

Serving Summer Meals in Health Care Institutions: An Implementation Guide



IMPROVING POPULATION HEALTH BY REDUCING FOOD INSECURITY

Food insecurity contributes to the rising cost of health care. In one estimate, hunger and food insecurity increased healthy expenditures in the United States by \$160 billion.ⁱ

In the United States, **one in five children struggle with hunger**, lacking consistent access to enough food to ensure healthy development.ⁱⁱ Young children who are screened and at risk for food insecurity are:

- 56% more likely to be in fair or poor health;
- 17% more likely to have been hospitalized;
- 60% more likely to be at risk for developmental delays.ⁱⁱⁱ

Children are at increased risk for food insecurity, malnutrition and obesity during the summer, when school is not in session and the National School Breakfast and Lunch programs are suspended. **The purpose of USDA's Summer Food Service Program (SFSP) is to ensure that children continue to receive nutritious meals** when school is not in session by providing access to nutritious meals at no cost to the children.



Food insecurity, as defined by the U.S. Department of Agriculture, is limited or uncertain availability of nutritionally adequate and safe foods. An estimated 14.0 percent of American households were food insecure at some time during 2014.

Despite a variety of traditional sponsors, including schools, churches, camps and community centers, nationally, **SFSP is severely underutilized**, with only 15% of kids who qualify for free and reduced price school meals receiving meals during the summer. Even with health care institutions' unique setting for reaching children in need, health care institutions rarely participate in the program.

SFSP:

- Is funded at the Federal level and administered by State agencies.
- Is run by approved sponsors, who are responsible for meeting the national guidelines and receiving reimbursement from USDA, through their State agencies, for the meals they serve.
- Provides meals at approved sites, the physical location where meals are administered during approved meal times.
- Offers flexibility in how to operationalize the program.

Recent changes in the health care landscape have tied reimbursements and payments to health services provided and outcomes, specifically: improved health at a population level; improved patient experience; and lower costs.^{iv} In response to this paradigm shift, health care organizations are exploring innovative strategies to manage the health of their patient populations within their facilities and beyond.

Participation in SFSP within health care's existing infrastructure provides an opportunity to improve population health by increasing access to nutritious meals for those most in need.

Steps to Implement SFSP in the Hospital or Health Care Setting

Garner support from hospital leadership. Provide information on food insecurity and its impact on health for the individual and the institution. Identify leaders to promote and implement the program.

Identify and contact the State Agency that administers SFSP. State agencies can determine if there is an existing feeding site that hospitals can support, and/or if there is a gap or unmet need. Locate SFSP state agencies at <http://www.fns.usda.gov/school-meals/school-meals-contacts>.

Decide whether to serve as a sponsor, a site or both. A **sponsor** is the nonprofit organization that manages the SFSP – including applying for approval, attending mandatory training sessions, hiring and training staff, filing claims for reimbursement and monitoring site(s). **Sites** work with sponsors and provide a safe and supervised environment where children receive meals.



Decide on an open or closed site model. In an **open site**, meals are provided to any child under the age of 18, regardless of circumstances, on a first-come, first-serve basis. Open sites must document that they operate in an area of need where at least 50 percent of children residing in that area are eligible for free and reduced-price school meals, based on local school

or census data. The state agency or Department of Education can provide these facts. Most hospitals operate as open sites. In contrast, **closed sites** provide free meals to all children in a specific group who are enrolled in an activity or program at the site where at least half of those enrolled are eligible for free and reduced-price meals.

Determine which meals to provide and how to prepare them. SFSP provides flexibility to determine which meals, which days and at what times meals are served, within certain guidelines. Meals may be prepared on site or purchased through an agreement with a third party. Reimbursement rate per meal, which is set by Congress annually, varies based on this distinction. Learn more about reimbursement rates at <https://federalregister.gov/a/2016-00506>.

