Addressing social and environmental determinants of health to create resilient communities

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Our mission is to transform health care worldwide so that it reduces its environmental footprint, becomes a community anchor for sustainability and a leader in the global movement for environmental health and justice.
A broken food system

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

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

Environmental Nutrition Redefines What Constitutes Healthy Food

**Traditional Nutrition**

Focuses on biochemical components of food and individual food consumption

*Asks:*

- How much Vitamin C?
- How many calories?
- How much fiber?

**Environmental Nutrition**

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

*Also asks:*

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

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

Healthy food access for all

Localized food economies

Reduced agricultural impact on natural systems

Agriculture and food policy that promotes all of the above
What is Community Benefit?

- NONPROFIT HOSPITALS
- REGULATED BY THE IRS
- TAX BENEFIT ↔ PUBLIC BENEFIT
Community Engagement

Step 1: Reflect and Strategize

Step 2: Identify and Engage Stakeholders

Step 3: Define the Community

Step 4: Collect and Analyze Data

Step 5: Prioritize Community Health Issues

Step 6: Document and Communicate Results

Step 7: Plan Implementation Strategies

Step 8: Implement Strategies

Step 9: Evaluate Progress

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New opportunities for community benefit

**Affordable Care Act (ACA)**
Shift toward community health promotion and disease prevention.

**Changes to IRS regulations**
Promote addressing social determinants of health, including increasing access to quality, affordable food.

“The health needs a tax-exempt hospital may consider in its community health needs assessment (CHNA) include not only the need to address financial and other barriers to care but also the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.” (79 Fed Reg 250, pg 78969)
Drivers of community health

- Healthy Behaviors: 30%
- Social & Economic Factors: 10%
- Quality of Care: 10%
- Access to Care: 10%
- Physical Environment: 10%

Source of data: County Health Rankings, Univ. of Wisconsin Pop. Health Inst.
What if hospital community benefit programs had impact on diet related disease AND supported greater health and wealth of the community the hospital served?
Purpose: To examine hospital community benefit landscape and identify promising practices to promote healthy food access, healthy eating, and healthier food environments to address the risk of diet-related health conditions.
THE APPROACH

National survey of community benefit programs

In-depth interviews with community benefit, public health and other stakeholders

Case studies

Playbook of resources to inspire and support community benefit professional
THE TRIPLE WIN

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

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

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


Implementation strategy findings

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

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

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

From 331 community benefit programs reported by 215 respondents

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

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

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

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

- Community health needs assessment resources
- Implementation strategy resources
- Evaluating, reporting, and communicating results
- Case studies
The playbook is a must-have resource for hospital community benefit professionals. This site is a one-of-a-kind comprehensive collection of resources, tools and information focused on healthy food access to improve community health. What makes this website a necessary tool for hospitals is the focus on how to incorporate healthy food as a community benefit priority.

- Melissa Biel, Community Benefit Connect
Featured resource:
Engaging the community to understand food-related needs

- Assessing landscape of community food resources

- Engaging stakeholders and community members during CHNA and health improvement planning
Featured resource:
Fruit and vegetable incentive programs

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

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

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

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

• Include data on food insecurity & food environments and food advocacy organizations in the CHNA
• Engage hospital leadership
• Build strong community partnerships
• Utilize shared, established evaluation metrics
• Adopt “triple win” strategies
“Win-win-win” initiatives support local and sustainable food production while working to eliminate health disparities and empower and improve the lives of community residents.
Opportunities for Engagement in Michigan

- **Locally/Regionally:**
  - Detroit Food & Fitness Collaborative Health Food Work Group
  - Local Food (Policy) Councils: Detroit, Macomb, Oakland, Washtenaw, and more...
  - Today’s presenters & participants!
  - A follow up virtual meeting

- **Statewide:**
  - Michigan Farm to Institution Network & Cultivate Michigan
  - Michigan Green Healthcare Committee (MHA) & Conference (10/9-10/10)
  - Michigan Good Food Charter & Summit (10/22/18)
Acknowledgments

This study was conducted by Health Care Without Harm’s national Healthy Food in Health Care program, which harnesses the purchasing power and expertise of the health care sector to promote a healthy, equitable & sustainable food system.

Visit www.healthyfoodinhealthcare.org for more information.
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