

Food to Overcome Outcomes Disparities (FOOD)

Provider Training Course

Immigrant Health & Cancer Disparities Service
Memorial Sloan Kettering



MEMORIAL SLOAN-KETTERING
CANCER CENTER

FOOD Course Outline

Course objectives

Food Insecurity

- As defined by USDA and WHO
 - Effects on health
 - Prevalence in NYC
 - Effects on immigrant health
-

Screening for Food Insecurity

Determining Eligibility & Food Resources

- Determining patient eligibility
 - Emergency resources in NYC
 - Emergency resources nationwide
 - IHCD Contact Information
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Course Objectives

After the course, participants should have an understanding of the following:

Objective

Food Insecurity

- To gain knowledge on **food insecurity and its risks**, its effects on **health**, and its impact on **patients, including immigrant** minorities

Screening

- To understand best practices to **assess patients for food insecurity** and conduct a brief targeted nutrition screening

Emergency Resources

- To determine **eligibility for food resources** and to identify the available **emergency food resources** in New York City and nation-wide.

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What is “Food Security”?

Definitions as designated by the WHO and USDA

World Health Organization (2010)¹:

- “Access by all people at all times to enough safe, nutritious food to maintain a healthy and active life”

USDA (2009)²:

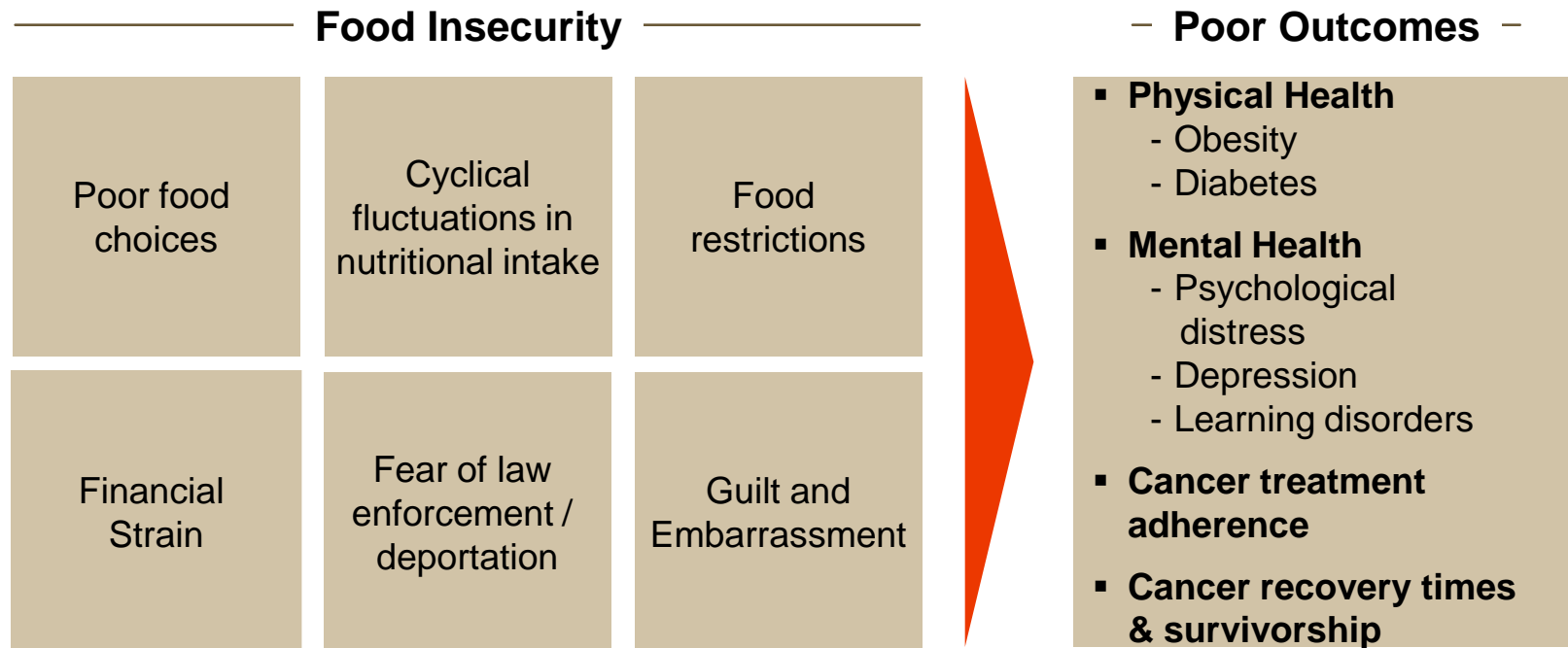
- “Enough food for an active, healthy life, including at a minimum:
 - Assured ability to acquire acceptable foods in **socially acceptable ways**
 - The ready availability of nutritionally adequate and safe foods”

¹World Health Organization. (2010). Food Security. Retrieved from: <http://www.who.int/trade/glossary/story028/en/>

²Nord, M. & Coleman-Jensen, A. (2009). *Food Security in the United States: Measuring Household Food Security*. Accessed from: <http://www.ers.usda.gov/Briefing/FoodSecurity/measurement.htm>

Food insecurity is linked to negative outcomes in mental and physical health

Food insecurity is a growing problem in the United States. It affected **14.9% of US households in 2011**, the highest rate in recent history.¹ It is linked to negative mental and physical health outcomes, especially among cancer patients:



Click [here](#) for supplementary sources

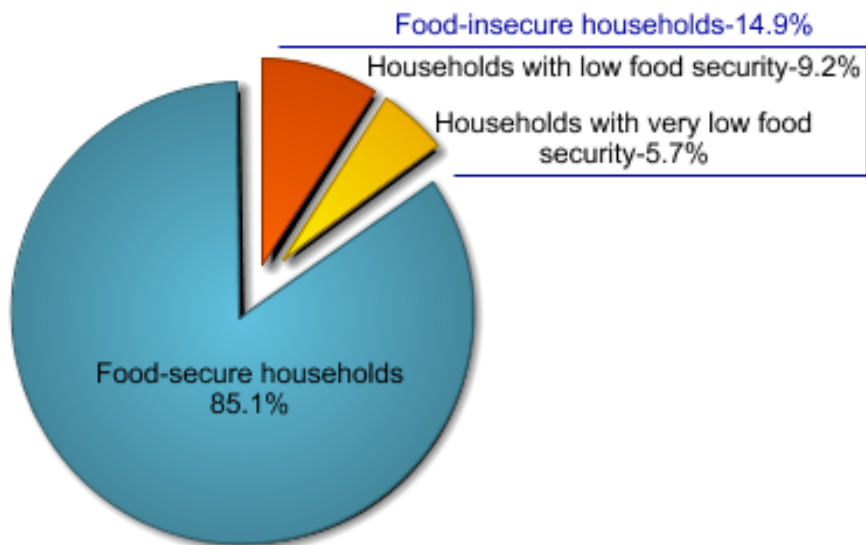
Food Insecurity and Negative Outcomes – Supplementary Sources

