

NUTRITIONAL SUPPORT THEORETICAL PROGRAM NASEM 5A's FRAMEWORK FOR CANCER PATIENTS AT



Elmhurst

Grant Proposal

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Population Info

Neighborhoods of
Jackson Heights and East
Elmhurst, in Queens,
New York **receiving
their treatment at NYC
Health +
Hospitals/Elmhurst**

PURPOSE

The program will enable a comprehensive response to food insecurity to be combined with social services and healthcare delivery, and thereby reinforcement of the support system for cancer patients enhancing their quality of life and health outcomes.

Keywords

Cancer
Treatment
Malnutrition
Intervention
Collaboration
Support

Community Nutrition FNES 770

I. Problem Statement

Among people living with cancer globally, malnutrition has become one of the most prominent health issues. Already, the second leading causes of death worldwide are neoplastic disorders; poor treatment results are linked to a decrease in quality of life. Moreover, 10% to 20% of cancer fatalities among patients are linked not with the illness but with a lack of proper nutrition (Muscaritoli et al., 2021).

Many elements lead to malnutrition among cancer patients; most of them are regarded as modifiable. These comprise the type of cancer treatment modalities such as chemotherapy and radiation, as well as their symptoms connected with nausea, vomiting, and taste changes so, affecting food intake (Muscaritoli et al., 2021). Therefore, it would be fitting to suggest a well-coordinated initiative to combat malnutrition aiming at nutrition in a population this vulnerable.

There are indeed various existing programs and interventions which can be applied to the patient with cancer in order to help improve their nutritional status. For instance, right from diagnosis, The European Society for Clinical Nutrition and Metabolism (ESPEN) guidelines identify and suggest the need for complete nutritional assessment and intervention strategies (Muscaritoli et al., 2021). It encourages a multidisciplinary approach whereby a dietitian, oncologist, and nursing staff are supposed to offer nutrition support depending on the patient's needs.

Because apart from this, enteral and parenteral nutrition advantages were also under research, showing very fruitful methods where the individuals with damage resulting in inability to absorb enough by oral intake show higher caloric intake and body weight compared to those on less support (Muscaritoli et al. 2021).

A randomized controlled trial demonstrates that recommending cancer survivors to exercise enhances aerobic capacity, physical fitness, and function in cancer survivors. However, at the moment, there is inadequate evidence between physical activity and mortality among survivors apart from either breast or colon cancer (Muscaritoli et al., 2021, p. 2908)

Despite these, programs such as SNAP Supplemental Nutrition Assistance Program enhance food security among cancer patients living in poverty. However, a large proportion of recipients of SNAP experience food insecurity, with 68% reporting limited access to food, and an alarming 69% without SNAP status reported experiencing food insecurity Gany et al. (2020). Although these programs offer significant help, their overall effectiveness and rate of use vary greatly.

Apart from that, obviously, more has to be done to solve hunger linked to cancer diverse health facilities use diverse methods of nutritional screening, which is one of the most crucial gaps; this results in under-identification of people at risk. Current nutritional screening practices are underutilized; for instance, research indicates that only 53% of outpatient cancer facilities in the U.S. perform malnutrition screening, and of those, a mere 64.9% utilized validated screening tools (Trujillo et al., 2019).

Furthermore, there is often a lack of RDN availability and nutrition care services in outpatient cancer centers in the US resulting in modification of dietary plans based on patient progress and changing health statuses (Trujillo et al., 2019). Patients are thus not getting the

degree of personalized treatment that might greatly reduce the risk of problems connected to malnutrition throughout their treatment. Besides, the average RDN-to-patient ratio of 1: 2,308 presents a considerable barrier towards meeting the cancer patient population's nutritional requirements significantly (Trujillo et al., 2019). Lack of sustainable funding coupled with the absence of tailored interventions for specific demographics also hinders effectiveness.

Programs to address these gaps will play a crucial part in the development of a sound and effective approach that truly enhances nutritional care in cancer patients.

The NASEM framework, which stresses the five A's—awareness, assessment, action planning, assistance, and advocacy—guides the project (Raber et al., 2022). This organized system guarantees that social factors are actively taken into account in patient care plans by offering a complete approach to meet social care needs together with health care. The success of the program depends on including stakeholders and community people in the planning process. Involving local communities guarantees that solutions are culturally and contextually relevant and helps to identify particular needs and gaps in current treatment and so building trust. The therapy will have increased effectiveness and uptake through an interactive approach. This shall be possible with collaborations across different agencies. Food banks, health service providers, and community based groups will be of help to the initiative in being able to exploit a wide base of resources and expertise.

