

BACKGROUND

Food insecurity (FI) is an issue affecting 10.5% of United States households [1]. However, in 2020, Los Angeles (LA) county reported 34% households experiencing FI [2]. This rate is of considerable concern, especially when combined with the fact that FI is associated with chronic conditions, such as obesity, diabetes, hypertension, and depression [2]. Prior studies have shown that interventions such as SNAP/CalFresh enrollment, or other community-based food programs can decrease FI [3]. Not only that but transitioning to food security can decrease emergency department & inpatient visits. In children, it can decrease the risk of developing chronic diseases in later life [5]. Despite this, approximately 20.7% of LA households eligible for CalFresh are still not enrolled and are will likely to continue to experience FI [2].

OBJECTIVES

In this study, we aim to implement the following model:



We aim to see if Hunger Vital Sign screening will be an effective mode for the referral to food assistance programs for food-insecure patients of Venice Family Clinic.

METHODOLOGY

Screening
A Hunger Vital Sign screening will be administered at various Venice Family Clinic locations with the following questions:
1) Within the past 12 months, I have worried whether our food would run out before I got money to buy more.
2) Within the past 12 months, the food I bought just didn't last and I didn't have money to get more.
Answer: Often True, Sometimes True, Never True

Referral
If a patient screens positive by answering "Often True" or "Sometimes True" to at least one question, they will be given an intervention in clinic:
1) Free Food Resource flyer with list of local food markets, groceries, food banks, and free meals.
2) Community Health Workers will be in contact with patients to have Health Insurance Enrollment Specialists help enroll them in SNAP and/or CalFresh.

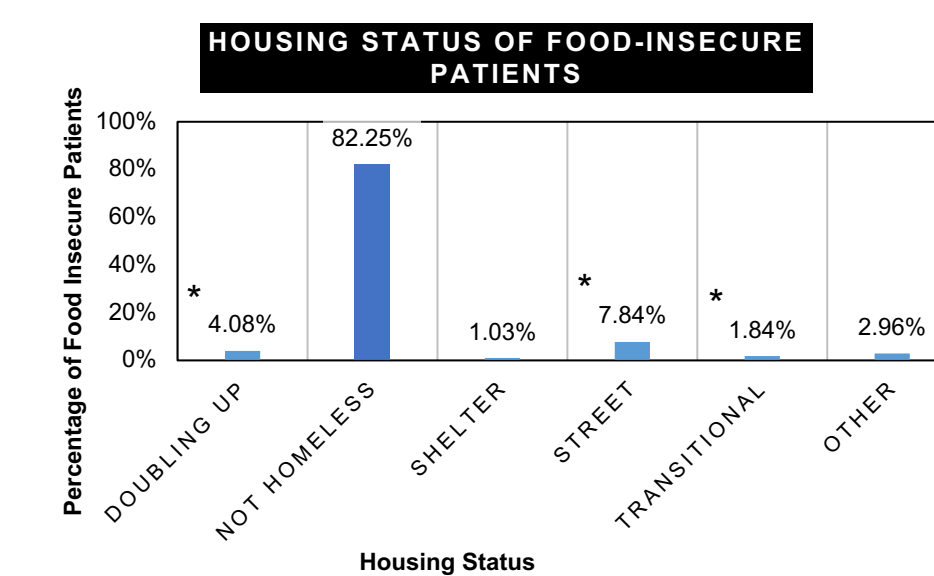
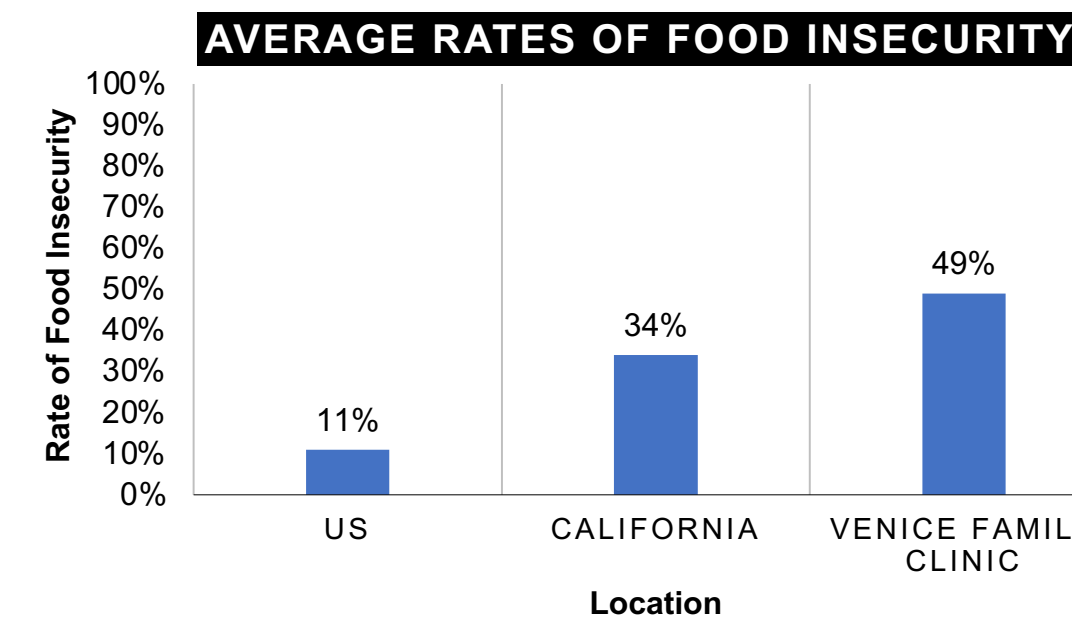
Participation
A short survey will be given to participants of a Food Market hosted by Venice Family Clinics, and include the following questions:
1) Are you a patient with Venice Family Clinics?
2) Have you been to these food markets before?
3) Do you regularly rely on the foods given out at these free markets in order to have enough food?
4) Do you use any other food assistance program? (SNAP/CalFresh, WIC, food banks, other food distributions)
This will be used to determine food assistance programs participants are currently using, and help us identify where more targeted referrals need to be given.

