
Anchoring Communities Throughout COVID-19:

RESULTS FROM THE 2020 HEALTHY FOOD IN HEALTH CARE SURVEY IN NEW ENGLAND

JUNE 2021



AUTHORS: NAOMI CUNNINGHAM, HANNAH LEIGHTON
ADVISORS: PETER ALLISON, LAUREN KASKEY, DAVID CONNER

Table of Contents

Section	Page Number
2020 HEALTHY FOOD IN HEALTHCARE SURVEY	
Overview.....	3
NEW ENGLAND HEALTH CARE FACILITIES AS ANCHOR INSTITUTIONS	
Engagement with the Anchor Institution Role.....	4
Anchor Institutions in the Food System, Beyond Procurement.....	5
HEALTH CARE FACILITY CASE STUDIES	
Case Studies Overview.....	7
Northeastern Vermont Regional Hospital.....	7
Northern Lights Blue Hill.....	9
New London Hospital.....	10
KEY TAKE-AWAYS	
Key Take-Aways.....	11
Recommendations.....	12

Abstract

Health Care Without Harm has been surveying their network of facilities since 2009. In 2020 the effort was expanded to include the full population health care facilities throughout New England. This new iteration of the Healthy Food in Health Care Survey focused on hospitals' food service operations response to COVID-19 and contributions as anchor institutions in their communities. To supplement the survey results, three in-depth case studies demonstrate various experiences throughout the pandemic and highlight the motivations and ways these facilities successfully navigated the incredible strain put on the health care system while still being an essential community resource. The finding suggests that health care facilities played an important role in supporting their communities beyond procurement by establishing new initiatives that promoted food access and local producers. Based on the survey and case-study findings, recommendations and key takeaways for stakeholders hoping to increase their engagement as an anchor institution were developed. These recommendations highlight the resources used to support food access initiatives throughout COVID-19 and further develop relationships with local producers.

2020 Healthy Food in Healthcare Survey

Overview

In recent years, there has been a growing body of research focused on the role of *anchor institutions (AI)* in communities across the country. Anchor institutions are organizations, often schools, hospitals, colleges, or municipal agencies, that are rooted in place and seek to leverage their status as employers, educators, and community partners to contribute to the overall health of their community through purchasing, programming, and investments.

In the Fall of 2020, Health Care Without Harm (HCWH), Farm to Institution New England (FINE), and researchers from the University of Vermont (UVM) administered the 2020 Healthy Food in Healthcare Survey to all health care facilities in New England with dining services. The 2020 survey was designed to gather information on dining services, local and sustainable food procurement, impacts of COVID-19, and the role the facilities play as anchors in their community. HCWH has been surveying their network of facilities since 2009, and this is the first time the full population of New England health care facilities has been surveyed on these topics.

The complete survey was sent to approximately 260 facilities across the six New England states, as well as several system-level contacts. Due to the COVID-19 pandemic and the incredible strain it put on health care facilities across the region and country, the response rate to the survey was understandably low. In order to be able to draw more meaningful conclusions from the data, the research team chose to narrow the scope of our research to a group of 23 facilities across the three Northern New England states (Maine, Vermont, and New Hampshire) and to focus on responses to questions about their role as an anchor institution, their food access programs, and the impacts COVID-19 had on those programs.¹ The facilities included in the analysis spent an average of \$630,225 on food and beverage in 2019 and represented between 21% to 36% of their state's hospital beds.

State	Responses	Facilities Contacted	Response rate	Percentage of State Hospital Beds Represented*
Maine	10	42	24%	22%
New Hampshire	8	33	24%	21%
Vermont	5	25	20%	36%

This report highlights general trends seen across the 23 facilities during COVID-19 identified by the survey responses, followed by an in-depth look at three facilities. The case study facilities were selected based on their food access efforts before and during the pandemic and represent various experiences throughout COVID-19.

