University of Vermont

UVM ScholarWorks

Public Health Projects, 2008-present

Public Health Projects, University of Vermont College of Medicine

2021

Addressing Food Insecurity Within New American Communities in Vermont

Lorena Ayoub

Carl W. Brasch University of Vermont

Aria Elahi

Justin L. Esteban The University of Vermont

Juwairiyyah Fatima The University of Vermont

See next page for additional authors

Follow this and additional works at: https://scholarworks.uvm.edu/comphp_gallery



Part of the Community Health and Preventive Medicine Commons, and the Health Services Research

Commons

Recommended Citation

Ayoub, Lorena; Brasch, Carl W.; Elahi, Aria; Esteban, Justin L.; Fatima, Juwairiyyah; Spano, Brianna J.; Wang, Sean; and Zhang, Erik J., "Addressing Food Insecurity Within New American Communities in Vermont" (2021). Public Health Projects, 2008-present. 305.

https://scholarworks.uvm.edu/comphp_gallery/305

This Book is brought to you for free and open access by the Public Health Projects, University of Vermont College of Medicine at UVM ScholarWorks. It has been accepted for inclusion in Public Health Projects, 2008-present by an authorized administrator of UVM ScholarWorks. For more information, please contact schwrks@uvm.edu.

uthors	
rena Ayoub, Carl W. B ang, and Erik J. Zhang	rasch, Aria Elahi, Justin L. Esteban, Juwairiyyah Fatima, Brianna J. Spano, Sea I



Addressing Food Insecurity Within New American Communities in Vermont

winooski food shelf

Ayoub, L, Brasch, C, Elahi, A, Esteban, J, Fatima, J, Spano, B, Wang, S, Zhang, E Howe, L and Carney, J M.D./MPH

Background

- ➤ Food insecurity is defined as not having safe, nutritious, or culturally appropriate foods available, or having limited ability to acquire these foods/uncertainty as to when one can acquire these foods.
- ➤ Reasons for food insecurity can be multifactorial such as language barriers, unfamiliar foods, and limited information about food environments. As a result, many turn to processed and energy-dense foods, contributing to the development of chronic diseases.
- ➤ Food banks and local food shelves provide supplemental food assistance to residents and communities in need. However, with diverse New American populations living within the same community, it is challenging to determine which foods best fit their needs.
- ➤ Vermont has welcomed 535 refugees in the last 4 years. Many of these new Americans currently reside in Winooski and Burlington. This study seeks to address the issues of mental health, food insecurity, access to the food shelf, and food preferences within the New American communities located in Winooski, Vermont.

Methods

- > Structured interviews were conducted with community members, leaders, and community advocates.
- Communities represented include those who rely on the food shelf to supplement their food sources; specific ethnic groups represented include the Somali, Nepali, Burmese, Karen, Swahili, and Congolese communities.
- Questions centered around themes such as food insecurity, access to food shelves, mental health, and transportation.
- ➤ Interview responses were coded using the following categories: Food Preferences and Types, Barriers to Food Access, Mental Health, Satisfaction (with current food shelf practices), and Suggestions for Improvement.
- ➤ Interventions suggested were based on the most common interview responses.

Results								
Food Preferences and Types	Barriers	Mental Health	Satisfaction	Suggestions for Improvement				
Bulk food / pantry staples	COVID-19 Pandemic and Family Stressors	Lack of Access to Childcare	Poor organization and facilities	No prepared food, ingredients only				
Culturally specific fresh foods, pasta	Difficulty assimilating as a New American	Trauma; difficulty with resettlement process	Unsatisfied with food quality, feelings of disrespect	Accommodate religious/personal preferences				
Culturally specific fresh foods, pasta	Transportation; cannot relate to food shelf staff	Food accessibility, long lines are stressful	Long lines, feels undignifying	Improve food transportation and delivery				
Pasta, seafood	Language; long lines at food shelf	Depression; poor physical health due to decreased food quality	Culturally incompetent food choices; food preferences ignored	Record customer food preferences, overcome language barriers, provide household products				
Rice, fresh fruits and vegetables	Transportation; authentic foods	Stressor includes access to food	Lack of choices, poor food options	Cultural awareness improves trust				

Table 1 depicts the individual responses to each question type organized by community. The first row lists responses from the representative of the general Winooski community. The second row lists responses from the representative of the Congolese community and general Winooski community. The fourth row lists responses from the Burmese and Karen communities' representative. The fifth row lists responses from the Nepali community representative.

