Pilot Screen on Food Insecurity & Associated Variables in Hospital Setting

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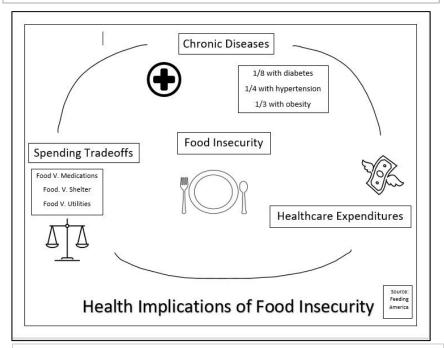Department of Nutrition, College of Health Sciences, Appalachian State University

Purpose
- Analyze feasibility of screening for food insecurity on hospital admission
- Identify medical/socioeconomic variables correlated with food insecurity

Two-Item Food Security Questionnaire

1. 'Within the last 12 months, you worried that your food would run out before you got money to buy more'
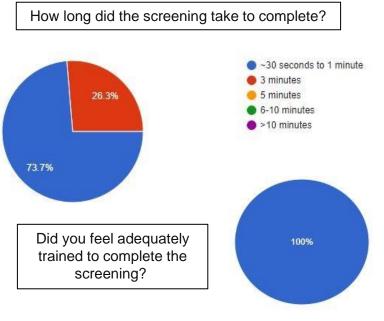2. 'Within the past 12 months, the food that you bought just didn't last, and you didn't have money to get more.[a]

[a]Adapted from the Current Population Survey-Food Security Supplement

Figure 1. Implications of Food Insecurity graphic utilized during RN trainings.

Methods
- 8 RN education sessions on FI questionnaire
- Pilot screen x 1 month
- Implemented by RN staff on single unit
- RN feedback survey following implementation

RN Feedback Survey Results

How long did the screening take to complete?

- ~30 seconds to 1 minute
- 3 minutes
- 5 minutes
- 6-10 minutes
- >10 minutes

Did you feel adequately trained to complete the screening?

Disclosure: Kate Lessig is a Duke University Hospital employee

Study
- 105 patients screened
- 8% food insecurity identified
- No intervention for those who screened food insecure

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

Table 2. Relationship of positive experience FI answer & medical / sociodemographic variables

EXPERIENCE	Chi-Square	p-Value
BMI category	28.173	0.005
Malnutrition	12.156	0.016
Insurance Status	24.542	0.000
Age	31.553	0.048
# of conditions	*45.111*	*0.062*

Action
- Implementation was feasible & efficient
- Screening was effective at identifying FI patients
- Clear intervention plan with resources for those who screen food insecure
- Broaden screening to other hospital units / institutions