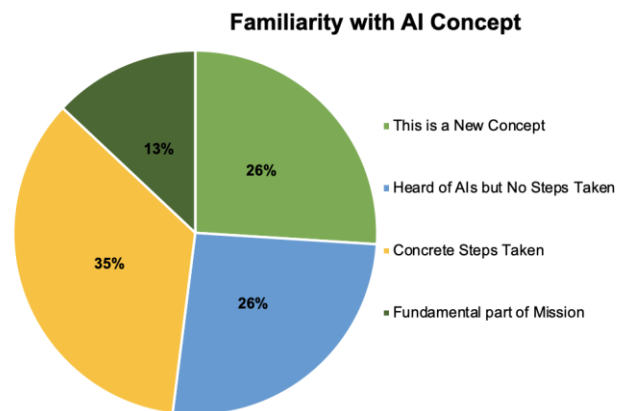
¹ Seven survey responses were dropped from this analysis from states with particularly low-response rates (Rhode Island, Connecticut, and Massachusetts).

*Based on the number of hospital beds reported by the American Hospital Directory. American Hospital Directory (AHD). (2021). *Hospital Statistics by State*. https://www.ahd.com/state_statistics.html

New England Health Care Facilities as Anchor Institutions

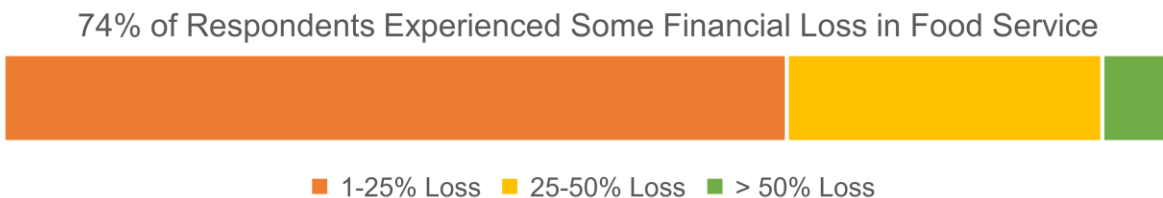
Engagement with the Anchor Institution Role

Of the hospitals surveyed, there was a wide variety of experiences with the *anchor institution* (AI) concept, with many hospitals taking concrete steps toward becoming an anchor for their community while others were unfamiliar with the term. As highlighted in the following case studies, even facilities unfamiliar with the anchor institution terminology may have acted as an anchor for their local community, engaging in similar types of initiatives, though not necessarily using this language.



One way anchor institutions can leverage their platforms for positive change is through their purchasing dollars. Local and values-based sourcing (e.g., sourcing food that is environmentally sustainable, produced using fair labor, and humanely raised) allows institutions to support farms and businesses in their community while providing nutritious, fresh food to their staff, clients, and patients.

For many hospitals' food service operations, COVID-19 presented a unique challenge, as cafeterias that were typically open to the public were forced to reduce their service to only hospital staff and patients while simultaneously adapting to new safety guidelines and transitioning their business models. Due to these changes, 83% of respondents reported a reduction in food sales, and 74% experienced an overall financial loss:



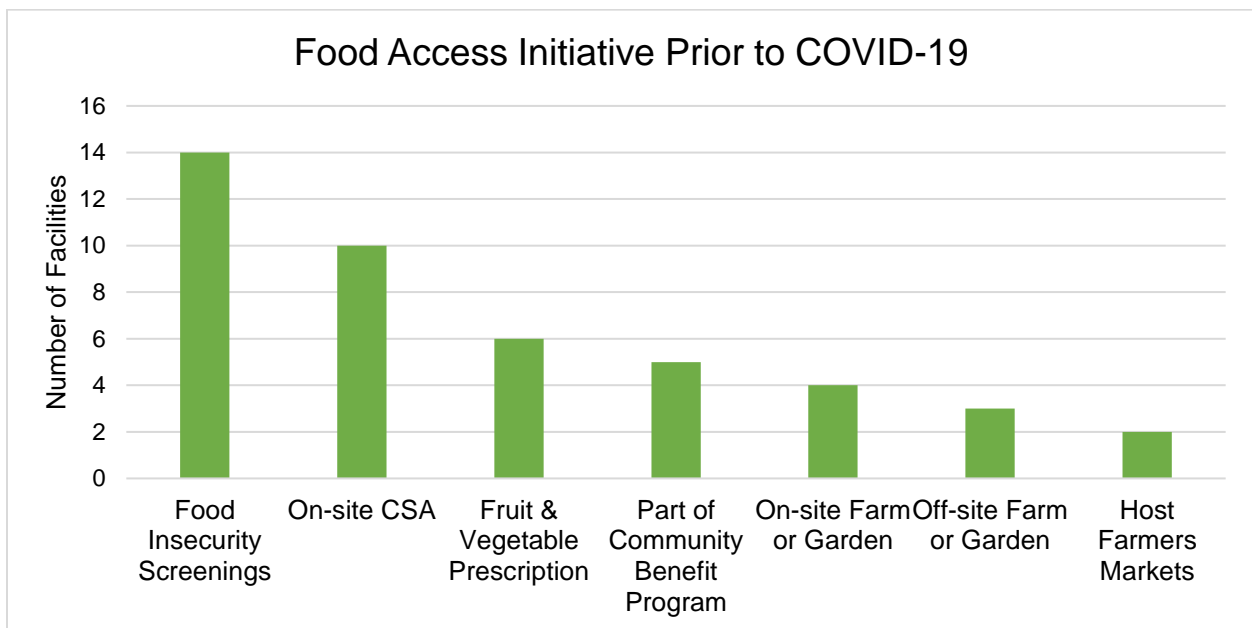
These significant reductions in revenue and sales made it challenging for facilities to maintain local purchasing levels. The majority of respondents, 66%, reported purchasing less local food from March to August 2020, compared to the same period in 2019. The decline in local purchases was actually less significant than the number of hospitals reporting overall losses in sales, indicating that some hospitals were able to maintain their previous level of local purchasing regardless of the overall changes and disruptions. In fact, 26% of hospitals reported purchasing about the same amount of local foods in 2020 relative to the same period of 2019.

