



SUPPORTING FARM TO SCHOOL WITH NON-PROFIT HOSPITAL COMMUNITY BENEFIT DOLLARS

Stay Informed

Join our network:
FarmtoSchool.org

Twitter
@FarmtoSchool

Facebook
National Farm to School Network

Instagram
@FarmtoSchool



**NATIONAL
FARM to SCHOOL
NETWORK**

GROWING STRONGER TOGETHER

The National Farm to School Network is an information, advocacy and networking hub for communities working to bring local food sourcing, school gardens and food and agriculture education into school systems and early and education settings.

Hospitals' Community Benefit requirements create significant opportunity for farm to school. Partnerships are key to unlocking untapped resources.

Over half of U.S. hospitals are categorized as non-profit organizations, and federal tax code requires these hospitals to provide community benefits in order to qualify for tax exemption. These community benefit allocations total an estimated \$24 billion dollars available annually to provide financial assistance to patients and other health improvement activities,¹ which can include investment in farm to school activities. In 2015, non-profit hospitals spent approximately 13.3 percent of their total hospital expenses on these community benefits, of which 0.3 percent was spent on cash and in-kind contributions to community groups.² Though most benefits go to direct patient care, section 9007 of the Affordable Care Act requires that tax-exempt hospitals conduct a Community Health Needs Assessment (CHNA) and implementation strategy every three years through work "with public health agencies and community partners to assess community health needs, plan how to address these needs, and provide community benefits."³ The Affordable Care Act's new focus on addressing the social and environmental determinants of health places programs that address healthy food access, such as farm to school, in a unique position to work with hospitals to promote community-wide health initiatives. There is a significant opportunity for farm to school practitioners to partner with hospitals and many ways in which hospitals can provide resources to support farm to school and foster public health.

Involvement in Community Health Needs Assessment

As part of the CHNA process, hospitals must identify and prioritize community health needs and evaluate existing resources in the communities they serve to address those needs, including input

Case Study Example: California

In California, the Community Alliance with Family Farmers (CAFF) has worked with Kaiser Community Foundation for the last nine years to fund significant farm to school efforts, and Kaiser has invested in the long-term sustainability of CAFF's work. This support includes funding projects such as the Good Food Marketplace to help school food service providers identify farm to school friendly vendors, and developing purchasing collaboratives in partnership with ProcureWorks and Healthcare Without Harm to streamline procurement support for food service directors. In addition, with support from Kaiser, CAFF promotes direct sales between family farmers, food hubs, and institutional buyers, and launched a pilot program to expand the variety of foods offered through farm to school initiatives, among other initiatives. CAFF's work reaches all 21 Kaiser North California areas.

from people “representing the broad interests of the community.”⁴ This input must include, “at a minimum, at least one local, state, regional, or tribal governmental health department and members of medically underserved, low-income, and minority populations or individuals or organizations serving or representing the interests of such populations.”⁵ Farm to school stakeholders that meet this criteria and are encouraged to get involved in the assessment process. The [Delivering Community Benefit: Healthy Food Playbook](#) has many examples of community organizations that have engaged in this process. For example, Cooley Dickinson Hospital in Massachusetts partnered with [Healthy Hampshire](#) through a food access advisory committee made up of professionals and residents facing food insecurity. The committee “evaluated current food system conditions and developed an action plan to reduce barriers to food access.”⁶

When food focused organizations were involved in the CHNA process, they were more likely to have community benefit resources allocated to addressing healthy food access or food insecurity.⁷ According to a Healthcare Without Harm study, “hospitals with involvement of community groups promoting healthy food access were 3.7 times more likely to have a community benefit program targeting food insecurity or healthy food access.”⁸ Thus, including relevant data in hospitals’ CHNA about the connection between healthy food access, diet-related diseases, and [the success of farm to school programs](#) in tackling these issues will likely increase hospitals’ investment in farm to school programs.

“Hospitals that used Department of Agriculture data on food-related health needs in their most recent CHNA were 2.5 times more likely to have at least one community benefit program that targets food security or healthy food access as a health need.”