II. Needs assessment

The theoretical framework concept aims to target cancer patients with particular dietary requirements in the course of chemotherapy, radiation treatment, and post-treatment rehabilitation within NYC Health + Hospitals/Elmhurst. The program will pay particular attention to the Hope Pavilion, a pivotal cancer care facility that began its operation in 2008. As documented by Spectrum NY1 News 2020, Elmhurst Hospital is the only remaining medical safety net in western Queens, after the closure of four other hospitals within the last twenty years. Financial factors drove St. Joseph's Hospital to close in 2004; Parkway Hospital in Forest Hills closed its doors in 2008. Others include Mary Immaculate in Jamaica and St. John's Hospital in Elmhurst, which closed doors back in 2009. This, therefore, put weight on the still running health centers, including Elmhurst Hospital Center, now known as NYC Health + Hospitals/Elmhurst.

The following sections will outline the demographic characteristics, nutrition habits, food environment, and health condition that shape the community using existing data. This will be useful in planning effective nutrition support programs which will improve health and recovery outcomes for the patients. The needs assessed and resources will be useful in clearly outlining challenges confronting the targeted nutritional interventions among the vulnerable patient population.

Accessing Cancer Patients at Elmhurst Hospital

The level of oncology patients' involvement at Elmhurst Hospital can only be practical in collaboration with the Hope Pavilion. To effect this, a referral program will come in handy, enabling health providers-oncologists and nurses-to refer those showing signs of food insecurity and poor nutritional status. This will be further measured by the implementation of standardized screenings during routine check-ups, and information sessions shall be provided within the facility to help patients and caregivers understand the resources available regarding nutritional support.

Patient Demographics, Comparisons and Trends at Elmhurst Hospital

Among the most ethnically and culturally varied neighborhoods in the United States, NYC Health + Hospitals/Elmhurst boasts an estimated one million members. Mostly from Eastern Europe, Asia, the Caribbean, South and Central America, its patients come from.

a. Demographics of the Patient Population

The population of cancer patients at NYC Health + Hospitals/Elmhurst reflects a great degree of variation in demographics, much like those from the Elmhurst hospital community and its surrounding neighborhoods. To obtain the correct and most updated information on demographics relative to cancer patients treated at NYC Health + Hospitals/Elmhurst, one would need to actually visit the hospital in question to obtain such detailed information; therefore, the targeted population that this program will address will not be solely the hospital in question but a diversified demographic representative of greater areas such as Jackson Heights and East Elmhurst. Among the major characteristics, the following can be counted: age, race/ethnicity, household composition, education and literacy, employment, and economic status.

Around 162,000 people, with the average age standing at 38.8 years old. The community is essentially chiefly Hispanic and Asian in nature, consisting, above all, of Other (Hispanic), making 33.5% ; and then the ethnic composition of Asian alone (Non-Hispanic) made up of 19%, and White (Hispanic) comprised 15%.

b. Education and Language

This is further testified by the fact that 79.5% of households reported a non-English language spoken at home as their primary shared language, with the most common of these being Spanish, spoken by 57.8% of households. Most of its residents have not finished college, while quite a number of adults have only attained a high school diploma. Restricted education could cause problems obtaining health information and dietary resources, therefore increasing already existing health inequalities.

c. Economic Status

Whereas the median household income was \$73,458 as of 2022, major businesses set up in the area include construction, restaurants and grocery stores, and elementary and secondary

schools. For instance, this is depicted by the number of employed persons who decreased from 79,000 in the year 2021 to 74,300 in the year 2022 hence showing certain instances of local economic difficulties. Also from the case Raber et al., 2022, this may cause financial stress that can be associated with food insecurity and as such can affect the nutritional status of the patients.

d. Housing

The median property value within the district was \$624,200 in 2022, with a homeownership rate of 38%. From that base, a relatively large percentage would be considered potentially vulnerable in terms of housing security or rental burden.

e. Health and Nutrition

Nutritional behaviors using the food scape data depict that the community has to deal with high prevalence rates of lifestyle diseases, including but not limited to the following: about 20% of adults are considered obese, with high rates of food insecurity within the community at 10.4%; About 14% of residents report not consuming the daily recommended servings of fruits and vegetables because of poor dietary habits associated with food access.