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2. Nord, M. & Coleman-Jensen, A. (2009). [*Food Security in the United States: Measuring Household Food Security.*](#)
3. Matheson, D.M., Robinson, T.N., Varady, A., Killen, J.D. (2006). [Do Mexican-American mothers' food-related parenting practices influence their children's weight and dietary intake?](#)
4. Hadley, C., Galea, S., Nandi, V., Nandi, A., Lopez, G., Strongarone, S., Ompad, D. (2008). [Hunger and health among undocumented Mexican migrants in a US urban area](#)
5. Kaiser, L., Baumrind, N., Dumbauld, S. (2007). [Who is food-insecure in California? Findings from the California Women's Health Survey, 2004.](#)
6. Quandt, S.A., et al. 2006). [Experiences of Latino immigrant families in North Carolina help explain elevated levels of food insecurity and hunger](#)
7. Weigel, M.M., Armijos, R.X., Hall, Y.P., Ramirez, Y., Orozco, R. (2007). [The household food insecurity and health outcomes of U.S.-Mexico border migrant and seasonal farmworkers.](#)
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9. Olson, C.M., Strawderman, M.S. (2008). [The relationship between food insecurity and obesity in rural childbearing women.](#)
10. Adams, E.J., Grummer-Strawn, L., Chavez, G. (2003). [Food insecurity is associated with increased risk of obesity in California women.](#)
11. Kaplan, M.S., Huguet, N., Newson, J.T., McFarland, B.H. (2004). [The association between length of residence and obesity among Hispanic immigrants](#)
12. Seligman, H.K., Bindman, A.B., Vittinghoff, E., Kanaya, A.M., Kushel, M.B. (2007). [Food insecurity is associated with diabetes mellitus](#)
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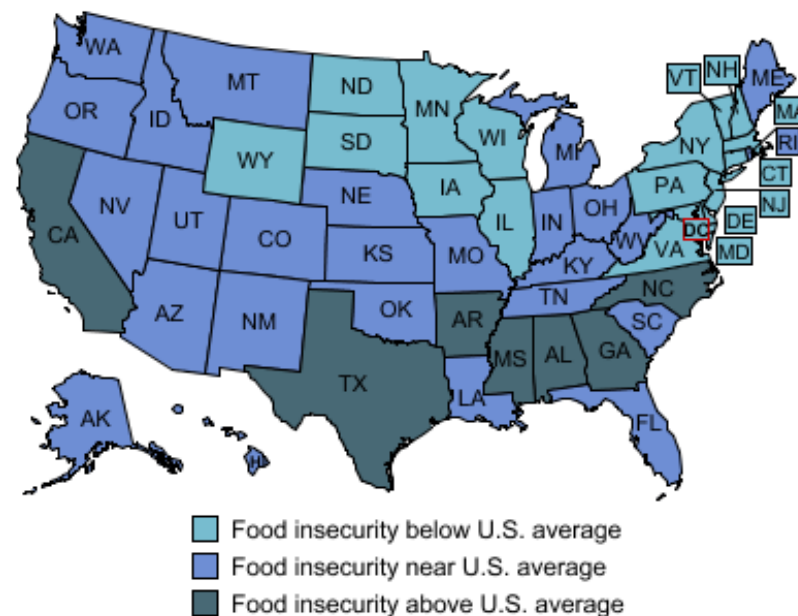
Food Insecurity in the United States

In 2011, 50.1 million people lived in food-insecure households, including 17.7 million children. Of these food-insecure households, 6.8 million experienced very low food security in 2011, an increase of 6% above 2010 levels.¹⁴

Food Security Status of US Households (2011)¹⁵



Average Prevalence of Food Insecurity (2009-11)¹⁴



Note: Food insecure households include those with low and very low food security

¹⁴ United States Department of Agriculture. Economic Research Service. Food Security in the United States.

Accessed at: <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>.

¹⁵ United States Department of Agriculture. Economic Research Service. Food Security in the United States: Key Statistics and Graphics.

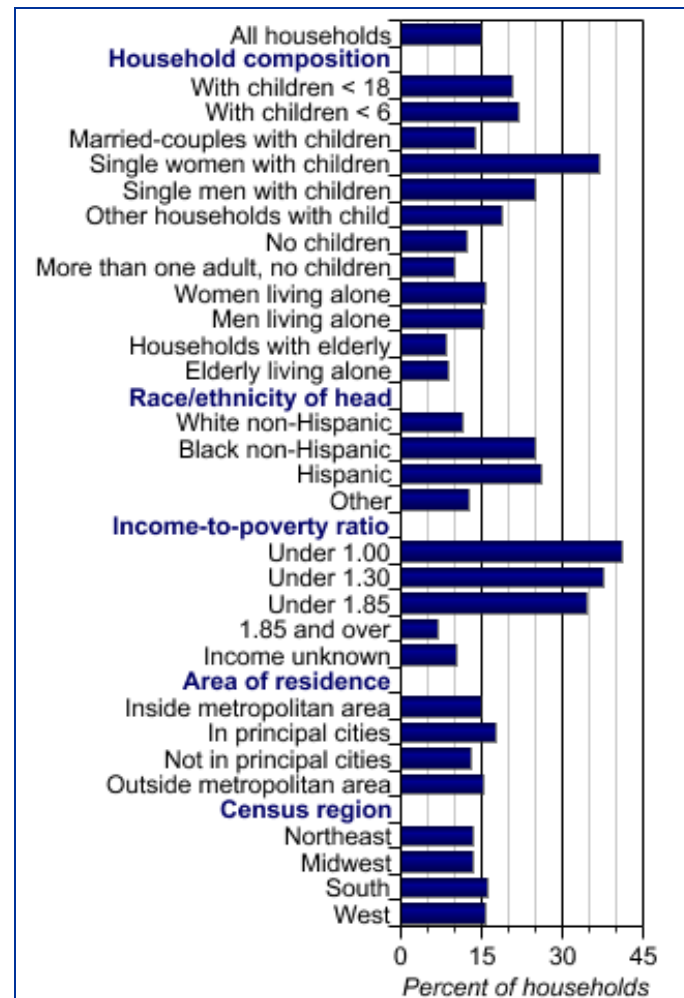
Accessed at: http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm.

