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Assessing Food Insecurity Screening Among Healthcare Providers in Vermont

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Background

What influences primary care providers' screening for food insecurity and recommending food resources?

This study examined the barriers primary care providers have to screening for food insecurity and recommending resources to their patients. By analyzing the factors that drive or prevent providers from making recommendations, we can help address food insecurity within the healthcare setting

- Food security is defined as having access to enough food in order to maintain an active and healthy life (1)
- An estimated 1 in 8 Americans suffer from food insecurity, which is associated with adverse health outcomes and an increase of \$77.5 billion in additional healthcare costs annually (2)
- Resources exist to ease the burden of food insecurity, but these resources may be under-utilized and poorly integrated within the healthcare field (3)

Methods

A 15-question survey was distributed electronically, via fax, or in person to physicians, physician assistants, and nurse practitioners in the state of Vermont. Questions assessed provider knowledge and screening practices surrounding food insecurity. The survey also probed barriers to asking about and to recommending supplemental food resources. Statistical analysis was performed with IBM SPSS Statistics version 25. The number of food resources known to providers was treated as a continuous variable, and an independent samples t-test was performed with significance at $p < .05$. For all other variables, a chi-square was performed with significance at $p < .05$.

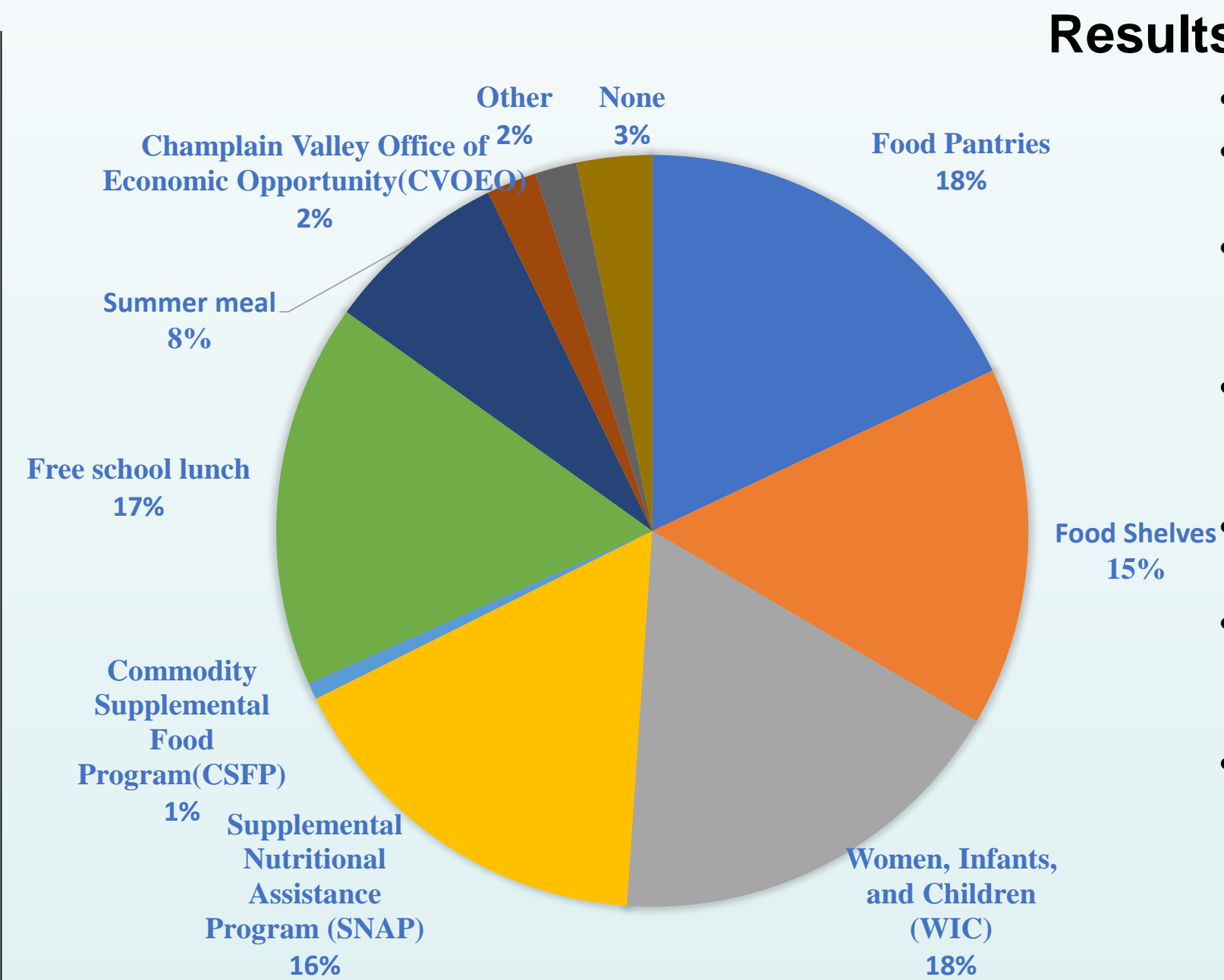


Figure 1: Community and government resources known to providers. Food pantries, WIC, SNAP and free school lunches were most frequently recognized.

