



**Seaway Valley  
Community Health Centre**

*Working with you for a Healthier Community*

## **Regional Emergency Response Council: Food Hamper Initiative Post-Program Report - July 2020**

### **Introduction**

Seaway Valley Community Health Centre (SVCHC) is a not-for-profit, community-led organization created to provide primary health care, health promotion, and community development services to residents of Cornwall and Stormont, Dundas and Glengarry (SD&G). SVCHC focuses primarily on serving vulnerable populations including seniors, new immigrants, individuals and low-income families.

SVCHC prides itself on the ability to play a key role in leading community initiatives and working with strong community partners to collectively improve individual and community health. The Food Hamper Initiative, introduced in May 2020, was such an initiative where SVCHC collaborated with a variety of community partners to ensure access to adequate food supply for seniors in need in our community during the COVID-19 Pandemic.

### **COVID-19**

COVID-19 is a disease caused by a new strain of coronavirus. 'CO' stands for corona, 'VI' for virus, and 'D' for disease. Formerly, this disease was referred to as '2019 novel coronavirus' or '2019-nCoV' and is often also referred to as "the Pandemic."

Although, COVID-19 can affect everyone, the risk of serious illness and complications from COVID-19 increases progressively with age, particularly for those aged 55+. To help lower the risk of contracting COVID-19, practicing physical distancing (and other safety measures) is recommended. This includes avoiding contact with others, avoiding non-essential trips in the community, and staying at home as much as possible. While these precautions are highly recommended to help protect older adults from COVID-19, they also pose the risk of isolating them from their routine outings, decreases community engagement and their ability to access food.

Unfortunately, prior to the Pandemic, many residents of Cornwall, Akwesasne and the United Counties of Stormont, Dundas and Glengarry (SD&G) already struggled with food insecurity. During the Pandemic the number of our residents experiencing food insecurity greatly increased due to varying factors, including job loss, financial barriers, lack of transportation, lack of support systems, anxiety and fear of leaving going out in public, child care needs, etc. For this reason, the Food Hamper Initiative was implemented.

### **The Basis for the Food Hamper Initiative**

The New Horizons for Senior Program (NHSP), is a Federal Government grant and contributions program that funds projects designed to support seniors in their communities. The NHSP awarded the United Way/Centraide SD&G \$100,343 during COVID-19 to support seniors.

The United Way/Centraide SDG convened a group of local health, social services and municipal partners to form Regional Emergency Response Council (RERC) to steward projects during the Pandemic. The RERC launched the ‘Food Hamper’ initiative to provide a food supply to high risk seniors within Cornwall and SD&G, who were, or were at risk of, experiencing food insecurity due to COVID-19. The goal of the Food Hamper initiative was to provide a one to two-person senior household with an adequate food supply to last approximately 7-10 days. A total of \$ 75,000 from the United Way’s NHSP grant was dedicated to this initiative to create and distribute food hampers throughout the catchment area.

Additionally, \$1,000 was committed to purchasing forty \$25 gas cards to compensate volunteers who delivered the food hampers to seniors. The gas cards were purchased at MacEwen Fuels and in return, MacEwen Fuels donated an additional \$250 for 10 gas cards valued at \$25 each.

### **Benefits of the Food Hamper Initiative**

- Community partners came together to work towards a common goal of providing vulnerable populations access to adequate food in order to reduce the spread of COVID-19.
- Provided access to adequate food to help vulnerable populations manage other chronic conditions, (e.g., Diabetes, Congestive Heart Failure, Chronic Kidney Disease).
- Provided access to adequate food to help decrease the risk of malnutrition within the community, which often results in emergency department visits and hospital admission.
- Provided food hampers to help high risk individuals remain safe in their homes, decreasing the spread of COVID-19
- Provided food hampers to vulnerable populations to help better understand needs and locate high-risk areas within Cornwall and SD&G, to better serve these areas in the future
- Used of a central referral line accepting calls by trained professionals to provide up-to-date information on food access. Information provided included responses to where grocery stores were located, those offering delivery services, food bank information and delivery options, as well provide education to individuals on how to order groceries online or who to call for additional help.
- Used a central referral line to allow trained professionals to assess the caller’s situation and refer to ancillary services and programs within the community (e.g., mental health counselling, social work, virtual programs, nutrition counselling).
- Used a central referral line to provide clarity to the community on where to call for information, processes and reliable services.
- Supported local businesses by sourcing some of the food for the hampers locally.