Determine how to serve meals. Traditional programs provide children with **unitized** or pre-packed meals using fresh foods, shelf-stable foods or a combination. In this model, there is tight control over meeting the USDA's nutrition guidelines and exact food cost can be determined. However, since reimbursement is only provided for meals that are actually served, there is a greater risk of food waste. In contrast, the **offer-versus-serve (OVS)** approach allows children to decline some food selections, which can help control food cost, provide the children with choice, and simplify the operation. Hot and/or cold food may be served provided food safety guidelines are met and all meals must meet nutritional requirements established by the USDA, which can be found at <http://www.fns.usda.gov/sfsp/sfsp-meals-and-snacks>.

Engage staff. The success of SFSP depends largely on the employees who interface with the children and families. Hospital employees tend to embrace the program, which can drive employee satisfaction and have a positive influence on the health care experience.

Interested in further details? Learn more about SFSP at <http://www.fns.usda.gov/sfsp/summer-meals-toolkit>

SFSP AND THE AFFORDABLE CARE ACT

Approximately 51% of America's hospitals are nonprofit organizations. Under the Affordable Care Act, nonprofit hospitals must comply with several new requirements, including the "Community Benefit" requirement. The Community Health Needs Assessment (CHNA) that nonprofit hospitals are required to conduct every three years defines the hospital's community of need, and is used in setting hospital priorities for sharing its Community Benefit activities.⁹ By making food insecurity a priority for Community Benefit activities, these expenses (such as staffing or adult meals) might be covered under Community Benefit activities.

Implementation Models

Across the country, hospitals have implemented SFSP via a variety of models, all of which are financially sustainable, not disruptive to daily operations, and meet the needs of a high-risk population.

Meal Choice

The **Medical University of South Carolina (MUSC)** in Charleston, South Carolina, is a 750-bed hospital that reports over 1 million outpatient visits annually. MUSC and their food service provider Sodexo allow children to select the foods they'd like to eat from the hot line, resulting in lower food costs and labor cost. In addition, MUSC collects data to understand which meals (entrees and side dishes) children prefer. Due to USDA's requirements, line servers and cashiers receive additional training to understand the food components required to qualify for a reimbursable meal. The participating staff excel in implementing the program and take pride in their role of helping kids in their community. MUSC served 250 meals per week during their first summer, which included bagged lunches dropped to the pediatric hematology/oncology and sickle cell treatment clinics.

Sack Lunches

Arkansas Children's Hospital is a pediatric hospital and a Level I trauma center located in Little Rock, Arkansas. Their food insecurity committee was interested in developing a program to address hunger issues in their community and chose to participate in SFSP, offering sack lunches for children. The hospital worked with USDA to provide flexibility around the congregate feeding requirement so that children could take their lunch with them to eat before or after clinic visits. Volunteers create an assembly line to prepare lunches, which consist of

pre-packaged items such as cups of peaches, carrots, sandwiches, and string cheese. Arkansas Children's Hospital serves 1,250 to 1,500 meals per week.

Summer Camps

Preferred Family Healthcare is a comprehensive behavioral health nonprofit in Florissant, Missouri, that offers outpatient treatment and camps for its youth during the summer time. Because it is a closed site, the number of daily participants is consistent, which eases planning. Preferred Family Healthy provides approximately 125 pre-packaged meals per week.

"Our employees experienced immediate feedback and gratification from the children receiving the meals, which made them feel really good about the program. They were proud of the work they were doing to support kids in the community."

Dr. Shaun Kemmerly, Chief Medical Officer, Our Lady of the Lake Children's Hospital, Baton Rouge, Louisiana

Partial Off-Site

Labette Health in Parsons, Kansas, is a Level III Trauma Center. The institution prepares meals at the hospital and then delivers them to at least five different meal sites across the community, such as schools, libraries, parks and recreation centers. Labette selected locations where kids naturally congregate, instead of attempting to entice the children to come to the hospital. In addition, Labette Health secured a grant from their local community foundation to hire college students to support the program and oversee meal sites. Labette Health serves between 375 and 425 meals per week.

