

Recommendations for Food Insecurity Screening & Connections to Food Resources in Healthcare Settings

The **Food Insecurity Screening Community of Practice** members make the following recommendations, based on professional and personal experience with food insecurity screening and connections to food resources in their respective healthcare settings. This Community of Practice encourages healthcare systems to incorporate these recommendations when implementing food insecurity screening and food resource connections.

The Food Insecurity Screening Community of Practice is coordinated by Public Health – Seattle & King County and includes healthcare staff and patient advisors from Seattle Children’s Hospital, Odessa Brown Children’s Clinic, International Community Health Services, U.S. Department of Veterans Affairs, Sea Mar Community Health Services, Multicare, Kaiser Permanente, Public Health - Seattle & King County, Harborview Medical Center, and Country Doctor/Carolyn Downs Family Medical Center.

► 1. Use a standardized screening and connection process

Using a standard process in your healthcare setting is important. Specifically, including the food security screening in the electronic medical record (EMR) makes screening a standard operating procedure and increases the number of patients who are screened.¹

Step 1 — Ask all patients to answer questions about their food security status, using a validated screening tool, like Hunger Vital Sign™, on a paper form, at regular intervals.

Step 2 — Have food security on the home page of the EMR. Log the results of the screening into the patient’s EMR, which will allow you to incorporate food security status into the patient’s care plan.

Step 3 — Ask patients to review a list of resources to indicate if there are any resources that they are interested in knowing more about.²

Step 4 — Describe the connection process and ask the patient for their permission to connect them to food resources.

Step 5 — Generate a referral in the EMR and connect the patient to an on-site enrollment specialist or on-site food resource. Also, share food resource materials and/or an online directory of community-based options to help patients find resources on their own in the future.

Step 6 — Document and track the interventions to address food insecurity in the patient’s medical record. Embed a list of food resources into the EMR flow sheet so that providers can simply check the programs that a patient is referred to and print out a corresponding referral list for the patient.³

Step 7 — Follow up with patients at subsequent office visits to ensure that they are benefiting from food resource connections or are interested in being connected to additional resources.⁴



▶ 2. Practice universal food insecurity screening

It is recommended to practice universal screening, or in other words, to ask all patients about their food security status at all health care visits.³ Practicing universal screening ensures that no one is singled out or gets missed. When providers screen all patients at all health care visits, those patients can expect discussions about food security as a normal part of health care.

▶ 3. Generate staff buy-in to participate in universal screening

Create an interprofessional work group with an identified coordinator at your clinic to develop protocols for food insecurity screening and connections. Track screening rates and frequency of positive screens. Then share the rates with all the clinic staff on a regular basis, using multiple communication strategies such as email, meetings, and daily huddles. Place the screening tool in multiple locations in your clinic.⁵ Conduct regular trainings for all staff on how to perform screenings and how to incorporate screening and connections into team workflows.^{6–8}

▶ 4. Rescreen at regular intervals

Research to date has not addressed the appropriate frequency of food insecurity screenings.⁷ The practice team should consider screening all patients at all visits, including inpatient settings, given the often cyclic and hidden nature of food insecurity.^{3,4}

If you need to limit the number of visits at which a patient is screened, prioritize screening at the following: routine wellness visits; visits for nutrition-related conditions (e.g., diabetes, obesity, food allergies); emergency room visits; hospital admissions; and before discharge.^{3,9} Parents and other caregivers report that they prefer to be screened at well-child visits, rather than visits when a child is sick.¹⁰



▶ 5. Measure food security status with patient health indicators

Individual health systems can determine the success of food insecurity interventions by linking food insecurity screening results with patient health indicators in the EMR. Work with an IT professional to build EMR flow sheets and extract data for analysis. Measures to analyze include a) healthcare utilization and costs; b) quality of life, including clinic-wide food security rates, results of food resource connections, change in food security status, change in health status, and disease progression status; c) changes in biometrics (blood pressure, body mass index, cholesterol, HbA1c); and d) medication adherence.⁴

▶ 6. Incorporate a simple opt-in form to obtain information about food resources

Invite patients to complete a form to select the food resources they are already using and may also be most interested in learning more about or being connected to.² Ensure availability of interpreters and patient navigators for literacy and language needs. In addition to having one-on-one conversations with patients to help them get connected to resources that most interest them, it is recommended that health systems also have food resource materials that patients can take with them and use or share with others after the visit.¹¹ The Community of Practice members recommend a patient-facing online food resource directory that enables patients to seek services on their own time to meet their social needs over their life course.¹²

▶ 7. Have on-site food resources and enrollment and connection services

Patients are more likely to connect with food resources if they receive immediate assistance — for example, during medical visits or inpatient stays — instead of having to go to a new location to apply for a program or make a series of phone calls to find out where they can access services.³



▶ 8. Always maintain patient dignity, privacy, and confidentiality¹³

The practice team should provide a safe, non-judgmental environment for patients to openly discuss food insecurity. Communicate with teammates regarding patient priorities to conduct effective warm handoffs, care coordination, and a seamless team approach to care.¹⁴