### **Cost of Food Hamper**

A total of 1500 food hampers were created, each valued at \$50. The two SVCHC Registered Dietitians worked in collaboration with the Eastern Ontario Health Unit Registered Dietitian to create a list of healthy food items to include in each food hampers. The goal was to provide seniors with a variety of balanced food items to last a one to two-person household 7 to 10 days. Members of RERC purchased the food from a combination of local suppliers and grocery stores,

as well as wholesale (i.e. Cardinal Meats, Giant Tiger, and Sysco). For a full list of the items included in the food hamper refer to Appendix A.

### **Food Hamper Eligibility**

All residents of Cornwall and SDG who called 211 were referred to the central referral line managed by the SVCHC Dietitians. Each caller was assessed for eligibility to receive a free food hamper and included those who could not afford and/or could not manage to access food during the Pandemic. In addition, SVCHC and other community agencies (such as Carefor, Canadian Mental Health Association (CMHA), Centre de Santé de Communautaire de l'Estrie (CSCE) and some of the food banks), reviewed their client lists to identify and reach out to their most vulnerable clients who were 55 years old and older, living alone, history of food insecurity and/or living on a low income. This added layer of client identification helped to prevent individuals who were not able to call or not likely to call 211 from falling through the cracks.

### **SVCHC Involvement**

Calls were received and assessed by SVCHC's Registered Dietitians. The Dietitians listened to the callers' situational needs and used a matrix (refer to Appendix B) to determine food hamper eligibility, as well as offer other existing community resources, (e.g., grocery delivery, food bank information, mental health resources offered virtually, etc.). A charting template was created to capture relevant data such as reasons for the call, barriers to accessing food and the number of individuals per household, the address within Cornwall and SDG.

While both SVCHC Dietitians received the 211 referrals and assessed the callers' needs, many additional professional staff from SVCHC (including the Physiotherapist, Community Health Workers, Dietitians, Executive Director, Health promoters, Nurses, Administration Staff, etc.), and many of their family members, aided in assembling and delivering food hampers.

### **Results**

Referrals to the Food Hamper Initiative took place from May 13<sup>th</sup> until May 23<sup>rd</sup>, 2020. A total of 139 food-related referrals were received from 211 to the central referral line over the span of these 12 days (refer to Table C1 in Appendix C). The age range of callers from Cornwall and SD&G was 29-89 years of age and 27-92 years of age, respectively.

With each call, current client needs were assessed and callers were provided information on new or existing services within their community, such as food banks location and hours of operation, grocery store hours, grocery delivery services, and Meals on Wheels programs. In addition, the central referral line ensured callers understood how to access these services, (e.g., helped complete registration forms over the phone, walked through completing an e-transfers).

From the 139 referrals, a total of 130 individuals received a food hamper delivered to their doorstep by a group of volunteers. A total of 77 food hampers were delivered to the Cornwall area, 9

to the Stormont County area, 4 to the Dundas County area, and 40 to the Glengarry County area, (refer to Table C2 in Appendix C). This summary does not include the food hampers that were delivered to the clients of Carefor, CMHA, SVCHC, CSCE, and local food banks but only those who contacted the central referral line.

### **Reasons for utilizing the Food Hamper Initiative**

Our findings suggest that the primary factor Cornwall and SD&G residents utilized the food hamper initiative during COVID-19 was their inability to acquire adequate food during the Pandemic, (refer Figure D1 and D2 in Appendix D). Other common reasons why residents of Cornwall reached out to this program included living on low income, living alone and experiencing social isolation (refer to Figure D1 in Appendix D). For the United Counties of SD&G, the most common reasons for utilizing the program included social isolation, inadequate social support, living on low income, and living alone (refer to Figure D2 in Appendix D). Our data indicates that the majority of calls came from single family households, (refer to Figure D3 in Appendix D).

### **Barriers to Accessing Food**

The majority of callers were older adults (55+) who were attempting to remain at home as much as possible due to fear or concern of contracting COVID-19, and many expressed anxiety given they were high risk themselves with a compromised immune system (refer to Figure E1 and E2 in Appendix E). Considering that going to the grocery store was the most common way of accessing food prior to COVID-19, being identified as high risk with a compromised immune system, became a key barrier to accessing food. Other barriers during the COVID-19 Pandemic included, financial issues, lack of support system, chronic illness and lack of transportation, (refer to Appendix E for all barriers recorded).

