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

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Title

Evaluation of Universal Food Insecurity Screening in the Primary Care Setting

Priority 1 (Research Category)

Social determinants and vulnerable populations

Presenters

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Abstract

Context:

Food insecurity (FI) has been shown to have significant impact on multiple aspects of a child's wellbeing, including overall health and developmental outcomes. The American Academy of Pediatrics recommends universal screening; however studies have found inconsistencies in screening of FI, documentation of FI, and referral to appropriate resources. Objective: To examine utilization of the screening, and prevalence of FI at two time points in a pediatric clinic an urban pediatric practice that has implemented universal FI screening and response. Study Design: Retrospective cohort study Setting or Dataset: Descriptive data from well-child visits of children ages 0-18yo between Jan 1, 2022 and Dec 31, 2022. Comparison of FI for paired patients in 2022 and 2023. Population Studied: Families of children ages 0-18yo at an urban pediatric primary care mobile medical clinic serving families in Washington, D.C.

Intervention/Instrument: FI data from the Hunger Vital Sign, a two-question validated screening tool for food insecurity that is included in clinics Social Determinant of Health (SDOH) screening tool. Outcome Measures: 1. Percent eligible families that completed a food insecurity screening. 2.Positive for FI if responded "Often True" or "Sometimes True" to either or both of the following questions: "Within the past 12 months, we worried whether our food would run out before we got money to buy more" and "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more." 3. Documented ICD-10 of food insecurity positive screenings 4. Enrollment and referrals in food assistance programs. Results: Of 390 patients who received a well child check in 2022, 31% screened positive for FI. 73% of FI families had a FI ICD-10 code documented (Table 1). 164 unique patients

received well-child checks in both 2022 and 2023. 24% who were FI in 2022 became not FI in 2023. Of the non-FI patients, 19% became FI (Table 2). Conclusions: The clinic has a high screening utilization, a high prevalence of FI, and high coding documentation. With the clinic's strong care coordination program, 24% of families with FI became non-FI.