This reflects the prioritization of local purchases, which respondents gave an average rating of 3.75 on a 5-point scale during the COVID-19 pandemic. This prioritization of local purchases was significantly higher among facilities that maintained their local purchases throughout COVID-19, receiving an average rating of 4.25 compared to 3.69 for facilities that did not preserve local purchasing levels. While local purchases were a priority for many hospitals, overall health education was prioritized, even more, receiving an average importance rating of 4.14. Given the COVID-19 context, this prioritization of health education was an essential way hospitals could positively impact their communities and help to reduce community spread.

Anchor Institutions in the Food System, Beyond Procurement

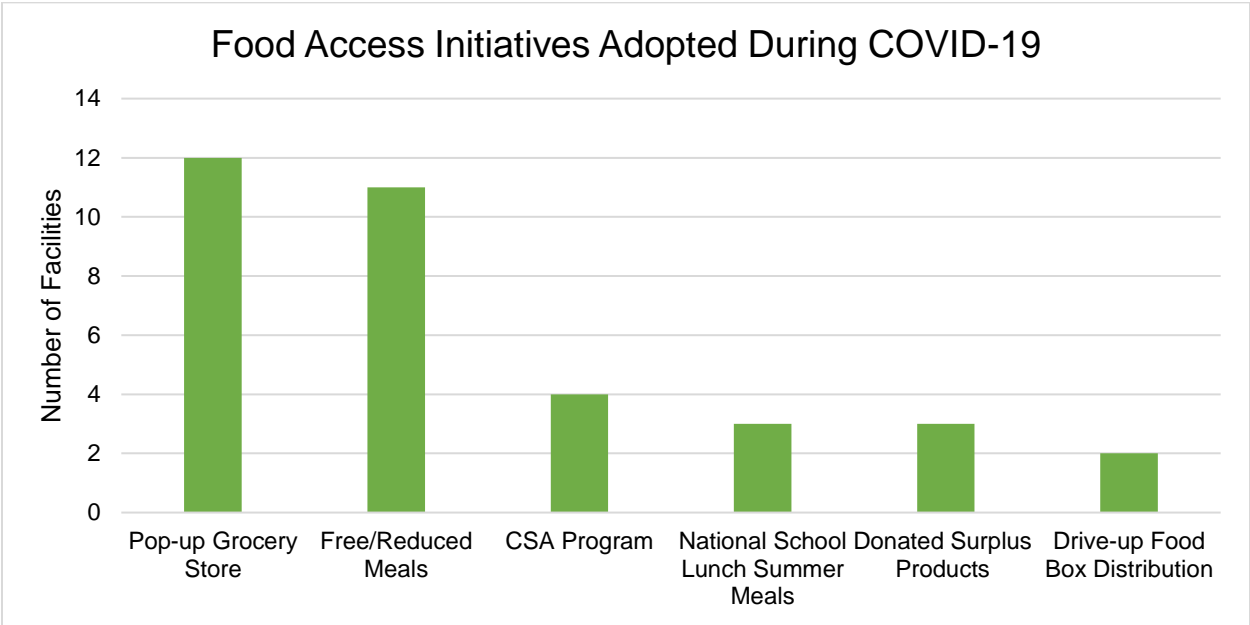
Although local food purchases declined in 2020, health care facilities were still engaging in supporting their local communities and food systems. Many respondents reported creating new or expanding existing food access initiatives in response to increasing concerns about food insecurity and access in their communities. These initiatives included pop-up grocery stores for staff and patients, acting as a distribution site for mobile food pantries, partnering with local schools to support the Summer Meals Program, and adopting CSA programs.

