP-eligible low-income population. These organizations have expertise on nutrition and relationships with a range of organizations and locations for nutrition education and clinical services – which can include community organizations and institutions such as local public health agencies, K-12 schools and parent centers.

→ Example: The Marshall Medical Center in Placerville, CA engaged public health professionals on its CHNA Assessment Team, utilizing a community-based participatory research approach for the CHNA (pgs. 10 & 11). The result was an expanded understanding of community health and the connection between multiple variables

including socio-economic status and neighborhood conditions in addition to individual behavior (pg. 36). Environmental and behavioral indicators noted in the report included high rates of overweight and obese residents, limited access to healthy food, and a high concentration of fast food and convenience stores (pg. 4). Limited access to nutritious food and food security were found to be among the top 10 priority health needs (pg. 5).

Source: https://www.marshallmedical.org/upload/docs/CHNA%20Marshall%20final.pdf

→ Example: The Jackson County OR Community Food Assessment (2013) conducted Food Education Surveys at Food Pantries and the WIC Office (pg. 2). The assessment recommended cooking classes and suggested WIC, OSU Extension Family Food Educators and the Ashland Food Coop as partners, and identified food pantries, libraries, community centers and housing complexes as locations on the Food Education Survey (pgs. 49 – 50, see Appendix C pgs. 59 – 61 for survey results).

Source: http://www.oregonfoodbank.org/our-work/building-food-security/community-programs/community-food-assesments

EDUCATIONAL INSTITUTIONS AND AGRICULTURE EXTENSION AGENCIES

Beyond the previously mentioned possibilities with SNAP food assistance and programming, Agriculture Extension Agencies or University Colleges and Departments of Agriculture, Public Health, Planning, or Public Policy may have conducted food system assessments or evaluations of individual programs that address food related needs in the greater community. Universities may have graduate students looking for research projects such as a food system assessment. Agriculture and Cooperative Extension agencies and faculty may specialize in food system assessment and urban agriculture; others train community volunteers through "Master Gardener" and "Master Food Preserver" programs. Community Colleges with vocational training schools and culinary schools (and in some universities and four year colleges) often have training and certification programs for people seeking careers in the fields of nutrition, agriculture, food preparation, and safe food handling.

Most of these institutions have large commercial kitchens and are connected to a food distributor. K-12 schools are often sites of nutrition and food programs, and are large purchasers of food through their Director of Food Services for the school lunch and breakfast programs. K-12 schools are a great place for community engagement. Hospitals might also consider their own kitchens, cafeterias, and purchasing power as assets they are already invested in that can support a healthy local food system.

→ Colleges and Universities – Example: The Center for Rural Studies based in the College of Agriculture and Life Sciences at the University of Vermont conducted the 2013 Burlington Healthy Food Assessment for the Burlington Partnership for a Healthy Community.

Source: 2013 Burlington Healthy Food Assessment
https://www.uvm.edu/crs/reports/2014/BHFA%20Final%20Report.pdf

→ Agriculture/Cooperative Extension – Example: University of Maine Cooperative Extension through the Master Gardener Volunteers program provides participants with gardening training.

Source: Source: The University of Maine, Cooperative Extension: Garden & Yard
https://extension.umaine.edu/gardening/master-gardeners/

→ Community Colleges, Vocational Training Schools, Culinary Schools – Example: The Fairfax Food Council's 2015 Community Food Assessment community profile notes that in spite of high education rates and Fairfax VA being home to several colleges including a community college, the area suffers from high rates of food insecurity (pg. 8).

Source: http://www.fairfaxcounty.gov/livehealthy/pdfs/cfa_report-final.pdf

GOVERNMENT AGENCIES

Many state and local governmental agencies support healthy eating and built environment infrastructure, including the State Department of Public Health. Local Health Departments (LHD) are required to conduct Community Health Assessments every five years as part of their accreditation process, and then implement a Community Health Improvement Plan. They may have expertise on the food retail environment, food access, farmers' markets and community gardens. They may have developed or use food environment mapping software. They also may conduct site assessments of food retailers to assess the quantity, quality and affordability of healthy food items (and they have checklists for doing this). Other relevant government agencies to explore partnership opportunities include:

- Department of Aging – data on seniors and associated food programs.

- Department of Human/Social Services – data related to food insecurity, food and nutrition benefit eligibility and enrollment, and is able to effectively reach everyone who is enrolled in a federal food benefit program such as SNAP, WIC or Temporary Assistance for Needy Families (TANF).