- *Healthcare Without Harm study*

Farm to school organizations are encouraged to collaborate with non-profit hospitals in the CHNA process:

- Ask hospital staff charged with conducting the hospital’s CHNA to join the CHNA Advisory Board, and collaborate with hospitals in the CHNA process.
 - In Vermont, the Center for Rural Studies, a nonprofit research center with food systems expertise that works with communities to address social and economic development challenges, worked with the University of Vermont Medical Center on the [CHNA](#) process including data collection and analysis, and helping with CHNA needs prioritization.⁹

- Provide data to hospitals about diet-related health needs and the efficacy of farm to school in addressing these needs. Hospitals often have a difficult time accessing local health data, and organizations that can provide this relevant information are more likely to be invited to participate in the CHNA process.¹⁰

- [Mercy Medical Center in North Iowa](#) partnered with Community Kitchen of North Iowa to distribute questionnaires and helped with data review and needs prioritization for the CHNA process.

Case Study Example: New Mexico

Based on information for Healthcare Without Harm’s [Healthy Food Playbook](#)

The Presbyterian Hospital in Albuquerque, New Mexico has developed robust partnerships with external organizations, and highlights from this collaboration include:

- Grant support for the FoodCorps New Mexico service member position hosted by Albuquerque Public Schools, who is responsible for supporting the development of a district-wide school garden program,
- Grant funding for the La Cosecha community-supported agriculture program to subsidize locally grown produce for food-insecure community members,
- Providing grant support, staffing, and a van for a Healthy Here Mobile Farmers Market, and
- Grant support for the Wellness Referral Center, a call center that “receives patient referrals from health care providers and then connects them to community-based programs that help to prevent and manage chronic nutrition-related diseases.”¹¹

What is important to note in this case is that these collaborative programs and funding began through the CHNA process. In 2016, the hospital (through the Hospital’s Center for Community Health) contracted with nine county health councils, and paid each council \$5,000 to identify significant health needs in their respective counties. By consolidating results from each county, the hospital was able to identify access to affordable healthy food as a priority. In addition, the counties were active participants in developing implementation strategies for addressing the identified priority needs.

¹ Health Care Without Harm (2018). Delivering Community Benefit: Healthy food playbook. Available from: <https://foodcommunitybenefit.noharm.org/>

Leveraging Affordable Care Act Community Benefit Dollars and Hospital Resources for Farm to School

Hospitals can support farm to school efforts and foster public health in many ways, and it is up to farm to school stakeholders to invite hospitals to collaborate on farm to school initiatives. Hospitals can provide in-kind and/or financial resources including (based on Healthcare Without Harm findings¹¹):

- Providing grant support,
- Providing use of hospital facilities for farm to school activities,
- Conducting food insecurity or other health screenings,
- Providing staff or financial support for program evaluation,
- Providing staff support for grant writing or securing sustainable funding of community benefit initiatives, and
- Advocating for healthier food policies.

Tips to Getting Started in Accessing In-Kind and Financial Community Benefit Resources

The following steps assure that potential opportunities to access Community Benefit resources are maximized:

Identify non-profit hospitals in your geographic area that have overlapping service areas with the schools where you work. One way to begin to identify which hospitals are in your area is to consult your state's Department of Health website.

Go to the hospital's website and look for the Community Health Needs Assessment. Study the CHNA carefully; learn what community groups participated in the CHNA process and what hospital personnel signed off on and are responsible for the assessment.

If the CHNA does not reference farm to school, follow these subsequent steps¹²:

- **Write a letter** to the person at the hospital responsible for the CHNA and introduce yourself (this person's name is required to be listed on the CHNA plan); introduce your organization and explain the programs you run and how they relate to the needs identified in the CHNAs (such as obesity, food insecurity, or any other food or diet related needs). Explain any and all data you have and are willing to share about your work (especially evaluation data about the impact of your programs).
 - If the hospital you are working with is currently conducting a CHNA, express your desire to participate in the CHNA process. You should mention that you have information that could help in the assessment, and also how your programs could help later in the process as they work with community-based organizations to address needs identified.