Food Insecurity in the United States

Characteristics of Food-Insecure Households (2011)¹⁶

The following households (HH) experienced **higher rates of food insecurity** than the national average (14.9%):

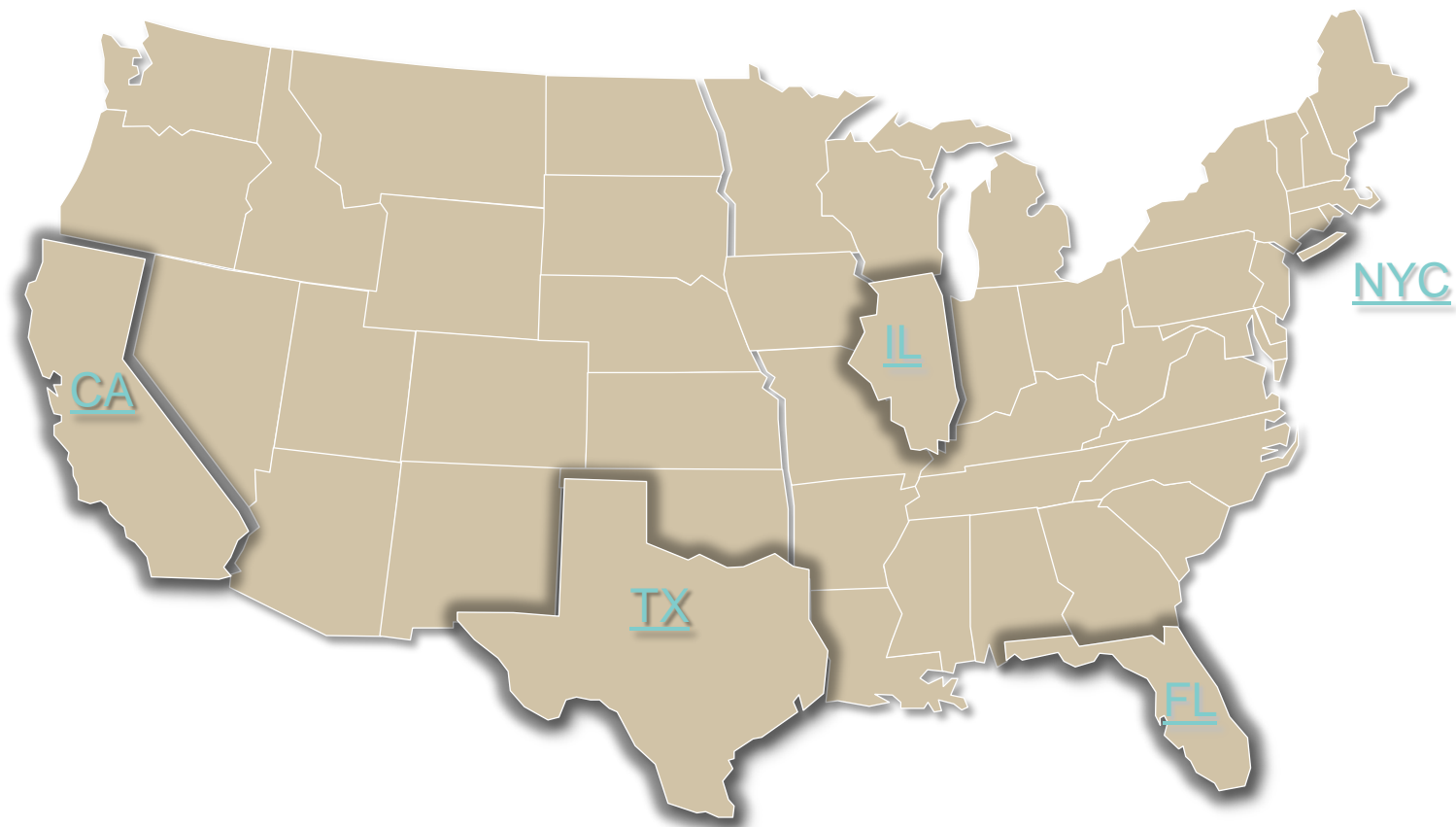
- All HH with **children** (20.6%),
- HH with **young children**, < age 6 (21.9 %)
- HH with children headed by a **single woman** (36.8 %) or a **single man** (24.9%)
- **Black, non-Hispanic** HH (25.1%),
- **Hispanic** HH (26.2 percent)
- **Low-income** HH with incomes below 185% of the poverty threshold (34.5%).



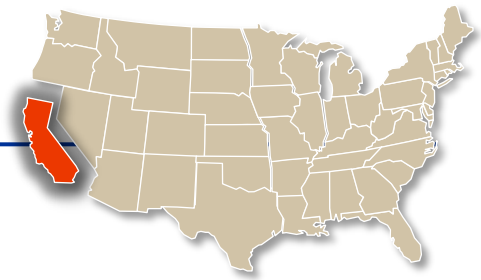
¹⁶ United States Department of Agriculture. Economic Research Service. Food Security in the United States: Key Statistics and Graphics. Accessed at: http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm.

