

FOOD INSECURITY AT CREIGHTON UNIVERSITY FAMILY MEDICINE CLINIC

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BACKGROUND

- In 2017, **42.4 million** Americans live in food insecure homes including **29.2 million** adults and **13.2 million** children



1 in 8 AMERICANS



BACKGROUND

- In Nebraska, 227,350 people are struggling with hunger and of them about 82,070 are children



1 in 8 people and 1 in 6 children

WHAT IS FOOD INSECURITY?

- **FOOD INSECURITY**

- is a lack of consistent access to enough food for an active and healthy lifestyle



Food Insecurity is a Complex Problem

Primary Drivers of Food Insecurity



Needs don't exist in isolation and families are making tough tradeoffs to meet basic needs



BACKGROUND

Impact of food insecurity on 4 health measures in working adults



15.3%

Chronic illness is **15.3% more likely** in households with very low food security.



18%

Number of chronic illnesses is **18% higher** in low food-secure households.



10.5%

Hypertension is **10.5% more likely** in very low food-secure households.



9%

Excellent health reported **9% less often** in marginally secure households.

SOURCE: US Department of Agriculture; Food Insecurity, Chronic Disease, and Health Among Working-Age Adults; July 2017.

A Conceptual Framework: Cycle of Food Insecurity & Chronic Disease



BACKGROUND



FOOD BANKS



BACKGROUND

- **There are about 85 food banks available in NEBRASKA**

Aurora (1)

Beatrice (2)

Bellevue (1)

Central City (1)

Columbus (2)

Crete (1)

Denton (2)

Fremont (1)

Gibbon (1)

Grand island (2)

Hastings (3)

Lincoln (29)

Milford (1)

Nebraska City (1)

Norfolk (2)

North Platte (1)

Omaha (25)

Plattsmouth (1)

Rushville (1)

Seward (1)

Sidney (1)

Snyder (1)

South Sioux City (1)

Springfield (1)

Syracuse (1)

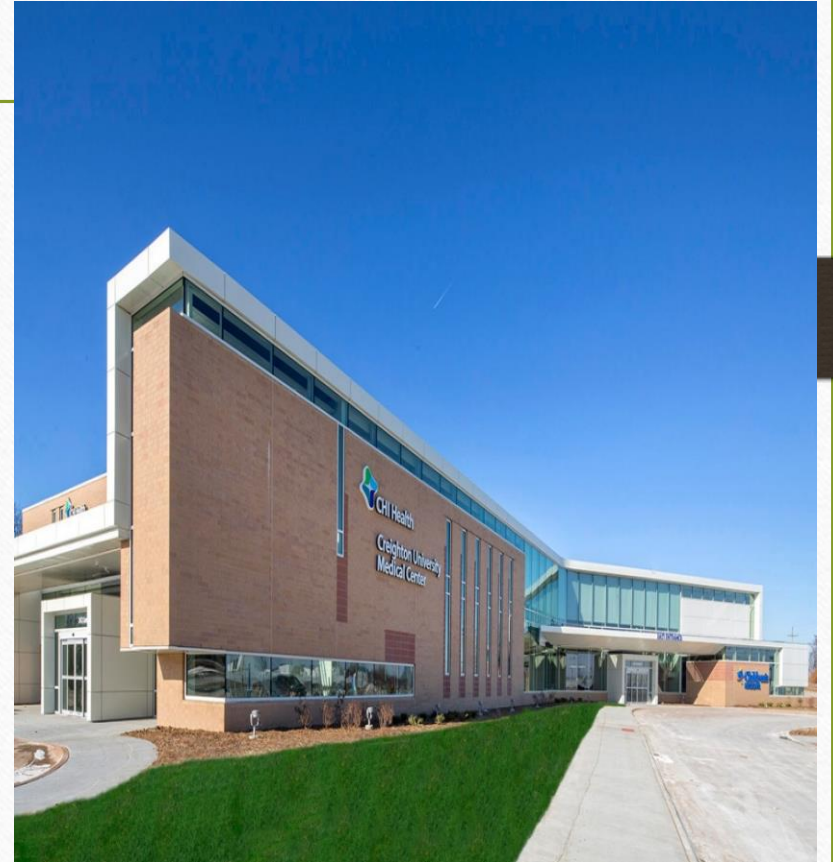
Wymore (1)

OBJECTIVES

- To identify the patients at CUMC clinic who are food insecure.
- To connect food insecure patients to appropriate resources such as food banks.
- To determine the benefit of referring food insecure patients to food banks by comparing their number of sick visits pre and post referral.

