Screening Older Adults for Food Insecurity During Check-Ups:

What do Health Professionals Think?

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Abstract. Food security screening is becoming increasingly common at well-child visits in the U.S. Systematic screening of older adults for food insecurity is much less common, despite increasing rates of food insecurity among seniors and the significant impact of food insecurity on health outcomes and chronic disease. Our study sought to understand primary care providers' (PCP) attitudes and beliefs about food security screening and referrals for older adults and barriers to implementation. We conducted interviews with PCPs who see older patients and did not currently screen for food insecurity in routine practice.

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BACKGROUND

- Food insecurity is an economic condition in which people lack access to enough nutritious and safe foods to lead an active lifestyle.[1]
- The threat of hunger among seniors increased by 47% from 2001 to 2014.[2]
- Less than half (42%) of eligible adults over age 60 were enrolled in SNAP in 2014 compared to 89% of eligible adults aged 18-59 years[3]

RESEARCH OBJECTIVES

- To understand PCPs' perceptions of hunger and food security among older patients
- To understand PCPs' perceptions of the feasibility of implementing a two-item food security (FS) screen

Food Security Screening Tool Validated for Use in Primary Care[4,5]

Patients are asked whether 2 statements are often true, sometimes true, or never true in the last 12 months.

1. "We worried whether our food would run out before we got money to buy more."
2. "The food that we bought just didn't last and we didn't have money to get more."

A response of "often true" or "sometimes true" to either question is an indication of food insecurity

METHODS

- Interviews with 16 PCPs from April–June 2016: three in Maine, one in Mississippi, five in New Mexico, five in Philadelphia, and two in Virginia.
- PCPs were recruited from five geographic areas with relatively high levels of poverty and diverse demographics.

FINDINGS

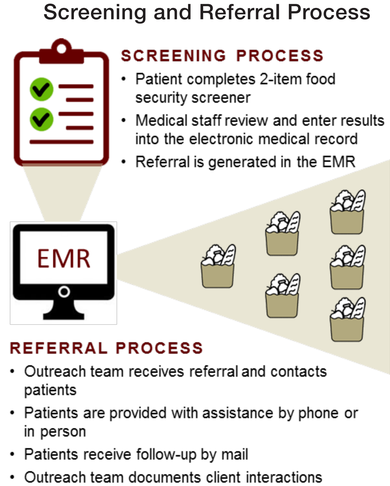
Characteristics of Providers Interviewed (n=16)

Characteristics	N (%) Mean (range)
Provider credentials	
Physician (MD)	7 (44%)
Nurse Practitioner	8 (50%)
Physician's Assistant	1 (6%)
Years practicing primary care	14.6 (1-44)

- **Most PCPs felt that routine food security screening would be a good idea**, and not difficult to incorporate into routine practice. Many of those interviewed only talk to patients about nutrition and food access in the context of other health concerns.

"I'm really only doing it in the context of their chronic conditions, not so much assessing it based on potential poverty." [HP5 – Female nurse practitioner]

Sample Food Security Screening and Referral Process



- **Many PCPs thought patients would be receptive to food security screening,** noting that it would be "just another question" in the battery of questions they're already being asked. Some noted that having a history and rapport with the patient is important in asking gathering honest responses.

"I think our patients would view this as another area that we feel is important to being healthy and well. I don't think they would be turned off by it at all." [HP5 – Female nurse practitioner]

- **PCPs identified specific concerns with implementing food security screening.**
- **Time.** PCPs were concerned about having enough time to use the screening tool and discuss the results with patients who screen positive.
- **Prioritization.** PCPs identified the many competing demands placed on health care practices as a barrier, as well as having to prioritize which issues to address with complex patients.

"[I]t's really convincing the employer that this is necessary and making the argument to the hospital system or to the business that this is necessary." [HP3 – Female physician]

- **Resources.** Having adequate resources in place for addressing food insecurity was a major concern for PCPs. Some stated that they would be uncomfortable with screening if not able to refer patients to community or other resources at the visit.

"Just screening, in and of itself, is inadequate. You really have to have a planned intervention for what you expect to find if you implement the screening program." [HP13 – Male physician]

CONCLUSIONS AND IMPLICATIONS

PCP's initial positive response to food security screening for older patients is encouraging, and suggests that primary care practices could help screen and intervene for food insecurity. At the same time, a number of concerns were raised that would require support from the health system or administrators, and community partners.

Health systems and insurers may consider ways to seamlessly integrate screening to identify food insecure patients and referrals to connect them with available resources that can lead to improved health, as well as medication adherence and management.

The results of these interviews informed site visits with primary care practices conducting food security screening and referral. These efforts culminated in a free Resource Guide available for health systems interested in implementing food security screening and referrals.

Implementing Food Security Screening and Referral for Older Patients in Primary Care

A Resource Guide and Toolkit

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A collaboration between AARP Foundation | IMPAQ

www.aarpfoundation.org/fsscreening

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