Food Insecurity in Selected States and in NYC

Click on a state for more detailed information

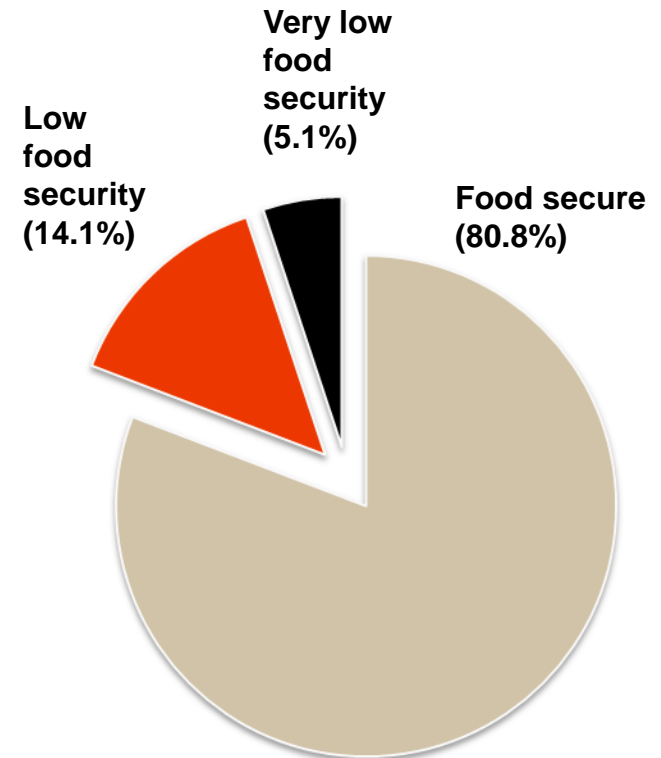


Food Insecurity in California



California Food Security Facts

- **9th highest** rate of [food insecurity](#) in the country (2008-2010).¹⁷
- In June 2007, approximately **3.8 million** (or **roughly 40%**) of low-income adults (<200% of federal poverty line) could not afford to put adequate food on the table consistently.¹⁸
- **Only 50%** of eligible [SNAP](#) (food stamp) participants enroll in the program.¹⁸
 - This low SNAP participation rate places California among the lowest in the nation
 - From 2001 to 2009, food insecurity among non-participating eligible households increased, while food insecurity stayed steady for SNAP and WIC participants

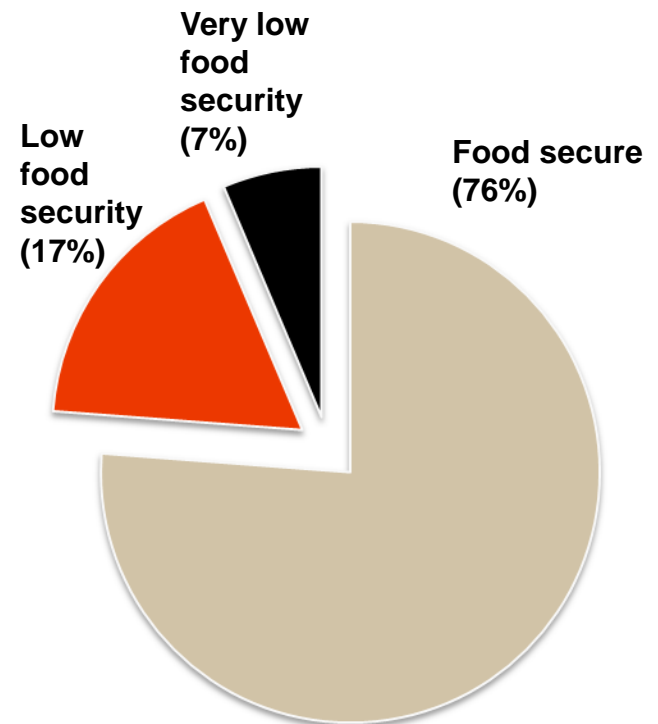


Food Insecurity in Texas

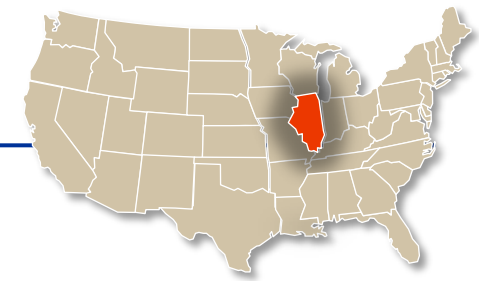


Texas Food Security Facts

- **2nd highest** rate of [low food security](#) and 6th highest rate of [very low food security](#) in the country.¹⁷
- **Among the top 5** states with highest rates of low food security for children (along with Arizona, Missouri, Mississippi, Arkansas).¹⁸
- **More than 2.1 million** low-income children in Texas depend on free or reduced-priced meals during the school year.¹⁹
- **Fewer than 55%** of eligible Texans received [SNAP](#) benefits in 2008.²⁰

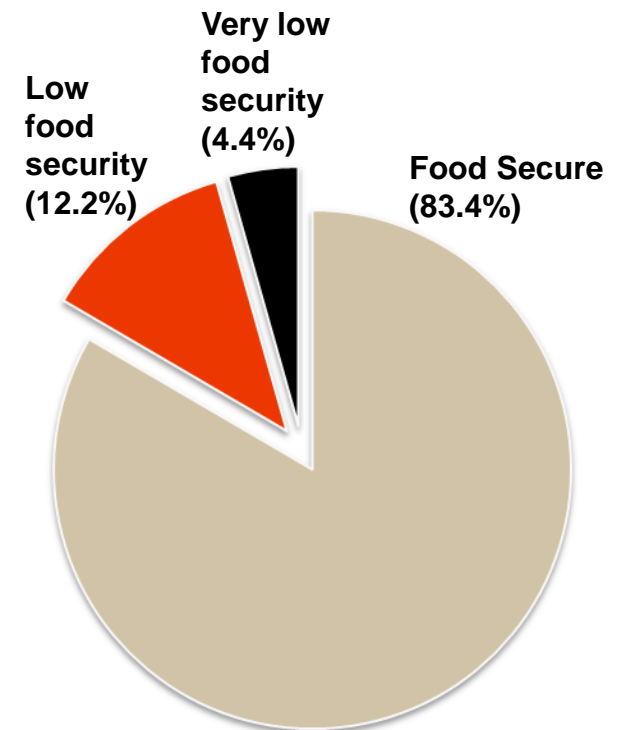


Food Insecurity in Illinois



Illinois Food Security Facts

- **More than 16%** of the population lives with [low or very low food security](#).¹⁷
- Over 1.7 million individuals and 850,000 households participated in SNAP (food stamp program) in July 2011. This is an **8.6% increase** in the number of households participating from the previous year.²⁸
- **Nearly 42%** of those served by Illinois food pantries are children.²¹
- Feeding Illinois, a major statewide food bank, has seen a **50% increase in requests for emergency food assistance** over the past two years.²¹