According to Gany et al. (2021), also underscored by nutrition support programs, food instability in cancer patients calls specific attention. Raber et al. (2022) then discuss food insecurity as an unavoidable side effect of cancer treatment.

f. Nutritional Needs and Support

As Muscaritoli et al. (2021) explained, nutritional education and support have a great impact on the quality of life and even more so on the treatment outcomes in cancer patients. Cancer patients are vulnerable to malnutrition due to their disease, and in the case of many cancers, it affects the prognosis adversely.

Gany et al. (2021) illuminate that food insecurity among cancer patients requires special attention; nutrition support programs voice the same opinion. Raber et al. (2022) continue further with the discussion of food insecurity as the lot that cannot be avoided in cancer treatment.

Summary of Needs

Jackson Heights/East Elmhurst in Queens, New York has a very varied population mostly composed of Hispanic and immigrant residents who might have language difficulties and some financial difficulties. Given the great degree of food insecurity among cancer patients in NYC compared to the above-mentioned district's economic profile, the oncology patients at NYC Health + Hospitals/Elmhurst clearly exhibit a need for nutritional support. A program that is tailor-made to such demographics and nutrition requirements will have marked improvements in the care of cancers in the community.

Strengths of the Program

The nutrition support program I will propose for the oncology patients at NYC Health + Hospitals/Elmhurst will consider their special needs. The aspects through which I will approach this program will have certain strong points, as described below.

Theoretical Framework: I would apply the NASEM 5 A's framework in integrating social care into health care delivery. This would provide the breadth of approach needed to address issues concerning Awareness, Adjustment, Assistance, Alignment, and Advocacy on food insecurity among cancer patients (Gany et al., 2021).

Cultural awareness: The program will use advantage the fact of the high Hispanic and foreign born inhabitants within the setting by ensuring that all areas of service delivery are sensitive to the culture. This shall include multilingual support as well as nutritional guidance.

Adjustment: I also will collaborate with local community organizations and food banks in a bid to maximize the existing resources and turn into reality a strong support network. Such collaboration would consequently raise the capacity to offer comprehensive food assistance and nutrition education. Also, program adjustments will be guided by continuous feedback from the patients. These continuous feedbacks will help assure that nutritional needs are adequately met for cancer patients.

Assistance: The framework will include best practices from Memorial Sloan Kettering Cancer Center successful models, such as the Food to Overcome Outcome Disparities (FOOD) Program that has proven effective against food insecurity among cancer patients in New York City.

Alignment: The program shall treat the issue holistically-that the treatment of cancer, nutrition, and socio-economic factors are in a complex interplay with our nutritional support, education, and access to other relevant social services.

Advocacy: The initiative shall push for policy change towards increased access to nutrition resources by underserved populations.

By addressing demographic needs for these populations, the program has been tailored with evidence-based strategies and community involvement; this positions at a greater good for an impact to be made on the nutritional status and well-being of oncology patients at NYC Health + Hospitals/Elmhurst, to make the program effective and sustainable.

III. Program description

a. Program Goals:

- Among cancer patients in the neighborhoods of Jackson Heights and East Elmhurst getting treatment at NYC Health + Hospitals/Elmhurst, to enhance nutritional access and knowledge.

b. Program Objectives:

- Within six months, raise the 30% increase in the proportion of cancer patients claiming better dietary adherence to advised standards.
- Set up 10 quarterly sessions on nutritional education.

- Among at least 50% of the participants, improve eating habits as indicated by pre- and post-program questionnaires on the knowledge and practices connected to nutrition over the 3 months.
- For each month of treatment, provide at least 50 meals high in nutrients to the involved patients.

c. Intended Outcomes:

- Pre- and post-program questionnaires will allow 80% of participants to show knowledge acquired in nutritional education.
- Improved availability to nutritious meals documented through monthly participant food evaluations.

d. Framework that Guided the Design of Your Intervention/Program:

- Applying the NASEM 5 A's framework, social care will be included into healthcare delivery to combat food insecurity's Awareness (identifying those needing help), Adjustment (adapting diets during treatment), Assistance (nutrition education), Alignment (coordinating with healthcare providers), and Advocacy (fostering community support for food access).

e. Program Activities:

