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Screening for Food Insecurity in Primary Care

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Introduction

Food insecurity is an inadequate availability of nutritional and safe foods or a reduced ability to obtain these foods in socially acceptable ways(1). Of all Vermont households, 13% are food insecure(2), and one in five Vermont children experiences hunger or food hardship(3).

A variety of organizations have opted to educate physicians and healthcare workers about public health issues – including food insecurity – using internet-based Continuing Medical Education credits. A majority of surveyed physicians prefer the online to the traditional CME format, mainly because it can be accessed at their convenience(4, 5).

Hunger Free VT (HFVT) is a non-profit organization whose mission is to end the injustice of hunger and malnutrition among Vermonters. In order to educate the community about food insecurity, HFVT has developed an online Continuing Medical Education (CME) course titled Childhood Hunger in Vermont: The Hidden Impacts on Health, Development, and Wellbeing. While 59 participants registered for the course, it was only completed by two. Hunger Free Vermont needed information on why the providers did not complete the course.

Screening for food insecurity during the patient visit can be an effective way to identify families at risk(6). How to best implement screening in the primary care setting has not been reported in the literature. Therefore, we needed the perspectives of healthcare providers and patients to gain insight into how this practice improvement might be implemented.

Objectives

- To develop recommendations for the HFVT CME course that will increase participation and completion rates as well as impact healthcare practices
- To determine the manner in which healthcare providers would prefer to be educated about the issues of hunger and food insecurity in VT
- To identify provider opinions about when and how screening questions about food insecurity should be asked during a well-child physician visit
- To identify patient views regarding their discussion of food access with providers in the pediatric setting

Methods

HFVT CME Survey

We conducted an 11-question survey of registered users asking about their satisfaction with the HFVT's CME course via RedCap software and email.

Parent Survey

A four-question written survey on the topic of food insecurity screening was administered to parents in a Burlington pediatric office over one week.

Focus Groups

We conducted two focus groups on the topic of hunger screening opinions and practices with nurses, office staff, and physicians in Chittenden County pediatric care offices.

Results

CME Survey

Out of 51 surveys about the HFVT CME course that were delivered successfully, a total of 10 participants responded. Four respondents were nurses, and two were physicians. The single greatest identified strength of the CME course was the videos, followed by the online format, course content, and documents (Figure 2). The greatest barrier to completing the course was that it took too long (Figure 1). The majority of respondents indicated that a follow-up email would have helped them complete the course, and almost all felt that the course has impacted their practice.

Pediatric Survey

Surveys were administered to parents in the waiting rooms of two local pediatric offices. A total of 61 surveys were completed. Respondents overwhelmingly agreed that providers do not ask about food insecurity (Figure 4). When asked how providers could be more helpful in identifying and addressing food insecurity, the majority of respondents selected "just talk to me about it" (Figure 3).

Focus Groups

Two focus groups conducted at local pediatric offices highlighted important contrasts between the ways physicians and nurses view CME credits, continuing education, and screening for food insecurity (Figure 5). Significantly, all participants believed that in-person training was ideal for education about food insecurity. Physicians also believed that follow-up from the training organization would be helpful in identifying obstacles to implementing the screening questions, including editing existing intake forms.

Figure 1: Total Respondent Identified Weaknesses

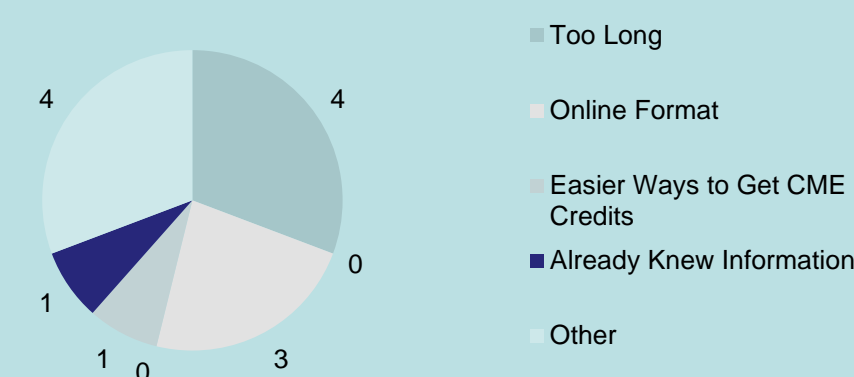


Figure 2: Total Respondent Identified Strengths

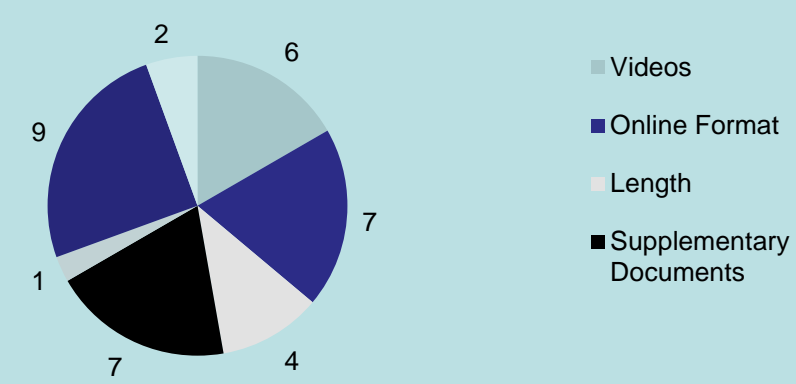


Figure 3: How could health care providers be more helpful in identifying and addressing concerns about having enough food?