- If the CHNA is recently completed and the hospital is developing an implementation plan, the tone of the letter should not suggest you are looking for funding, but that you are looking to collaborate to address community needs identified that relate to your work.
- If there are implementation plans and prior CHNAs posted, study those, and see if past implementation plans had food and diet related needs identified as area of interventions. If yes, mention the needs identified, and discuss how those needs relate to your work. If not, study what priorities the hospital has identified, and evaluate if your work addresses any of these needs.

- **Make the case for the public health benefits of farm to school.** A good place to start is the National Farm to School Network's [Benefits of Farm to School Fact Sheet](#). Relevant data includes, but is not limited to:

- Reduction in percentages of students with diabetes,
- Increased consumption of fresh fruits and vegetables for youth,
- Decrease in percentage of students with no leisure-time physical activity, and
- Decrease in percentage of students reporting food insecurity.



Additional Resources

[Delivering Community Benefit: Healthy Food Playbook](#): Comprehensive resource created by Healthcare Without Harm that includes many examples of hospitals that have leveraged community benefit dollars to support farm to school and foster public health.

[Community Benefit Connect](#): This organization provides information about community benefits dollars, creating a virtual learning community that connects stakeholders from hospitals and partner organization around the community benefit program.

Case Study Example: Minnesota

After receiving a USDA Farm to School Grant in which the Carlton-Cook-Lake-St. Louis County Community Health Board received \$99,750 to “advance farm to school policy, systems, and environmental change in the region through district-to-district and Wolf Ridge ELC collaboration in 2015,” Duluth Farm to School was looking for sustainable programming sources.¹ Partners identified community benefits as a potential source of funding, and began to build the case for community benefit dollars to be used for a part-time farm to school coordinator position along with some supply, travel, and professional development funds. In order to make the case for funding, farm to school partners formed alliances with public health practitioners to identify relevant data about obesity, social determinants of health, students’ fruit and vegetable intake, and the impact of farm to school initiatives in remedying health disparities in the Duluth area.

Essentia Health responded to this request and agreed to fund the position. Today, the Farm to School Coordinator, funded through the hospital’s community benefit dollars and housed as a contractor position through the public health department, works with schools to support and help develop school gardens, incorporate local food procurement into school meals, and develop robust nutrition education initiatives.

¹ <https://www.fns.usda.gov/farmtoschool/grant-awards>

Key Takeaways

Many hospitals need primary data to show key drivers of community health to inform the CHNA process. Non-profit hospitals also need to know about programs that address the community needs identified in the CHNA, and have solid evaluation data to measure programmatic impact. Farm to school partners can provide this information and act as key partners in CHNA and implementation plan development.



References

- Rosenbaum, Sara, et al. “The value of the nonprofit hospital tax exemption was \$24.6 billion in 2011.” *Health Affairs* 34.7 (2015): 1225-1233.
- American Hospital Association (2018). Results from 2015 Tax-Exempt Hospitals’ Schedule H Community Benefit Reports Executive Summary Available from: <https://www.aha.org/guidesreports/2018-10-09-results-2015-tax-exempt-hospitals-schedule-h-community-benefit-reports>
- Health Care Without Harm (2018). Community benefit and healthy food: A national assessment. Available from: <https://foodcommunitybenefit.noharm.org/research-reports>
- Ibid.
- Ibid.
- Health Care Without Harm (2018). Delivering Community Benefit:Healthy food playbook. Available from: <https://foodcommunitybenefit.noharm.org/>
- Health Care Without Harm (2018). Community benefit and healthy food: A national assessment. Available from: <https://foodcommunitybenefit.noharm.org/research-reports>
- Ibid.
- Health Care Without Harm (2018). Delivering Community Benefit:Healthy food playbook. Available from: <https://foodcommunitybenefit.noharm.org/>
- Ibid.
- Ibid.
- If the CHNA does reference farm to school (most will not), determine what steps the hospital has already taken in working on farm to school initiatives through the implementation plan.

The National Farm to School Network has compiled resources on this topic and others. Find more information and join our network: farmtoschool.org