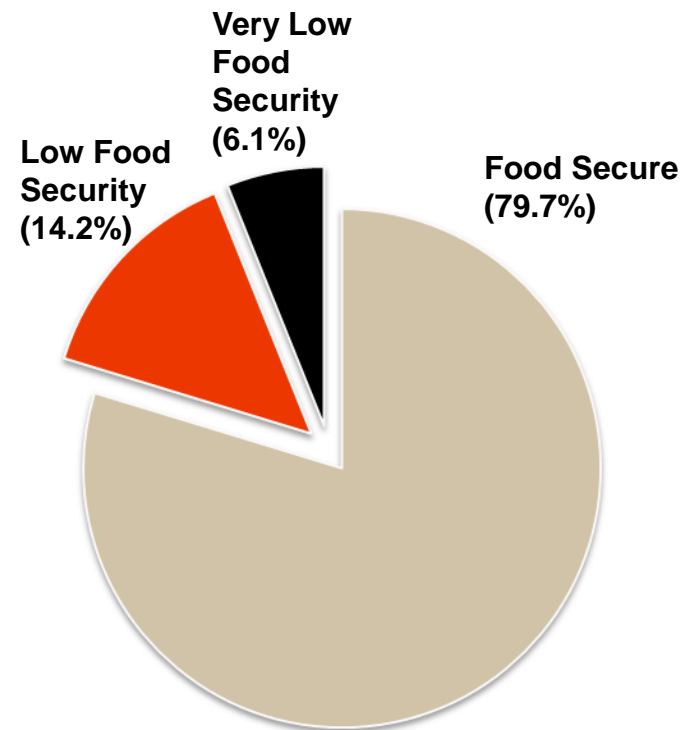


Food Insecurity in Florida

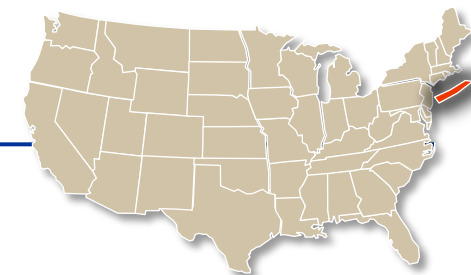


Florida Food Security Facts

- **8th highest** rate of [food insecurity](#) in the country (2008-2010).¹⁷
- From 2007 to 2009, most counties in Florida increased [SNAP](#) (food stamp) usage by **over 50%**, and in 8 counties usage increased **over 100%**.²³
- **One in five** children under age 18 have [low or very low food security](#).²²
- Of all 50 states, Florida had the **second highest increase** in the rate of children under 18 who have [low or very low food security](#) from 2005-2007 to 2006-2008.²²



Food Insecurity in New York City



Food Insecurity by Borough

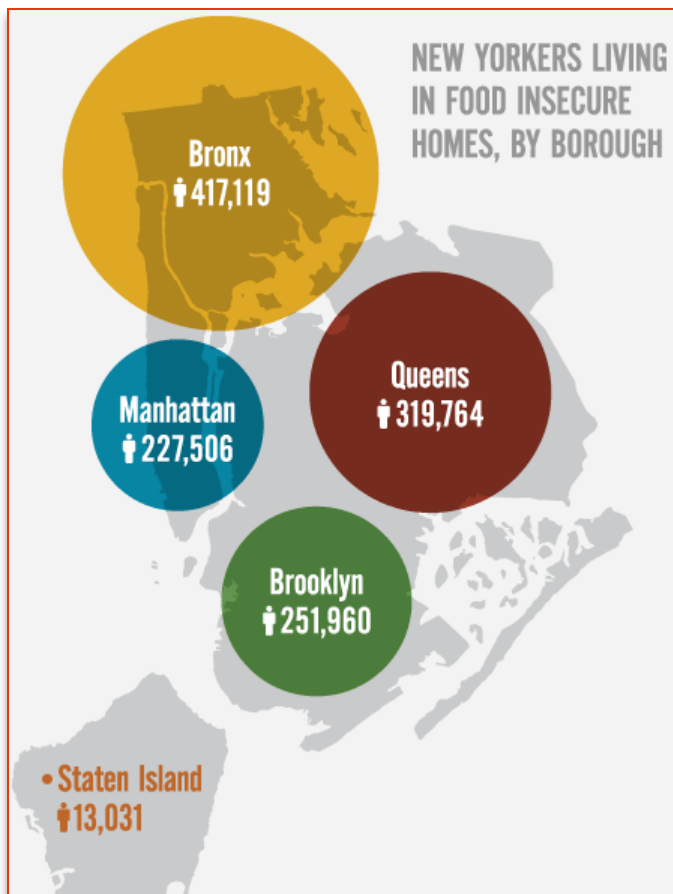
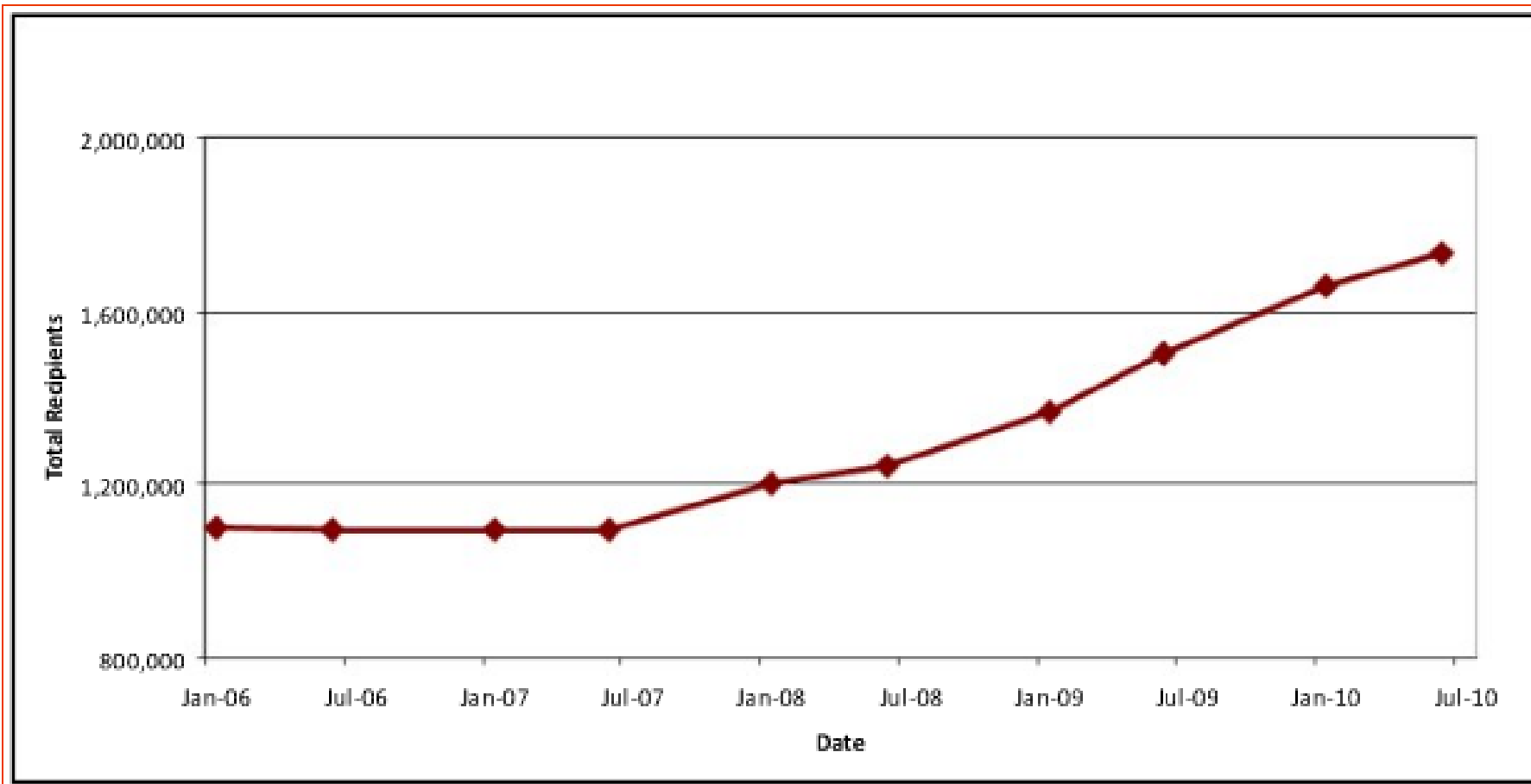


