

# A Quick Guide to Food Insecurity Screening and Referral For Older Patients in Primary Care

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**AARP Foundation** and **IMPAQ International, LLC** have collaborated to produce a resource guide and toolkit to aid health systems in implementing food security screening and referrals for older patients in primary care practices. This document is intended to be used as a “Quick Start” guide summarizing the rationale for screening and referring food insecure older adults, the key elements of existing screening and referral systems, and examples of how screening and referral systems have been implemented. More detailed information can be found in “Implementing Food Security Screening and Referral for Older Patients in Primary Care: A Resource Guide and Toolkit” (see <http://aarpfoundation.org/fsscreening>).

## **How does food insecurity affect older patients?**

Food insecurity, or lacking access to enough safe and nutritious food to lead a healthy lifestyle, has significant impacts on the health of older adults. In addition to malnutrition and diets lacking in nutrient dense foods, food insecurity puts older adults at greater risk for activity limitations, poor overall health, depression, asthma, and heart conditions. Those experiencing food insecurity are also more likely to skip or delay purchase of medications due to cost. While food insecurity is an economic factor, it has significant health implications for patients.

## **Why should health systems conduct food security screening and referrals for older patients?**

As noted above, food insecurity increases the likelihood that patients will suffer from a variety of conditions. Further, food insecurity can have a tremendous impact on a patient’s ability to adhere to medication and treatment regimens because of their economic situation.

At the same time, older adults consume health care at high rates, making health systems the ideal location for connecting patients with resources.



Both patients and health systems can benefit from screening and referrals:

- Food assistance programs are underutilized by older adults, and community organizations need help locating eligible older adults in need.
- Helping patients address food insecurity will increase the likelihood that they will adhere to treatment regimens, be able to make modifications to diet when instructed by physicians, and potentially reduce hospital readmissions. Improving overall health status can have meaningful results in an era of value-based reimbursement.

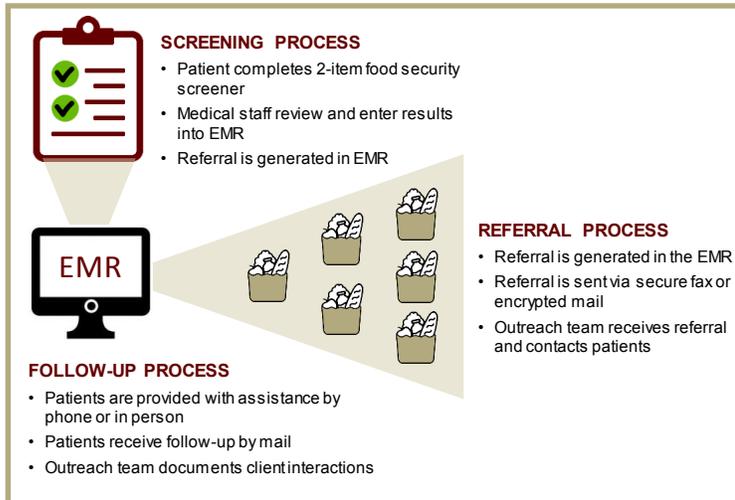
## **What is food security screening and referral?**

The typical food security screening process involves systematic screening of patients at regular intervals using a validated tool. The medical team reviews the results and generates a referral for food insecure patients. There are a range of referral options depending on your clinic’s resources. Referrals can be provided internally by case managers or social workers or externally by community organizations that support food insecure households. Pamphlets or written materials can also inform patients about where to seek resources. Figure 1 outlines a typical process that relies on external referrals.

A collaboration between

**FIGURE 1:**

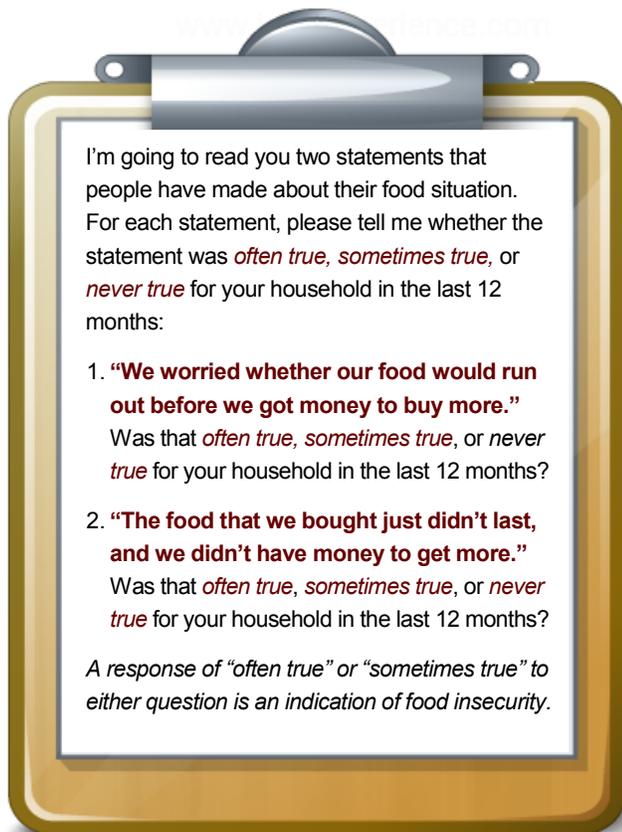
## Food Security Screening and Referral Systems



Researchers validated a 2-item screening tool in 2010 with high levels of sensitivity and specificity for identifying patients in food insecure households. Medical staff, such as medical assistants, patient navigators, or nurses can administer the questions as shown in Figure 2.

**FIGURE 2:**

## Validated 2-Item Food Security Screening Tool Recommended for Routine Screening in Primary Care Practice



## How have health systems implemented food security screening and referrals?

Health systems have shown considerable flexibility with respect to how, when and by whom food security screenings and referrals are conducted. Some examples include:

- **Partner initiated, phone-based referrals.** Hennepin County Senior Care Clinics refer food insecure patients to Second Harvest Heartland Food Bank. Outreach workers phone patients to assist them in applying for SNAP and connect them with community food resources.
- **Partner initiated, in-person referrals.** Medical staff at Providence Medical Group – Milwaukie refer patients to a local social service provider, Impact NW. Outreach workers meet with patients one-on-one to patients with food assistance and other programs, such as housing or heating assistance.
- **Partner-initiated, on-site assistance.** Maryland Hunger Solutions provides on-site referral assistance to patients identified as food insecure at Chase Brexton Medical Center. MDHS assists patients in applying for SNAP and other federal programs for which they are eligible.
- **Referral to community-based organizations.** Health care providers in Detroit can refer patients to the Fresh Prescription program. Patients meet with clinicians for diet- and nutrition-education and are able to fill their "prescription" for fruits and vegetables at participating farm stands.
- **On-site food assistance.** Primary care providers at Boston Medical Center refer food insecure patients to the onsite preventative food pantry, which supplies patients with enough food to last three to four days.

Food security screening and referrals can take many forms, depending on the resources and partnerships available to address food insecurity. To get started at your clinic, the complete resource guide can be found at <http://aarpfoundation.org/fsscreeing>.

To learn more about AARP Foundation's programs, please visit: <http://www.aarp.org/aarp-foundation/>