### **Our Experience**

Overall, the Food Hamper initiative was extremely successful. In total, 1500 food hampers were distributed to seniors in need, improving the accessibility and availability of food. The food hamper initiative helped to keep high risk individuals safe in their homes therefore reducing the risk of contracting COVID-19 and infecting others.

The Dietitians working on the central referral line networked with, and familiarized themselves with, a variety of programs and services in the region, such as 211, Meals on Wheels and Seniors' Support Centres, Food Banks and other partners, opening the door to future collaboration and partnerships.

SVCHC staff collaborated in time of need and worked collectively to best serve our community thereby building a stronger internal interprofessional Team.

## Successes

### *Collaborating with 211*

Maintaining efficient and secure information flow between 211 and the central referral line was a key factor in the success of the food hamper project. Members of 211 maintained effective communication with the SVCHC team managing the central referral line through a secure portal, as well as e-mail. The referral form 211 provided the central referral line for each caller contained quality information which helped to ensure continuity of care. If referral information ever had to be clarified by the central referral line (e.g., incorrect phone number), 211 responded to these requests in a timely and efficient manner.

### *Feedback from Callers*

Recipients of the food hampers were grateful and appreciative of this initiative. Certain areas of SD&G had limited grocery delivery options available, therefore this initiative helped ensure the seniors had an adequate supply of food allowing them to stay home. Overall, recipients reported that they enjoyed the items in the food hamper.

## Areas for Improvement

### *Determining Food Hamper Eligibility*

Having clear eligibility criteria in the form of a checklist, rather than the quadrants (refer to Appendix B), to determine caller eligibility may have facilitated the process (e.g., if caller checks 3 out of 5 of the criteria, caller is eligible for a food hamper).

### *Communication*

**Advertising the initiative:** Less food hampers were distributed to the Stormont and Dundas areas (refer to Table C2 in Appendix C). It is unclear if this is a result of these communities not being aware of the initiative or if there was less need. Reviewing advertising strategies to ensure program promotion reaches all areas of the catchment would be important to consider in the future.

**Communication among project team:** Developing effective communication protocol and chain of command at the start of the initiative would be important step to consider in the future. Weekly check-ins over telephone or virtual platform, involving team leads would have allowed for all members of this initiative to be on the remain up-to-date, identify and manage potential issues in advance and develop action plans as a team.



## Appendix A

### *List of Food Hamper Items*

2L Carton – Milk	1 can – Vegetables	1 jar Peanut Butter
1 Tub – Margarine	1 can – Tomatoes	1 can (hearty soup/chili)
1 Medium – Apple	1 can – Fruit	1 can Soup
1 Medium – Orange	1 can – Pasta sauce	2kg bag Rolled Oats
1 – Cucumber	1 whole – Chicken	450g Pasta Noodles
2lbs – Carrots	1 dozen – Eggs	500g Rice
2lbs – Onions	1 can – Baked beans	1 sleeve Crackers
5lbs – Potatoes	1 can – Fish	1 loaf Bread

## Appendix B

### *Client Identification Matrix / Eligibility Quadrants*

<p><b>Can't Manage - Can't Afford</b></p> <p>Clients receive MOW frozen meals and essential grocery hamper (as appropriate)</p> <p><b>Fully subsidized CSS</b></p>	<p><b>Can't Manage - Can Afford</b></p> <p>Clients receive MOW frozen meals and/or essential grocery hamper (as appropriate)</p> <p><b>Fully subsidized CSS</b></p>
<p><b>Can Manage - Can't Afford</b></p> <p>Client referred to:</p> <ul style="list-style-type: none"> <li>• local food bank</li> <li>• local grocery store details and supports to set up, as appropriate</li> </ul>	<p><b>Can Manage - Can Afford</b></p> <p>Client referred to:</p> <ul style="list-style-type: none"> <li>• Local delivery programs (Gofeedme.ca)</li> <li>• local grocery store, may receive some supports to set up account or process</li> <li>• food bank information provided</li> <li>• MOW short-term service set up</li> </ul> <p><b>Financial transaction is between client and store and/or CSS agency</b></p>
<p>Immediate response essential basket is made available to all clients that indicate emergency need</p> <p style="text-align: center;"><b>Fully subsidized CSS</b></p>	

*Note.*

**“Manage”** refers to access, ability, and capacity to organize, navigate, and conduct processes and practices in order to get food and essentials. For the purpose of the COVID19 response, those clients deemed unable to manage include: those who may have some financial means but no access to banking or credit, no access to devices or internet, or transportation.

