

Food Bag Program to Address the Immediate Food Needs of Patients During the COVID-19 Crisis

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Abstract

The COVID-19 pandemic has heightened food insecurity across the country. In this report we describe creation of a novel emergency department (ED) food bag program in New York City. The food bag program was designed to help meet immediate food needs of patients being discharged from the ED. Each bag contained shelf-stable food as well as a handout describing other community food resources. The program leveraged community-hospital partnerships, was met with enthusiasm from patients and staff alike, and would be highly replicable to other settings.

Introduction

The COVID-19 pandemic has created simultaneous medical and social crises. In addition to the obvious loss of health and life, COVID-19 has also resulted in widespread loss of employment, income, housing, and usual sources of social support for large numbers of people.

Food insecurity is well-known to negatively affect multiple dimensions of health. Even before the COVID-19 crisis, emergency department (ED) patients were known to experience higher than average levels of health-related social needs, including food insecurity.¹ COVID-19 has exacerbated food insecurity across the United States, where early news media reports highlighted images of growing lines at food banks and other food distribution points.²

As many other outpatient health care settings were forced to close to in-person visits during the height of the COVID-19 pandemic, EDs remained open to serve both the medical and social needs of their patients. Patients coming to the ED during the COVID-19 pandemic faced additional barriers to accessing food, in addition to having high baseline rates of food insecurity. For example, patients with COVID-19 who are well enough to be discharged from the ED are instructed to isolate themselves at home; leaving their house to obtain groceries counteracts efforts to “flatten the curve.” In this article we describe creation of a program at an urban, public hospital designed to assist ED patients with their immediate food needs during the COVID-19 pandemic, which has demonstrated replicability in its expansion to both another ED and an outpatient setting.

Setting

The strategy was first deployed in the ED of Bellevue Hospital, a safety-net, teaching hospital in Manhattan that is part of New York City’s public hospital system, NYC Health + Hospitals. The Bellevue Hospital ED has an annual volume of 125,000 patients who are racially and ethnically diverse, are predominantly publicly insured (Medicaid or Medicare) or uninsured, commonly have limited English proficiency, and have high levels of health-related social needs. Prior research found that even prior to the COVID-19 pandemic, up to 51% of Bellevue Hospital ED patients experienced food insecurity.³

The New York City government created programs to address residents’ growing food needs during the COVID-19 pandemic, including “grab and go” meals available for pick-up at local schools and meal delivery programs for those who are homebound. However, these programs did not meet immediate needs for patients being discharged from the ED, as they required leaving one’s apartment or an application and approval process that lasted, at a minimum, several days. Further, many of the hospital’s ED patients—including undocumented immigrants and patients who are unsheltered—face barriers to accessing traditional government assistance.

Strategy

As a response to ED patients’ food needs during the COVID-19 crisis, we created a food bag program. Patients were given a bag of food at the time of ED discharge. There were no eligibility criteria; all patients were able to receive a bag, regardless of their discharge diagnosis or any other factor. Each bag contained 1-2 days of shelf-stable food (Figure 1). After the first week of operating the program, we realized that many of our ED’s patients did not have the ability to cook at home (for example, patients who were homeless). We addressed this issue by offering a second option, “no-cook bags” whose contents did not require cooking,

refrigerators, or can openers (Figure 1). Any ED provider could give the patient a food bag at the time of discharge. To ensure that the program was easy to implement with minimal additional burden placed on ED providers who were already overburdened during the height of the COVID-19 crisis, providers were not required to complete any documentation to give a food bag to their patients. We also did not want to create barriers for the many undocumented immigrant patients seen in the ED, who were often facing job loss and food insecurity yet for whom such documentation could trigger concerns related to U.S. public charge rules.

Funding for the program was provided by The Bellevue Association—a public/private partnership dedicated to supporting Bellevue Hospital’s mission—through existing funds and new fundraising for the program. The Bellevue Association initially approached the ED’s clinical leadership team asking how it could support the ED during the height of the pandemic, and the leadership team identified patient food needs as a pressing problem. The NYC Health + Hospitals Office of Population Health’s Social Determinants of Health team suggested a potential community partner, a local 501(c)(3) hunger alleviation program, who the Bellevue Association contracted with to provide the food bags. The community partner sourced the food, packed the bags, and delivered them to the hospital.