Image source, see [24](#)

- **1.4 million NYC residents (17%)** live in households facing [food insecurity](#).²⁴
- **400,000 children** in NYC (20%) live in households facing [food insecurity](#).²⁴
- [Food insecurity](#) prevalence ranges from **11%** of Staten Island individuals to **20%** in the Bronx.²⁵
- In a study of **predominantly immigrant and minority cancer patients** in the Immigrant Health & Cancer Disparities Service’s Portal Project:²⁷
 - **55%** found to be [food insecure](#)
 - **More than 3x higher** than the national average (14.5%)
 - **Nearly 5x higher** than the state average (12.4%)

Rising SNAP recipients in NYC

Total SNAP Recipients in NYC, 2006- 2010²⁶



Food Insecurity and Public Assistance – Supplementary Sources

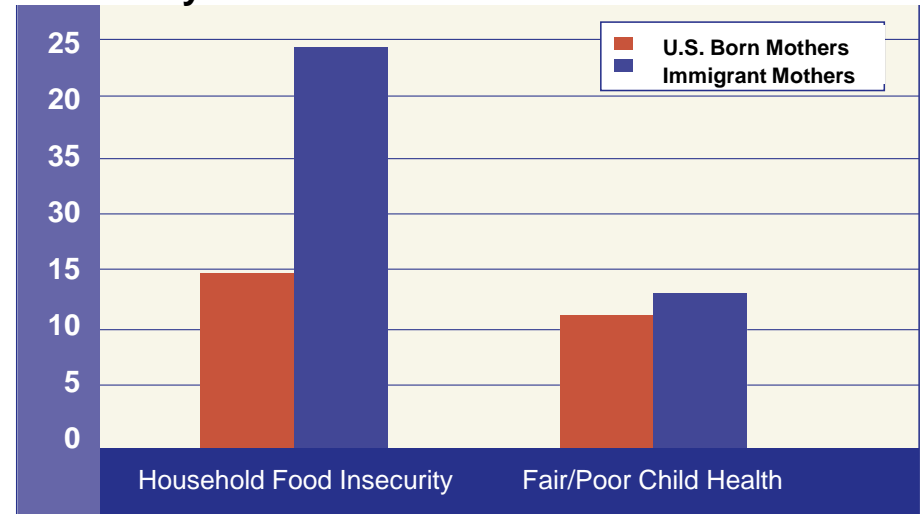
- 17 Prevalence of Household-Level Food Insecurity and Very Low Food Security by State 2007-2009 (Average). Food Research and Action Center. Accessed 6/16. Available at: http://frac.org/wp-content/uploads/2010/11/food_insecurity_by_state_2007-2009.pdf.
- 18 Harrison GG et al. *Nearly Four Million Californians Are Food Insecure*. Los Angeles: UCLA Center for Health Policy Research, June 2012. Accessed at: <http://cfpa.net/CalFresh/Media/CHIS-HealthPolicyBrief-2012.pdf>.
- 19 Kluever, L. Report: Hunger Costs Texas \$9 Billion a Year; This Hunger Awareness Day, Too Many Texas Kids at Risk of Hunger. Center for Public Policy Priorities. 6/5/2007. Accessed 6/16. Accessed at: <http://www.cppp.org/research.php?aid=685>.
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26. New York City Coalition Against Hunger. Hungry New Yorkers barely hang on. 2010 Annual Hunger Report. 2010. Available at: <http://issuu.com/nyccah/docs/2010hungersurveyreport?mode=embed&layout=http://skin.issuu.com/v/color/layout.xml&backgroundColor=FFFFFF&showFlipBtn=true>.
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- 28 USDA. FNS Program Data. Accessed 6/21. Available at: <http://www.fns.usda.gov/fns/data.htm>

Effects on Immigrant Health

Many immigrants are ineligible for public benefits, exacerbating [food insecurity](#)

- Higher **prevalence** of food insecurity compared to general population²⁹⁻³⁸
 - Food insecurity rate in low-income, urban immigrant communities: >80%
 - US general population food insecurity rate over past 20 years: 11-15%
- Food insecurity magnified by poor access to healthcare and public assistance
 - Immigrants are **~2 times more likely** than general population to **live below the federal poverty line** and to be **uninsured**³⁹
 - Immigrants are less likely to receive federal benefits compared to general US-born population (undocumented immigrants as well as many recent immigrants [less than 5 years permanent resident status] are ineligible)³⁵
 - Even among those eligible, participation is disproportionately low due to language barriers, confusion about eligibility, citizenship status, administrative inefficiencies, and fear of deportation