**“Afford”** refers to access and ability to financially pay for services, food, and essentials.



## Appendix C

**Table C1**

*Number of Daily Referrals Made to the Central Referral Line from 211 Over the 12-Day Period*

Day	Referrals
May 13	4
May 14	19
May 15	30
May 16	4
May 17	1
May 19	21
May 20	29
May 21	24
May 22	5
May 23	2
Total	139

**Table C2**

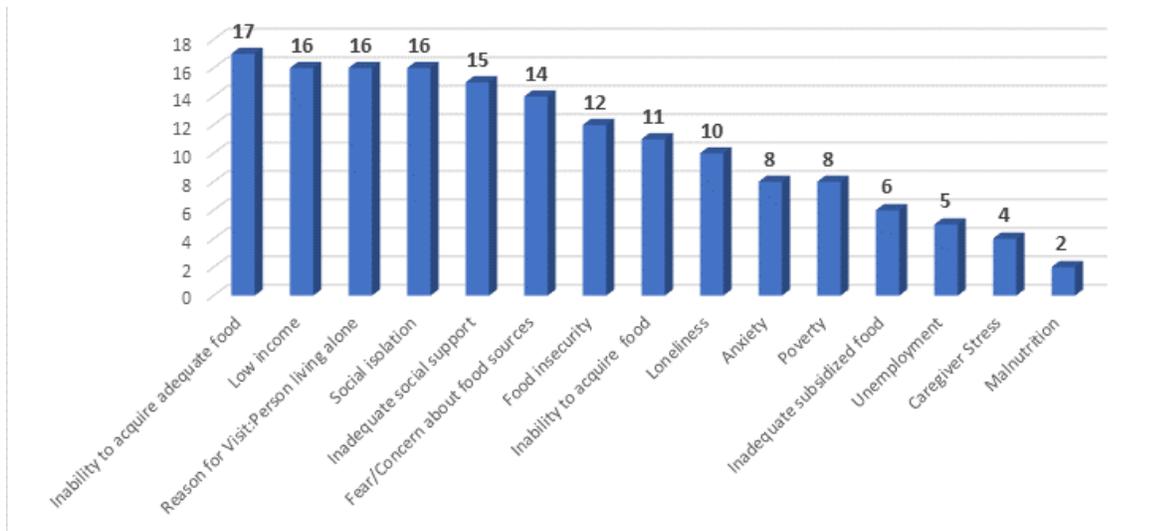
*Number of Food Hamper Recipients from 211 Referrals Per Day by Region*

Day	Region				
	Cornwall	Stormont	Dundas	Glengarry	
May 13	4				
May 14	9			13	
May 15	17	3	2	8	
May 16					
May 17	2		2	2	
May 19	13	1		6	
May 20	15	3		8	
May 21	17	2		3	
May 22					
May 23					
Total	77	9	4	40	130