RESULTS

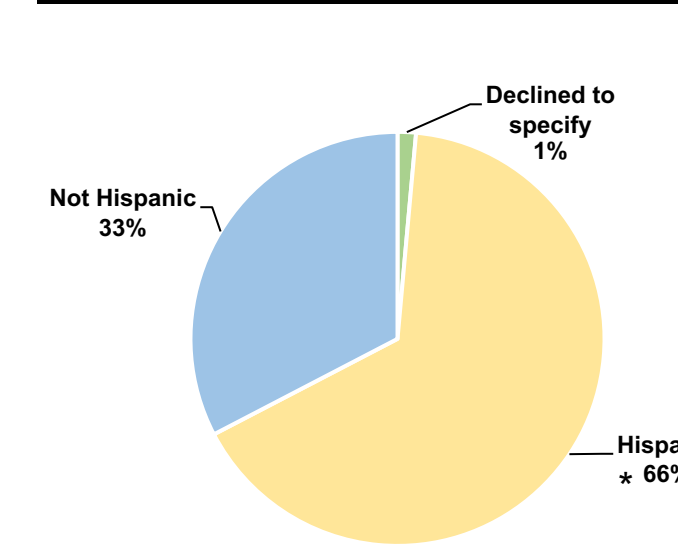
1) **Hunger Vital Sign screening** responses showed that **49%** of patients were **positive** for food insecurity.

