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Role of Physicians in Addressing Food Insecurity in Vermont Seniors

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Food Insecurity: Limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways

Introduction

This study investigated Vermont physicians' awareness of - and engagement in - addressing food insecurity experienced by their elderly patients. This information is needed to better understand the role physicians play in solving this problem and to know how education and access to services could ensure that the needs of elders are met in a culturally sensitive manner.

- Many elders must choose between paying bills, buying medication or buying food. Some elders are unaware that they qualify for food assistance, or would feel stigmatized using it¹.
- Nationally, 56% of physicians reported that they were not knowledgeable about food insecurity².
- Food insecurity can be screened for by using Hunger Free Vermont's Two Question Screen.
- Screening, followed by a multidisciplinary team approach with contributions from dietitians, geriatricians, social workers and psychologists may be the most effective way of assessing at-risk patients³.

Methods

- All Vermont family and internal medicine practices were asked to provide emails of providers, to whom the survey link was sent. More emails were collected during Grand Rounds at the University of Vermont Medical Center.
- A secure, web-based, 26-question survey was developed that probed practice demographics, provider awareness of food insecurity, current practices to identify and address food insecurity, patients' awareness and use of resources, and barriers to addressing food insecurity.
- Analysis of data was completed with IBM SPSS Statistics 22. Initially 71 respondents opened the survey. Incomplete responses and non-physician responses were excluded.
- The final analysis included the remaining 44 physician responses.