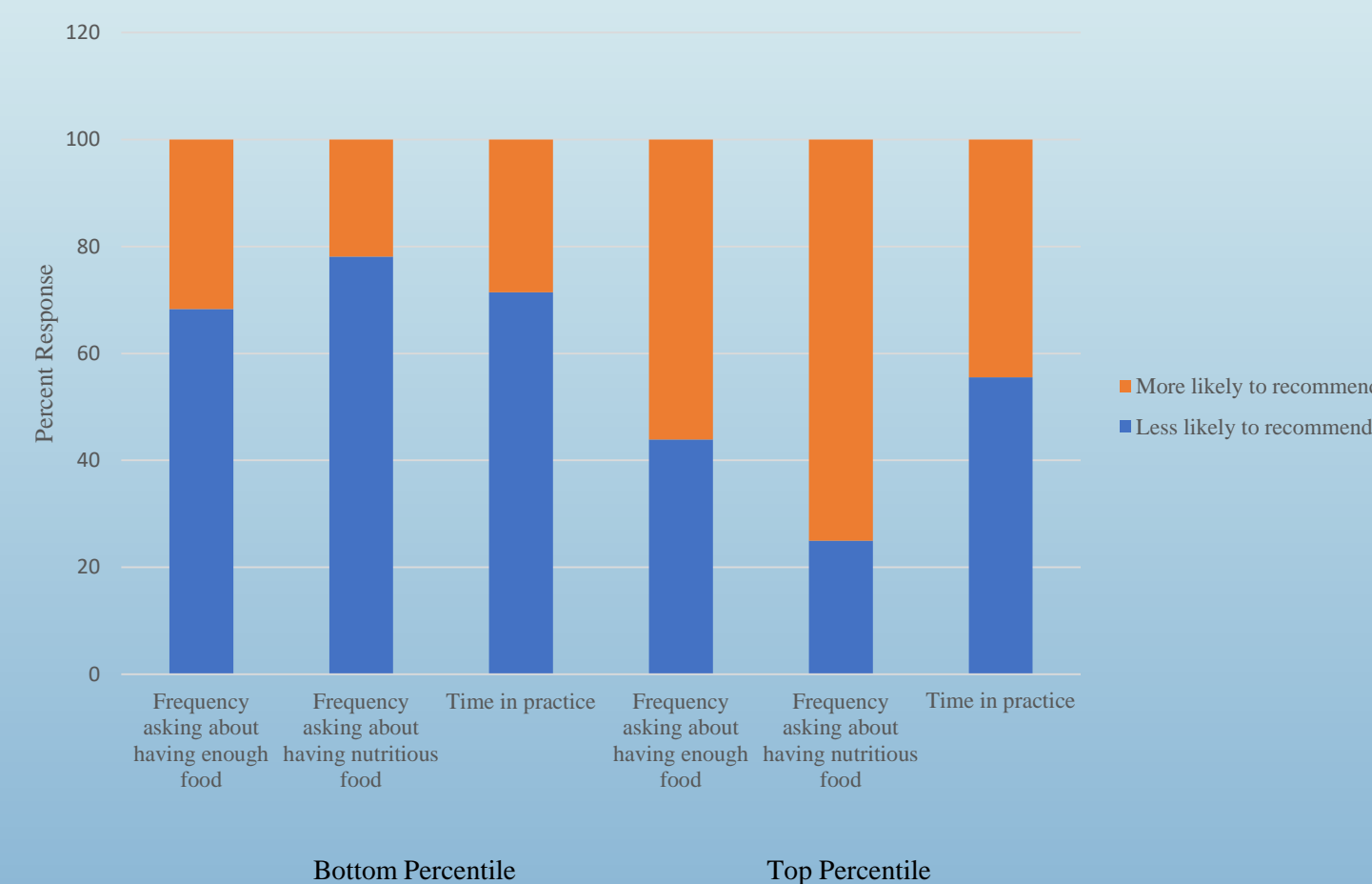


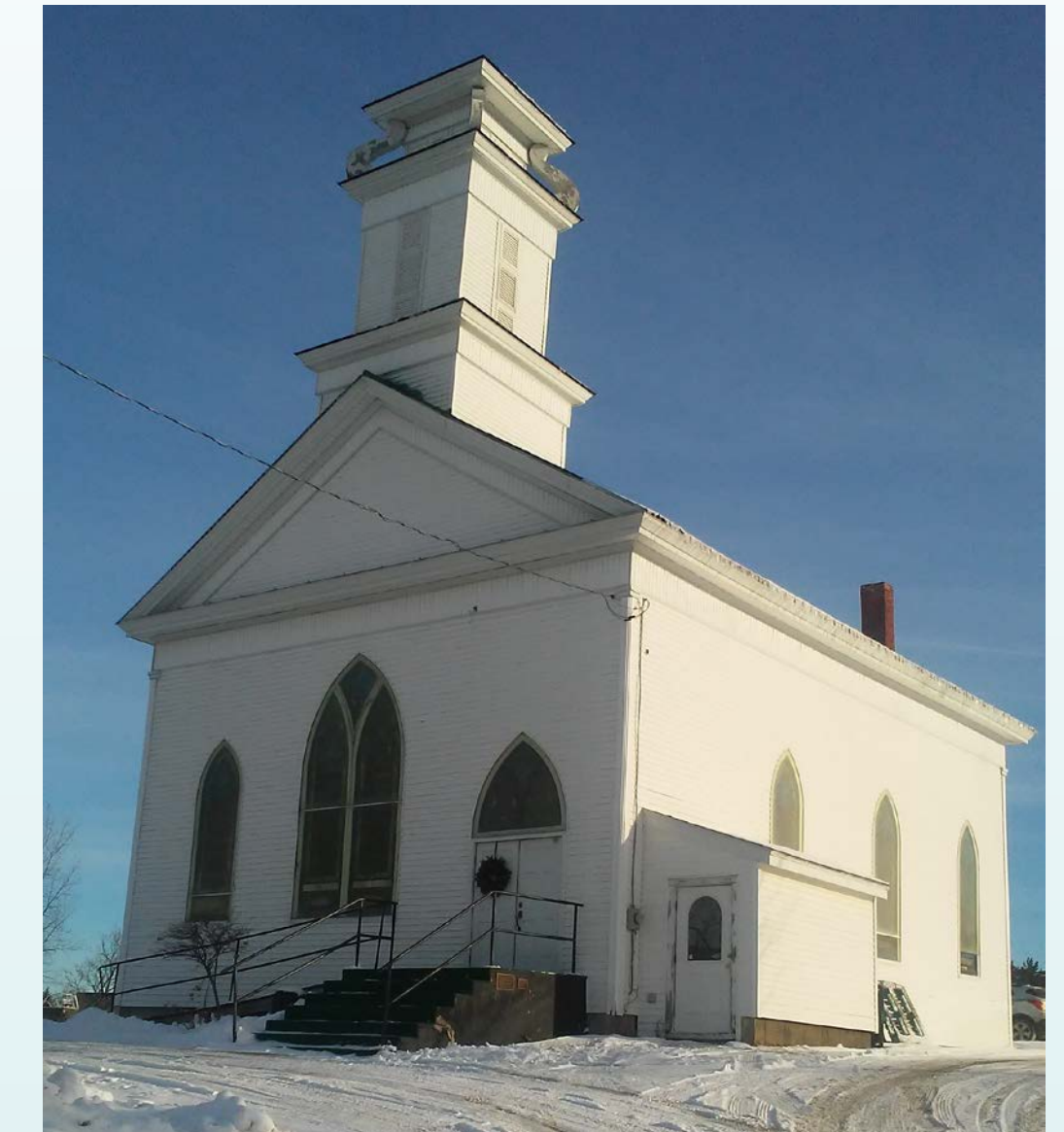
Figure 2: Providers who inquired about food insecurity less frequently, or had been in practice for a shorter period of time, were significantly less likely to recommend food resources to their patients (bottom percentile). Providers who inquired about food insecurity more frequently, or had been in practice longer, were significantly more likely to recommend food resources to their patients (upper percentile).

Results

- 78 providers in Franklin and Chittenden County responded
- All providers agreed that food insecurity is related to adverse health outcomes, with 63% stating it is “very related” (Table 1)
- Providers report a lack of resources (43%) and a lack of training (39%) as the most common barriers to asking patients about food insecurity (Table 1)
- Providers report Lack of Resource Knowledge (57%) and Lack of Training (26%) as the main barriers to recommending food resources (Table 1)
- The average provider knew of at least three supplemental resources, the most common being food pantries (Figure 1)
- Providers recommending food sources were significantly more likely to have screened their patients about food insecurity (Figure 2)
- Providers recommending food sources were significantly more likely to have been in practice for >5 years and be more familiar with food resources options in the county (Figure 2)

Perception of Food Insecurity and Adverse Health Effects	N	%
1	1	0
2	2	0
3	3	8
4	4	29
5	5	63
Barriers to Asking About Food Resources		
Lack of Resources	N = 140	43
Lack of Training		39
Time		11
Not clinical		1
No response		3
No barriers		3
Barriers to Recommending Food Resources		
Not enough info	N = 97	57
Lack of Training		26
Time		3
Not clinical		1
No Response		6
No barriers		6
How Often do you Recommend Food Resources for Patients		
Never	N = 78	28
< half the time		18
> half the time		26
Always		23
No Response		5

Table 1: Survey results displaying the degree to which physicians believe food security is related to adverse health outcomes, the barriers they have to asking about food resources, barriers to recommending resources and how often they recommend food resources.



Conclusions

- There is high variability between providers regarding food insecurity screening
- Physicians with a greater number of years in practice are more likely to recommend supplemental food resources to their patients
- Educating primary care providers about local food resources and food insecurity screening may help alleviate this discrepancy.

Limitations

- The survey initially targeted providers in Franklin County but was expanded to include Chittenden County due to low response rate (rural providers were difficult to contact)
- Some survey items were left incomplete

References

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