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Screening for Food Insecurity in New Milford, CT

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NEW MILFORD FAMILY MEDICINE, NEW MILFORD, CT

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PROJECT MENTOR: PETER ANDERSON, MD

What's the problem?

- The Covid-19 pandemic sent millions of Americans into an economic catastrophe that resulted in food insecurity (Gunderson et al., 2021).
- Litchfield County was severely affected, demonstrated by local numbers seeking food from food pantries across the greater New Milford area, including Camella's Cupboard, free school lunches, etc (United Way: Greater New Milford COVID-19 Resources.)
- However, primary care does not regularly screen for food insecurity in New Milford at wellness visits across ages.
- Healthcare providers understand the importance of food security but concerns arise over systematic screening and referrals (Pooler, 2018).
- Further, providers can be often disconnected from readily available and free community resources (Garg & Dworkin, 2011).

What's the cost?

- In Litchfield County, about 17,860 people were considered food insecure before the pandemic (in 2018). Of this population, 51% are above the SNAP* threshold and 49% are below the threshold (Map the Meal Gap 2019).
- Annual county food budget shortfall is $11 million– this is the difference between the minimum $ needed to meet food needs and what the county has. Average meal cost in Litchfield county is $3.86 (Map the Meal Gap 2019).
- Worse health outcomes associated with food insecurity include diabetes, hypertension, depression, nutrition deficiencies, etc (Gunderson et al, 2015).

*SNAP: supplemental nutrition assistance program aka food stamps

What does the community think?

"Before the Covid-19 pandemic, 150-160 students picked up free lunch/snacks each week. Soon this number increased and by the end of the year 600 students picked up free lunch/snacks each week. We also started distributing milk products, infant formula and baby food. And it's not just seen in kids. It affects adults, seniors, and grandparents raising grandchildren."

- Angela Chastain, founder of *Camella's Cupboard*, a non-profit food relief organization

"The biggest issue our community faces right now is food insecurity. Over the past year, these numbers have risen so much. Working with primary care to connect patients to organizations and nutritionists would make a huge difference."

-Michelle MacDonnell, RD, nutritionist/dietician at New Milford Hospital

The intervention

Begin screening for food insecurity at all primary care visits. Patients will self report if each of the following statements was **often** true, **sometimes** true, or **never** true within the last 12 months.

- *Within the past 12 months, I/we have worried about whether my/our food would run out before I/we got money to buy more.*
- *Within the past 12 months, the food I/we bought just didn't last and I/we didn't have enough money to get more.*
- *Within the past 12 months, I/we couldn't afford to eat balanced meals.*

The first two questions were adapted from the Two-Item Hunger Vital Scale (De Marchis, Emilia H., et al.)

The last question was adapted from the 6-question USDA Food Security Screen (U.S. Household Food Security Survey Module).

Note: all survey data was de-identified and no demographic information was collected.

Results

- 18 patients completed the survey
- 2 of those 18 patients indicated inability to afford balanced meals, either often or sometimes over the past 12 months
- 3 patients refused to complete the survey
- This information helps provide more information to the provider about the patient's health and needs, and referrals can be made to food assistance programs and local food pantries.

How effective is this?

Efficacy:

- 11% of patients that completed the survey indicated some level of food insecurity
- Evaluations can be made by tracking referrals made to nutritionist or social worker, or discussions directly with a provider.
- Long term efficacy can assessed by tracking longitudinal improvement in food security and overall health.

Limitations:

- The trial was conducted only over a short trial period of several days in person. This was not conducted via Telehealth visits.
- No demographic information was collected. Socioeconomic status and healthcare comorbidities are linked to food insecurity.
- Patients who have regular healthcare visits may have less socioeconomic barriers and therefore reduced barriers to food access.
- Food insecurity is stigmatized and not all patients may feel comfortable discussing this with a provider.

Future recommendations

- Implement a regular screening tool in regular visits, including acute, follow-up and formal Wellness Visit documentation in primary care.
- Host regular training sessions with primary care providers on food insecurity and how to assist patients with proper resources.
- Provide pamphlets with resources in the waiting room for patient to collect information anonymously without having to discuss with a provider.

References

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Interview Consent Forms

Thank you for agreeing to be interviewed. The project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she concented to this interview.

Consented X

Name: Angela Chastain

Name: Michele MacDonnell