- Department of Agriculture – data about food producers and crop production and has relationships with and can effectively reach those producers.

- Department of Education – may receive support for healthier school environments through CDC School Health Grants.

- Planning Department – responsible for the jurisdiction's General Plan (or equivalent), and will have relevant food system data related to the master plan. Knowledgeable about zoning codes and land use restrictions that may create barriers to food access points – and can identify policy opportunities to create better food access.

→ State Health Department – Example: The North Carolina Public Health – Hospital Collaborative Policy Guidance on Achieving the Community Health Needs Assessment

offers suggestions for aligning CHAs and CHNAs. The guidance includes recommendations for hospitals that serve a region that doesn't align with a single county, which includes consulting multiple CHAs or implementation of priorities at the regional level (pgs. 2-3).

Source:http://publichealth.nc.gov/lhd/cha/docs/CommunityNeedsAssessmentPolicyGuidance-FINAL.pdf

→ Local Health Department – Example: The LA County Department of Public Health report on Social Determinants of Health: Rising Food Insecurity in Los Angeles County points to increased risk of hospitalization among children who are food insecure (pg. 3), and provides a wealth of data on food insecurity, health and chronic disease.

Source:http://www.publichealth.lacounty.gov/ha/reports/LAHealthBrief2011/FoodInsecurity/Food_Insecurity_2015Fs.pdf

→ State Department of Aging – Example: Food Programs offered by the Department of Aging include: Congregate Meal and Nutrition Sites, Home-Delivered Meals, Food Pantries, and Senior Farmers' Market Nutrition Program vouchers (pg. 22).

Source:https://www.illinois.gov/aging/Resources/NewsAndPublications/Publications/Documents/state-federal_book.pdf

→ City Service Agencies – Example: Lahey Hospital & Medical Center in Burlington, MA partnered with the Burlington and Peabody Councils on Aging and World PEAS CSA to implement free weekly farmers markets for seniors at the Burlington and Peabody Senior Centers (pg. 8).

Source:https://www.lahey.org/uploadedFiles/Content/About_Lahey/In_the_Community/15000451_LHMC_CIR_final.pdf

→ Local Planning Department – Example: The Los Angeles Department of City Planning, LA County Department of Public Health, along with the California Endowment and

Raim+Associates developed a health and wellness component of the city's General Plan – the Plan for a Healthy LA. The plan included an action for the Department of City Planning to develop land use incentives (pg. 122) in the plan's implementation programs.

Source:http://healthyplan.la/wordpress/wpcontent/uploads/2014/11/PlanforHealthyLA_Web-11.pdf

COMMUNITY-BASED ORGANIZATIONS

Examples include local farmers' market organizations or associations, food hubs, nonprofits that organize or support fruit and vegetable prescription programs, SNAP-incentives, community gardens, urban agriculture programs, community kitchens, and home-delivered meals. Other types of organizations include community action agencies, and community development corporations or community development financial institutions that facilitate the financing of healthy retail initiatives such as corner-store conversions.

Many community-based organizations are involved in their local food policy council, and are likely implementing multiple, complementary strategies to improve food security, food access, and health. Community-based organizations are often able to convene local residents to provide insights into some of the health barriers or opportunities they see in their communities.

→ Example: After identifying chronic disease as a priority in their CHNA, Lankenau Medical Center partnered with The Food Trust and the Philadelphia Department of Public Health to provide eligible patients with Philly Food Bucks, which allows SNAP shoppers to buy more fresh fruits and vegetables at farmers' markets.

Source: http://thefoodtrust.org/uploads/media_items/lankenau-partnership.original.pdf

→ Example: St. Vincent Hospital and Health Care Center in Indianapolis IN engaged the Crooked Creek Community Development Corporation (CDC) in their CHNA and implementation planning process. Crooked Creek Community runs a community

farmers' market with a SNAP incentive program and a community garden, and works to improve housing and public infrastructure, all of which can also positively impact food security.

Source:https://www.stvincent.org/uploadedFiles/SV_Health/How_Were_Different/In_Your_Community/Community_Programs/sv-hospital-and-health-care-2013-chna-report.pdf & http://community-wealth.org/content/crooked-creek-community-development-corporation

→ Example: Lakewood Health System partnered with the SPROUTS Food Hub, Hunger Free Minnesota, and Todd County Health and Human Services to address food insecurity through a Community Supported Agriculture (CSA) distribution in the rural central Minnesota community of Staples.

