FOOD: Food to Overcome Outcomes Disparities

Immigrant Health and Cancer Disparities Center
Memorial Sloan Kettering Cancer Center
Thank You to Our Patients and Our Partners

- GrowNYC
- NYC Health + Hospitals
- Food Bank for New York City
- NY Common Pantry
- Green Bronx Machine
- NYC Health
- Cornell University Cooperative Extension
- The Salvation Army
- Catholic Charities
- Memorial Sloan Kettering Cancer Center
Presentation Overview

• Food insecurity and cancer
• Initiatives to address food insecurity in cancer patients
  – Integrated Cancer Care Access Network (ICCAN)
  – Co-located food pantries
  – Study on FOOD pilot & results
  – Provider education
• Implementation challenges and policy considerations
Food Insecurity and Cancer

- Cancer patients are a particularly vulnerable population
- Compromised nutritional status is frequently associated with chemotherapy and radiation
- Inadequate nutrition associated with
  - Impaired healing
  - Immunosuppression and infection risk
  - Decreased quality of life
  - Increased recovery times
Food Insecurity Among Our Patients

• 61% of ICCAN patients screen as food insecure at intake (N=2800)

• 77% of patients said that since starting treatment they have less money to spend on food

• Transportation, treatment related costs, more expensive diets

• 88% of ICCAN patients said they needed help finding emergency food resources
  – Many more than those who screen as food insecure
Insufficient Access to Community Emergency Food Resources and SNAP

- Barriers to community emergency food resources include:
  - Language
  - Limited hours/days of operation
  - No transportation
  - Immigration status
- Only 13% of ICCAN patients reported ever receiving food from a food pantry
- 32% of patients received SNAP benefits
  - 70% of SNAP recipients were food insecure
    - Predictors of food insecure SNAP users
      - Limited English proficiency
      - Uninsured or received both Medicaid and Medicare

Integrated Cancer Care Access Network (ICCAN)

• Addresses social and economic barriers to cancer care for underserved patients using needs assessments, access facilitators and financial navigators
  – Financial assistance/navigation
  – FOOD
    – Health insurance and access
    – Transportation
    – Legal aid (bills, immigration status, wills, eviction, etc.)
  – Psychosocial support
FOOD Pantry Program Co-located in Clinics

• 10→14 locations, each run once a week
  – 5 H+H facilities→ 7 H+H this Spring
  – 4 MSK sites
  – 1 other voluntary hospital → 3 this Spring

• Easily accessible
• Streamlined referral processes into pantry and from pantry to other services
• Inclusive eligibility criteria
  – Any patient receiving cancer treatment who reports a food need is provided food
  – No income test, proof of ID, etc.
  – 16

• Averages 150 patients/week (up to 50 patients per site)
• Since 2011, more than 25,000 visits (equivalent to 225,000 meals)
  – Served over 2,800 unique patients and 5,600 family members
Pantry Services

• Shelf-stable foods
  – Milk, animal protein (tuna/sardines), lentils, whole grain products, oatmeal, peanut butter, low sodium beans and vegetables

• Choice Pantry
  – As much choice as possible (milk v. almond milk, etc.)
    • Culturally familiar choices
    • Healthy options (whole grains, plant-based foods)
Fresh Produce

• Green Bronx Machine
  – Operates out of a primary school in an underserved neighborhood
  – Grows food at a community garden and inside the classroom
  – Students harvest produce weekly -> pantry staff collect, distribute
  – Items include tomatoes, collard greens, and microgreens

• GrowNYC
  – Operates NYC farmers’ markets, local farms produce distributor
  – Food ordered one week in advance and delivered to pantry
  – Items seasonal: dark leafy greens, root vegetables, herbs, squash

• Health Bucks
  – DOHMH fresh produce coupons for GreenMarket redemption, many of which are right outside H+H facilities
  – In 2018 we distributed over 2,000 Health Bucks
Pantry Logistics