The food bag program was intended to assist with the immediate need for food among discharged ED patients. While not intended to be a comprehensive solution to patients’ food insecurity, the idea was to provide a tangible resource that could help fill a short-term gap as a bridge to patients being able to access other food programs. Each bag had a handout inside with information (in English and Spanish) about additional food resources offered in New York City, so that patients could use this information to connect with longer lasting food resources as needed.

In the first two months of operation, over 3,000 food bags were distributed. Patients expressed both surprise and gratitude for the bags. For example, one patient who was homeless and living on the streets noted that many of the usual locations where he accessed food were closed due to social distancing mandates. Upon being given a food bag he exclaimed, “Thank you so much. You guys are awesome!” The program was also a morale booster for ED staff, who appreciated having something tangible and immediate to offer to patients during such a challenging time.

The food bag program was expanded on a limited basis to the hospital’s psychiatric emergency department, the Labor and Delivery Unit, and the pediatric outpatient clinic, where patients similarly faced large food insecurity needs. The pediatric clinic was often serving families in-person for newborn vaccinations, and these families face a host of social needs including food insecurity.

The food bag program inspired a similar program at NYU Langone Hospital—Brooklyn. Located in Sunset Park, Brooklyn, the hospital serves a large immigrant community with above average levels of poverty, limited English proficiency, and food insecurity. The ED has partnered with The Table food pantry, a Community-Based Program of the Family Health Centers at NYU Langone, to provide food bags for patients. Since the pandemic started, the food pantry has seen demand for its services double. Contents of the bags are culturally appropriate for the neighborhood and include shelf-stable food as well as fresh food in partnership with a local farm share. The bags include a packet of information on city food programs and other resources, printed in multiple languages (English, Spanish, Mandarin, and Arabic).

Looking forward, the food bag program team is discussing how to modify the program in the near- and longer-term now that the peak of the COVID-19 crisis in New York City has waned, including how to best target and track bag distribution for future similar programs, as well as how the program might inform efforts such as an onsite hospital food pantry and food benefits application assistance for ED patients.

Summary

The COVID-19 pandemic bred an increased sense of urgency around the food needs of our ED patients. Due to the partnerships described, the program went from nascent idea to the first bag being delivered to a patient in approximately two weeks. Long characterized as a “social welfare institution,”⁴ a growing “Social Emergency Medicine” movement has recently reinvigorated interest in the role EDs can play in addressing patients’ social needs as a pathway to improving individual and community health.⁵ This brief commentary described one such effort to address patients’ social needs during the COVID-19 pandemic.

The food bag program is highly replicable and could be expanded to outpatient clinic settings that remain open during the pandemic. Key components of the program model developed with the COVID-19 crisis in mind were ease of operation and infection control. We intentionally minimized documentation and tracking required for the food bag program, so as not to create barriers to patient receipt of bags or additional burden for already-burdened health care providers. Rather than require that providers asked patients screening questions about food insecurity, we based bag distribution on patient desire for bags (offered universally), which is in alignment with past research showing that patient desire for assistance may be more sensitive in identifying patient social needs than traditional “screening tools.”⁶ Regarding infection control, we decided that a model of individually distributed, pre-packaged bags of food would be preferable to models such as onsite pantries or “grocery stores,” so as to minimize potential spread of SARS-CoV-2.

While organizers of the program recognized that a small bag of food could not solve patients’ underlying social needs, being able to nimbly deliver a tangible and needed resource to patients was a human kindness appreciated by patients and providers alike during the pandemic. Future research should examine whether the effectiveness of patient referrals to community social services are enhanced by delivering this information along with concrete material assistance, such as was attempted by the food bag program.

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Figure 1. Emergency Department Food Bag Program Photos



Photos (clockwise from top left): example contents of regular food bag; example contents of “no cook” food bag; shipment of food bags; resident and attending physicians holding food bags.