Children of Immigrants – Higher Rates of Food Insecurity and Poor Health⁴⁰



Click [here](#) for supplementary sources

Effects on Immigrant Health – Supplementary Sources

29. Hadley, C., S. Galea, et al. (2008). "Hunger and health among undocumented Mexican migrants in a US urban area." Public Health Nutr **11**(2): 151-158.
30. Chilton, M., M. M. Black, et al. (2009). "Food insecurity and risk of poor health among US-born children of immigrants." Am J Public Health **99**(3): 556-562.
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32. Neault, N. B., D. A. Frank, et al. (2007). "Breastfeeding and health outcomes among citizen infants of immigrant mothers." J Am Diet Assoc **107**(12): 2077-2086.
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37. Weigel, M. M., R. X. Armijos, et al. (2007). "The household food insecurity and health outcomes of U.S.-Mexico border migrant and seasonal farmworkers." J Immigr Minor Health **9**(3): 157-169.
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40. "Children of Immigrants: Healthy Beginnings Derailed by Food Insecurity." Children's HealthWatch Center. Boston Medical Center. 2010. Accessed 9/26/11. Available at: http://www.childrenshealthwatch.org/upload/resource/childrenimmigrants_brief_oct10.pdf.

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Screening for Food Insecurity

Become familiar with the research-validated assessment tools below. These tools may not be useful for all providers while examining patients. Use them to guide conversations with patients about food needs.

Assessment Tools

- [USDA US Household Food Security Module](#):

- ***Most widely-used, validated measure***
- 18-item federal screener
- Developed under U. S. Departments of Agriculture (USDA) and Health and Human Services (DHHS) to create a sound national measure of food insecurity and hunger
- Available in [English](#) and [Spanish](#)

- [Radimer/Cornell Hunger Scale](#)

- 12-item generalized food insecurity and hunger scale, upon which the USDA Food Security Module is based

Practical tips for assessing patients⁴¹ (1 of 4)

With limited time for each patient, develop a plan to engage patients:

- **DO ask patients concrete questions about their food and nutritional intake**
 - Do you [ever] worry whether your food will run out before you get money to buy more?
 - Do you [ever] feel that you cannot afford to eat the way you think you should?
 - Do you eat less than you think you should because you do not have enough money for food?
- **DO talk to your patients about the importance of nutrition and diet as pertaining specifically to the disease for which the patient is being treated**
 - Provide practical examples of the relationship between food and health outcomes
 - An example: “As a cancer patient, especially while you are actively receiving treatment, it is important that you continue eating to maintain your weight.”
- **DO ask food-security questions positively, by making statements and simplifying responses**
 - State facts and experiences:
 - “Others say they are sometimes worried that food will run out....”
 - Simplify responses:
 - “Was this never, sometimes, or often true for you?”

Practical tips for assessing patients⁴¹ (2 of 4)

With limited time for each patient, develop a plan to engage patients:

- **As part of a social history, DO ask about:**

- Patients' **diets, timing** of meals, methods of **cooking and shopping**, unintended **weight loss**, etc.
- Patients' answers can prompt providers to introduce questions about potential disturbances in livelihood, income, family, and other problems that may affect patients' ability to obtain enough food

- **Additional food-related questions can be added into the social history**

- Who else lives in your household? How are they related to you? How old are they?
- What does “enough food” mean to you and your family?
- What does a “balanced meal” mean to your family? How often are you able to afford to buy balanced meals?
- At what times of the week/month/year are you most likely to run low on food?
- How do you get through the day/week/month when food supplies and money run low?

Practical tips for assessing patients⁴¹ (3 of 4)

Food insecurity is often “invisible”

- **DO NOT** assume that you can identify food insecure patients by how they look
 - Food insecurity takes many forms. For some populations, such as food insecure women, there may be a link between food insecurity and overweight/obesity.¹⁰
- **DO NOT** assume that because a patient answers ‘no’ to any one (or few) question(s), they are food secure
 - If your patients have *any* risk factors for food insecurity, or you suspect that they might be at risk, ask at least four questions about their food intake and access
 - Many patients tend to say they get enough food to eat when asked general screening questions; they are more likely to demonstrate food insecurity when asked more specific questions
- **DO** Identify at-risk patients
 - Unemployed and under-employed
 - The elderly
 - Single-parent households
 - Substance abusers

Practical tips for assessing patients⁴¹ (4 of 4)

Create a safe space where patients are comfortable to discuss food needs

- **DO be aware that food insecurity raises sensitive topics**
 - Patients may not respond well to direct questions about hunger and financial resources
 - Patients are likely to be embarrassed and/or ashamed; noting that food insecurity issues are common may raise the patient's comfort level
 - Remind patients that your concern is to improve patients' health, not to judge their financial situation
 - Patients may worry that their responses will attract attention of government agencies that may threaten benefits, immigration status, custody or insurance status

- **DO provide patients with the option of receiving information about food resources without explicitly stating that they are food insecure or hungry**
 - Remind patients that everyone deserves adequate food and nutrition
 - Ensure that patients know how to access needed resources

For more information about talking to your patients, see this article:

⁴¹. Messer E, Ross EM. Talking to patients about food insecurity. Nutr Clin Care. 2002 Jul-Aug;5(4):168-81. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/12380244>.

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SNAP uses income to determine food stamp eligibility, but many in need still do not qualify

Income eligibility for SNAP⁴²

Household Size	Gross Monthly Income (Pre-Tax)	Maximum Allotment Level
1	\$1,211	\$200
2	\$1,640	\$367
3	\$2,069	\$526
4	\$2,498	\$668
5	\$2,927	\$793
6	\$3,356	\$952
7	\$3,785	\$1,052
8	\$4,214	\$1,202
Each added member	+\$429	+\$150

Valid from October 2012 through September 2013

Many individuals in need of food assistance do not qualify because of strict income and immigration rules. Many other factors determine eligibility for SNAP benefits, such as disabilities, children's ages, medical bills and liquid assets.

As a result, **DO** encourage patients to assess eligibility online, over the phone, or with a local community-based organization **BEFORE** they begin an application.

It is important to remember that many factors are taken into account when applying for SNAP benefits that may be relevant to patients. These include disabilities, children's ages, medical bills, liquid assets, etc. As a result, it is helpful to encourage patients to assess eligibility online, over the phone, or with a local community-based organization.