• Food for the pantry sourced 3 ways
  – Purchased from retail food delivery services and delivered directly to the site
  – Provided by local food pantries and picked up by FOOD staff with transportation provided by the hospital
  – Corporate donations

• Costs vary up to $32 per person/week

• Each pantry runs once a week
  – Usually 9 am-1pm (busiest clinic time)

• Staffing
  – Food Navigator
  – Undergraduate and graduate level interns assist with food distribution and navigation services

• Space varies
Pantry Utilization

- Wide variability: 1 to weekly pickups
- 19% picked up food one or two times
- Patients picking up more than once averaged pickups every other week
- Patients often use pantry on days when they do not have an appointment – they make a special trip just for the food
- If patients are not able to retrieve a bag, they can send a friend or family member to pick up
Pantry Data Collection

- Upon enrollment, patients complete an intake assessment
  - Comprehensive needs assessment
  - USDA Food Security Screener
  - Quality of life
  - Depressive symptoms
  - Financial toxicity
  - Patient Generated Subjective Global Assessment (BMI, changes in eating, obstacles to eating)
  - Treatment adherence

- Patients periodically re-assessed
  - Includes food choices, preferences, pantry feedback

- Food Navigators keep detailed case management notes
  - referrals and services provided

- REDCap database

FOOD and Symptom Management

• The Brooklyn Infusion Center (MSK) pantry
  – Funded by a quality improvement grant
  – Implemented in February 2019

• Medically-tailored pantry includes foods aimed at alleviating patient symptoms
  – Symptoms of interest: loss of appetite, taste changes, diarrhea, vomiting, nausea, heartburn, constipation
  – Food choice list created with feedback from MSK RD

• Patients assessed with the PRO-CTCAE, which measures symptom severity and impact on daily life

• Examining costs of fully medically tailored model
Nutrition Education

• Connect patients with hospital nutritionists (where available) for one-on-one education

• Distribute and review IHCD healthy eating packet
  – Information specific for cancer diagnosis and treatment
  – Unit prices/Budget shopping
  – Healthy recipes using items from our pantry

• Nutrition education internship program partnering with local colleges/graduate programs

• Facilitate on-site nutrition workshops hosted by Common Pantry and other nutrition-focused community organizations
NIH(NCI) R01 Funded FOOD RCT

• 3-arm RCT
  – Voucher ($128/month)
  – Home grocery delivery ($128/month)
  – Access to medically-tailored clinic-based pantry ($128/month)

• Outcomes:
  – Food security
  – Nutrition, Weight
  – Quality of life, Depression
  – Treatment completion
  – Cost effectiveness

• Target accrual 480 patients at 4 Bronx sites
• Stage I, II, and III breast cancer patients receiving chemotherapy or radiation therapy
Early Detection: Provider and Staff Training

• IHCD online Food Security Module for health care providers

• Raises awareness about food insecurity and provides tools for staff to screen patients
  – USDA Food Security Screener

• Provides basic information on food programs for referral
  – FOOD Program, SNAP/WIC, local food banks

• https://www.mskcc.org/sites/default/files/node/19132/documents/food-training-module.ppt
FOOD Pantry Program
Implementation Challenges

## Patient-facing
- Screening
- Stigma
- Privacy
- Tip of the iceberg (food insecurity; window into other needs)

## Food
- Procurement
- Delivery
- Handling (food safety, registration)

## Institutional
- Space
- Staffing (competing demands)

## Outcomes tracking
- Utilization/variation and predictors
- Quality of Life
- Symptom management
- Disease management/progression
Food Policy and Program Implications

• Need for examination of costs, savings, outcomes across a range of interventions and indicators

• Emergency Medicaid-Food Voucher Program
  – A food voucher attached to Emergency Medicaid would provide seriously ill patients with food resources they could otherwise not access

• Translation of FOOD into other clinic settings (primary care, diabetes, cardiac)
Thank You to Our Funders and Supporters

• Goya Foods
• Laurie Tisch Illumination Fund
• National Cancer Institute
• New York City Council
• New York Community Trust
• New York State Health Foundation