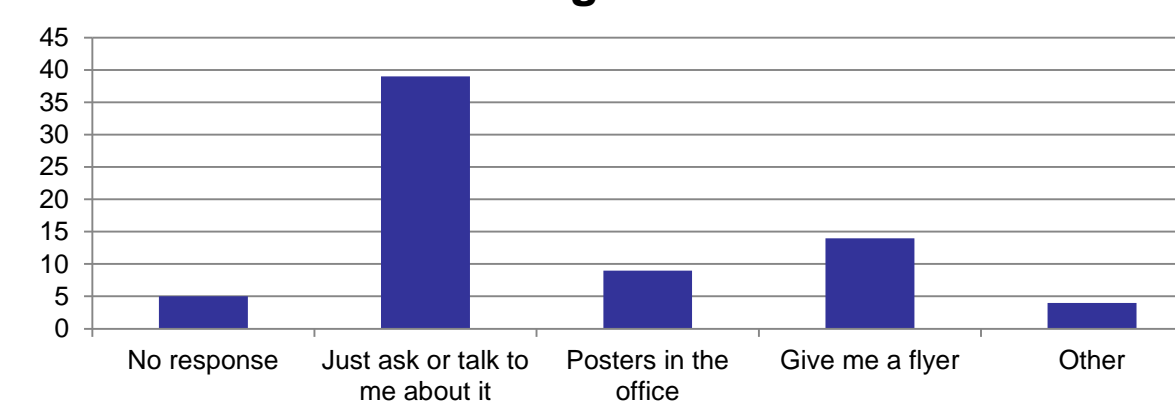
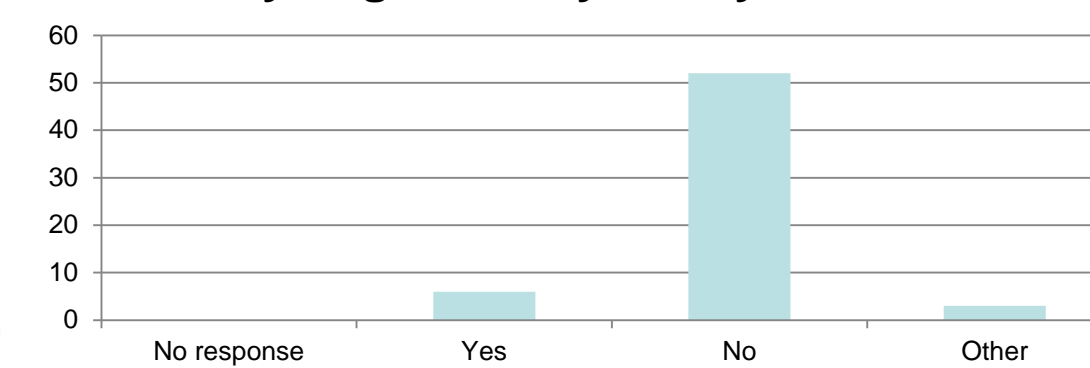


Figure 4: Has your health care provider ever asked you if you worried about your food running out before you got money to buy more?



Conclusions

The CME was seen as a time-intensive course that contains valuable information, which could possibly be delivered in an alternate and more concise manner.

Many patients are not being asked about food insecurity by their healthcare providers during routine visits. We believe this is due to the topic's sensitive nature and short appointment times.

Patients want healthcare providers to talk to them about food insecurity as a primary means of opening the discussion, while nurses and doctors agree that it is a difficult conversation to have due to the sensitivity of the issue. Some physicians believe incorporating questions about food insecurity into office intake forms would be the best screening method.

Figure 5: Focus Group Comments

Physicians Say...

It's hard to find time to ask about food insecurity in a 15 minute visit.

The response rate will be higher with a paper questionnaire.

Patients would be more comfortable responding on paper.

Both Agree...

we tend to ask patients with financial or weight problems.

discussions on diet and growth are the best times to bring it up.

we don't want to be seen as accusing parents of not feeding their children.

Nurses Say...

Physicians should be the ones to ask about food insecurity.

Many of the forms patients fill out aren't reviewed by anyone.

There's less chance of misunderstanding when asking face-to-face.

Recommendations

- We recommend that the CME be shortened, with repetitive information removed. The CME should remain free to providers.
- We recommend that HFVT explore the possibility of traveling presentations for Vermont clinics that will expose providers to the topics of food insecurity and hunger screening. The speaker could advertise the CME to providers as part of the interaction. A new flyer should be developed with information specific to local food insecurity resources (in addition to the standard 211 flyer).
- Additionally, a template intake form for screening patients will be provided to HFVT for use in Vermont clinics.

Lessons Learned

- Surveys and emails are convenient ways to communicate, but some of our best information came from face-to-face encounters.
- Make suggestions for improvement clear and as easy as possible to implement – people will be more likely to accept your ideas for change.
- Some public health issues are more subtle or sensitive than others – you may be surprised at their prevalence in your community.

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