- Held bi-weekly for small groups (10-15 people) in a communal environment, trained dietitians lead nutritional seminars. Every course lasts 1.5 hours and addresses many facets of nutrition. Workshop coordination will fall to Danielle Burton- Activities Coordinator.
- Weekly meal kits catered to the dietary requirements of people living with cancer should be distributed using local eateries and food distributors. Monthly activities involving a team of staff and volunteers—four staff members and two volunteers required for setup, distribution, and follow-up—to provide patients with healthy food packs. The person in charge of the organization will be Michelle Ebije- Director of Social Services.
- Elmcort, with qualified staff will provide one-on-one session's bi-weekly providing customized dietary recommendations. Coordinating will fall to Shawnika Williams- the Education Director.
- The program will last continuously, with initial funding targeted at a 12-month phase. Looking for the summary of the funding will be Eric Moore- Program Coordinator.

f. In Concert with Community Efforts:

- Working with local health practitioners and other companies concentrated on food security, the program will enhance already-existing community efforts. Working together will improve resource sharing by merging Elmcort's nutritional support services with healthcare services offered at NYC Health + Hospitals/Elmhurst, guarantee a consistent approach to fighting food poverty for cancer patients, and maximize community health results.

IV. Evaluation

Evaluation Objective

To evaluate how effective nutrition support programs enhance dietary knowledge and nutritional status and reduce readmission rates among adult oncology patients at NYC Health + Hospitals/Elmhurst.

Design

The evaluation design will follow a randomized controlled intervention trial format in which patient outcomes between nutrition support intervention care and the standard of care can be compared. If randomization is impracticable due to participant availability or other ethical considerations, the quasi-experimental design may be adopted.

Setting

The intervention will be implemented at NYC Health + Hospitals/Elmhurst, with data collection taking place within the hospital setting-in the Hope Pavilion, a key cancer care building where patients receive their cancer treatments-as well as in the ambient community areas of Jackson Heights and East Elmhurst Queens, NYC .

Sample Recruitment and Selection

Eligibility criteria for inclusion in the evaluation program study will include:

- 18 years and older, with a diagnosis of cancer at NYC Health + Hospitals/Elmhurst
- Participants residing in the community, Jackson Heights, and East Elmhurst Queens, NYC, receiving their treatment at NYC Health + Hospitals/Elmhurst
- Patients showing symptoms of malnutrition and food insecurity according to nutritional screening tools. Also Patients receiving active cancer treatment, chemotherapy, radiation, surgery, and post-treatment.
- Be able to give informed consent

Hospital records, health professional referrals, community informational sessions on the need for nutritional interventions throughout oncology treatment, and outreach to patient support groups in Jackson Heights and East Elmhurst Queens, NYC will facilitate recruitment in the target population.

Procedures

Fifty patients who have consented to taking part in the evaluation study will be randomly allocated either to an intervention or a control group. The intervention group will be under need-based nutrition support, whereas the control group receives usual care. The participants in the control group can get the intervention naturally at the end of the assessment period.

Data Collection

Measurements will take place at three critical periods:

- Before intervention for establishing data collection baseline on the nutritional status using:
 - Patient-Generated Subjective Global Assessment (PG-SGA), a validated tool suitable for identifying malnutrition in cancer patients as it includes four questions on weight, food intake, symptoms and activities.
 - Along with World Health Organization Quality of Life (WHOQOL), will capture 26-item instrument consisting of four domains: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental health (8 items), it also contains QOL and general health items.
 - And Consumer Assessment of Healthcare Providers and Systems (CAHPS), cancer care survey to gauge the patient experience and address different facets related to cancer treatment (Optional).
- During the intervention to track adherence and participant feedback.
- Post-intervention to assess changes in nutritional status and clinical outcome through the rates of readmission within the hospital.

Process measures will involve the compliance with the nutrition intervention protocol, frequencies of participant engagement in the nutrition support, and patient satisfaction questionnaires.

Data gathered will evaluate the effectiveness of areas of improvement for the nutrition support program.

Data Analysis

Data analyses will compare pre and post-intervention nutritional status of participants. For instance, changes in nutritional knowledge scores will be analyzed using the paired t-test or ANOVA to see if their improvement was significant enough to be considered an impact of the educational component of the intervention. Additional survival analyses will assess the proportion of patients remaining alive over follow-up time periods using Kaplan-Meier curves. Where necessary, a statistician would be consulted on the appropriateness of statistical methods to be applied, considering the specific nature of the data.