SETTING OF THE STUDY

- **Creighton University Family Medicine Clinic**
 - Located at 24th and Cuming St. in Omaha, NE
 - Primary training location for the Creighton University Family Medicine Residents
 - **82%** of the patients are Medicare/Medicaid insured
 - No standardized screening process for FOOD INSECURITY prior to the study



INCLUSION CRITERIA

- All patients seen at the Creighton University Family Medicine Clinic who has not been previously screened for food insecurity.

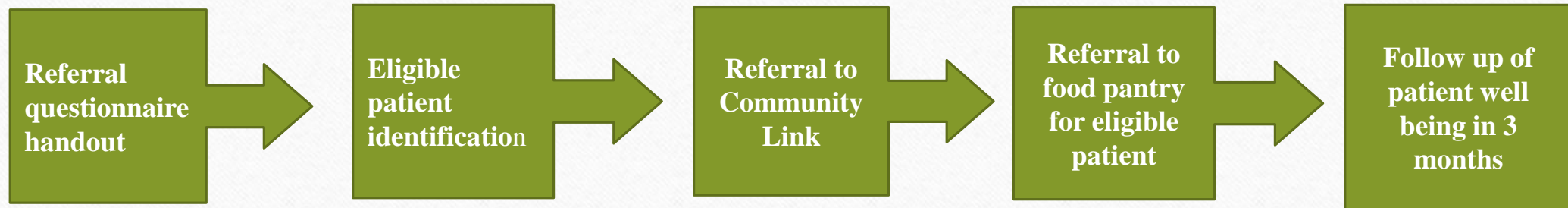


EXCLUSION CRITERIA

- New immigrant patients who have only been in the US for less than 3 months.
- Patients already screened previously for food insecurity.



METHODOLOGY



METHODOLOGY

- Screening
- Identification
- Intervention
- Follow up
- Data Collection

SCREENING

- Patients screened using a standardized questionnaire.










CHI – HEALTH COMMUNITY LINK

The community Link program helps patients of CHI Health Family Residency Clinic at Creighton University medical centre-University Campus connect to services or resources available in the community. Advances are at the clinic to provide information and community referrals to interested patients either in person or telephone. Please take a moment to complete this form. If you are interested, an Advocate is available to link with the appropriate resource.

First, Last Name: _____ Date of Birth _____

Preferred Language : _____ Date _____

Please select “YES” or “NO” to any of the following items :

	In the last 3 months, did you ever eat less than you felt you should because there was not enough money for food?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	In the last 3 months, were you worried that your food would run out before you could get money to buy more?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you need help applying for food stamps also known as Supplemental Nutrition Assistance Program (SNAP)? Select “NO” if you already receive or applied for SNAP in the last 45 days.	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you need help applying for Women, Infant and Children Program (WIC)? Select “NO” if you already receive or recently applied for WIC	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you need help applying for health insurance? Select “NO” if you submitted a Medicaid or Medicare application within the last 45 days.	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Within the last 30 days, have you received a shut off notice from the utility company for not paying your bills?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Do you have trouble finding or paying for a ride to medical appointments?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Are you interested in learning to read, write or speak English?	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Would you be interested in learning more information about local drug and alcohol support groups for you or a loved one?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Would you like to meet with someone from the community Link Program about one of the need above? ☐ YES ☐ NO

Can we contact you by Telephone? ☐ YES ☐ NO

Phone Number: _____ Best Time to Call: _____

By Signing this document, I agree to let this program share my name, phone, email, or address with a community partner to help provide services I want _____

“You may stop participating in the community Link Program at any time, choosing to stop participation in the community Link Program will not impact the health services you receive”

For Community Link Staff only (MRN: _____ /TAV Contact #: _____)

Collected By: Print Name _____ Date _____

IDENTIFICATION

Patients screened for food insecurity
(YES to one or both questions)



Referred to **Community Link**

Community Link is a program working with CHI Health that connects eligible patients with the needed resources to address social determinants of health for the purpose of improving health outcomes.