Figure 1

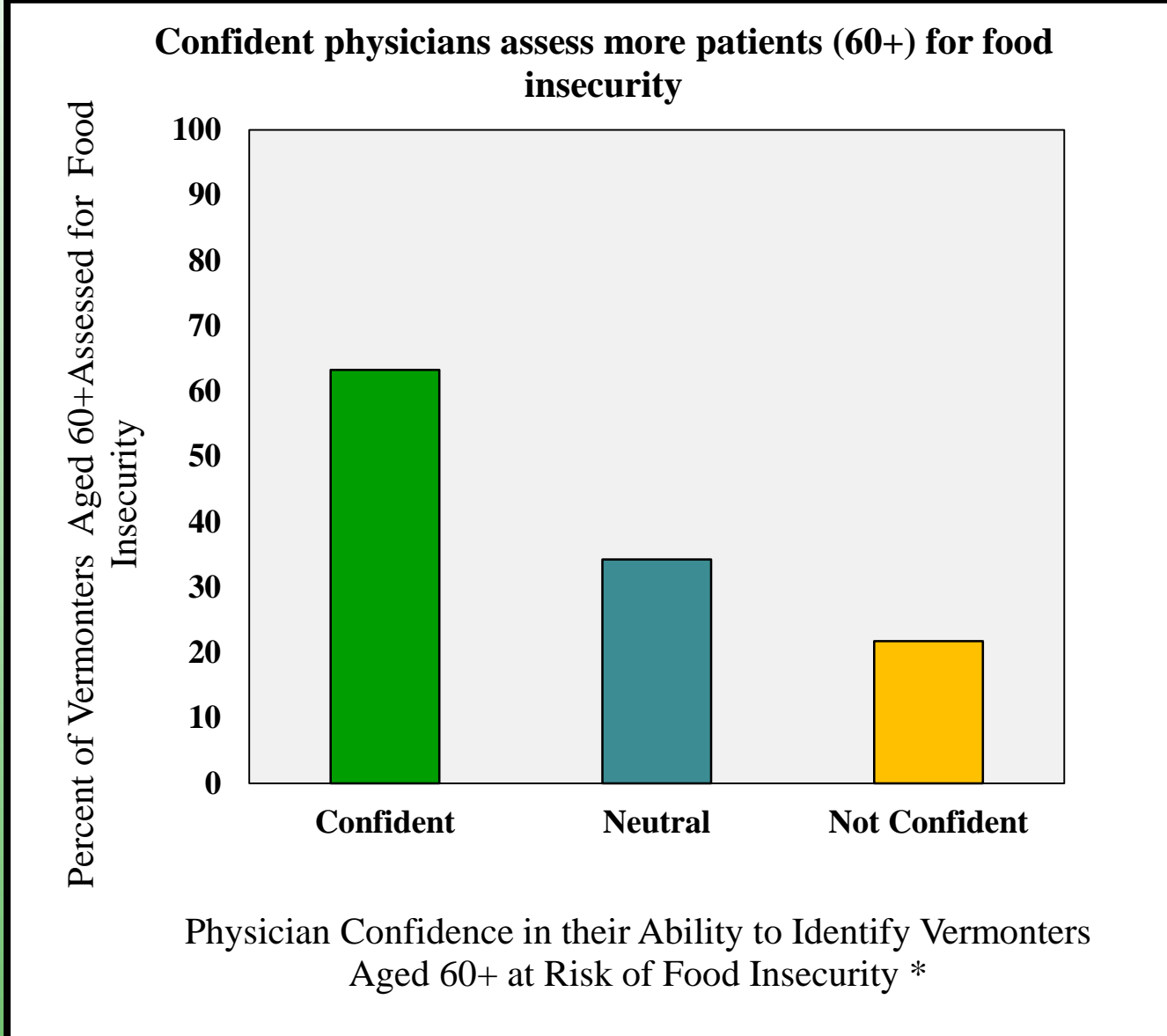
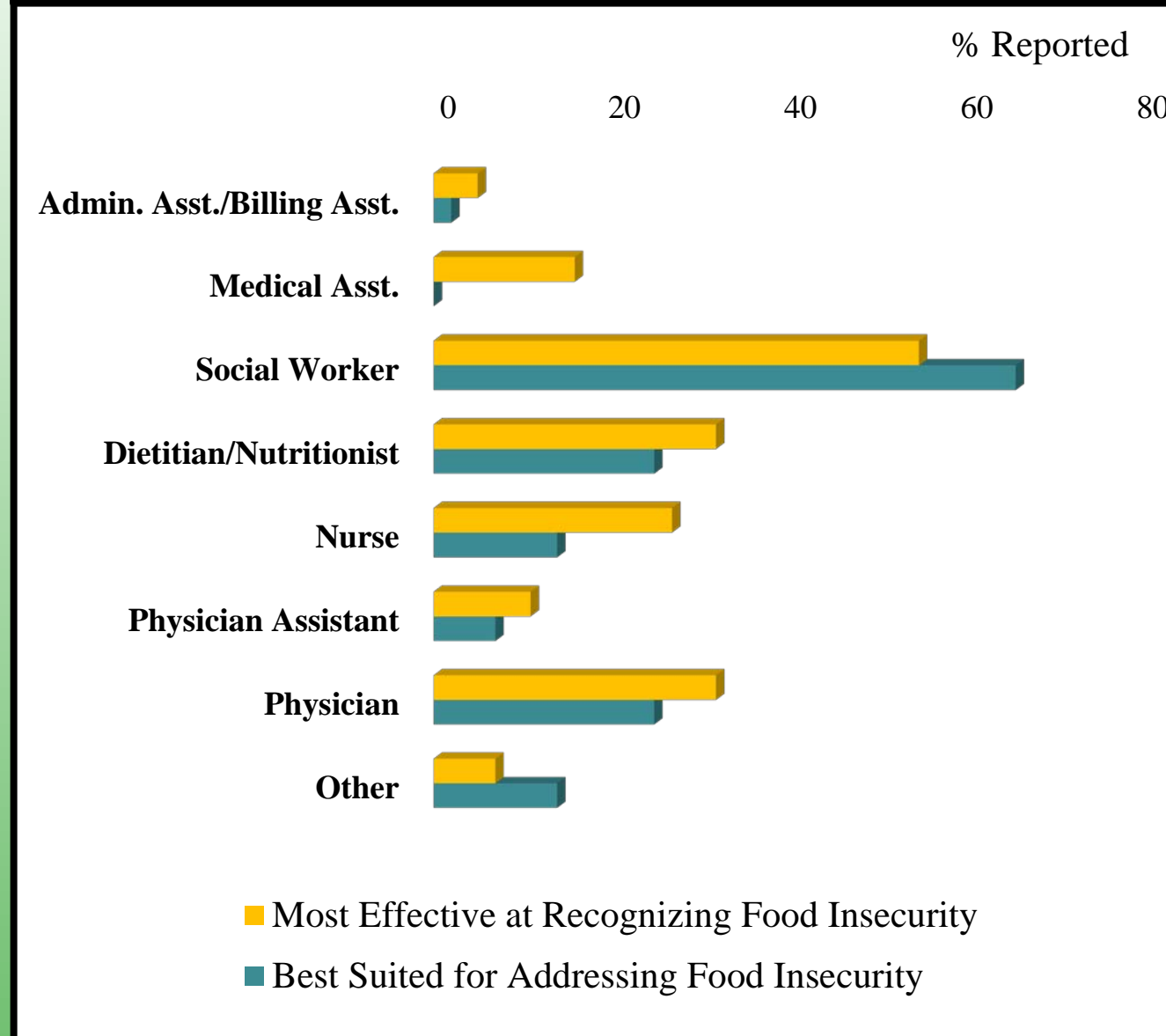


Figure 1: One way ANOVA shows a significant difference in the number of patients assessed for food insecurity by providers who self-reported as confident than those who were not confident in their ability to address food insecurity (63% vs. 22%, respectively; $F=5.60$, $df=43$, $p=0.07$)

Figure 2



Results

Physician Awareness

- 93% of providers had no formal training on food insecurity.
- 44% of physicians reported the discussion of food insecurity with their patients was a challenging topic.
- 68% of physicians were unsure or disagreed that their patients are comfortable expressing their need for resources.

