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Greater Lawrence Family Health Center Food Insecurity Campaign: Building Partnerships within Communities to Address Social Determinants of Health and Promote Health Equity

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Et al.

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Greater Lawrence Family Health Center Food Insecurity Campaign

Building Partnerships within Communities to Address Social Determinants of Health and Promote Health Equity

Outline

- Background of the city of Lawrence, MA
- Food insecurity & Lawrence
- Community Assets
- CBPR through the eyes of patients
- Partnerships Developed
- Future Directions
- Lessons Learned

Patient Story



Vision

To organize a Lawrence community grassroots campaign to tackle food insecurity

Our Overall Process

- Community Engagement
 - Informant Interviews
 - Focus Groups
- Community Partnerships
- Active Community Participant
 - Community Experience
 - Community Assessment











Background of Lawrence

- "Immigrant City"
- Bread and Roses Strike of 1912
- Population: 80,000
- ▶ 80% Latino
- ▶ 40% Immigrant







Unique Challenges

- 20% without citizenship
- ▶ 70% High school graduation
- ▶ 10% College Graduation
- ▶ 64% Employment Rate
- ▶ 30% of residents are below poverty line

- Average Income:
 - \$38,500 (Census Data)
 - \$25,000 (Undocumented full-time)
- Average Rent: \$1,500 per mo
- Utilities: Electric, Phone, Internet ~ \$350/mo

Food Insecurity and Lawrence

Hunger Vital Sign Screening



1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.						
often true	sometimes true	never true	don't know/refused			
2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.						
often true	sometimes true	never true	don't know/refused			

When we screened, we found...

Based on screening 1400 patients

Roughly 2/3 of Lawrence is food insecure

Food Insecurity and Medical Disorders

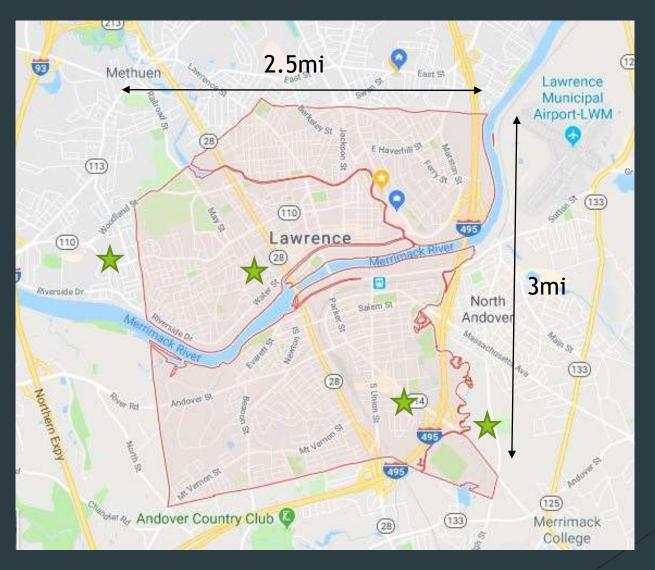
Association Between Food Insecurity and Diabetes

Diabetes status	Number of patients	Percent food insecure
GLFHC population	1371	66.5%
HbA1c < 5.7	470	65%
HbA1c > 5.7	626	69%
HbA1c>7	263	71%

Association Between Food Insecurity and Depression Screen Results

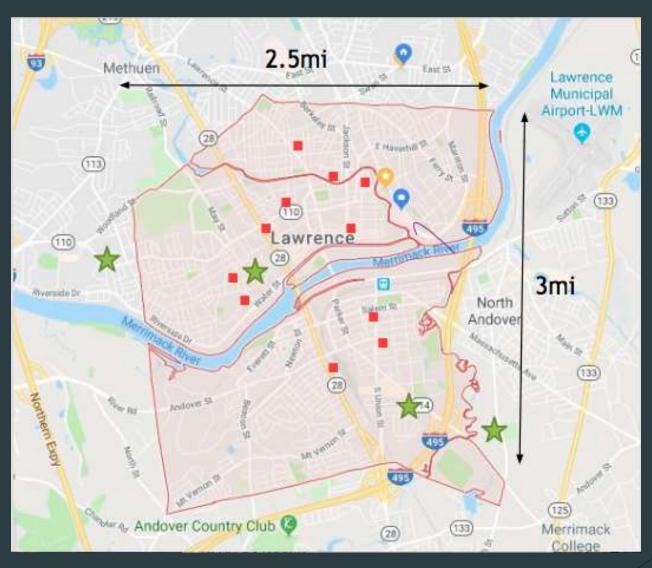
Depression screen result	Number of patients	Percent food insecure
GLFHC population	1371	66.5%
PHQ9 < 9	857	62%
PHQ9 > 14	333	79%

Map of Grocery Stores



Community Assets & Resources

Map of Bodegas



Bodega Experience

- A Bodega A Short by Samuel R. Mendez
 - This short was created to shift the focuses away from what the community needs back to what the community already has
- Bodegas are a widely used institution in Lawrence, MA
- Carry many ingredients used in traditional dishes, including specific cuts of meat, spices, and produce
- More comfortable shopping experience, more community based
 - Often owned and operated by members of the community