Evaluation Tools

Process Evaluation Checklist Example Items

A checklist for process evaluation regarding the delivery of the lessons will include:

1. Patient enrollment documentation
2. Attendance records at nutrition education sessions
3. Completion of initial nutritional assessments

4. Monitoring participant engagement, frequency of intervention sessions
5. Collection of participant feedback post-sessions
6. Adherence to dietary plans set for participants with dietary guidelines
7. Record of individual nutritional goals set for patients
8. Nutritional resource availability provided to participant, community involvement
9. Frequency of follow-up sessions and contacts-prevalent changes to suit cultural requirements
10. Evaluation of participant behavioral changes and adherence to nutrition support access

Outcome Evaluation Tools

Comparing the changes in PG-SGA and WHOQOL scores between the intervention group (receiving treatment) and the control group (not receiving treatment) helps identify whether the intervention significantly improved both nutritional status and quality of life. By using paired t-tests comparing the means of the pre- and post-intervention scores for the treated group and the control group.

Establish the level of significance. The generally accepted level of significance, alpha, for testing statistical significance is set at 0.05.

Interpretation:

- ☐ P-value < 0.05: The null hypothesis is rejected, and there is a statistically significant difference between the paired groups.
- ☐ P-value > 0.05: The null hypothesis cannot be rejected, and there is no significant difference between the groups.

Potential limitations to consider:

- ☐ Subjective reporting: Both tools are patient self-reporting and may be subject to recall bias.
- ☐ Disease severity: The effect of the intervention in nutritional status and quality of life may vary depending on the stage and type of cancer.
- ☐ Other factors: Such as psychological state, socioeconomic status, and access.

As an optional item, the CAHPS survey is another valid tool in capturing the patients' experience within the cancer care as supplemental item that can be added to the survey instruments that help healthcare providers understand the quality of care and services received. Each of these tools brings distinctive strengths into the process of evaluation and thus provides healthcare professionals with valuable information to be able to tailor interventions and therapy accordingly. After this, further consultation with experts in health evaluation will be necessary for a review and adaptation of the questionnaire to ensure its validity for the context of this study. When necessary, a new questionnaire will be developed, with focus on dietary habits,

perceived health status, quality of life of the target population, and overall satisfaction with the nutritional support received, while consulting experts to validate its effectiveness.

Conclusion

Each of these tools has been especially designed and tested for use in cancer patients, so allowing a thorough evaluation that involves many aspects of patient experience and symptom control. They are used in the USA for research projects allowing collaborative decision-making and better patient care as well as in clinical practice.

V. References

Admin E. Home. Elmcors. (2024). <https://elmcors.org/>.

Community Food Projects Competitive Grant Program (CFPCGP). National Institute of Food and Agriculture. Accessed November 5, 2024.

<https://www.nifa.usda.gov/grants/programs/hunger-food-security-programs/community-food-projects-competitive-grant-program-cfpcgp>.

Editor, N. F. P. (2024). *Foodscape: Jackson Heights*. NYC Food Policy Center (Hunter College). <https://www.nycfoodpolicy.org/foodscape-jackson-heights/>

Food to overcome outcome disparities (food). Memorial Sloan Kettering Cancer Center. (n.d.). <https://www.mskcc.org/departments/psychiatry-behavioral-sciences/immigrant-health/addressing-socioeconomic-determinants-health/food-overcome-outcome-disparities>

Gany, F., Melnic, I., Ramirez, J., Wu, M., Li, Y., Paolantonio, L., Smith, J., Pan, S., Roberts-Eversley, N., Blinder, V., & Leng, J. (2021). Food Insecurity among Cancer Patients Enrolled in the Supplemental Nutrition Assistance Program (SNAP). *Nutrition and cancer*, 73(2), 206–214. <https://doi.org/10.1080/01635581.2020.1743867>

NYC Community District Profiles. NYC Planning. (n.d.). <https://communityprofiles.planning.nyc.gov/>

NYC-Queens Community district 3--jackson heights & east elmhurst puma, NY. Data USA. (n.d.). <https://datausa.io/profile/geo/nyc-queens-community-district-3-jackson-heights-east-elmhurst-puma-ny>

PG-SGA/Pt-Global Platform. (n.d.). PG-SGA©. <https://pt-global.org>

Raber, M., Jackson, A., Basen-Engquist, K., Bradley, C., Chambers, S., Gany, F. M., Halbert, C. H., Lindau, S. T., Pérez-Escamilla, R., & Seligman, H. (2022). Food Insecurity Among People With Cancer: Nutritional Needs as an Essential Component of Care. *Journal of the National Cancer Institute*, 114(12), 1577–1583. <https://doi.org/10.1093/jnci/djac135>

