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Title

*Connecting patients identified as food insecure with programs at a food bank:
Were food insecure patients linked with food?*

Priority 1 (Research Category)

Screening, prevention, and health promotion

Presenters

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Abstract

Context: Food insecurity is associated with several adverse health outcomes. Patients can be screened for food insecurity through the healthcare system and connected with appropriate resources which may improve clinical care outcomes.

Objective: To evaluate if patients who were identified as food insecure were successfully linked with food.

Study Design: Observational

Setting: Nonprofit, community-based early detection and support medical center in Fort Worth, TX.

Population Studied: Uninsured patients who accessed breast or cervical cancer screening services from January 9-July 14, 2023.

Intervention: The quality improvement study consisted of three phases: screening, intervention, and follow-up. Screening phase: the clinic intake team asked patients the two-item validated screening tool Hunger Vital Signs™ at intake. Patients identified as food insecure were tracked. Intervention phase: an intern called patients identified as food insecure and offered referrals to a home delivery program and SNAP application assistance services at a local food bank. Follow-up phase: an intern administered a telephone survey 1-3 weeks later to all patients linked with services to assess potential barriers in navigating the food bank programs. Any additional comments patients provided to the intern were documented, and an informal qualitative analysis was applied for common themes.

Outcome Measures: Percentage of patients contacted and connected with services at the food bank.

Results: Of 451 patients screened 20% (n=92) were food insecure. The response rate for the initial phone calls was 69% (n=64). Of 64 patients that answered calls, 23% (n=15) were referred to SNAP assistance services, 6% (n=4) were referred to home delivery services, 8% (n=5) were referred to home

delivery and SNAP assistance services, 34% (n=22) were given phone numbers to local pantries or the food bank, and 28% (n=18) denied services. When patients (n=24) referred to services at the food bank received follow up call, there was an 88% (n=21) response rate. 34% (n=8 out of 24) of patients were successfully connected with services.

Conclusions: Primary care settings working with underserved populations should routinely screen for food insecurity and consider cultural and logistical barriers to food while providing resources. Since this pilot program had low enrollment in food bank programs, future programs should focus on interventions immediately after screening to increase participation.