

**Submission Id: 3438**

**Title**

*Addressing Food Insecurity in Medically Complex & Socially At-Risk Patients*

**Priority 1 (Research Category)**

Social determinants and vulnerable populations

**Presenters**

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**Abstract**

Context: The United States Department of Agriculture (USDA) defines food insecurity as lacking “access to enough food for an active, healthy life for all household members”. The projected food insecurity rate for the City of Milwaukee was 13.1%. Milwaukee is known for poor health outcomes ranking 71 out of 72 Wisconsin counties in health. The reasons are wide-ranging. While poverty undoubtedly plays a role, food deserts limit access especially in low-income neighborhoods. Our clinics see a predominately urban underserved patient population many of who are medically complex and socially at-risk (hotspots). Many are on fixed budgets and struggle with food insecurity. As a result, there is a lack of healthy food options both physically and economically. Furthermore, food insecurity is not routinely screened for in our clinics. Objective: Our quality improvement study aimed to highlight the importance of not only screening for food insecurity but to also pilot home deliveries to food insecure patients. Study Design & Analysis: Experimental; pre/post-test design with the collection of both qualitative & quantitative data. Setting: Two residency primary care clinics; Milwaukee, WI. Population Studied: Patients who at the time of the study had been identified as hotspots. Intervention: For 6 months households selected for the intervention group received monthly food deliveries from a local food pantry, which were delivered by the medical team. Results: Of the 45 patients, 49% screened positive for some level of food insecurity and a surprising 68% of those had “very low food security” defined as “reports of multiple indications of disrupted eating patterns and reduced food intake” (USDA). While overall QOL scores remained unchanged, in the social relationships’ domain, a statistically significant improvement was noted ( $P=0.01$ ). In gathering qualitative data from the intervention group 4 themes emerged: Appreciated Food Visits, Enjoyed Food Quality and Quantity, Improved Food Insecurity & Bridged Transportation Access. Conclusions: Home food deliveries to our food insecure patients were viewed in a positive manner. In the future the hope is to expand this pilot project to screen all patients during office visits for food insecurity and to find creative approaches to provide home food deliveries to the most vulnerable households as it matters.