

Pilot Screen for Food Insecurity upon Hospital Admission and Variables Associated with Identified Food Insecurity

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Introduction: Screening for food insecurity during hospital admission may be feasible and effective for identifying social determinants of health. The purpose of this project was to assess food insecurity rates in hospitalized patients at Duke University Hospital, evaluate the feasibility of administering the screening, and determine the factors associated with those screening positive for food insecurity.

Methods: A one-month food insecurity pilot screening was implemented by trained nursing (RN) staff on a single unit of Duke University Hospital. Feedback via survey was collected from nurses following implementation.

Results: 105 patients were screened, with 8 positive food insecure patients identified. Chi-square data analysis, SPSSv27 (2020), examined factors associated with food insecurity among patients (age and number of conditions significantly correlated with food insecurity, $p=0.001$ & $p=0.007$, respectively); descriptive statistics analyzed nursing feedback on feasibility of implementation along with survey feedback (100% felt adequately trained to complete screenings after RD education).

Conclusions: Implementation of food insecurity screening with adequately trained RN's is feasible and efficient. Screening was effective at identifying a group of food insecure patients on a single hospital unit. Developing a clear action plan with resources and support to provide greater care for food insecure patients is the next step to broadening the efficacy of this screening to other hospital units and institutions.

Table 1. Relationship of positive food insecurity status & medical / sociodemographic variables

FOOD INSECURITY	Chi-Square	p-Value
# of conditions	21.173	0.007
Age	20.508	0.001
Insurance Status	21.594	0.000
Type of Insurance	21.822	0.000

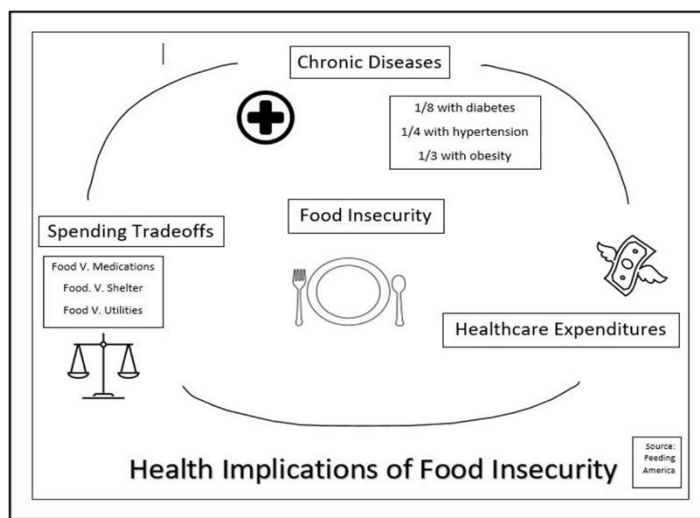


Figure 1. Implications of Food Insecurity graphic utilized during RN

Disclosure: No funding disclosure. Kathryn Lessig is an employee of DUH.