## Appendix D

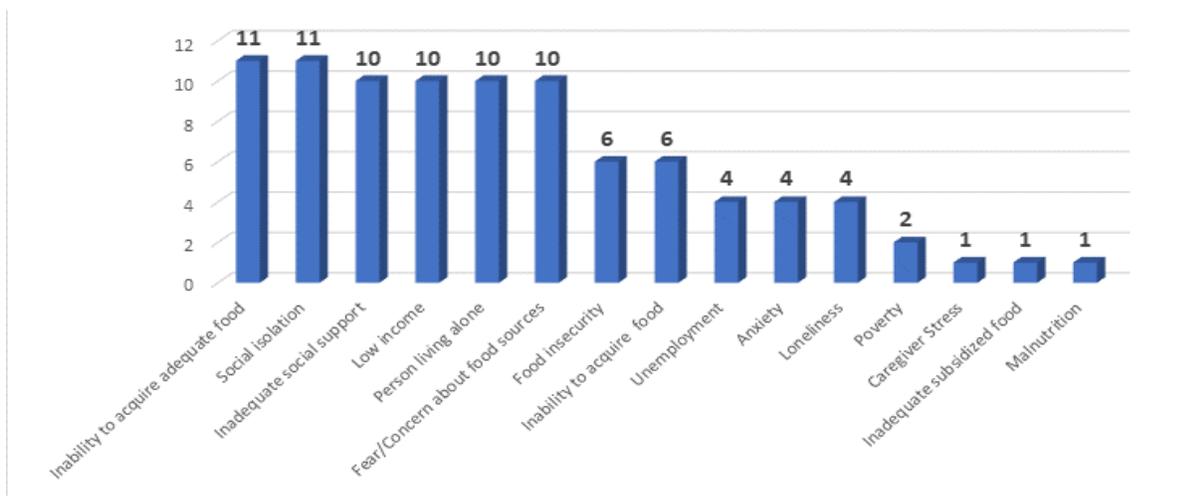
**Figure D1**

*Reasons Why Residents of Cornwall Utilized the Food Hamper Program during the COVID-19 Pandemic*



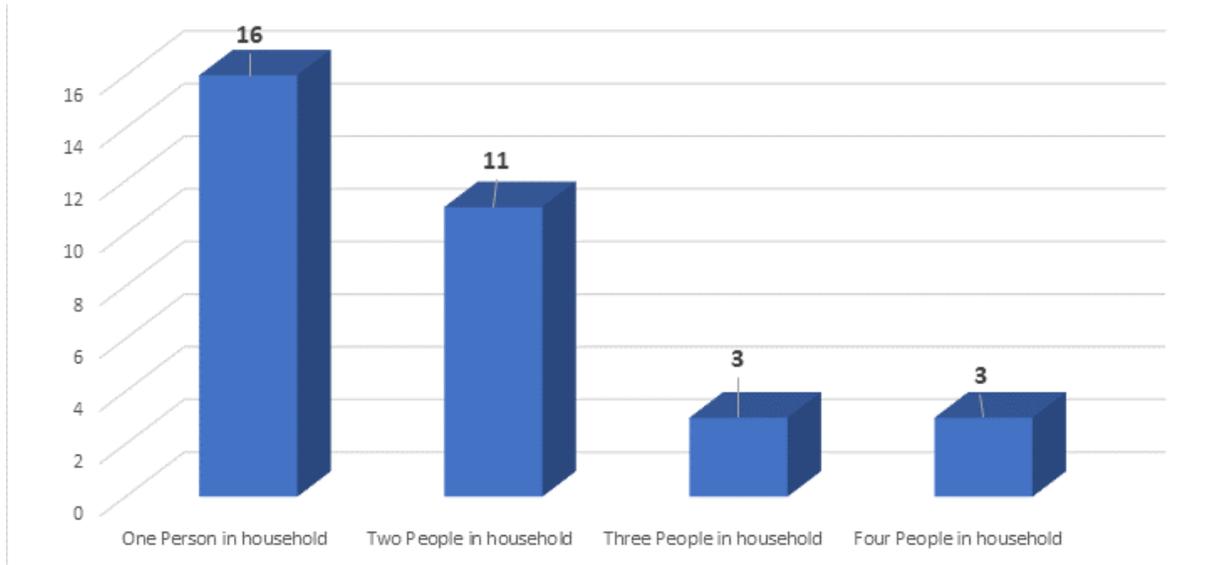
**Figure D2**

*Reasons Why Residents of Stormont, Dundas & Glengarry Utilized the Food Hamper Program during the COVID-19 Pandemic*



