The Veterans Administration (VA) identified food insecurity as a major factor in hypoglycemia admissions among its diabetic patients. Starting in 2017, the VA required food insecurity screenings for patients at all of its facilities. One screening question is built into the VA’s electronic medical record as a prompt. The national directive did not include a formal referral system.

### Theoretical Framework for Screening at All VA Clinics

**Screening question:** "In the last 3 months did you ever run out of food and you were not able to access more food or have the money to buy more food?"

If **NO**, no further action.

If **YES**, follow-up questions and referral to other care team members:

- **Primary Care Provider:** Medication management & dose adjustments
- **Social Work:** SNAP application, identification of alternative food sources
- **Nutrition:** Counseling for intake choices, education for meal prep strategies
- **RN Case Manager:** Education for hypoglycemia, follow-up for recurring symptoms

Data tracking & follow-up procedures are developed at a local level.

### Local & Institutional practices

Social work has advocated for a possible partnership with Food Lifeline to offer a food pantries on site. Local institutions have offered many internal programs (such as cooking classes and a transitional housing program) that are not directly linked to the screening process. Staff have identified the lack of a formal follow-up procedure or connections to local organizations as a barrier to referring patients to resources after the initial screening.

Thank you to the VA for your contribution to the King County Healthcare & Food Insecurity Learning Network.