INTERVENTION

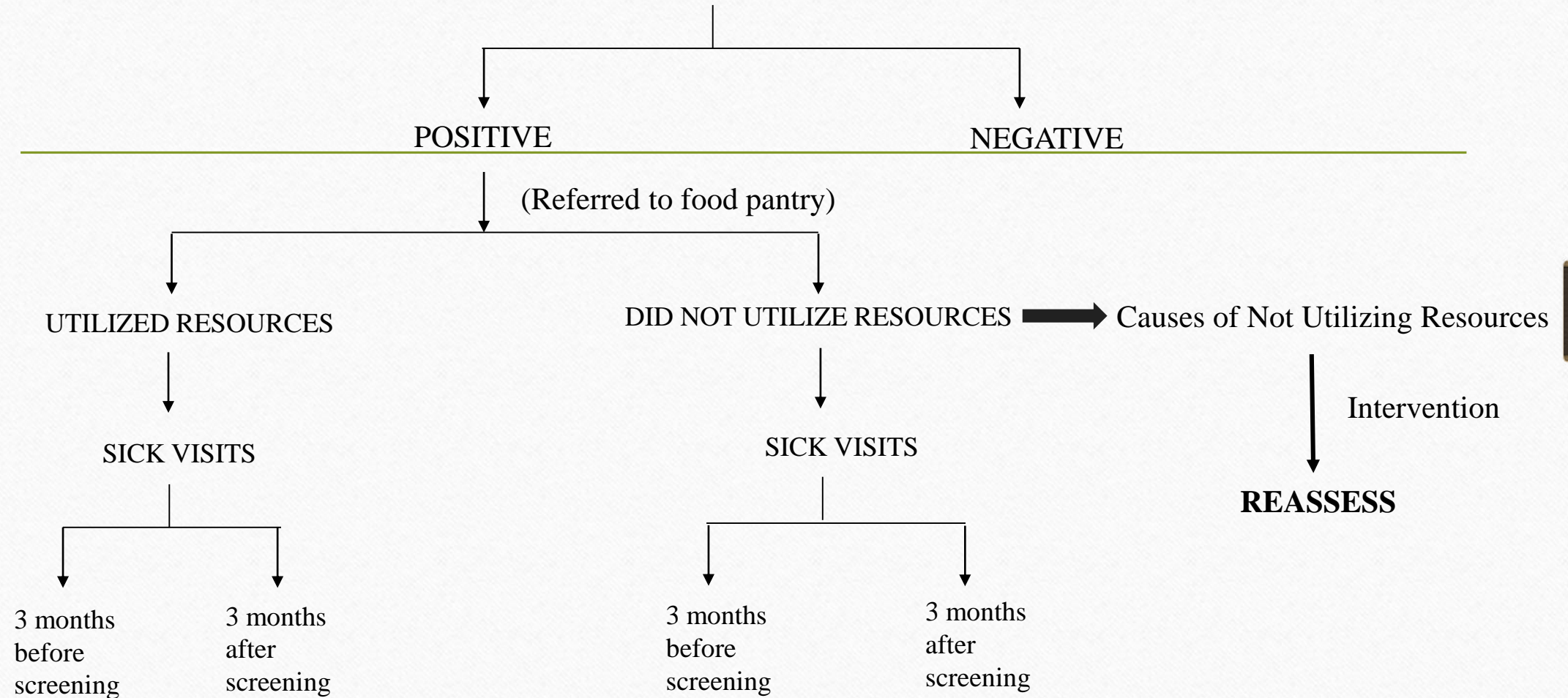
- Referral of the positively screened patients to food banks c/o **Community Link**.