Source: http://hungerfreemn.org/media-coverage/press/lakewoods-choose-health-program-making-easier-food-insecure-families-receive-fresh-foods/

→ Example: New Milford Hospital offers Senior Suppers at the Café at New Milford Hospital, providing an affordable nutritiously balanced meal along with transportation from local Senior Centers. The program utilizes the cafeteria at the hospital as a community asset, and provides important opportunities for seniors to socialize in addition to the healthy meals.

Source: http://plowtoplate.org/index.php/community

→ Example: University of Pittsburg Medical Center St. Margaret connects seniors with home-delivered meals and other services including grocery shopping to address the needs of underserved seniors that were identified as a significant community health need in their 2013 CHNA.

Source: http://www.upmc.com/about/community-commitment/Documents/stmarg-community-health-needs-assessment.pdf

→ Example: Community Action Coalition for South Central Wisconsin conducts community needs assessments, works to reduce poverty and improve food security.

Source: http://www.cacscw.org/index.php

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Source: http://www.cacscw.org/index.php

FAITH-BASED ORGANIZATIONS

Faith-based organizations have a long tradition of providing food and social service support in their communities. Faith-based organizations host soup kitchens, food pantries, community gardens, farmers' markets, or other food assistance programs, and provide SNAP enrollment services. Faith-based organizations that distribute food or services on behalf of USDA federal benefit and assistance programs must comply with the Equal Opportunity for Religious Organizations in USDA Programs Executive Order to protect the religious liberties and rights of USDA funded program beneficiaries. Faith-based organizations have deep roots in their communities, and may be good places to connect with community stakeholders.

→ Example: Carolina East Hospital partnered with Faithful Families to provide "double bucks" to SNAP shoppers at the Joseph Community Market that was established by Peletah Ministries in partnership with Cooperative Extension in Craven County, NC.

Source: https://www.cals.ncsu.edu/agcomm/news-center/perspectives/craven-county-faith-community-receives-farmers-market-promotion-grant/

FOOD RECOVERY ORGANIZATIONS

These organizations have data on food insecurity, food waste, gleaning locations, and other food assets, as well as relationships with businesses that donate food. Nonprofits include national research and policy organizations such as the National Resources Defense Council, and organizations that recover food that would be discarded by wholesale produce markets, grocery stores, farmers markets, and large scale food production operations, or harvest food that would be discarded at farms and in urban and residential areas. The EPA has local agency offices and an initiative to reduce Food Waste. The USDA is working in collaboration with the EPA on food waste reduction goals, and has launched the "Let's Talk Trash" campaign and toolbox. Exploring the range of options for food recovery represents a strategy to assess the scale of local "assets" that can be mobilized to address identified needs in local communities.

Hospitals are themselves a community asset as food producers, and can donate food to recovery organizations, or otherwise partner in creative ways for recovery and redistribution of healthy food.

→ Example: Waste Not Orange County in California works on food recovery, identifying food insecure individuals and providing food resources, linking key organizations and resources. They work with the Children's Hospital of Orange County (CHOC) to screen for food insecure individuals, and with four hospitals that regularly donate food that would otherwise be discarded: St. Joseph Hospital of Orange, Kaiser Permanente - Anaheim, Kaiser Permanente - Irvine, and Children's Hospital of Orange County (CHOC).

Source: http://www.wastenotoc.org

→ Example: The Gundersen Health System in La Crosse, WI sends leftover food to the local Salvation Army soup kitchen, which provides meals for community members in need.

Source: http://www.gundersenenvision.org/waste-management/easy-changes-help-reduce-food-waste-save-money

→ Example: ProMedica identified a link between obesity and hunger in their community through their work with community partners in Northwest OH. ProMedica placed two part time employees in the restaurant of a local casino to package prepared but un-served food that would otherwise go to waste. The frozen food is picked up daily by a food bank partner and delivered to homeless shelters and soup kitchens throughout Toledo. Since the program's inception more than 275,000 pounds of food has been collected.