Factors associated with a positive screening include: (p<0.05)

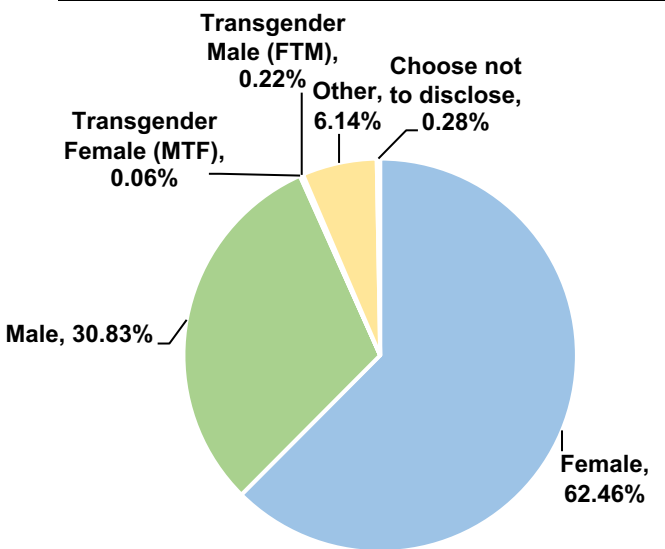
- Street living, transitional living, and doubling up
- Hispanic
- Male