Full Off-Site

Memorial Hospital in Carthage, Illinois, is a community hospital with several off-site clinics that stepped in to meet the community need. Memorial Hospital hired their recently retired chef to procure the food and produce the meals during the summer season. The hospital serves as the sponsor, but all meals are prepped and distributed at a local school, which serves as the site. Memorial Hospital serves approximately 100 meals per week.



“Hospitals need to do this. And it’s not that difficult because you are doing this already. What you’re doing is increasing the number of people that you can impact with your healthy nutritious food that you have already on hand.”

Debbie Petitpain, MS, RDN, Sodexo Wellness Dietitian at Medical University of South Carolina, Charleston, South Carolina

Transportation

The **Hillsboro Area Hospital** serves Montgomery County and the local community in Hillsboro, Illinois. They transported children from community churches to the hospital for two summers, using a bus purchased with funds raised to cover the cost. They also offered 45 minutes of activities before lunch, including swimming, gardening, reading, etc. Because the hospital’s cafeteria was underutilized, there was space to share with the summer feeding program. Hospital staff fully embraced the program and several became mentors to participating families. They launched a “Clean Plate Club” and offer stars to children who try new foods. Hillsboro Area Hospital serves 150-250 children per week.

Advice from the Experts

Document the financial viability. The primary overhead associated with SFSP is food cost and, in some instances, labor. Reimbursement is based on the number of qualifying meals served and can include operating and administrative costs. Hospitals are fully reimbursed from USDA for all food costs. The offer-versus-serve model can reduce risk of preparing food that won’t be served or reimbursable. Likewise, leftovers that have been handled safely can be offered for other meals.

Start small, and start early. Start planning early in the year instead of waiting until the immediate months preceding summer break. Use the first year as a pilot and keep community outreach to a minimum instead of aggressively marketing the program. Expect some operational challenges and be flexible with the model to allow for adaptation if necessary. Program amendment is permitted, including days and hours of operations and menu selections, throughout the summer.

Identify champions. Create an internal advisory board to serve as a sounding board and engage different stakeholders from across the hospital, including administrators, physicians and clinicians, food service managers and staff, nutrition directors and dietitians, and staff from public relations and volunteer services. Consider creating a “Junior Board” of younger children who are interested in serving and learning about the community service/outreach and can provide insight into age-appropriate activities.

Use math to make the case. Share the number of meals offered and community volunteers engaged at board meetings and community gatherings. Many hospitals use Feeding America’s Map the Meal Gap (<http://map.feedingamerica.org/county/2013/overall>) for messaging to their executive leadership team. Also collect qualitative comments, which can be equally impactful.

Recruit volunteer staff. In addition to the hospital’s volunteer program, recruit volunteers from outside the institution. Students from a local culinary school or college, for example, can assist with prepping meals or providing activities to the children. Consider hiring an AmeriCorps VISTA member to help oversee the program. VISTA members make a year-long full-time commitment to focus their efforts on building the capacity of organizations that improve health service and assist low-income communities. Learn more about VISTAs at <http://www.nationalservice.gov/programs/ameri-corps/ameri-corps-vista/what-vista-members-do>.



Raise awareness. Inform your community that childhood hunger exists. Health care institutions shared that making presentations to local groups such as Kiwanis, Lions and Women Circles have helped to raise awareness about hunger in their community. Many people don't realize that childhood hunger exists all around them, nor the role that the health care institution is playing to help solve it.

Engage children and their families. Offer a fun interactive activity to keep kids engaged while they consume their meal on site, which is a USDA requirement, referred to as congregate dining. Several of the hospitals reported that because parents are often working multiple jobs, this offers rare, quality family time. Furthermore, some of these children have limited exposure to adult role models outside of their home during the summer and their exposure to another adult role model (i.e., the site supervisor) was a surprising and meaningful outcome.

“A mother expressed tremendous gratitude for providing meals for her children, as well as a deepened sense of being cared for by the hospital. In addition to all the other reasons for hospitals to consider implementing this program, we believe it has contributed to improved patient experience scores.”