Source: https://www.promedica.org/Public%20Documents/Hunger-Summit-Oostra.pdf

FOOD CHAIN WORKER/LABOR ORGANIZATIONS/ASSOCIATIONS/UNIONS

Includes groups that represent or organize the labor force, and are involved in the production, distribution, and sale of food, including farm workers, restaurant workers, grocery store workers (both unionized and not), and employees of other food retailers. Locate Food Workers Organizations in the U.S. by type and location: http://foodchainworkers.org/wp-content/uploads/2012/11/2012-11-Food-Workers-Organizations-in-U.S.-FCWA.pdf. These organizations and groups have strong relationships across sectors throughout the food chain, and often have data related to food insecurity and/or wages. Of equal importance they have grassroots organizing capacity and potential political leverage.

→ Example: The Food Chain Workers Alliance found that 32.5% of food system workers rely on emergency room or urgent care centers as their source of medical treatment (Table 25) and that 79.5% of food system workers were not able to pay for emergency room visits (Table 26) (pg. 68).

Source: http://foodchainworkers.org/wp-content/uploads/2012/06/Hands-That-Feed-Us-Report.pdf

AGRICULTURAL ORGANIZATIONS

A local Farm Bureau is an example of an organization that supports farmers, and a Grange is an association of farmers. Agricultural organizations are helpful partners for understanding issues faced by food producers. These organizations may have data on food production, locations, and products. They also have information on climate and growing conditions and the types of products that can be produced in a region.

→ Example: The Cecil County MD Community Health Needs Assessment, conducted in collaboration between Union Hospital and Cecil County Health Department, included Winbak Farm as an assessment partner and focus group site to reach the Spanish-speaking, migrant worker population with limited access to the internet (pg. 35).

Source: https://www.uhcc.com/wp-content/uploads/2016/04/CHNA-Report_FY15-FY16_public-feedback-draft.pdf

→ Example: The Bassett Healthcare Network created the New York Center for Agricultural Medicine to better serve their region, which has a strong agricultural economy. The center does research and implementation of farmworker safety programs, including on tractor rollover prevention and chainsaw safety. (Pg. 12)

Source: http://nyshealthfoundation.org/uploads/resources/community-population-health-report-april-2016.pdf

Appendix: Additional Resources and Reports

This appendix serves as a compilation of additional resources and reports related to food security and food system assessment that are relevant to CHNA.

I. DATABASES AND MEASUREMENT TOOLS

- [Communities of Excellence in Nutrition, Physical Activity and Obesity Prevention](#) (CX3) – GIS mapping tool to measure full suite of food availability and affordability at the neighborhood level.

- [Community Commons](#) – database and mapping tool with [CHNA toolkit](#), [Food Environment Report](#), and [vulnerable population footprint](#) features. Data available at the county level or by customizable geographic boundaries.

- [County Health Rankings & Roadmaps](#) – provides county level health data and resources for implementing solutions to address health needs.

- [Feeding America: Map the Meal Gap](#) – data on food insecurity and income eligibility for federal nutrition programs at the county, congressional district, and state level.

- [PolicyMap](#) – GIS mapping tool featuring health and economic indicators and reporting tools.

- [STAR Communities](#) – Sustainability Tools for Assessing & Rating Communities framework for sustainability goals, objectives and evaluation measures.

- USDA [Food Access Research Atlas](#) – create maps to visualize food access indicators by census tract, and select subpopulations.

- USDA [Food Environment Atlas](#) – over 211 food environment indicators related to Food Choices, Health and Well-Being, and Community Characteristics.

II. COMMUNITY FOOD ASSESSMENT RESOURCES AND TOOLS

Community and government organizations have conducted community food assessments across the country, utilizing a variety of methods, tools, and resources. Compiled below are additional resources, tools, websites, and sample assessments to draw on when incorporating components of a community food assessment into a community health needs assessment, and for further information about food security and food system issues.

- American Planning Association's Food Systems Planning Interest Group – https://apafig.wordpress.com/2015/12/18/how-to-conduct-a-community-food-system-assessment-a-new-guide-for-planners/

  APA-FIG offers resources and guides for planners to conduct community food system assessments. The report: Planning For Food Access and Community-Based Food Systems: A National Scan and Evaluation of Local Comprehensive and Sustainability Plans looks at how food access can be incorporated into comprehensive and sustainability plans, and provides strategies and recommendations for cross-sector stakeholder engagement in the planning process. The report also evaluates 21 sample plans.

