

What's in Your Kitchen?: A Qualitative Study of Food Insecurity Experiences in an Urban Latino Immigrant Community

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Introduction

Social and economic factors are known to contribute up to 40% of health outcomes. One example of social determinants of health is food insecurity.

At the Greater Lawrence Family Health Center, we use the Hunger Vital Sign to screen patients with food insecurity.

1. In the last 12 months, have you worried that food would run out before you got money to buy more?
2. In the last 12 months, has the food that you bought not lasted and you didn't have money to get more?

70% of patients screened POSITIVE for food insecurity (answered sometimes or often to one question).

Since August 2016, the clinic has been working with other organizations:

- The Greater Boston Food Bank Mobile Market takes place once a month at the clinic. Families can take home 20 lbs of fresh produce.
- Project Bread: Assistance with SNAP applications at the clinic.

AIM

To learn more about patients' experiences with food insecurity to inform appropriate community interventions.

Methods

Focus groups

- Participants: Age 18 years or older who screened positive for food insecurity (N=9, mean age 58)
- led by 2 family medicine resident physicians
- conducted in Spanish
- A designated translator recorded the focus groups and transcribed and translated the recordings. She did not participate in the coding process.

Analysis

Two team members independently coded transcripts and identified and agreed on a set of emerging themes. A third team member coded the transcripts using the set themes.

Results

Individual Barriers to Getting Food

"I think why did I fall, suffer an accident and now see me in this situation? Now I can't work to make enough money to cover my needs."

"When you are young you can work and provide for yourself but when you reach a certain age plus you are sick, the situation changes."

Individual Strategies to Alleviate Food Insecurity

"Normally Latinos buy rice, beans and meat, and oil. With that we bear the situation. If we have rice, we can eat it even plain or with eggs. Rice, oil and beans are priorities, if enough for meat we buy some too, if we can."

"Sometimes we have to refrain yourself from buying something that we want but go hungry... You buy \$1 of plantains and a couple eggs and you eat. Yes, it gets tough but not starving, at least in this country."

Health

"Sometimes illness can get aggravated because you are not eating as you should, for example you are supposed to eat 3 times a day, breakfast, lunch and dinner, but you just have for lunch, if you are sick that will set you back (the illness) because you are not eating as you should."

Economic Challenges

"If you have money for food but you need to pay for electricity, it is better to pay that than to eat. We are obligated to pay, imagine, during the winter we'll die without heating."



Lack of Transportation

"There might be a place giving out food but we don't have a way to go to those places."

Mental Health

"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."

"It does affect me, even my sleep; I am not able to sleep. When I don't have anything (food), I tend to isolate myself. It affects me a lot, I feel sad."

Community Influence as a Barrier

"Here it is uncomfortable to go ask a neighbor for example for a cup of sugar that may have run out. In my country neighbors share but here, sometimes, you live next to someone for years and you don't even know his/her name. Some people don't like to even say hi to you."

Use of resources

"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"

"You can't pay attention to people. You have to go to the relevant agency and ask. People are always talking, if you need food stamps you go to that office and ask...people give incorrect information."

Conclusions

- Though not representative of the entire community served by this health center, the focus groups highlight stories of our patients' lives that are not always evident during a clinical visit.
- Low income, lack of transportation, and limited job prospects worsen food insecurity.
- Despite these challenges, our patients feel a sense of pride and interdependence with their families that inspire them to persevere and have found ways to make ends meet.
- Food insecurity is also intricately linked to our patient's management of chronic health issues and mental health.
- These focus groups serve as a learning opportunity for resident physicians to become more engaged in community medicine.

Future Directions

- Recruit for additional focus groups
- Design focus groups to further explore special themes (ex. community contributions such as whether neighbors help each other, daily decision making around food, beliefs on what is healthy or desirable food)
- Collaborate with community groups to create a central and sustainable community-wide solution to food insecurity
- Apply information from focus groups to tailor interventions such as cooking classes and budgeting seminars.

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