ETHNICITY OF FOOD-INSECURE PATIENTS

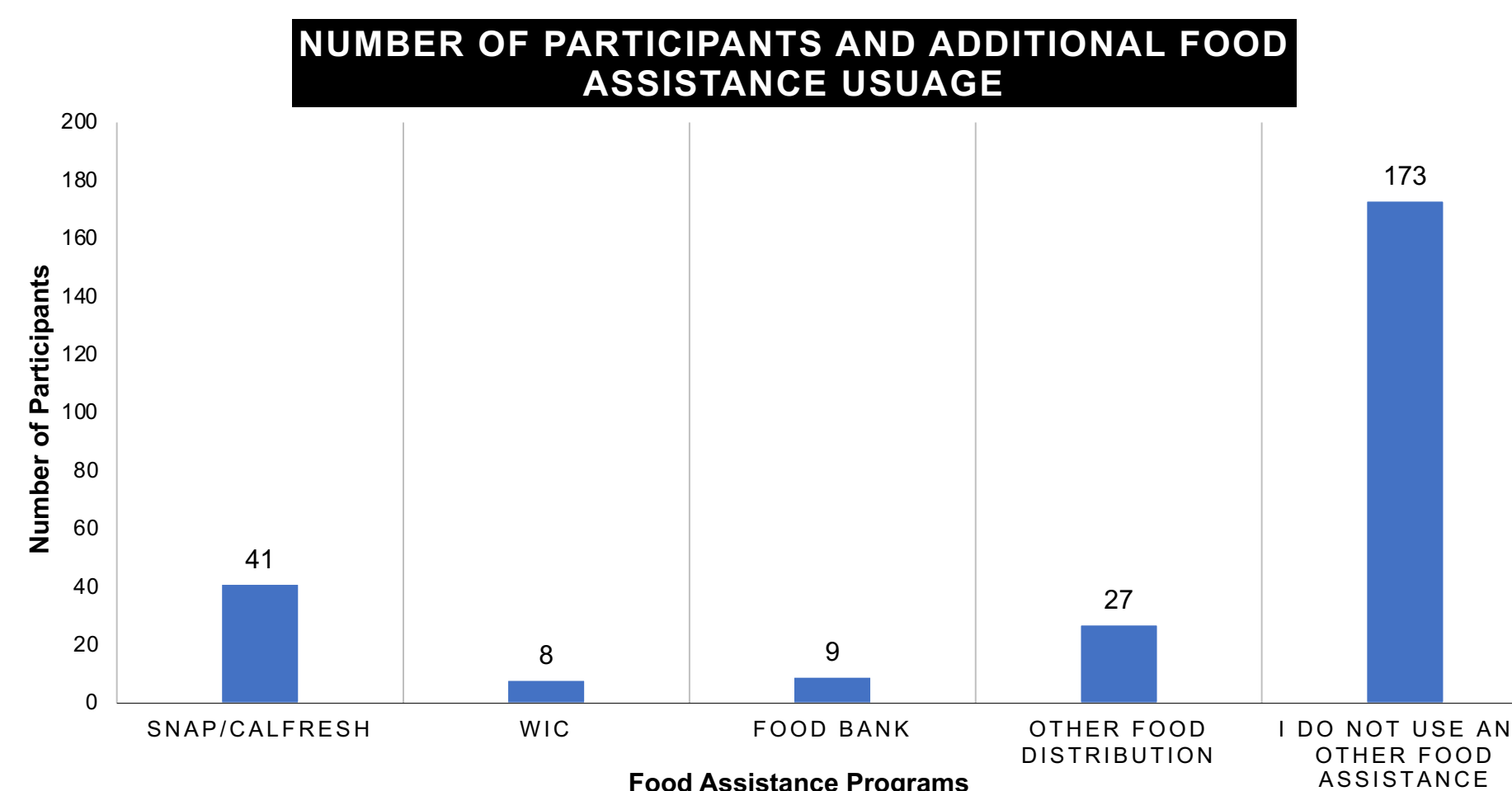


GENDER OF FOOD-INSECURE PATIENTS



2) Responses to **Food Assistance Surveys** showed that:

- **60%** of participants at Food Markets are patients of Venice Family Clinic.
- **87%** of returning participants report they "regularly rely on the food given out at Food Markets in order to have enough to eat."
- **70%** of participants reported they do not use any other form of food assistance.



CONCLUSION

Findings from this study show that 49% of Venice Family Clinic patients are food insecure, which is a rate much higher than the national average [1]. This demonstrates a large need for these screenings to continue. Within this group, those who are unhoused or in transitional housing, Hispanic folks, and men are more likely to be food insecure. These groups should especially be considered when referring patients to food assistance programs.

This study shows that 60% of participants of food markets hosted by Venice Family Clinic are patients of the clinic. This shows that the referral process is effective at getting food-insecure patients to participate in food assistance programs. These food markets are also a reliable source of food for the majority of returning participants (86.5%). However, many participants do not use another form of food assistance (69.5%), showing that this is a potential source of intervention. With 97.79% of Venice Family Clinic patients meeting the income eligibility requirement, SNAP and CalFresh enrollment could be a highly beneficial form of intervention [4].

RECOMMENDATIONS

Future studies should survey all patients of Venice Family Clinic about their participation in food assistance programs in order to get a more accurate depiction of what programs patients are utilizing. This will also ensure that Health Insurance Enrollment Specialists are not under-utilized in the referral process. Interventions to increase food assistance participation should be increased. One way to do this is through increased SNAP/CalFresh enrollment and awareness of eligibility. Future food market goals may consider providing meals or a more-regular distribution schedule to accommodate those experiencing homelessness. Before screenings begin to be administered electronically, EHR technical difficulties should be addressed to allow for a more streamlined screening process.

ACKNOWLEDGEMENTS

I would like to thank NMF Primary Care Leadership Program for providing the opportunity and LA Care for funding this research. I would also like to thank Venice Family Clinics, Venice, CA for hosting this project, with special thanks to Dr. Margarita Loeza and Matthew Ware for your support and guidance. Thank you to the Quality Improvement department for the data provided and to the Health Education team for building great food markets. Lastly, special thanks is given to Horace Tsai for your knowledge and advice throughout this project.

References
[1] Coleman-Jensen, A., Rabbitt, M.P., Gregory, C.A., & Singh, A. (2021). Household Food Security in the United States in 2020. ERR-298, U.S. Department of Agriculture, Economic Research Service.
[2] Los Angeles County Department of Public Health, Food Insecurity in Los Angeles County Before and During the COVID-19 Pandemic, November 2021.
[3] Cutts, D., & Cook, J. (2017). Screening for food insecurity: Short-term alleviation and long-term prevention. *American Journal of Public Health*, 107(11), 1699-1700.
[4] Venice Family Clinics. Health Center Program Uniform Data System (UDS) Data Overview. (2020). Retrieved July 19, 2022, from https://data.hrsa.gov/tools/data-reporting/program-data?grantNum=H80CS04217.
[5] Gundersen, C., & Seligman, H. K. (2015). Food Insecurity and Health Outcomes. *Health Affairs*, 34(11), 1830-1839. https://doi.org/https://doi.org/10.1377/hlthaff.2015.0645