- ▶ Screen all patients at all health care interactions so no one feels singled out.
- ▶ Administer the screening tool in writing and in the patient's preferred language. Self-administered (paper or electronic) screening produced better results than face-to-face or verbal screening.¹⁵ Research shows that self-administered screening elicits more honest responses.^{7,16}
- ▶ Be respectful of the family's privacy when discussing a patient's food security status, and do not discuss food insecurity in the presence of children.
- ▶ Normalize the screening tool statements by saying at the outset, for example, *"The clinic is asking all of our patients about access to food because it's such an important part of managing health."*
- ▶ Talk positively about food resource programs and be clear that you are recommending food resources just as you would prescribe a medication. For instance, *"I have other patients who use (resource) and it is really useful for them because..."*³
- ▶ Inform the patient that resources are available, and that we all need support at some point in our lives.
- ▶ Encourage patients to seek resources for the well-being of all household members.

▶ 9. Provide an option for patients to schedule a different visit for food resource connections

It is recommended that health systems provide food resource and application assistance services on-site.¹¹ However, if patients cannot stay for food resource connection services, then the literature recommends having a community resource specialist follow up either in person or by phone, rather than having patients initiate the follow-up appointment themselves.^{1,3,4,17} The Community of Practice recommends trying to contact the patient at least three times within a week and documenting the outcome of each contact attempt.

▶ 10. Have a plan for how to approach discussions when children are in the room

Parents prefer not to speak about food insecurity when children are in the room.¹³ If the screening tool is administered verbally, then do not discuss food insecurity in front of children.³

► 11. Talk about screening and resources in a way that mitigates fear and stigma and includes patients in the decision

Always ask permission to conduct the screening, explicitly state that patients are not required to participate, and give the option to decline to answer questions or stop the screening process at any time. Assure the patient that their answers will be kept confidential and the purpose of the screening is to offer support. Ask about the patient's priorities; this demonstrates that you respect them as the experts of their own lives.¹⁴

Parents and caregivers have reported concerns about the potential involvement of Child Protective Services upon disclosure of food insecurity.^{15,18} It is critical to share with patients that the purpose of screening is to offer support, not to report them to the authorities.^{7,10,19}

► 12. Be sensitive to a patient's individual needs, including culture, religion, language, food restrictions, and life circumstances, when advising about food resources



It is critical for health providers to build a trusting relationship with their patients. The Community of Practice recommends that health systems employ a multicultural staff, have materials available in alternative formats (e.g., large print) and languages, provide language assistance, and be knowledgeable about the current political environment for refugees and immigrants. For providers tasked with assisting patients with connections to food resources, make a special effort to learn about food resources that offer culturally appropriate foods.

► 13. Display messaging that normalizes food insecurity screening and food resources

Use posters and brochures that address food insecurity or food resource programs to help normalize program participation.³ Patients report that posters and pamphlets would allow them to choose to learn about social needs — particularly more sensitive ones — and about helpful resources on their own time, discreetly, and at their initiation.¹³ Any posters or brochures addressing food resources should include eligibility criteria and easy steps to follow to get more information.

Worried about enough food?

You're not alone.



"I left my clinic with information and resources I didn't even know existed! I'm really glad I shared my concerns with them."

Carrie, mother of four



Tell your healthcare team about the challenges you're facing. We can connect you with resources.

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Examples of Phrases to Use After Food Insecurity Screening

After reviewing the screening results, mention to the patient that everyone is asked these questions.

- ▶ The clinic is asking all of our patients about access to food because it's such an important part of managing health.

Explain that responses will be confidential.

- ▶ Your responses will be kept private and confidential.

Acknowledge the situation and thank the patient for their honesty.

- ▶ We all need support at some point in our lives. I'm glad you shared your experience with me.
- ▶ Thank you for your willingness to talk with me about your experience.

Emphasize that addressing lack of food is important for health.

- ▶ The kinds of foods you eat – and don't eat – are really important for your health.
- ▶ Food is just as important to your health as exercise – and even, in some cases, as important as the medications that you take.
- ▶ We encourage you to seek resources for the well-being of all household members.
 - Link appointment reason with food insecurity. For example, having access to healthy foods can help you control your blood sugar when managing diabetes.

Many people struggle and it is OK to accept help.

- ▶ I have other patients who use (resource) and it is really useful for them because...
- ▶ Many people struggle financially at some point in their lives.
- ▶ It is OK to need/seek assistance.

Ask if the patient is interested in resources.

- ▶ There are free resources to help – even if you think you are not eligible.
- ▶ There are resources available that do not require identification.
- ▶ There are resources available to help, based on your needs.
- ▶ Do you know about food resources available in our community? We can help you get connected, if that interests you.
- ▶ If you are interested, there are resources in your area, such as...

Describe the referral/connection process.

- ▶ Would you like to speak with someone who can help you get connected to food today or help you enroll in a food resource program?

Provide a summary of what was discussed.

- ▶ OK, so our plan is to... (confirm the follow-up plan)
- ▶ At your next visit, let's talk more about these resources.
- ▶ Would you like to talk more about these resources at your next visit?
- ▶ As soon as your doctor appointment is over, then we will come talk to you to arrange a follow up.