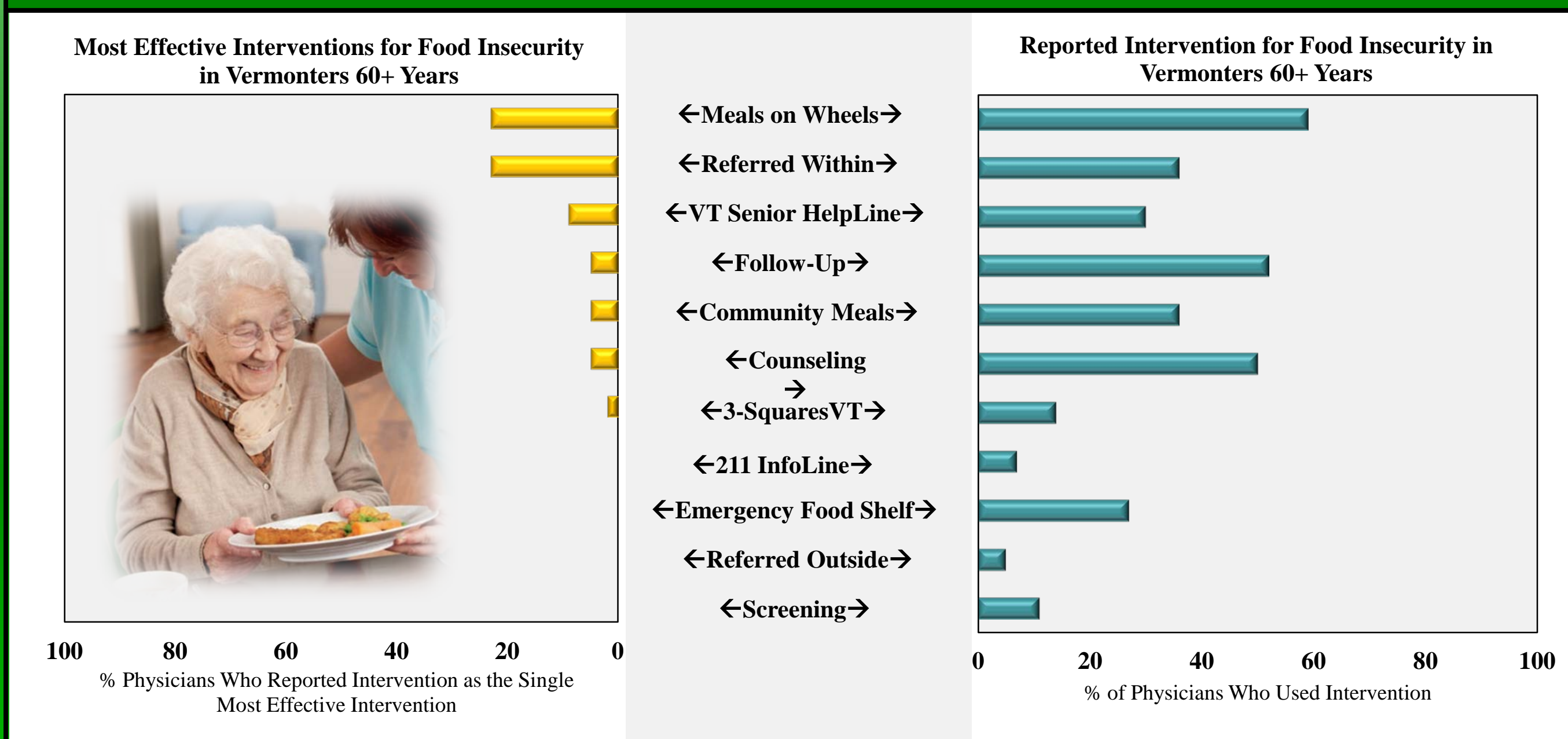
Screening

- BMI was a predominant tool used in assessing nutritional status amongst providers, yet this measurement is not appropriate for screening for food insecurity.
- Physicians cited social workers and dietitians as being best suited for identifying food insecurity among patients (Fig. 2)

Intervention

- The majority of physicians (80%) are interested in participating in educational opportunities about food insecurity, many (66%) citing "online modules" as the preferred mode of education.
- Patient pride/shame, logistical challenges, and lack of knowledge were cited as major barriers to accessing food resources. Social workers and dietitians were also identified as being best suited to work with food insecure patients.

Figure 3



Conclusion

Physician education is needed and should address:

- The definition of food insecurity and its prevalence amongst Vermont seniors
- How to use the HFVT 2-Question Screen
- How to sensitively communicate with patients about this topic
- Professionals and services available for support when food insecurity is suspected

An online module should be used for education as this medium was the preferred method of training among physicians

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 2. Shih, S.-C., Holben, D., & Holcomb, J. P. (2004). Self-identified knowledge and practices of family physicians in Appalachian Ohio regarding food acquisition of patients. *Journal of the American Dietetic Association*, 104(11), 1718–21. doi:10.1016/j.jada.2004.08.003
 3. Flanagan, D., & Charlton, K. (2012). Managing undernutrition in the elderly, 41(9), 695–699.