Suppliers

- Community Supported Agriculture Farmers Markets
 - ▶ 4 CSA Farmers Markets operate in the Greater Lawrence area
 - Seasonal Operations (April/May-October)
 - ▶ No Equivalent available November-March
- Food Pantries
 - ▶ 10+ food pantries operating in the Lawrence area
 - Some require registration
 - Restrictions on use
- Bodegas
 - Often quite expensive, though some items in bulk can be cheaper

Current Programs

Healthy Incentives Program

- Matches SNAP benefits for fruit and vegetables purchased at farmers markets, CSA, mobile markets and farm stands
- SNAP & EBT terminals must be programmed to accept
- No bodegas are included at this time

Healthy On The Block

- Brings healthier options into bodegas
- Marked and labeled
- East Boston, Mattapan



Understanding the Patient Perspective

Research Questions

- What do patients feel about food insecurity?
- What do they identify as their challenges?
- What are their experiences?
- How do we accurately portray their experiences?

Research Process

- Patient Recruitment food insecure only
- Focus Groups
- Bilingual
- Thematic Analysis

FOCUS GROUP QUESTION SETS

LEAD QUESTIONS

Patient Experience

Tell me more about your experience of obtaining food.

What do you feel prevents you from being able to afford more food or prevents the food from lasting longer?

Health

How do you feel your ability or inability to consistently access food affects your overall health?

Interventions

What do you feel would be the most helpful interventions to help you in this matter?

FOLLOW-UP QUESTIONS

Patient Experience

- How do you decide what food to buy?
- What types of food do you buy?
- Where do you buy your food?
- How do you get to the place where you need to buy the food
- How much money do you allocate towards purchasing food?
- What do you do when you run out of food ahead of schedule?

Assistance

- What resources do you utilize to obtain food?
- Are you aware of food coupons?
- Are there times when you rely on other people places to get your food?

Intervention

- If there was a way to prevent food or money for food from running out, would you be interested in pursuing that intervention?
- If there was a way to prevent food or money for food from running out, how likely would you be to pursue that intervention?

Broad Themes

- Limited Income
- Affordability & Health
- Mental Health
- People Depend Upon Me
- Transportation Challenges
- Pride
- Daily Challenge
- Misinformation
- Job Search Challenges



The Experience

- I like to go to Aldi and Save a Lot and buy low-cost things...things that won't go bad. Then things like milk, eggs, things that could go bad, I buy little by little... if you buy lots of vegetables, they go bad and that would be a waste; money would run out and we will be short for the other weeks
- Before I felt, when I used to see people making lines waiting for food distribution, not afraid but ashamed, intimidated, I thought that other people needed that more than me so I have never gone to one of those places.
- If you have money for food but you need to pay for electricity, it is better to pay that than to eat.
- I was sharing an apartment with another woman, and she said I would like one of those candies they look so appetizing, in my head I was thinking maybe she would buy it and share it with me. But she didn't buy it and I was dying for a piece. That is an example of someone struggling.
- I used to go to a church by the supermarket on Essex St. But I stopped going because it's not close to me now. That is the problem. When it used to be closer I went.
- If there are children involved, it is worse. Kids asking for food-dad "I am hungry" and you have nothing to give them you feel like killing yourself. It is too tough to see your kids hungry, and you are unable to provide.
- Market Basket (MB) is the place for poor people. Bodega is too expensive. One gallon of milk is \$2 something and in bodega is \$5. When I was coming here I entered a bodega in the way to buy \$1 of plantains, they were small and 3/\$1, I left them

How do we proceed?



"Solutions" - Community Partnerships

Mobile Market

- Partnered with Greater Boston Food Bank & Project Bread
- Collaborated with GLFHC clinical staff & support staff





Mobile Market

- Monthly
- Requires Registration
- Grocery Bag of Fruits and Vegetables



Outcomes Thus Far

- Project Bread has served 124 patients during 178 visits and helped submit 52 new SNAP applications.
- The GBFB Mobile Market has served 1055 unique households with 3453 individual people including 1007 children and 459 elders.
- The GBFB Mobile Market provides a produce bolus to patients: 112,550 lbs of produce distributed.
- 299 households have attended more than three of the GBFB Mobile
 Markets. 64 households have attended more than seven.

Future Directions

Continual Understanding

- Community Saturation
 - Do these experiences accurately reflect the whole community
- Future Questions:
 - Day-to-day experience
 - Shopping when weather is harder
 - America vs former country experience
 - Job experience



Mobile Market Partnership

- Assess Impact on Patients and Community
- Recruit Patient Leadership
- Tailor our Partnership
 - Shopping Experience
 - Cooking Experience
 - Linking with Transportation
 - Budgeting Seminars
 - Increase SNAP access
- Advocacy



Lessons Learned

- Seek feedback from the community and patients
- Identify and leverage community assets to build a cohesive plan
- Be open to building a collective vision with team stakeholders
- Define metrics to assess impact

Questions?

