

CARE Hunger & Food Acces

1 in 3 residents from New Haven's 6 lowest income neighborhoods report food insecurity, meaning a household does not have access to enough food. Food programs, like pantries and soup kitchens, help curb food insecurity but can do more with needed resources - food, space, storage, staff and volunteers - to meet the demand.

AVAILABILITY

"I lose sleep over things like this because to me, it's so important to hear the cries of the community. When you have lines around the block just for food, that's a scary thing. We need a lot of food and [if we get it] we'll still have lines."

Food Provider



Existing food programs feel 'stretched at the seams' and struggle to keep up with the current demand. Residents depend on emergency food programs as a long-term strategy for food supplementation.

Food programs help residents by:

- Increasing access to healthy foods, such as fruits, vegetables, whole grains, and lean meats.
- Providing continuous access to food when money or benefits run out.

Transportation and time restrict residents' access to food programs.



Without a car or ride, residents are restricted by how much food they can walk home with or bring on the bus. Some residents do not feel safe or are physically unable to get to food programs.



For many people, the time required to access emergency food is a major challenge. Hours of operation can be a barrier for those who work; they often are unable to go to food programs during regular business hours. At many pantries, people arrive early to wait in line to get the best quality food, which requires a substantial time commitment.

ACCESSIBILITY

"I know a lot of people who work, and a lot of places, like grocery stores, that aren't open 24 hours. Maybe late is the only time they can go get food from anywhere, and they're unable to 'cause there's nowhere to go at such a late time.

Resident

UTILIZATION

"A lot of people must not know that there's options [food programs] out there for them... you just never hear about it or know where to look."

Resident

Food programs are underutilized for 3 main reasons:

- Information is predominantly shared informally through word of mouth. Lack of information about food programs includes: location, eligibility, and days/hours of operation.
- Variation between food programs' policies (neighborhood restrictions and number of visits per month) and irregular days/hours of operation creates confusion for residents.
- Stigma, pride or embarrassment prevent utilization of food programs. In contrast, social networks positively influence these feelings and promote utilization.

IMPLICATIONS & RECOMMENDATIONS



Increase awareness of food programs and how to access them.

- Formally disseminate up-to-date information more widely to inform hard-to-reach populations through mailed flyers, newspaper advertisements, and on bulletin boards in frequently utilized community spaces (e.g., grocery stores, social service agencies, doctors' offices, religious institutions).
- Clearly outline for clients food program policies, hours of operation, and eligibility requirements.



Streamline policies and practices across food programs to increase access and utilization.

- Strategically coordinate location and hours of operation between food programs.
- Implement clear and consistent policies and requirements for clients (e.g., identification and paperwork needed, neighborhood residency restrictions, visits per month permitted).



Support existing food programs and expand the number of food programs to meet population need.

- Scaling up programs should address barriers for those limited by transportation and time (e.g., people with physical disabilities and working poor).
- If information and predictability of existing food programs is improved, participation will increase. Priority needs for supporting existing food programs includes:
 - More storage, refrigeration, and freezer space for fresh and frozen produce.
 - More staff and volunteers to help improve distribution and access to healthy, perishable foods through creative solutions, such as food deliveries and mobile pantries, to address transportation and time barriers.
 - Additional food that is healthy and culturally appropriate.

"The working poor [are greatest in need]. There are a lot of programs for people that are in critical need in New Haven, but I think once you're out of critical need...

I don't know how much support there is."

Food Provider

METHODS

The 2015 CARE New Haven Health Survey found 33% of residents from the six-low income neighborhoods in New Haven are food insecure, significantly more than the entire city, state, and country. Following community-wide dissemination of findings, food insecurity emerged as a top priority for residents, CARE, and the City of New Haven. It was determined that the next step was to qualitatively study the complex issues associated with food insecurity and usage of emergency food programs (i.e., food pantries and soup kitchens) to guide policies and programs. Thirty-four semi-structured qualitative interviews were conducted, in English and Spanish, with 14 food providers and 20 residents who were food insecure. The Yale School of Public Health Institutional Review Board approved the study protocol on August 30, 2016 (HSC# 1608018233). All participants provided verbal consent to participate in this study.



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