

NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

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Title

Food Insecurity Prevalence and Perspectives Among Healthcare Clinicians and Staff in Rural Western Colorado

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context: Clinical organizations are increasingly being asked to address food insecurity among patients, yet little is known about healthcare workers' suitability to take on this role.

Objective: To assess clinician and staff knowledge about, perspective on, and personal experiences of food insecurity.

Study Design and Analysis: In collaboration with an Accountable Health Communities Model (AHCM) community bridge organization, we distributed an online survey by sending to contacts at AHCM-participating healthcare organizations and requesting those contacts to distribute to others at their organization. We analyzed the data using univariate and bivariate descriptive statistics.

Setting: 61 healthcare organizations across 14 rural counties in western Colorado.

Population Studied: 103 clinicians and 241 staff members.

Outcome Measures: Current and past food insecurity (using the hunger vital sign measure); knowledge about food insecurity and food access programs; perceptions of food insecurity and food access programs.

Results: Overall response rate cannot be calculated as the denominator is unknown due to the survey distribution approach. Data missingness varied across questions, with none missing more than 20% of responses. Across respondents, 18% reported current food insecurity and 46% reported food insecurity in the past. Only 41% of respondents indicated that they knew how to help patients access government food assistance. Regarding perceived causes of food insecurity, 69% of respondents indicated that one or more factors that placed responsibility on the individual contributed a lot (e.g., "people who don't want to work").

Conclusions: Despite startlingly high current and past prevalence of food insecurity among western Colorado healthcare workers themselves, knowledge about how to assist patients facing food insecurity was low. Additionally, most respondents endorsed perceptions of the causes of food insecurity that contribute to stigma — i.e. that food insecure individuals are responsible for their own circumstances due to insufficient work ethic or poor life choices. In-service training could be an initial step towards improving the capacity of healthcare organizations to address social needs by enhancing knowledge and destigmatizing food insecurity among clinicians and staff. Additionally, these data should compel healthcare organizations, payors, and policymakers to explore mechanisms to ensure that healthcare organization staff earn a living wage.

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