Food Insecurity: Limitations of Emergency Food Resources for Our Patients

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ABSTRACT *Rates of food insecurity are high among medically underserved patients. We analyzed food pantry responsiveness to the needs of medically ill cancer patients in New York City with the intent of identifying barriers to available food resources. Our data, collected from 60 pantries, suggest that the emergency food system is currently unable to accommodate patient needs. Accessibility issues include restricted service hours and documentation requirements. Food services were limited in quantity of food provided and the number of nutritious, palatable options. Additional emergency food resources and long-term approaches that provide ongoing food support to patients throughout their treatment period are needed.*

KEYWORDS *Food security, Medically ill, Cancer patients, Immigrants, New york, Emergency food system, Food pantry*

INTRODUCTION

The prevalence of food insecurity in the USA is 14.5 %, one of the highest rates since the National Food Security Survey began in 1995.¹ Food insecurity is defined as “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways”.² Within immigrant and ethnic minority communities, the level of food insecurity exceeds the national average.^{3,4} In New York City (NYC), for example, 31 % of immigrants live in food-insecure households.⁵

The impact of food insecurity is especially compelling for the medically ill as inadequate nutrition is associated with impaired wound healing, immunosuppression, life-threatening complications, and infection.⁶ The NYC emergency food system includes over 1,200 food pantries and soup kitchens. They serve over 1.4 million people annually.⁷ Of these, just 16 % are not US citizens, despite the need.⁸ The Center for Immigrant Health and Cancer Disparities launched the Cancer Portal Project in 2006 to address socioeconomic deterrents to cancer recovery. The Portal Project conducts extensive outreach to the medically underserved who are

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TABLE 1 Pantry demographics and accessibility, *n* (percentage)

	Number of pantries, <i>n</i> =47
Type of agency	
Faith-based organization	40 (85)
Community-based organization	5 (11)
Senior center	2 (4)
Distance of pantry from nearest subway stop (miles)	
0–0.25	18 (38)
0.26–0.5	15 (32)
0.51–0.75	12 (26)
0.76–1.0	1 (2)
1.0+	1 (2)
Number of days pantry is open per week	
1	31 (66)
2	9 (19)
3	3 (6)
4	0 (0)
5	3 (6)
6	1 (2)
Number of hours pantry is open per week	
<2 h	10 (21)
2–3 h	15 (32)
4–10 h	11 (23)
11–20 h	0 (0)
>20 h	3 (6)
Variable hours	8 (17)
Languages spoken at pantry ^a	
Only English	11 (23)
Spanish	32 (68)
French	5 (11)
Creole	4 (9)
Russian	3 (6)
Korean	3 (6)
Chinese (unspecified)	1 (2)
Cantonese	1 (2)
Mandarin	1 (2)
Yiddish	1 (2)
Hebrew	1 (2)
Documentation requirements ^a	
No documents necessary	18 (38)
Yes, one or more documents necessary	29 (62)
Yes, identification requirement	29 (62)
Yes, proof of income	2 (4)
Yes, proof of residence	12 (26)
Types of identification required	<i>n</i> =29
Any ID	1 (3)
Photo ID	22 (76)
Government-issued photo ID	6 (21)
Preferred proof of income ^a	<i>n</i> =2
Pay stub	2 (100)
Letter	1 (50)
Preferred proof of residence ^a	<i>n</i> =12
ID card	5 (42)

TABLE 1 Continued

	Number of pantries, <i>n</i> =47
Letter addressed to client	6 (50)
Copy of lease	6 (50)
Bill	10 (83)
Other	2 (17)

^aNumber of responses>total *N* as participants were asked to answer all that apply

undergoing cancer treatment at ten New York City hospitals. Caseworkers provide clients with assistance navigating the health care system and accessing various socioeconomic and psychosocial services. Food insecurity was found to be one of the chief concerns, with 61 % of patients surveyed scoring “low” or “very low” on the USDA U.S. Household Food Security Survey Module.⁹ Compromised nutritional status is often associated with chemotherapy¹⁰ and radiation therapy.¹¹ Adequate nutrition increases quality of life in cancer patients, decreases recovery times and complications, and improves short-term health.¹² This study investigates the responsiveness of emergency food sources to medically underserved food insecure cancer patients in NYC.

METHODS

Forty-eight New York zip codes each encompass at least ten of our Portal patients, representing 73 % of all 1,549 Portal patients. Sixty food pantries listed on the Food Bank New York City website were randomly selected from these 48 zip codes. Trained Portal staff assessed the pantries in-person from March 2010 to August 2011.

A 57-item assessment tool created by the authors evaluated the ease with which clients could contact the pantry by phone, documentation required to obtain food, available food, logistical issues, and languages of service. We performed descriptive statistics to examine pantry characteristics.

RESULTS

Sixty pantries were identified for assessment. Six (10 %) were not visited because preliminary phone calls confirmed they had discontinued service temporarily or permanently. The remaining 54 (90 %) were visited. Assessments were completed for 47. Data were not collected for the remaining seven because the listed service hours were incorrect and the pantry was closed (six), or because the pantry refused to provide any information (one).