While COVID-19 led to the rapid adoption of new food access programs, many institutions were already engaging in this work in some capacity. Over half of respondents reported involvement in at least two food access initiatives before the onset of COVID-19. Some of these initiatives had the dual benefits of supporting both food access and the local food system. For example, hosting a CSA or farmer’s market not only increases access to healthy, nutritious foods but is also a way to support local farms in the region. The most frequently cited initiatives were food insecurity screenings and hosting on-site CSA programs:



The COVID-19 pandemic caused disruptions not only to the global supply chain, making certain food products difficult to source but also caused significant economic and employment disruptions. With these global disruptions, food insecurity and food access became an increasingly important issue, especially in communities that already had a significant level of existing need. For example, Maine, which already had the highest level of food insecurity in New England, saw a 25% increase in food insecurity during COVID-19.²

To meet the changing needs of staff and patients, many hospitals adopted new programming initiatives to support food access. The most commonly adopted programs during the pandemic were pop-up grocery stores and offering free or reduced meals to staff, community members, or patients:



Pop-up grocery stores were intended to support staff and patient food access while simultaneously helping to reduce the spread of COVID-19, and some even highlighted local produce and foods. Offering free and reduced meals was another way institutions supported their staff and patients throughout the pandemic, especially since most hospital cafeterias were closed to the public. These efforts also benefited the greater community, with some facilities offering free meals to community members, acting as a local distribution site.

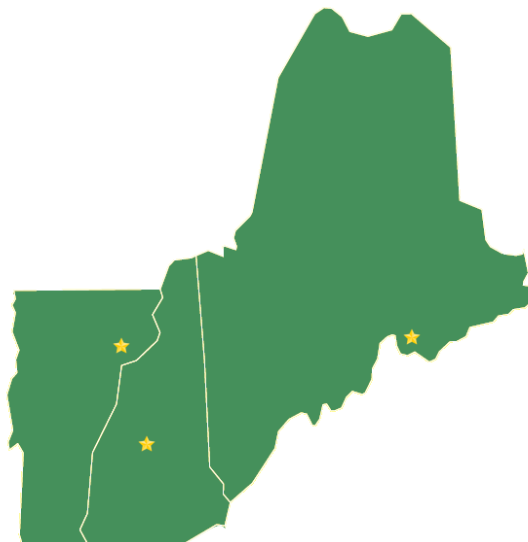
While much of the literature on anchor institutions focus on their economic contributions to supporting local communities and food systems, the following case studies highlight the importance of programming initiatives, especially during times of acute need, like COVID-19.

² Han, C. (2021, January 27). *Food Insecurity: More Mainers Go Hungry During the Pandemic & Communities Try To Help*. Maine Public. <https://www.maine-public.org/show/maine-calling/2021-01-27/food-insecurity-more-mainers-go-hungry-during-the-pandemic-communities-try-to-help>.

Health Care Facility Case Studies

Case Studies Overview

While the survey data provide an outline of general trends seen in Northern New England hospitals during COVID-19, three facilities were selected to add depth to these findings. Through 30 minute interviews, representatives from each facility were asked to elaborate on their response to COVID-19, their adoption of food access initiatives, and their perception of their roles as an anchor institution. These interviews provided important clarity on the benefits and motivations for engaging in food access efforts and gave respondents the opportunity to address relevant topics that may not have been adequately captured in the survey results.



