



Health Care Provider Training: Screening for and Addressing Food Insecurity in Clinical Settings

BACKGROUND

The USDA defines food insecurity (FI) as a household-level economic and social condition of limited or uncertain access to adequate food. For your patients, being food insecure means they do **not** have access to the foods they need for a healthy, active life.

ACCORDING TO THE USDA ECONOMIC RESEARCH SERVICE, IN 2015:¹



HOUSEHOLDS WITH CHILDREN REPORTED FOOD INSECURITY AT A SIGNIFICANTLY HIGHER RATE THAN THOSE WITHOUT CHILDREN, 16.6% COMPARED TO 10.9%

42 MILLION AMERICANS LIVED IN FOOD INSECURE HOUSEHOLDS (29.1 MILLION ADULTS AND 13.1 MILLION CHILDREN)

12.7%

OF U.S. HOUSEHOLDS (15.8 MILLION HOUSEHOLDS) WERE FOOD INSECURE

5%

OF HOUSEHOLDS (6.3 MILLION HOUSEHOLDS) EXPERIENCED VERY LOW FOOD SECURITY²

8.3%

OF HOUSEHOLDS WITH ELDERLY PERSONS WERE FOOD INSECURE

HOUSEHOLDS THAT HAD HIGHER RATES OF FOOD INSECURITY THAN THE NATIONAL AVERAGE INCLUDED:

- THOSE WITH CHILDREN (16.6%)
- HOUSEHOLDS WITH CHILDREN HEADED BY SINGLE WOMEN (30.3%) OR SINGLE MEN (22.4%)
- BLACK NON-HISPANIC HOUSEHOLDS (21.5%) AND HISPANIC HOUSEHOLDS (19.1%)

THE IMPACT OF FOOD INSECURITY & WHY HEALTH CARE PROVIDERS NEED TO ADDRESS IT

Food insecurity is a major public health problem. Family members in food insecure households are more likely to report poorer health and depressive symptoms and have higher risks for chronic diseases like obesity, hypertension and diabetes. Food insecure patients managing chronic diseases like diabetes are also more likely to have worse control (e.g., elevated HbA1c levels) potentially leading to poorer health outcomes.³ FI negatively affects children’s health and development status and increases risk for iron-deficiency anemia, acute infection, chronic illness, hospitalization and developmental and mental health problems.^{4,5} Food insecurity can also mask underlying conditions or present symptoms that clinicians may misinterpret.

For example, a child living in an FI household where inexpensive, carbohydrate dense, nutrient poor foods are the norm could erroneously be referred for behaviors associated with ADHD. People living with both FI and diabetes may experience dangerous hypoglycemic events if they continue to take insulin or other anti-diabetic medications in the absence of adequate nutrition. Adding a second or third hypertensive medication for an individual with uncontrolled high blood pressure may be inappropriate and ultimately less effective if addressing the patient’s FI status could result in improved nutrition and a dramatic decrease in daily sodium consumption.

¹ Coleman-Jensen, et al. *Household Food Security in the United States in 2015*. www.ers.usda.gov/publications/err-economic-research-report/err215.aspx September 7, 2016.

² The USDA recognizes two levels of food insecurity, which they refer to as low and very low food security. Households reporting greater difficulty accessing food—such as missing meals, losing weight or going an entire day without eating—are considered very low food secure.

³ Seligman et al. 2012. Food Insecurity and Glycemic Control Among Low-Income Patients With Type 2 Diabetes. *Diabetes Care*, 35, 233-238.

⁴ Seligman et al. 2010. Food insecurity is associated with chronic disease among low-income NHANES participants. *Journal of Nutrition*, 140, 304-310.

⁵ Hager et al. 2010. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126, e26-e32.

When health care providers do not assess for FI, they miss an opportunity to address causative factors contributing to poor health and nutrition problems, likely making treatment plans less effective and less patient-centered. Identification of FI and referral to

appropriate nutrition and support services can help to treat and prevent illness, support patients in chronic disease management and promote wellness. Addressing FI directly is often the least expensive and invasive treatment with the fewest side effects for patients.

ACTIONS FOR HEALTH CARE PROVIDERS: SCREEN AND REFER

Screening for FI is appropriate and warranted in the clinical setting, especially in environments where a significant percentage of the patient population has been identified as low-income. FI screening can be fast and incorporated as a standardized protocol into existing patient intake procedures. Because food insecurity is often cyclical in nature, with alternating periods

of food access and food scarcity, screening should be included as a standardized component of care during all patient visits.