Pantry characteristics are summarized in Table 1. Sixty-eight percent of pantries served clients in both English and Spanish, 23 % in English only, 9 % in Haitian Creole, 11 % in French, and 2 % in Mandarin. Ten pantries (21 %) were open less than 2 h weekly, and an additional 15 (32 %) between 2 and 3 h per week. Thirty-two (68 %) were open during business/clinic hours only. Twenty-six pantries (55 %) had at least one discrepancy in reported hours, location, and/or phone number. Twenty-nine (62 %) had an identification requirement, including six (21 %) requiring a government-issued photo ID. Most imposed constraints on the number of times a client could receive food, from once a month or less (19 %) to once a week (28 %).

TABLE 2 Types of food provided

	Number of pantries, <i>n</i> =47
Vegetables	
Yes	45 (96)
No	2 (4)
Types of vegetables ^a	<i>n</i> =45
Canned	40 (89)
Frozen	10 (22)
Fresh, root	25 (56)
Fresh green, leafy	19 (42)
Fruits	
Yes	43 (91)
No	4 (9)
Types of fruits ^a	<i>n</i> =43
Canned	34 (79)
Frozen	7 (16)
Fresh	25 (58)
Beans and other legumes	
Yes	43 (91)
No	3 (6)
Don't know	1 (2)
Breads and/or grains	
Yes	39 (83)
No	8 (17)
Whole grains	<i>n</i> =39
Yes, all	4 (10)
Yes, some	20 (51)
No	0 (0)
Don't know	15 (38)
Dairy	
Yes	44 (94)
No	2 (4)
Missing	1 (2)
Types of dairy ^a	<i>n</i> =44
Yogurt	9 (20)
Milk	44 (100)
Cheese	11 (25)
Eggs	
Yes	13 (28)
No	34 (72)
Fish	
Yes	37 (79)
No	8 (17)
Don't know	2 (4)
Types of fish packaging ^a	<i>n</i> =37
Canned	35 (95)
Frozen	12 (32)
Meats/poultry	
Yes	39 (83)
No	8 (17)
Types of meat/poultry packaging ^a	<i>n</i> =39
Canned	25 (64)
Frozen	25 (64)

TABLE 2 *Continued*

	Number of pantries, <i>n</i> =47
Infant formula	
Yes	14 (30)
No	27 (57)
Don't know	6 (13)
Baby food	
Yes	15 (32)
No	26 (55)
Don't know	5 (11)
Missing	1 (2)

^aNumber of responses>total *N* as participants were asked to answer all that apply

Thirty-nine (83 %) provided clients with prepacked bags of food only. Six (13 %) were “choice” pantries, enabling people to choose their foods, while two (4 %) varied on a case-to-case basis. Beans (91 %) and grains (83 %) were available at most pantries. A majority provided canned fruit, vegetables, meats, and fish. Fresh or frozen produce and meats/fish were less common (Table 2).

DISCUSSION

Emergency food services are a potentially crucial resource for the large numbers of food-insecure medically ill.⁴ However, they are too often inaccessible or have limited food choices. Almost a quarter of the pantries we studied were unreachable by phone, almost half had incorrect hours of service or location listed on the Food Bank website, and most had limited weekly hours. Some pantries were also faced with temporary or permanent closures because of recent budget cuts.¹³ The time constraints imposed by multiple appointments per week for cancer treatment¹⁴ create a likely barrier when coupled with the restricted food distribution offered by most pantries. Requirements at some pantries for government-issued identification could potentially discourage undocumented immigrants.

In addition, limited English has been shown to act as a barrier to public assistance programs, including food services.¹⁵ Almost a quarter of the pantries surveyed did not offer assistance in any language other than English, while a majority offered assistance in Spanish, meeting the language needs of many of our patients, but not those who speak other languages, namely Chinese and Creole.

The increased nutritional requirements of cancer patients coupled with their often decreased appetites necessitate individualized food provision services. Many pantries, however, were unable to provide food choice, or adequate fresh fruits, vegetables, and dairy.^{16,17} Food pantries were also unable to offer appealing, varied protein sources.

Limitations of this study include the absence of patients’ perceptions related to food resources. Further study on patient access to emergency food resources in underserved communities is needed.

This study describes the limitations of food pantries as ongoing sources of food support for our patients. Underserved, immigrant and minority cancer patients are especially vulnerable and require special assistance to ensure their nutritional needs are met. Programs should be developed to provide access to nutritious, palatable foods that are medically and culturally appropriate. The development of medical

food pantries in New York City, modeled after the Boston Medical Center Preventive Food Pantry,¹⁸ and Vital Bridges, a community-based organization in Chicago,¹⁹ may provide short-term relief. A long-term solution for food insecurity among severely ill patients is also needed. Potential programs could incorporate a food allowance system, such as the NYC HIV/AIDS Services Administration's nutrition allowance benefit^{20–23} or the Westchester County Department of Health's HIV/AIDS voucher program.^{24,25} Participation in a voucher allowance program coupled with utilization of medical pantry services could provide cancer patients in New York City with the food relief necessary to financially, physically, and mentally endure completion of treatment.

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