- Centers for Disease Control and Prevention – Healthier Food Retail: Beginning the Assessment Process in Your State or Community – http://www.cdc.gov/obesity/downloads/HFRassessment.pdf

  This report provides a detailed overview of how to conduct an assessment of the food retail environment at the state or local level. It contains a number of useful resources and data sources, guidance on collaboration and methodology, and information on developing a successful implementation strategy after conducting the assessment.

- Healthy Food Access Portal – http://www.healthyfoodaccess.org

  The Healthy Food Access Portal, a collaboration of PolicyLink, The Food Trust, and Reinvestment Fund, offers a wide range of resources to support equitable food access and healthy food environments through multiple project and policy strategies. Users can create

a map identifying Limited Supermarket Access (LSA) areas by region, city, or state, download healthy retail toolkits, and view sample healthy food action plans and model policy resolutions.

- IOM (Institute of Medicine) and NRC (National Research Council) – A Framework for Assessing Effects of the Food System – http://www.nap.edu/catalog/18846/a-framework-for-assessing-effects-of-the-food-system

  This report provides an analytic framework for conducting a comprehensive food system assessment that incorporates the health, social, economic, and environmental impacts of food system interventions. The report provides an overview of the food system, and reviews the health, environmental, and social and economic effects of the food system. Appendix B includes helpful metrics, data sources, and resources for conducting food system assessment.

- Johns Hopkins Center for a Livable Future Food Policy Networks Resource Database – http://www.foodpolicynetworks.org/food-policy-resources/index.html

  This database includes several food system resources, including a number of community food assessments that have been conducted around the country, in a range of communities with varying levels of resources. These community food assessments can provide useful examples and methodologies for conducting a community food assessment to incorporate into a community health needs assessment.

- Matching Excess and Need: the MEANS Database – https://www.meansdatabase.com/

  The Matching Excess and Need (MEANS) Database matches potential food donors with programs that can use them. Users can register to accept or post food donations. The site currently reaches 27 states and includes 662 food banks, pantries, and emergency feeding locations. The site also maintains a directory of food banks, food pantries, and emergency feeding locations.

- Nutrition Environment Measures Survey (NEMS) Tools –
  http://www.med.upenn.edu/nems/measures.shtml#nemss

  The NEMS tools assist in measuring and assessing availability, affordability, and quality of healthy food options in community food environments. Tools are available for assessing multiple retail, restaurant, and vending environments.

- USDA – Economic Research Service (ERS) Community Food Security Assessment Toolkit –
  http://www.ers.usda.gov/publications/efan-electronic-publications-from-the-food-assistance-nutrition-research-program/efan02013.aspx#.U7NdfajTZa8

  This report includes a guide and toolkit for assessing community food security including components of the community food environment, community food resources, and household food security.

- USDA – The Economics of the Local Food System: a Toolkit to Guide Community Discussion, Assessments and Choices –
  https://www.ams.usda.gov/sites/default/files/media/Toolkit%20Designed%20FINAL%203-22-16.pdf

  This report offers guidance on engaging farmers in a community economic assessment process, and also points out the role of supporting local food production to support rural economic revitalization and local farm economies.

III. REPORTS AND RESOURCES – CHNA PROCESS, PARTNERSHIP, AND ALIGNMENT OPPORTUNITIES

The following reports offer helpful insights into the CHNA process, and how partnership can play a critical role in successful CHNA, and implementation strategies to address priority needs.

- CDC – Body and Soul: Churches Impact Their Members' Food Choices -- http://www.cdc.gov/prc/stories-prevention-research/stories/churches-impact-food-choices.htm

  This site provides background and resources for encouraging healthy food choices through faith-based organizations.

- Center for Health Law and Policy Innovation of Harvard Law School and Feeding America – Food Banks as Partners in Health Promotion: Creating Connections for Client and Community Health -- http://www.chlpi.org/wp-content/uploads/2013/12/Food-Banks-as-Partners-in-Health-Promotion-Creating-Connections-for-Client-Community-Health.pdf

  This White Paper provides an overview of the current health care landscape, outlines opportunities for food banks to partner with health care providers, and highlights key considerations for developing partnerships.

- ChangeLab Solutions – Leveraging Nonprofit Hospital "Community Benefits" to Create Healthier Communities – http://www.changelabsolutions.org/publications/nonprofit-hospital-community-benefits

  This fact sheet explains what hospital community benefits are, and strategies for how healthy eating and active living advocates can collaborate with hospitals to improve community health.