Food Preferences and Types	Barriers	Mental Health	Satisfaction	Suggestions for Improvement
White rice	Transportation	Depression related to new environment, language barriers, and stress	Dissatisfaction due to lack of cultural competency	Do not include pre-prepared meals in boxes
Fresh fruits and vegetables	Language	Childcare difficulties causing stress	Dissatisfaction due to lack of quantity	Do not include canned foods in boxes
No canned foods	Familiarity with new food items	Health changes, diabetes, obesity causing stress and depression	Dissatisfaction due to lack of healthy choices and fresh produce	Do not include pork in boxes unless specified
Ask before giving pork			Dissatisfaction with access: long lines and limited days/hours	Customize boxes based on client request at time of pickup
Bulk and increased quantity of food				Improve or facilitate connections with mental health services for food shelf patrons

Table 2 depicts the common responses between all community representatives.

Discussion

- ➤ Interviewees reported dissatisfaction with the volume of canned foods, lack of produce, declining mental health, difficulty accessing food shelves, and difficulty transporting the food.
- ➤ Despite these concerns, many interviewees addressed the important role the food shelf plays in their community and expressed interest in helping it improve.
- ➤ We suggest the following improvements: limit canned goods, partner with ethnic grocers (such as local Nepali markets), provide delivery services, implement quality checks at pick-up, separate pork from other foods, build boxes based on client input rather than pre-packing, provide interpretation through community volunteers, and offer mental health resources.
- ➤ Limitations to implementing these interventions include funding, labor availability, COVID-19 restrictions on capacity, food storage, and food availability.
- ➤ Improvements that have already been made include: a partnership with the local Intervale farm to increase fresh produce, a plan to install a walk-in cooler for increased produce storage, a partnership with Winooski Mutual Aid who can provide vans and drivers for deliveries, a ramp for increased accessibility, and a list of culturally-specific food items based on interview responses for the food shelf to reference.
- > Further plans to partner with local ethnic grocers and recruit community volunteers who can interpret are underway.

Conclusions

Improving access to healthy and culturally-relevant foods can have a positive impact on New Americans' chronic and mental health, career/educational opportunities, and a successful transition to life in the US in general. Our data suggests that resources availability and deficiencies in cultural competency prevent the Winooski Food Shelf from reaching its full potential to help New American communities. By speaking directly to community members and leaders, we identified interventions that may allow the Winooski Food Shelf to enhance food security and, as a result, the overall well-being of New American communities.

References

- 1. Hadley, C, Zodhiates, A, Sellen, DW. Acculturation, economics and food insecurity among refugees resettled in the USA: a case study of West African refugees. Public Health Nutrition. 2006 Aug 3; 10(4): 405-412.
- 2. Wang, Y, Min, J, Harris, K, Khuri, J, Anderson, LM. A systematic examination of food intake and adaptation to the food environment by refugees settled in the United States. Adv Nutr 2016; 7: 1066-1079.
- 3. Moffat T, Mohammed C, Newbold KB. Cultural dimensions of food insecurity among immigrants and refugees. Hum
- Organ. 2017;76(1):15-27 doi: http://dx.doi.org/10.17730/0018-7259.76.1.15.
 11. Patil, C., McGown, M., Nahayo, P. and Hadley, C., 2010. Forced Migration: Complexities in Food and Health for
- Refugees Resettled in the United States. NAPA Bulletin, 34(1), pp.141-160.

 20. U.S. Department of State Bureau of Population, Refugees, and Migration Office of Admissions Refugee Processing Center. Refugee Arrivals by Placement State and Nationality Oct 1 2018 through Sept 30 2019. Published Oct 2019.
- 21. U.S. Department of State Bureau of Population, Refugees, and Migration Office of Admissions Refugee Processing Center. Refugee Arrivals by Placement State and Nationality Oct 1 2018 through Sept 30 2019. Published Oct 2019. Accessed January 24, 2021.
- 22. U.S. Department of State Bureau of Population, Refugees, and Migration Office of Admissions Refugee Processing Center. Refugee Arrivals by Placement State and Nationality Oct 1 2017 through Sept 30 2018. Published Oct 2018.
 Accessed January 24, 2021.