The hospitals selected as case studies represent a range of hospital food service experiences and represent the three states included in our analysis. Two of the facilities, Northern Light Blue Hill (ME) and Northeastern Vermont Regional Hospital, self-identified as actively engaged as anchor institutions in their communities. The third facility, New London (NH) Hospital, is in the early stages of engaging with its local food system and provides some interesting insights into how health care facilities can engage with the food system outside of procurement through dining services. The relationships they have started to establish with local farms through their programming initiatives provide a way to engage with the local food system even if direct purchases are not currently viable for an organization. This case study juxtaposes the facilities more familiar with the AI concept; like 26% of respondents, they were unfamiliar with the term anchor institution.

Northeastern Vermont Regional Hospital

Hospital Profile

Northeastern Vermont Regional Hospital (NVRH) is located in Saint Johnsbury, Vermont. This 26-bed hospital provides numerous health services to the rural Northeast Kingdom, including primary care, specialty, and surgical services. The facility has a birth center and an emergency department that is physician-staffed 24-hours a day. NVRH also has a cafeteria that was open to the public prior to COVID-19, where it prioritizes serving healthy, affordable, and local foods.

On Being an Anchor Institution

NVRH is not only a provider of medical care but also a “destination for the community” to access affordable, high-quality food at reduced rates. Although the cafeterias could not be open to the public during the pandemic, NVRH remained an important source of affordable foods through their food access initiatives.

“The hospital [is] obviously an anchor institution for medicine. But in terms of food, it became an anchor institution [during COVID-19] and a place of refuge.” - Kevin Crawley, Director of Food Service

Response to COVID-19

In response to COVID-19, NVRH continued and expanded its efforts to support food security in the Northeast Kingdom through the [VeggieVanGo](#) and [Healthy Shares](#) initiatives. VeggieVanGo is part of a collaboration between the Vermont Food Bank and NVRH. They operate a mobile food pantry that distributes fresh, local, and seasonal foods to their community. To adapt to COVID-19, this program transitioned to delivering food boxes directly to individual's cars to reduce the chance of community spread. In addition to serving around 350 families, the program is said to give participants a sense of purpose and a morale boost. Hospital staff and community members volunteer to support this program, and as Director Kevin Crawley explained, participating in the program gives him the sense that he positively contributes to his community.

NVRH also continued its work with the Healthy Shares program as part of its partnership with the Vermont Youth Conservation Corps (VYCC). This program provides 12 weeks of local and organic food boxes to participants who are referred to the program by hospital staff. This program is an essential resource for healthcare workers who are able to connect patients in need with a free source of healthful and nutritious food. In explaining the impact of this program, Crawley says, "I am able to point people in the direction they need to go to mitigate some of this food insecurity." In addition to the healthy, affordable offerings in the cafeteria, these programs make NVRH a "food hub" for their local community.

Driving Forces

When asked about the driving force behind these initiatives, the answer was resoundingly the ‘champions’ within the organization that have connections and roots in the community. For NVRH, [Laural Ruggles](#) was highlighted as one of their champions who utilized her connections within the community to develop and implement these initiatives. Laural is the Vice President of Marketing and Community Health Improvements and has done extensive work with community partners to align strategies and utilize community health needs assessments for the good of the community. Through these community connections, the hospital has collaborated with numerous organizations like the Vermont Food Bank and VYCC, which has led to the success of these initiatives. In speaking with Kevin, he emphasized that this work would not be possible without the staff's efforts and commitment to serving their community.

Northern Light Blue Hill

Hospital Profile

Northern Light Blue Hill Hospital (NL-BHH) is a 25-bed critical access hospital that provides both primary care and specialty health services to Hancock County, Maine. The facility is one of 10 member hospitals of the Northern Light Health System. As one of the largest employers in their region, they act as an economic anchor for the community. To best serve their community's needs, the hospital uses community health data collected through their Community Health Needs Assessment to inform their decision-making processes. Beyond their health services, their food service also strives to support the local community in numerous capacities.

Response to COVID-19

While NL-BHH had to initially suspend some of the food access initiatives they were already engaged with due to COVID-19, they quickly rebooted and expanded their involvement with two programs: the [Simmering Pot](#) and [Mainers Feeding Mainers](#).

