



# Screening for and Addressing Food Insecurity in Healthcare Settings

## Why Screen for Food Insecurity?

Food insecurity is a major public health issue. Food insecurity increases the risk of diabetes, hypertension, heart disease, and obesity. Food insecure individuals report more mental health problems and poorer health and have a harder time managing chronic diseases. Children in food insecure households are more likely to have anxiety, depression, behavioral disorders, iron deficiency, anemia, and asthma. Food insecure seniors are less likely to maintain independence.

In Tennessee, 1 in 7 people and 1 in 5 children is food insecure.

## Food Insecurity Screener

Universally screen for food insecurity using the Hunger Vital Sign. This screener is based on the U.S. Household Food Security Survey and is validated for use as a screening tool in a health care setting.

Individuals are determined at risk for food insecurity if they answer **often true** or **sometimes true** to *either or both* of the following statements:

### The Hunger Vital Sign Food Insecurity Screener

1. "We worried whether our food would run out before we got money to buy more."  
☐ Often True    ☐ Sometimes True    ☐ Never True    ☐ Don't Know/Refused
2. "The food we bought just didn't last, and we didn't have money to get more."  
☐ Often True    ☐ Sometimes True    ☐ Never True    ☐ Don't Know/Refused

# Implementation

Identify when to screen. Every appointment, or only during certain visits? Decide if you will include the food insecurity screening questions on regular patient registration or intake forms or do a verbal screening. Experience from other healthcare providers has shown that conducting the screening in writing receives the most honest patient responses.

Use existing documentation procedures and Electronic Health Records systems to track referrals and aggregate data. **ICD10 code Z659** can be used to indicate a completed food insecurity screen. **ICD10 code Z59.4** indicates a positive screen.

# Intervene

People who are food insecure may need immediate food assistance and help connecting to local food pantries and federal nutrition programs that provide ongoing access to nutritious food.

Involving skilled outreach workers or case managers will help patients access the food they need for good health. Active referrals and warm hand-offs to nutrition assistance are the most effective in connecting patients to food resources.

- Administer appropriate medical interventions per your protocol.
- Provide the map and listing of Emergency Food Box sites to patients. Visit or become familiar with your local food pantry site so you can provide an earnest referral to the patient.
- Provide information on federal food assistance programs, including SNAP / Food Stamps. Encourage the patient to call Second Harvest's SNAP Outreach Counselor for assistance with the SNAP application, or ask the patient if you can give their contact information to the SNAP Outreach Counselor, who can call or email them directly. A recent study published in *JAMA Internal Medicine* found that people who are enrolled in SNAP have health care expenditures that are, on average, \$1,400 less per year compared with similar people who are not enrolled in SNAP.
- Provide onsite food resources, such as a food pantry or small food bags.
- Request Second Harvest's presence at clinic outreach events (i.e. Diabetes Day). We can provide SNAP/Food Stamp application assistance at your event.