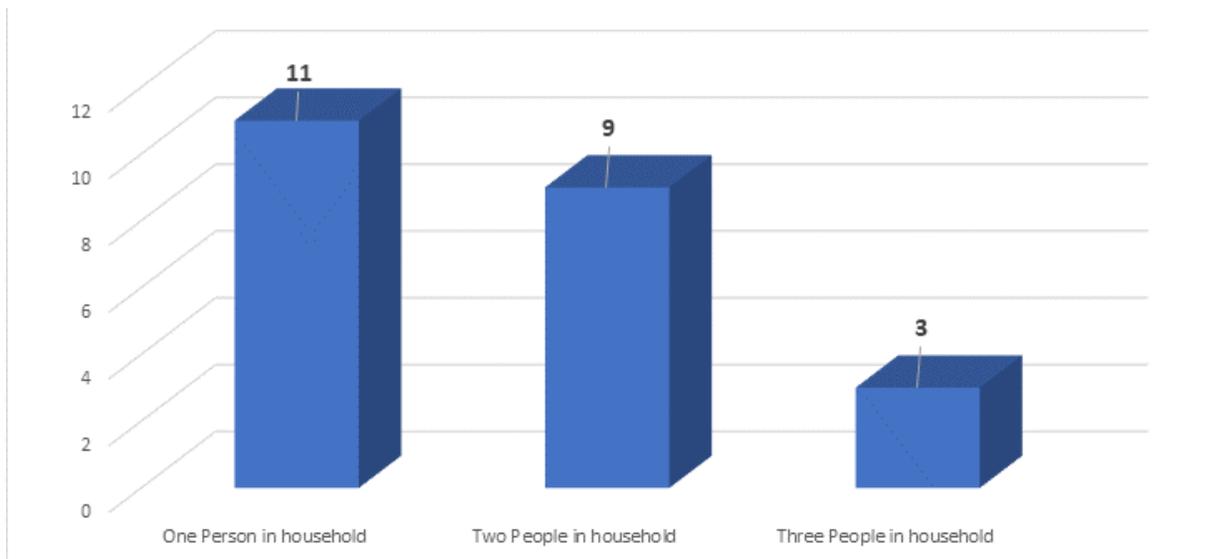
**Figure D3**

*Number of People in Household of Cornwall Callers*



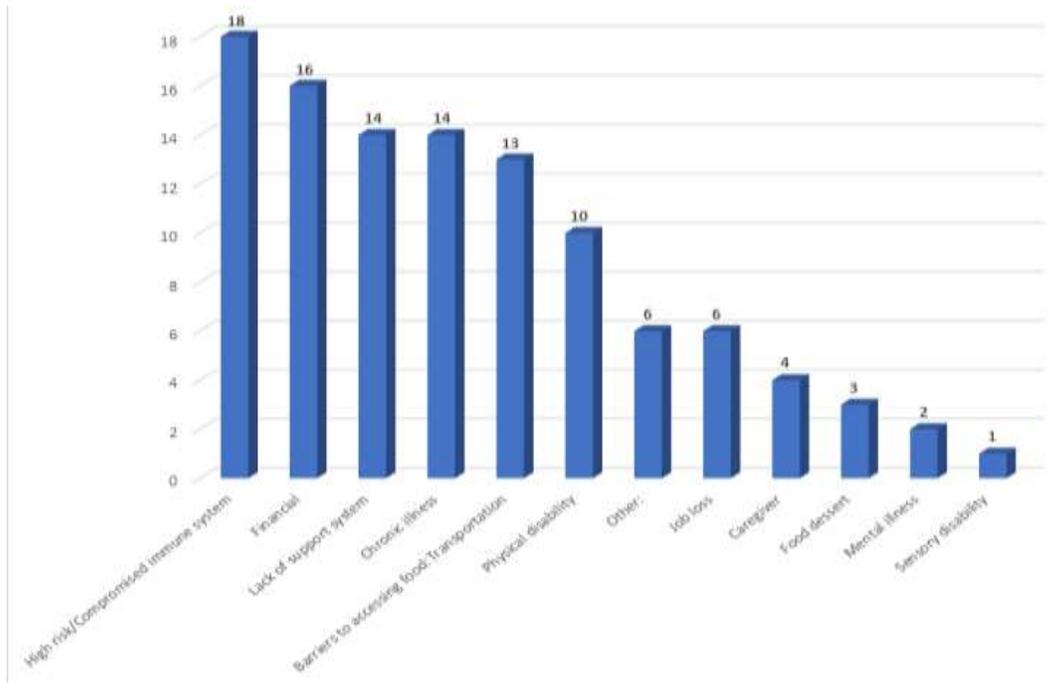
**Figure D4**

*Number of People in Household of Stormont, Dundas & Glengarry Callers*



### Appendix E

**Figure E1**  
*Barriers to Accessing Food during the COVID-19 Pandemic for Residents of Cornwall*



**Figure E2**  
*Barriers to Accessing Food during the COVID-19 Pandemic for Residents of SD&G*