⁴². USDA. SNAP. Applicants and Recipients. Accessed at : http://www.fns.usda.gov/snap/applicant_recipients/eligibility.htm

Assessment and application tools

You should use any of the tools listed – or contact one of the centers below – to more accurately assess a patients' need and eligibility for a variety of food assistance benefits.

— Assessment and application tools —

- Online using this food stamp eligibility assessment tool from the USDA:
 - [USDA Eligibility Assessment](#)
- Online using this comprehensive benefits assessment tool (includes all NYC government benefits):
 - [Access NYC](#)
- Over the phone by calling the Food Bank for NYC's food stamp information line Monday through Friday, 9AM to 3PM
 - (212) 894-8060
- At a facilitated enrollment center at one of the NYC community-based organizations here:
 - [Food Bank NYC Facilitated Enrollment Sites](#)

Use these tools, or share them with your patients, in order to assess eligibility for SNAP benefits as well as other governmental and social programs. Access NYC will list all potential benefits families may be entitled to, including childcare credit, health insurance programs, tax credits, and more.

Food Program Resources – New York City and Nationwide

Eligibility assessment and application assistance



- [The Food Bank for New York City](#) conducts pre-screenings with low-income New Yorkers to assess their eligibility and move them toward participation in the food stamp program
- One-on-one meetings provide New Yorkers with access to trained professionals who provide detailed information and answer questions regarding food stamps
- The information call center (**212.894.8060**) is available five days per week, providing regular access to food stamp specialists who can conduct pre-screenings and answer questions
- Electronic application assistance is provided through [21 sites](#) in all five boroughs and actively works to recruit additional sites from our [citywide network](#) of member programs and other community-based organizations.

Emergency Food Resources – New York City

■ NYCCA Food & Assistance Guides

- Published by the New York City Coalition Against Hunger
- Neighborhood-specific guides with details on area food pantries, soup kitchens, benefits offices, and more

The screenshot shows the website for the New York City Coalition Against Hunger. The main navigation bar includes links for ABOUT, OUR WORK, LEARN ABOUT HUNGER, MEDIA & RESEARCH, GET INVOLVED, GET FOOD, FOR KITCHENS & PANTRIES, and BLOG. The 'GET FOOD' link is circled in red. Below the navigation bar, the page title is 'Food & Assistance Guides'. The content area includes a paragraph stating: 'Free food and assistance is available in New York City, no matter what your situation - you can get nutritious food!'. Below this, there is a list of neighborhood-specific guides: Central Harlem, Chelsea/West Side, Chelsea/West Side (Español), Coney Island, and Corona/Elmhurst/Jackson Heights. The right sidebar contains a search bar, social media icons, and a list of upcoming events, including 'HELLTER SHELTER'.

Other Food Resources – New York City and Nationwide

New York City

- [Angel Food Ministries](#)

- Provides food at costs much lower than list or supermarket price. Clients order food ahead of time and pick it up at a local sites (usually churches and community-based organizations)



- [God's Love We Deliver](#)

- A provider of nutritious, individually-tailored meals to people who are too sick to shop or cook for themselves in the tri-state area
- Application needs to be completed by client and signed by a physician – it can be downloaded [here](#)



- [Citymeals on Wheels](#)

- Funds 30 community-based agencies that bring weekend, holiday and emergency meals to homebound elderly (60 years old and older) New Yorkers who can no longer shop or cook for themselves
- Referrals are made through case management agencies that can be located by patient zip code [here](#)



Other Food Resources – Nationwide

- [Feeding America Search Tool](#)

- National food pantry/emergency food program search tool, filterable by state or zip code

The screenshot displays the Feeding America website. At the top right, there is a search bar labeled "JOIN: Email Address" which is circled in red. Below the search bar is a navigation menu with links: "HUNGER IN AMERICA", "HOW WE FIGHT HUNGER", "NEED HELP?", "GET INVOLVED", and a "Donate Now" button. The main content area features a large banner with the headline "HUNGER IS CLOSER THAN YOU THINK" and a "Donate Now" button. Below the banner are sections for "REAL-TIME UPDATES", "LATEST NEWS", and "FEEDING AMERICA IN YOUR COMMUNITY". The "LATEST NEWS" section includes a headline "Budget Cuts to Nutrition Programs" with a photo of two children. The "FEEDING AMERICA IN YOUR COMMUNITY" section shows a "SELECT YOUR STATE:" dropdown menu set to "New York" and a list of food banks in New York state.

For more information or to contact the Immigrant Health and Cancer Disparities Service

Immigrant Health and Cancer Disparities Service (IHCD)

Memorial Sloan Kettering Cancer Center

300 East 66 Street, 15th floor

New York, NY 10065

Website: <http://www.mskcc.org/mskcc/html/103456.cfm>

Phone: 646-888-4600

Contact: Julia Ramirez (ramirej1@mskcc.org)

Glossary

- **Food insecure:** At times during the year, these households were uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money or other resources for food. Food-insecure households include those with *low food security* and *very low food security*.
 - 14.7% (17.4 million) of U.S. households were food insecure at some time during 2009
 - Essentially unchanged from 14.6% in 2008.
- **Low food security:** These food-insecure households obtained enough food to avoid substantially disrupting their eating patterns or reducing food intake by using a variety of coping strategies, such as eating less varied diets, participating in Federal food assistance programs, or getting emergency food from community food pantries.
 - 9.0% (10.6 million) of U.S. households had low food security in 2009
 - Essentially unchanged from 8.9% in 2008
- **Very low food security:** In these food-insecure households, normal eating patterns of one or more household members were disrupted and food intake was reduced at times during the year because they had insufficient money or other resources for food. In reports prior to 2006, these households were described as “food insecure with hunger.”
 - 5.7 % (6.8 million) of U.S. households had very low food security at some time during 2009
 - Unchanged from 5.7% in 2008
- **SNAP:** Supplemental Nutrition Assistance Program (SNAP), the Federal name for Food Stamp program.
 - Administered by the [U.S. Department of Agriculture](#) (USDA), the New York State Food Stamp (FS) Program issues monthly electronic benefits that can be used like cash at authorized retail food stores
 - SNAP is the nation’s largest source of nutrition assistance, currently providing \$64.7 billion in benefits per month to 40.3 million Americans
 - Eligibility and benefit levels are based on household size, income, assets and other factors