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City Voices: New Yorkers on Health

Food and Nutrition: Hard Truths About Eating Healthy

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CITY VOICES

This data brief is part of a series—"City Voices: New Yorkers on Health"—developed to raise awareness about the health needs of people in the city who are often unheard. "Food and Nutrition: Hard Truths About Eating Healthy" does this by highlighting informative personal experiences of primarily low-income New Yorkers in the Bronx, Brooklyn, Manhattan and Queens.

This collection of voices provides a direct glimpse inside the health issues and needs of New Yorkers to help inform the many decisions that are being made on a daily basis by community service and health care providers as well as policy makers. For more insights and perspectives directly from New Yorkers, visit NYAM.org to download the full "City Voices: New Yorkers on Health" series of reports.

"I spend all my money on food, all my social security. And … I'm not buying really good, nutritious food… the obstacle of having to work with food stamps, work with my rebate cash, sometimes I just need to put food in my mouth."

– FOCUS GROUP PARTICIPANT

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ABSTRACT

This data brief is part of a series—"City Voices: New Yorkers on Health"—developed to raise awareness of the health needs of people who are often unheard. "Food and Nutrition: Hard Truths about Eating Healthy" highlights informative personal experiences of primarily low-income New Yorkers in the Bronx, Brooklyn, Manhattan and Queens.

Hunger, food insecurity and inadequate access to healthy food remains a challenge for many of New York City's low and very low-income households, putting them at high risk for non-communicable diseases including cardiovascular disease, diabetes and cancer. Participants in this Community Needs Assessment (CNA) expressed awareness of the connection between diet and health, and a desire for healthier food. They also described the many challenges to acting on this awareness and desire. These include high stress and limited time, the cost of healthy food, and its limited availability where they live. Among those surveyed for this CNA, 66% reported always or sometimes feeling concerned about affording food and housing, and 36% reported that healthy food was not very, or not all, available where they lived. Participants identified nutrition and cooking education as a community need, emphasizing that such programs should allow community members to taste new foods, and that classes should be held in community settings and specifically directed towards disease management and prevention.

OVERVIEW

Hunger, food insecurity and inadequate access to healthy foods remain challenges for many of New York City's (NYC) low and very low–income households, putting them at high risk for non–communicable diseases including cardiovascular disease, diabetes and cancer. The most recent federal food insecurity data indicate that in NYC during 2013, 1 in 6, or 1.4 million residents, were food insecure. Nearly 1 in 4 children, and 13% of seniors 60 or older were food insecure.[1] At the same time, high rates of obesity and diabetes concentrate in low–income communities, contributing to citywide racial and ethnic health disparities. The diabetes–related death rate among blacks, for example, is twice that of whites. An even wider gap in diabetes–related deaths exists between high–poverty and low–poverty neighborhoods.[2]

A poor diet is a major risk factor for non–communicable diseases including cardiovascular disease, diabetes, obesity and cancer. Research centers within the National Academy of Medicine and United States Department of Agriculture (USDA) recognize the influence of a community's food environment in shaping the diet and health of its inhabitants.[3,4] The USDA's *Dietary Guidelines for Americans, 2015–2020* emphasizes the importance of a balanced, nutrient–filled diet across the lifespan and implicates added sugars, saturated fats and salt in driving the increase in obesity and cardiovascular disease. Incorporating these recommendations into individuals' diets will be challenging, especially given the food environments of some city neighborhoods, but is a necessary step in improving the health and well–being of communities.

FINDINGS

Participants in this Community Needs Assessment (CNA) expressed awareness of the connection between diet and health, and a desire for healthier food. They also described the many challenges to acting on this awareness and desire. These include high stress and limited time, the high cost of healthy food, and its limited availability. This tension was reflected in comments like, *"I try to eat the right things, but."* They also expressed desire for community-based health education focused on nutrition and healthy eating. This was considered to be particularly important for individuals with chronic disease.

Awareness of Health and Diet Connections

Participants recognized that diet was linked to conditions like diabetes and heart disease, and talked about their desire for healthy eating and physical activity.