Screening can be conducted verbally with patients, or patients can respond to written questionnaires. Experience from other food bank-healthcare partnerships has shown that administering a short, two-item screening in writing receives the most honest responses from

patients. Adding the questions to regular check-in documents or asking patients to answer the two written questions after they are in the exam room while waiting for the clinician does not disrupt workflows or require intensive engagement by staff. Screening results can then be communicated to clinicians prior to patient interactions so they can be discussed directly with the patient as part of the visit.

FOOD INSECURITY SCREENER

This two-item FI screen is based on Questions 1 & 2 of the U.S. Household Food Security Survey and has been validated for use as a screening tool in the health care setting.

The FI screen quickly identifies households at risk for FI, enabling providers to target services and treatment plans that address the health and developmental consequences of FI.⁶

I'm going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was **often true**, **sometimes true** or **never true** for your household in the last 12 months.

1. "We worried whether our food would run out before we got money to buy more." Was that **often true**, **sometimes true** or **never true** for your household in the last 12 months?
2. "The food that we bought just didn't last, and we didn't have money to get more." Was that **often**, **sometimes** or **never true** for your household in the last 12 months?

A response of "often true" or "sometimes true" to either question = positive screen for FI.

IMPLEMENTATION

- Include the FI screening questions as part of written patient registration or intake forms
- Routinely screen every patient at every visit
- Include any positive screen notes for review and discussion by patient's PCP, social worker or other health care provider as part of the visit; identify and train a clinical staff person to provide support resources
- Train all clinical staff (MD, NP, RN, PA, RD) to take note of a positive screen and conduct a clinical assessment of health-related consequences of FI during patient visit
- Provide patient with local nutrition resources; written materials may be helpful, but active referrals and warm hand-offs to nutrition organizations may be more effective in connecting patients to food resources
- Consider referrals and other clinical needs (dietitian, social worker, mental health, vitamin supplementation)
- Use existing documentation processes and Electronic Health Records systems to track referrals and individual and aggregate clinic data. ICD10 code Z659 can be used to indicate that a food insecurity screen has been completed; the ICD10 code Z59.4 can be used to indicate a positive screen for food insecurity

⁶Hager et al. 2010. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*, 126, e26-e32.

MAKING EFFECTIVE REFERRALS

Individuals and families who are food insecure may need immediate help with food resources as well as assistance connecting with federal nutrition programs to support ongoing access to healthy food. By working with community-based organizations, health care providers can put in place a two-pronged approach to ensure that patients access the resources they need. Research shows that handouts and fliers are not effective for connecting FI patients to food resources. Involving case managers or skilled outreach workers will help patients succeed in accessing the food they need for good health.



RESOURCES FOR IMMEDIATE FOOD SUPPORT:

- **2-1-1** — Call 2-1-1 or go to www.211.org. 2-1-1 connects people with free and confidential information and referral services. 2-1-1 provides callers with access to resources such as food pantries and meal sites, bill payment assistance, housing search assistance, support groups and community clinics.
- **Local Food Bank** — Visit <http://www.feedingamerica.org/find-your-local-foodbank/> to find the food bank and other resources in your community.
- **Consider opportunities for direct food distribution programs at clinics and hospitals** (e.g., on-site food pantries for patients to access at the end of their visit) or through vouchers to a food pantry, mobile market or farmer's market.

RESOURCES FOR LONG-TERM FOOD SUPPORT:

- **SNAP (Supplemental Nutrition Assistance Program)** — Go to <http://www.fns.usda.gov/snap/snap-application-and-local-office-locators> to find the SNAP office in your area. SNAP is a nutrition assistance program that provides money for groceries on an EBT card. Local SNAP offices can help determine eligibility and assist with the application process.
- **WIC (Women, Infants and Children)** — Go to <http://www.fns.usda.gov/wic/wic-contacts> to find the WIC office in your area. WIC is a supplemental nutrition and health program for pregnant and post-partum women, infants and children younger than 5 years of age. WIC helps families buy specific foods for good health, supports breastfeeding and provides information on nutrition and feeding and offers community resources. There is no citizenship requirement for WIC.
- **Hunger & Health** — www.hungerandhealth.org. This Feeding America website aims to educate, connect and engage cross-sector professionals on the intersections of food insecurity, nutrition and health. It provides turnkey resources, healthy recipes, timely research, innovative practices, and a sharing platform for those looking to address food insecurity—both locally and nationally.

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