Dr. Diana Cutts, Hennepin County Medical Center, Minneapolis, Minnesota

Feed the grown-ups, too. SFSP meals are available to children 18 years and younger but often accompanying adults are in need of food as well. Check with legal counsel to determine if your reimbursement is available for adult meals through a community benefits plan. Partner with a local food bank to provide food bags or offer a food pantry on-site. Implement Community Health Improvement Plan activities related to priorities such as food access, good nutrition, or fruit and vegetable intake.

Healthcare institutions are uniquely positioned to participate in federal hunger-relief programs and engage in the fight against hunger to improve the health and quality of life of the people they serve.

Thank You!

We would like to thank and recognize the following individuals and their institutions for sharing their experiences with us:

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Referenced websites

Locate SFSP state agencies

<http://www.fns.usda.gov/school-meals/school-meals-contacts>

USDA meal requirements

<http://www.fns.usda.gov/sfsp/sfsp-meals-and-snacks>

Feeding America's Map the Meal Gap

<http://map.feedingamerica.org/county/2013/overall>

AmeriCorps VISTA program

<http://www.nationalservice.gov/programs/ameri-corps/ameri-corps-vista/what-vista-members-do>

Learn more about SFSP

<http://www.fns.usda.gov/sfsp/summer-meals-toolkit>

- i Cook and Poblacion. Bread for the World Institute. *Estimating the Health-Related Costs of Food Insecurity and Hunger*. Appendix 2, p. 192. 2016.
- ii Feeding America's [Map the Meal Gap 2015](#). p. 32.
- iii *The Hunger Vital Sign: A New Standard of Care for Preventive Health*. Children's Healthwatch Policy Action Brief, May 2014.
- iv Downer, S. & Prendergast, K. The Center for Health Law and Policy Innovation of Harvard Law School. *Feeding America's Food Banks as Partners in Health Promotion: Creating Connections for Client & Community Health*. 2015.

About the Producers of this Guide:

For over 30 years, Sodexo and MUSC have partnered to create innovative and impactful programs aimed at improving the quality of life of everyone served and in 2015 partnered to become the first hospital in the southeast to participate in USDA's SFSP. We would like to give special thanks to the Sodexo Foundation, Share Our Strength Center for Best Practices, and SHG Advisors and for the funding from the No Kid Hungry Out of School Time Local Impact Grant, generously supported by the Arby's Foundation.

Sodexo is a global company that operates in 33,000 sites worldwide including campuses, schools and health care institutions. Sodexo has 250 employees who provide the foodservice and clinical nutrition services at MUSC, serving 1300 meals to patients and retailing 7500 transactions in the cafeterias daily. Sodexo's customers include clinicians, faculty, staff and students of MUSC as well as the patients and their families receiving care at MUSC. Learn more at www.sodexousa.com.

Through our **Stop Hunger** efforts, supported in part by Sodexo employees, Sodexo has long been committed to fighting hunger and improving the Quality of Life in communities around the world. Learn more at www.HelpStopHunger.org

The **Medical University of South Carolina (MUSC)** is one of the nation's top academic health science centers, with a 750-bed medical center, six colleges and residency training. Its campus is located on more than 80 acres in the city of Charleston, with an overall population of about 13,000 clinicians, faculty, staff and students studying for degrees at the baccalaureate, masters, doctoral, and other professional levels. Learn more at <http://www.muschealth.org/>.

Using proven, practical solutions, **No Kid Hungry** is ending childhood hunger today by ensuring that kids start the day with a nutritious breakfast and families learn the skills they need to shop and cook on a budget. When we all work together, we can make sure kids get the healthy food they need. No Kid Hungry is a campaign of national anti-hunger organization **Share Our Strength**. Join us at NoKidHungry.org.

This guide was developed by **SHG Advisors**, a firm that strategically advises corporations, foundations and non-profits to identify solutions and achieve comprehensive, measurable and timely change. We work with stakeholders who are laser-focused on making our community a better place for everyone. Learn more at shgadvisors.com.

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