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Assessing Patients for Food Insecurity

Food insecurity is defined as the lack of consistent access to enough food. Statistics show that 1 in 5 adults are affected and approximately 765 million around the world lack food to meet their basic nutritional needs. Nutrition is a foundational piece of optimal health. This tool is meant to empower practitioners to screen patients for food insecurity and provide both immediate and long-term resources to those in need.

Factors That Affect Food Insecurity

Food insecurity, a lack of consistent access to nutritious food, is tied to multiple factors including:[1]

- Socioeconomic factors, such as low-income
- Recent job loss
- Lack of affordable housing
- Social isolation
- Chronic or acute health problems
- Rising or unexpected medical costs
- Geographic location
- Access to transportation
- Living in a food desert with limited access to grocery stores

Lack of reliable food access is associated with negative social determinants of health (SDOH).[2] SDOH are factors from an individual's environment that impacts their quality of life, health, and risk for certain outcomes. The factors include economic stability, quality and access to health care, and education, neighborhood, community, and social context.

Healthcare providers, including all types of practitioners who provide care for clients and patients, can play an important role in helping patients who are struggling with food insecurity.[3]

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Food Insecurity is Associated with Harmful Health Effects

Food insecurity is associated with multiple harmful health effects, including:

- Poor mental health[4,5]
- An increased risk of chronic conditions, including poor cognitive health, cardiovascular disease, obesity, and malnutrition.[5–9]
- Weakened immune function due to nutrient deficiency[10,11]

Screening For Food Insecurity

There are several food insecurity screening questionnaires available to practitioners. The most common tools include:

- USDA Household Food Security Survey: available in a 6-item short form, 10-item, or 18-item scale. The 18-item is considered the gold standard.[13,14]
- Hunger Vital Sign™(HVS): a simple, validated screening tool that helps to identify patients who are at risk for food insecurity. This questionnaire consists of two simple questions that are often used as a screening tool.[15]
- Healthcare Screening Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE): available in 26 different languages.[16]

These assessments can be included on intake forms or even asking patients in person. It is best practice to revisit the assessment periodically as food security can change.

Approaching Food Insecurity Conversation with Patients and Clients

To identify patients who are at risk for food insecurity, ask the following questions:

Preface these questions with "I ask all of my patients about access to food. There are many community resources available often free of charge for individuals. For each statement, please tell me if it was often true, sometimes true, or never true."

- Within the past 12 months I/we were worried whether our food would run out before we got money to buy more.
- Within the past 12 months the food I/we bought didn't last, and I/we didn't have the money to get more.

"Often true" or "sometimes true" to any statement indicates the patient is at risk for food/nutrition insecurity. **If a patient is at risk for food insecurity, provide the Food Resources handout available in the IFM toolkit.**

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SAMPLE RESOURCES:

- **United States Department of Agriculture (USDA) National Hunger Hotline: 1-866-348-6479 (English) and 1-877-842-6273 (Spanish)**
- **Essential community resources in the U.S and Canada can be reached using 211**
- **Online Search Tools: Global Food Banking Network, World Food Program, and Feeding America**

Additional Ways to Support:

The most common course of action for those experiencing food insecurity is referring to skilled outreach workers, to ensure they receive the resources they need.[17] Sometimes there can be a time gap between referral processes. Here are some ideas to help bridge the gap with immediate resources:

- If you work in a clinic setting, offer a "food shelf" (a collection of non-perishable food staples stored on-site) to patients.
- Consider starting a "food pharmacy" where patients can receive healthy meals.[18]
- Become familiar with local qualified nutrition professionals and medically-tailored food services[19,20]
- Become familiar with food banks in your area and create a list that can be shared.

Additional Ways to Provide Support as a Practitioner

Long-term resources to consider as a practitioner include:

- Learning: Use free online courses or attend conferences that expand knowledge, tools, and solutions surrounding food insecurity.
- Advocating: Consider advocating for policy changes or supporting organizations that already do the work at a macro level.[12]

Overall food insecurity can impact anyone and simply asking screening questions is a great first step in identifying food insecurity. Resources to address food insecurity can start with a referral along with lists of local services available. Ensuring patients and clients have access to nutritionally-dense foods and food security can be a pivotal way to enhance foundational health for those impacted by food insecurity.

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