> *I'll tell you right now, I'm more conscious of stuff that I'm starting to eat. I try to get my mother into it and everything.* (Focus group participant)

> ***I'm trying to be as healthy as I can. If I eat unhealthy I'm eating West Indian food but I try to make sure my whole plate isn't rice and peas, though it usually is. I try to eat healthy with more vegetables and less starch. (Focus group participant)***

High-Stress Lives: Limited Time or Money for Food

This sentiment was commonly accompanied by an acknowledgement that adopting recommended food practices was challenging. Although the health implications of poverty may vary by population, common themes were evident: poverty was described as directly affecting health; affecting prioritization (or de-prioritization) of health behaviors; and affecting access to health related resources, including nutritious food.

Most of us parents are constantly working, and many times we don't have the time to commit to cooking a healthy meal every night–and so, we resort to fast food. (Focus group participant)

I work so hard that I don't have time to eat right. I'm trying to eat healthy foods but I work 12 hours a day, 5 days a week. So when I come home I'm ready to go to sleep. I try to eat the right things but then I go back to eating junk food. It's a bad thing for me. (Focus group participant)

Participants described difficulties affording food despite government assistance, explaining that benefits were inadequate given the high cost of living in NYC. Among those surveyed for this CNA, 66% reported always or sometimes feeling concerned about affording food and housing. In some parts of the city, gentrification has improved healthy food availability, but prices are a barrier for low-income residents.

Prices are also going up. So I'm assuming that people are still low-income, although they might have more access to higher quality food, they might not be able to afford it. (Focus group participant)

I spend all my money on food, all my social security. And … I'm not buying really good, nutritious food… the obstacle of having to work with food stamps, work with my rebate cash, sometimes I just need to put food in my mouth. (Focus group participant)

I try to make my money and my food last for the whole month. But you always at that last week where everything is expended so that's why I eat a lot of beans. I like beans; they're very healthy for you and you can make a meal last a couple of days. I just made a big pot of oxtails with white beans and ate it for five days. (Focus group participant)

A dramatic indicator of poverty with obvious health implications is food insecurity. Focus group participants and key informants described the trade-offs made in the interest of food security.

> ***And our neighborhood supermarkets, so you can't get the whole grain so let me try the whole wheat because the doctor said–and the whole wheat, $3.29, I'm getting this raggedy white bread. It's 99 cents to $1.59. I could get four or five loaves and feed my kids for a long time because my food stamps not gonna stretch that far if I get the $3.29. (Focus group participant)***

Concern About Community Food Environment

Many participants described improvements in the availability of healthy food from specialty stores, supermarkets, green carts and farmers markets. However, people in certain neighborhoods reported that the local food environment still makes it exceedingly difficult to maintain a healthy diet. They described inadequate locations to buy fresh food, high prices, and an excess of unhealthy options.

> *I think our community as a whole does not benefit from fresh fruits and vegetables that would make it more easy for people who would normally prefer to eat healthy. The choice is not there.* (Focus group participant)

> ***In the bodegas, and we have a lot of them—on every corner, sometimes two and three in a block—when you walk into the store, the first thing you see is maybe bread on this side. And then as you look straight into the store, you don't see the fruits and vegetables. You see chips and dips and candies and all kinds of stuff. And this is what people will grab first. This is what our children will grab first. (Focus group participant)***

> *I can go up to a supermarket in Riverdale and get whole grain bread for $2.29 to $2.99 a bag. But down here in Harlem where people have no money, it's $3.99 and $4.99.* (Focus group participant)

Participants noted that healthy grocers were aggregated in more gentrified, higher–income communities, while lower–income communities generally lacked access to full service supermarkets with healthy, quality products. Of those surveyed for this CNA, 36% reported that healthy food was not very, or not at all, available where they lived. Some study participants reported regularly traveling outside of their borough to purchase food due to the lack of healthy options near home.

