

Screening Patients for Food Insecurity and Linking them to Nutritious Food Resources During COVID-19

Given the current outbreak of the novel coronavirus, food insecurity has been on the rise across the nation, especially in rural communities where food resources may already be scarce. Health clinics have a unique opportunity to help address this sudden increase in food insecurity given the fact that they are deemed an essential service and are still operational during this time, whether that is through telehealth services or standard operations. Having conversations with patients around food security and food access can be difficult, but so important. The resources provided below can help clinics and providers offer valuable food access resources to their patients during this time of uncertainty.

Definition and Explanation

This strategy involves screening all patients seeking services at the health clinic for food insecurity during each office or telehealth visit. Food insecurity occurs when a household experiences diminished quality and quantity of foods because they cannot afford enough foods or enough of the right kinds of foods to maintain a healthy, active life. If a patient is found to be experiencing food insecurity, they should be linked to resources in the community or at the health clinic to access nutritious foods.

Why This is Important, Now More Than Ever

Almost 12% of all households and 16% of households with children in the US were food insecure in 2017, according to the United States Department of Agriculture. There is significant evidence that supports an association between food insecurity and poor health. More specifically, food insecurity is associated with hypertension, diabetes, and self-indicated poor health. By screening and directing food insecure patients to food resources, the health clinic can decrease their patients' risk for cardiovascular disease. Recognizing this, the Academy of Pediatrics recommends that pediatricians screen for food insecurity and make referrals to community resources, among other policy and practice-based strategies to address patient food insecurity. You can read the full statement here: <https://pediatrics.aappublications.org/content/136/5/e1431> and find links to toolkits developed with the expertise of pediatricians and others in the next sections.

Possible Implementation Steps

Below is an adaptation of the Food Research and Action Center's Addressing Food Insecurity Toolkit. They recommend:

- ⇒ Educate and train employees on food insecurity and the importance of universal screening
- ⇒ Schedule regular screenings of patients
- ⇒ Add screening to registration, intake procedures, and electronic health records
- ⇒ Learn how to address food insecurity in a sensitive and non-stigmatizing manner
- ⇒ Connect patients to known food resources
- ⇒ Document and track screening and recommendations in patient medical records
- ⇒ Support advocacy and educational efforts to end food insecurity

Screening Tools

Multiple length food insecurity screening tools exist, ranging from 2 to 18 questions. Using longer versions could help better capture patients experiencing food insecurity, while using a shorter version could be more conducive to a clinic setting due to reduced provider time required to administer the screener and patient response burden to answer the questions.

Validated 2 Question Food Insecurity Screening Tool:

“Within the past 12 months, we worried whether our food would run out before we got money to buy more.”

Was that often true, sometimes true, or never true for you/your household?

“Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.”

Was that often true, sometimes true, or never true for you/your household?

Referral Systems

Similarly, referral systems also vary in type and resources needed to implement. Several examples include:

1. Providing patients that screen positive for food insecurity with a list of area food pantries they can access or connecting them with an on-site food pantry if one exists.
2. Letting patients know about public nutrition assistance programs they or their children might be eligible for (e.g., SNAP, Commodity Supplemental Food Program, School Meals sites) and how to apply for or access them. Some states have organizations that help screen people for benefits they might be eligible for and help them apply; if an organization like this exists, reach out to them and see if they have benefits counselors that could come on-site to provide this service to patients.
3. Providing prescriptions for fruits and vegetables.
4. Partnering with a local food-based organization, such as one that operates a bulk produce buying club, to get patients plugged in to participate. The FoodShare SC model is an example of a produce box program that has successfully partnered with health clinics to provide food to patients that screen positive for food insecurity: <http://foodshare.org/fresh-food-box/>.



Resources for Food Access During COVID-19

Eat Smart Move More SC COVID-19 Resources

<http://eatsmartmovemore.org/covid-19-resources/>

This site provides up-to-date food resources and guidelines on a state level, as well as breakdowns at the county level.

SC Food Policy Council

<https://www.scfoodpolicy.org/covid-19-resources>

This site provides links and resources related to food systems in SC during the COVID-19 outbreak.

Additional Resources on Food Insecurity Screening and Referrals

Addressing Food Insecurity: A Toolkit for Pediatricians

<http://www.frac.org/wp-content/uploads/frac-aap-toolkit.pdf>

Food Insecurity and Health: A Tool Kit for Physicians and Health Care Organizations

<https://hungerandhealth.feedingamerica.org/wp-content/uploads/2017/11/Food-Insecurity-Toolkit.pdf>

Community-Clinic Linkages for the Prevention and Control of Chronic Diseases: A Practitioner's Guide

<https://www.cdc.gov/dhbsp/pubs/docs/ccl-practitioners-guide.pdf>

Launching Rx for CalFresh in San Diego: Integrating Food Security into Healthcare Settings

https://nopren.org/wp-content/uploads/2016/12/RxforCalFresh_SDHC.PD_.pdf

A Quick Guide to Food Insecurity Screening and Referral for Older Patients in Primary Care

http://www.aarp.org/content/dam/aarp/aarp_foundation/2016pdfs/foodsecurityscreening_quickguide.pdf

If you would like help figuring out systems to screen your patients for food insecurity or identifying resources for nutritious food access in your community, please reach out to Erin Dreyer, SNAP-Ed Health Clinic Program Coordinator at edreyer@email.sc.edu or 804-698-9162 or Zack King, Program Manager, Community Health Transformation at zking@scorh.net or 803-984-4158!

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