- Community Benefit – Needs Assessments Show the Importance of Partnerships – https://www.chausa.org/publications/health-progress/article/may-june-2015/community-benefit---needs-assessments-show-the-importance-of-partnerships

  This survey conducted by the Catholic Health Association (CHA), looks at the role that partnerships with public health and nonprofit organizations had in previously completed CHNAs and implementation strategies among their member hospitals. The authors

encourage partnership, particularly with organizations that have skills and experience in addressing identified community needs.

- Community Benefit – Childhood Obesity Report from the First Round of CHNAs and Implementation Strategies – https://www.chausa.org/publications/health-progress/article/september-october-2015/community-benefit---childhood-obesity-report-from-the-first-round-of-chnas-and-implementation-strategies

  This report provides a detailed look at nutrition programs CHA member hospitals engaged in to address childhood obesity. Examples of programs include increasing healthy food access through increased Supplemental Nutrition Assistance Program (SNAP) acceptance, and supporting healthy retail outlets, food banks, community gardens and farmers' markets.

- Dallas Coalition for Hunger Solutions – Hunger Solutions Guide for the Faith Community http://dallashungersolutions.org/wp-content/uploads/Hunger-Solutions-for-the-Faith-Community-Guide.pdf

  This guide provides detailed strategies for faith-based organizations to address hunger in their communities, including a step-by-step process for implementing six different strategies.

- Health Care Without Harm – Utilization of Community Benefits to Improve Healthy Food Access in Massachusetts – https://noharm-uscanada.org/articles/blog/us-canada/using-community-benefits-improve-healthy-food-access

  This report provides an overview of how hospitals are supporting healthy food access through community benefit programs, and offers recommendations for further work. It details the work of 11 hospitals, including a review of how healthy food access was incorporated into the CHNA, the work conducted to address the identified community needs and evaluation conducted to assess progress.

- Johns Hopkins Center for a Livable Future – Achieving the Triple Aim in Health Care Reform: The Importance of the Food System – http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-a-livable-future/news-room/News-Releases/2016/affordable-care-act-could-improve-community-access-to-healthy-food%20.html.

  This report provides an overview of how the Affordable Care Act creates the opportunity for nonprofit hospitals to engage in population health, with justification and recommendations for how hospitals can address the food environment to improve community health, and provides several examples of assessment methods that include food environments. The report highlights opportunities of successful program implementation, and offers suggestions and resources for how hospitals can engage in food policy advocacy in collaboration with food policy councils.

- Johns Hopkins Center for a Livable Future — Health Care Sector Support for Healthy Food Initiatives – http://aese.psu.edu/nercrd/publications/what-works-2014-proceedings/health-care-sector-support-for-healthy-food-initiatives-1

  This report from the Center for a Livable Future highlights opportunities for partnership between health care entities and food policy councils. It features examples of food policy councils working with the health care sector, and reviews community benefit reports from Maryland hospitals.

IV. CHNA EXAMPLES

Sample CHNAs provide a range of examples demonstrating how hospitals have incorporated community food security needs and assets into CHNAs.

- Cecil County Community Health Needs Assessment (2015 – 2016) https://www.uhcc.com/wp-content/uploads/2016/04/CHNA-Report_FY15-FY16_public-feedback-draft.pdf

- Hennepin County Medical Center -- Hennepin Healthcare System, Inc. Health Services Plan and Community Health Needs Assessment (2013 – 2014) http://www.mnhospitals.org/Portals/0/Documents/data-reporting/CHNA/hcmc_p_050360.pdf

- Marshall Medical Center Hospital Service Area Community Health Needs Assessment (2012 – 2013) https://www.marshallmedical.org/upload/docs/CHNA%20Marshall%20final.pdf

- St. Vincent Hospital and Health Care Center Community Health Needs Assessment Report (2013 – 2015) https://www.stvincent.org/uploadedFiles/SV_Health/How_Were_Different/In_Your_Commu nity/Community_Programs/sv-hospital-and-health-care-2013-chna-report.pdf

- St. Joseph's Hospital Community Health Needs Assessment Report – (2014) http://www.stjoehumboldt.org/documents/Community-Benefit/2014-Community-Health-Needs-Assessment-Report.pdf

- University of Pittsburg Medical Center St. Margaret Community Health Needs Assessment and Community Health Strategic Plan (2013) http://www.upmc.com/about/community-commitment/Documents/stmarg-community-health-needs-assessment.pdf