Spectrum NY1 News. (2020). Shuttered hospitals in Queens limited access to health care amid pandemic. Shuttered Hospitals Limited Access to Care Amid Pandemic. <https://ny1.com/nyc/queens/news/2020/08/06/shuttered-hospitals-in-queens-limited-access-to-healthcare-amid-pandemic>

World Health Organization. (n.d.). WHOQOL: Measuring quality of life. <https://www.who.int/tools/whoqol>

VI. Appendix

Possible funding of the Nutritional Assistance Program

a. Name: Community Food Projects Competitive Grant Program (CFPCGP)

b. Description of Grant Program: Emphasizing projects benefiting low-income individuals, including those with limited access to healthy food, the Community Food Projects Competitive Grant Program (CFPCGP) works to boost food security in local communities. The effort offers grants for Community Food Projects (CFP). Candidates must be private, nonprofit organizations. This program provides one government financial infusion to generate activities that are self-sustaining. The minimum payment is \$125,000 yearly, up to a maximum of \$400,000 over four years, depending on a 1:1 match requirement.

c. The Reasons This Program is appropriate: This grant program fits with the goals of the Nutritional Support Program, which seeks to lower food poverty and provides nutritional education—which is vital for cancer patients' recovery and general well-being in Jackson Heights and East Elmhurst who are presently in treatment at NYC Health + Hospitals/Elmhurst. Since its focus on low-income communities and sustainable projects directly solves the issues of access to safe, reasonably priced food for our target audience, the CFP is a good financing source. Furthermore beneficial is the requirement of cooperation since it enables the program to create partnerships with surrounding companies, therefore boosting its impact.

Description of Organization to Receive Funding

a. Name of Organization: Elmcors Youth & Adult Activities, Inc. (is a Queens, New York non-profit)

b. Organization's Website: <https://elmcors.org>

c. Organization's Mission: Elmcors is dedicated to improving the quality of life for people by means of educational, social, and health activities, thereby targeting the several Queens areas, especially low-income families, youth and elders.

d. Organization's Vision: Elmcors sees a society in which every individual can thrive and has access to the tools required for both family and personal development.

e. Main facility Address of the organization: Administration/Behavioral Health Building: 107-20 Northern Blvd. Corona, NY 11368.

- For the selected areas, 1.5 miles from Jackson Heights and East Elmhurst, public transit is convenient.

f. Description of Organization:

1. The community or population the organization serves: Emphasizing low-income families and people, immigrants, and children—including those in Jackson Heights and East Elmhurst— Elmcors serves a varied population in Queens, New York. The company concentrates on enabling individuals of the community to have access to nourishment, job training, and education among other basic needs. It is absolutely important for improving the welfare and sustained growth of underprivileged groups.

2. Current Programs or Services:

- **Older adults' services:** Provides social activities, health education, and in-home support services.
- **Youth Programs:** Recreation program, B.R.A.V.E program and STEM Saturday that provide educational support and mentorship to children.
- **Economic Development Services:** Do nutrition instruction and food distribution to neighbors.
- **Nutritional Support Program:** Under the NASEM 5 A's framework, a new project aiming at helping cancer patients in need of dietary support is suggested.

Staff Qualifications

Under my direction as a registered dietitian with a background in oncology nutrition, the program will be carried out using my knowledge and professional experience to lead dietary therapies that fit their particular health need; I hope to offer patients enduring chemotherapy and radiation treatment-focused assistance. ElmcOR has the required seasoned staff—including social service coordinators—to carry out this initiative successfully. Using a food choice pantry modeled by a supermarket-style food pantry, the company has already carried comparable nutrition-oriented programs. Strong ties between staff members, community organizations, and local resources enable cancer patients to be supported. The company has set aside areas that are fit for seminars and counseling, therefore facilitating the effective running of the Nutritional Support Program.

Alignment with Funding Agency's Mission

The objectives of ElmcOR, which empower and promote well-being in underprivileged areas, easily complement the mission of the CFPCGP to improve food security. The Nutritional Support Program will underline this goal by combining presentations at local health fairs and possible research conferences aiming at highlighting successful practices in serving low-income cancer patients with printed materials stressing the partnership. This integration helps raise community health awareness of the funding agency's goals.