> ***I find myself going to Whole Foods a lot. So the milk you are talking about, you can get it for like a gallon or half a gallon, you can get it for like $5.49 when you pay for one. But I got to go out the area for it. But you pay carfare to go there. It's not like I can walk to the corner store and get it, or go to my local supermarkets and get it. (Focus group participant)***

> *I know in the Rockaways they're (they are) hardly any vegetable stands. Well, the supermarkets do have them. But in other parts of the city you have vegetable stands, you have vegetable stands as long as this block. We don't have that in the Rockaways.* (Focus group participant)

Emergency Food

Participants acknowledged that in recent years, some food pantries have begun offering more fresh foods. Still, they mostly expressed concern that food pantries do not offer healthy foods, or do not have a sufficient quantity of healthy foods to meet the demand. For example, participants were frustrated by the large proportion of canned products in pantries, acknowledging the high salt content of these foods, and its effects on their health.

> *I found pantries that gave out fresh meat, fresh vegetables. … They'll give out fresh meat on certain days.* (Focus group participant)

Many of these seniors are standing out on the streets, and some of them can't even afford to buy food, so they're going from one pantry to the other to try to get sufficient foods. But as we know, canned goods, a lot of canned goods, are not good for our community. There's a lot of salt in canned goods, and that's what you get largely through the food banks. You get a lot of canned goods because their shelf life. (Focus group participant)

Independent of food quality, food pantry lines were described as exceedingly long.

> *I use food pantries sometimes, and the problem with that, the lines are terribly long, and then they got people that are greedy and want to take everything, so by the time you get there, you got something that's not healthy.* (Focus group participant)

> ***I have been in line for three hours before. Three, four hours in the cold in line for the pantry to open so I can be one of the first in line. I try not to be there past ten, because if you are, that line will go all the way around the corner, two lights down sometimes. (Focus group participant)***

Desire for Community-Based Health Education

Participants identified nutrition and cooking education as a community need, emphasizing that such programs should be held in community settings and specifically directed towards disease management and prevention. Many expressed that health insurance should both support and promote such preventive programs and services. Focus group participants also specified that such nutrition and cooking programs be designed to integrate culturally relevant tastes, encourage intergenerational exchange, and focus on cooking and shopping for healthy food on a budget or with public assistance. A few participants voiced concern about education programs' emphasis on weight loss rather than the significance of nutrition in disease management and health.

We don't have an education in nutrition. It is not true that it is easier to eat rice, beans and meat instead of vegetables and salads and healthy foods. Our problem is we don't realize and certainly we are accustomed to our foods, however we need to find (out) how to educate ourselves in nutrition that exists. (Focus group participant)

I think most South Asians don't know how to cook many of the vegetables available in the local American market either, like broccoli which is very healthy and nutritionally enriched, but many of us do not know how to cook it. (Focus group participant)

I think culturally the way we [West Indians] prepare foods is not healthy, but if people can be educated on new ways to prepare the food. Maybe do demonstrations at the supermarket to show you that you can still eat your cultural food, there's just a healthier way to prepare it. (Focus group participant)

Instead of making it about weight loss or weight, weight, weight. They should promote it more like: It helps your mental health. It helps everything all across the board. (Focus group participant)

CONCLUSION

Echoing the trend of increased interest in food and dietary improvement, low-income New Yorkers across boroughs expressed a desire for healthier diets and concern about the foods available in their communities. They emphasized the lack of healthy and affordable foods available and other structural challenges to adopting healthy diets. Some struggled with affording food for the month, despite government assistance, explaining that benefits were inadequate to pay for a month's groceries. Many noted struggling with decisions to purchase less expensive, unhealthy foods, and the impossibility of purchasing healthier food because of the greater expense. The emergency food system offered limited relief, because of inadequate supplies, especially of fresh foods. Along with these challenges, participants voiced a desire for nutrition education that emphasizes cultural competence and hands-on learning in community-based settings. They also suggested that health insurers could do more to support and promote these programs and services.

METHODOLOGY

In 2014, a mixed-method community needs assessment (CNA) was conducted, including 2,875 surveys with primarily low-income New Yorkers in four boroughs, 81 focus groups and 41 key informant interviews. Participants were recruited using a purposeful sampling strategy, with intentional overrepresentation from those engaged with social service programs or with identified health needs, including needs related to mental and behavioral health. Data focused on factors in the community that might facilitate or impede health, physical and behavioral health concerns, service utilization and access to care. The themes discussed in this report reflect the most salient health concerns described by CNA participants in response to questions focusing on physical and mental health, as well as community needs more generally.

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