Run by Healthy Peninsula, a local non-profit organization, Simmering Pot is a community meals program that provides locally sourced, nutritious meals to Mainers free of charge. The program was put on hold but quickly rebooted as a collaboration between Northern Light Blue Hill Hospital, Healthy Peninsula, local restaurants, and other volunteer partners. Every Monday, a nourishing soup and bread meal is offered to any community member, free of charge. The partnership led to about 125 meals being served to the community weekly, with options for pickup or delivery. The hospital volunteered to make the soups and package them to go, and volunteers distributed them within the community. This program is funded through NL-BHH's operating budget and is part of their community benefit program, which contributed almost \$1.8 million in community benefits services in 2020, including community health improvements, charity care, and in-kind contributions to programs like Simmering Pot.

The Mainers Feeding Mainers Program is managed by the Good Shepherd Food Bank and is designed to connect Maine producers with community members facing hunger through partnerships with organizations like NL-BHH. NL-BHH has been involved for three years and is currently partnered with local farms, including King Hill Farm in Penobscot, Maine who brings boxes of vegetables with recipes to the facility every week for patients to take home at no charge. To reduce waste, any leftovers are made available to staff.

On being an anchor institution: "One lesson was that the community really does rely on our organization to lead...it felt good that my team could play a part in that and have a bigger impact than just supporting our co-workers and patients." Barb Haskell, Nutrition Services Manager

Supporting Staff

Although NL-BHH closed their cafeteria to the public to reduce community spread, they continued to be an essential source of healthy, nutritious food for their staff. The food service team started a pop-up grocery store stocked with milk, bread, fruit, and pre-made meals to adapt to the changing needs. They also established a cooler available 24/7 and a breakfast table to increase access for employees working overnight shifts. During the pandemic, these programs were utilized by staff who were working long hours and might have felt uncomfortable going out into the community, especially at the beginning of the outbreak. Seeing the success these programs have had at NL-BHH has led Barb and her staff to think about how these grab n' go models can become a long-term part of their operations.

New London Hospital

Hospital Profile

New London Hospital (NLH) is a small rural hospital serving the Lake Sunapee Region of central New Hampshire. This 25-bed non-profit hospital provides critical primary care, emergency services, and wellness prevention programs to the community. Like many hospitals, NLH food service, which was previously open to the public, had to reduce services to only staff and patients on-site, leading to a significant drop in sales and revenue.

Supporting Local Agriculture: Beyond Procurement

NLH is in the early stages of forming connections within their local food system and provides a unique juxtaposition to the Northern Lights Blue Hill and Northeastern Vermont Regional Hospitals examples. While NLH doesn't currently purchase directly from local farmers, they buy from Upper Valley Produce, which sources products from the local and regional food systems. They also hope to begin to establish relationships to create sustainable purchasing partnerships in the future.

Recognizing that these direct-to-farmer relationships take time to cultivate, the relatively 'green' staff has focused their efforts on acting as a community hub and hosting an on-site CSA program from Spring Ledge Farms. Prior to COVID-19, this program offered various payment options and distributed 30-40 CSA's weekly, mainly to hospital staff. In the past, NLH hospital has also had the Sweet Beat Market sell local fruits and vegetables on the hospital campus once a week.

COVID-19: Changes and Disruptions

NLH opened a pop-up grocery store for staff from March to May 2020. Like Northern Lights Blue Hill, they found this program was greatly appreciated by staff. Joan Fowler, Director of Food and Nutrition Services, helped create this program and explained how this program was able to relieve some of the initial anxiety staff was feeling. Fowler expressed that for some hospital staff members, the onset of COVID-19 came with

concerns to get basic food and paper goods at the local supermarket while working long hours. Some staffers showed their appreciation for the program by writing letters expressing how the program had helped them in the initial period of COVID-19 when there were still so many unknowns. NLH collaborated with the Newport Health Center (an extension of NLH's primary care and ancillary services) to expand the reach of this initiative which was staff-driven and supported.

Other changes the hospital experienced will likely be more permanent. For example, serving more prepared meals will likely be a longer-term shift. While this means staff, faculty, and patients may be able to access food more efficiently, it also means more packaging and the elimination of dining staples like the salad bar. While there are some drawbacks to these adaptations, these changes will position the hospital to be better prepared to respond to future crises.

Key Take-Aways

These case studies demonstrate some of the crucial trends identified by the Healthy Food in Health Care survey and provide an in-depth look at the nuances, motivations, and support necessary for hospitals to engage their communities and local producers throughout COVID-19. These case studies offer some important lessons for institutions hoping to begin engaging or further their engagement in the local food system:

1. Building Connections in the Food System Beyond Procurement

While purchasing from local farmers is an excellent way for institutions to support the regional food system, there are a number of ways to establish healthy relationships with local producers. Hosting an on-site CSA, farmer's market, or developing partnerships with food access organizations that utilize local foods can serve as a first step to developing those relationships. These partnerships have the potential to grow into purchasing relationships in the future. For institutions already engaging in local food purchases, including other local food initiatives like a CSA can help highlight and elevate other local products being served on site.

