Addressing Food Insecurity as a Barrier to Cancer Care in the Community Setting

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Abstract

An analysis of the New York State Department of Health’s Prevention Agenda (NYSPA) data, and the Westchester County Community Health Needs (CHNA) Assessment identified food insecurity as a significant issue for our patient population. Our Cancer Center team identified ways to screen for food insecurity in patients and created a workflow to refer patients with positive screens to NYP’s supplemental food assistance program.

Our multidisciplinary team created a workflow for all new patient consults to be screened by clinic nurses utilizing EPIC EMR food insecurity questions. We collaborated with the NYP Food insecurity program to seamlessly refer patients who had positive screens. We also used community organizations to directly connect patients to our partner programs. We disseminated educational materials to providers and patients on the importance of food to overcome outcomes disparities.

After 4 months, we identified 142 patients screened for Food Insecurity and enrolled 20 patients. This contributed to a program expansion across all New York Presbyterian (NYP) campuses due to the recognized increased issue of food insecurity among patients. NYP in collaboration with community organizations established a pilot program to support at risk families in underserved areas.

Lessons learned (1) awareness that food insecurity is a significant unmet need in our community (2) internal and external resources exist for assistance. (3) multidisciplinary teams are an effective way to address food insecurity in our patients.

STEP 1: Conduct Analysis of Cancer Care Barriers

Our analysis from the NYSPA data, and our Westchester County CHNA identified food insecurity as a significant issue in our community with a noted gap in meeting basic needs.

STEP 2: Identify Barriers to Cancer Care & Food Insecurity

We discussed potential barriers to food security:

• COVID pandemic and effects on unemployment.
• Lack of screening for food insecurity in our clinics so that referrals could be made to local resources.
• Lack of nurse and provider awareness of food insecurity in our community.

STEP 3: Implement Strategies to Address Prioritized Barrier

Identified internal & external resources to address barriers:

• Created a multidisciplinary team to prioritize implementation of food insecurity awareness
• Team met monthly starting July 2022 – once this standard was chosen as appropriate for our mission in 2022
• Maximized the EMR - EPIC to collect metrics:
  • Prioritized a Food Insecurity Questionnaire (2 Question) to capture patient needs
  • Implemented Nursing & Provider awareness and education
  • Re enforcement of guidelines and handouts
  • Collaborated with community organizations / Milstein Cancer
  • Engaged the NYP Food Insecurity Program team members.

STEP 4: Modify or Enhance Process to Address Prioritized Barrier

Built an EMR workflow that easily used the EPIC referral process. All positive screens were referred to "NYP FOOD INSECURITY:"

Coordinated efforts with EPIC to obtain quarterly metrics for patients screened and referred.

Reassessed our efforts with EPIC to obtain quarterly metrics for patients screened and referred.

STEP 5: Report to Cancer Committee

Number of patients screened: 142
Number of patients with positive screens: 20 (14%)

NYP Westchester Social Work & Care Coordination
3 Patients referred

NYP Medical Group Care Management
5 Patients referred

NYP Westchester Cancer Center
12 Patients referred

NYP Food Insecurity Programs

Program Overview
NewYork-Presbyterian is working with local partners to support patients and community members who are struggling to afford food in the wake of the COVID-19 public health crisis. Eligible households will receive monthly supplemental food assistance (fresh fruits, vegetables and shelf stable grains and protein). Please note program duration is subject to funding.

Eligibility
• Patients experiencing food insecurity
• Access to a kitchen to prepare food

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