2. Responding to Need, Collaboration is Key

Most hospitals involved in this research responded to COVID-19 by adopting new food access programs designed to support the staff and the community. To help address community needs, most hospitals utilized partnerships with local organizations, like food banks. These partnerships were essential to the success of these programs. These strategic community partnerships allow the institution to engage with the aspect of this work they are best suited to while responding to the needs of their specific community. Creating new programs from the ground up, especially in a time of crisis, can be a significant barrier for institutions engaging in food access work. Building these relationships before a crisis is a key to being able to pivot quickly in times of emergency.

3. Local Foods and Food Access Initiatives

While not all food access initiatives adopted in response to COVID-19 had a local food component, many did. These types of programs not only help to address food security within their communities and support the local food system but also give residents access to high-quality, nutritious, and dignified food. These programs contribute to the dual goals of supporting food access and local farms and have the potential to be a strong supporter of healthy local food systems.



4. Supporting Staff

The food access initiatives adopted in these case studies would be impossible without the dedicated efforts of hospital staff. Staff members supported these programs as 'champions,' utilizing their connections in the community to launch new efforts, and served as volunteers. During these challenging times, supporting staff through minor acts like providing a pop-up grocery store or offering free or reduced meals were essential in giving back to hospital staff even a fraction of what they had to sacrifice during the pandemic as essential front-line workers. These programs were a small but tangible way to support employees during this incredibly challenging crisis and were a meaningful way to maintain staff morale.

Recommendations for Stakeholders

While local food purchases are an excellent way for anchor institutions, like hospitals, to support their regional food systems, there are numerous avenues for these institutions to support their local communities. The following recommendations are helpful tips for institutions hoping to act as an anchor for their communities in capacities beyond procurement:

1. Identify Potential Partner Organizations in your Community

Partnerships with local organizations, like food banks, can enhance food security and access work at institutions. Identifying and connecting with organizations already engaging in food security work is an important first step in developing potential partnerships. Even when these connections don't lead to official partnerships, they can be informative in learning more about what services are needed most within the community and what initiatives have worked well in the past. Connect with local food banks and other hospitals in the region, engaging in similar efforts to help identify

potential partnerships. Volunteering can be another great way to facilitate relationships with organizations and learn more about the existing programs in the area.

2. Connect with your Community Benefit Department

Non-profit hospitals have a community benefit requirement. While historically, the majority of these funds were spent on patient services, changes under the Affordable Care Act now require hospitals to have an implementation strategy that demonstrates how hospitals' community benefit programs or charitable resources address community health needs. Food security and access initiatives address a critical health need within many communities, and it is possible to receive funding for these initiatives through the hospital's community benefit program.

3. Utilize the Information in Community Needs Assessments

Community Needs Assessments help institutions prioritize their efforts to address the most pressing needs of a community. While these assessments can be time-consuming to conduct, partnering with other health care facilities in the region to create a Shared Community Needs Assessment can make these assessments more feasible. Encourage your hospital to complete a Community Needs Assessment and use the information collected in the evaluation to target your initiatives to meet the community's needs best.

Acknowledgements

Survey Participants

Thank you to all of the facilities and individuals who took the time to complete the 2020 Healthy Food in Health Care Survey! The efforts of these essential frontline workers were essential not only for helping communities adjust and remain safe during COVID-19 but also in developing a greater understanding of how hospitals responded to the pandemic. Their time and efforts are especially appreciated, given the unique and unexpected challenges hospitals faced during the wake of the COVID-19 pandemic. We were also excited to expand the survey to include facilities that are not members of the Health Care Without Harm network and appreciate their engagement.

Case Study Participants

Thank you to our three case study participants, Kevin Crawley, Barb Haskell, and Joan Fowler, whose interviews provided depth and clarity to the themes identified in our survey results! Interviewees' thoughtful and detailed answers were incredibly important in developing a more nuanced understanding of our results and provide important information that was not adequately captured by survey results.