FOLLOW-UP

- Confirmation of the utilization of resources by patients via phone call.

DATA COLLECTION

PATIENTS SCREENED FOR FOOD INSECURITY



CHALLENGES

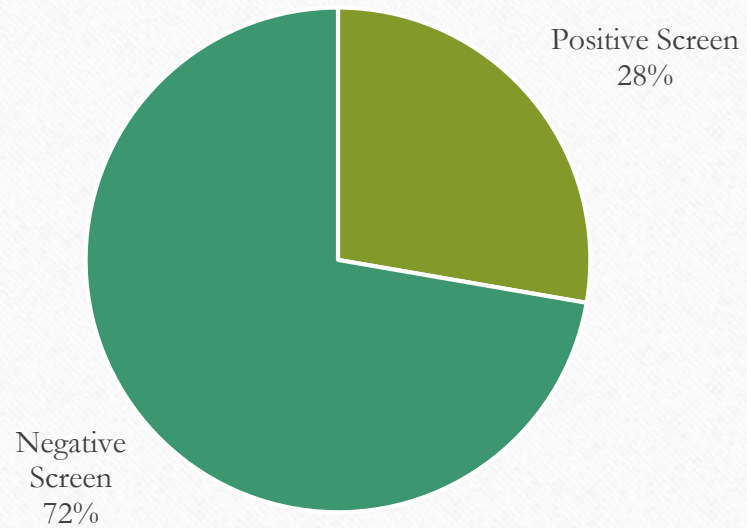
- Difficulty in handing out questionnaires due to time constraints during visits.
- Lack of standardized method of screening patients.
- Incomplete survey and non-responsiveness.

CURRENT DATA

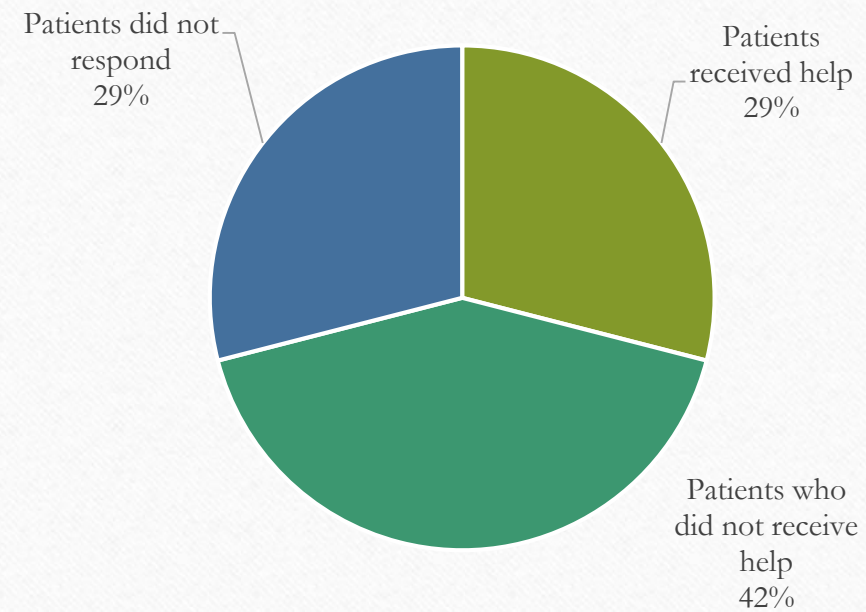
# of Pxs Screened	Positive Screen	Negative Screen	Unable to contact	Received Help	Unable to get help
202	56	146	15	16	25

CURRENT DATA

Number of Patients Screened



Patients who screened positive



REASONS FOR INABILITY TO RECEIVE HELP

- Transportation Barrier
- Language Barrier
- Weather concerns
- Lack of communication between provider and patient (patient unaware of referral/patient “did not receive” referral)
- Other forms of help was received (i.e. food stamps)

ROOT CAUSE ANALYSIS

Communication

Language Barrier
Incomplete Surveys
Patient refusal to answer survey

Provider

Remembering to hand out questionnaires
Timely collection of questionnaires
Misplacing questionnaires

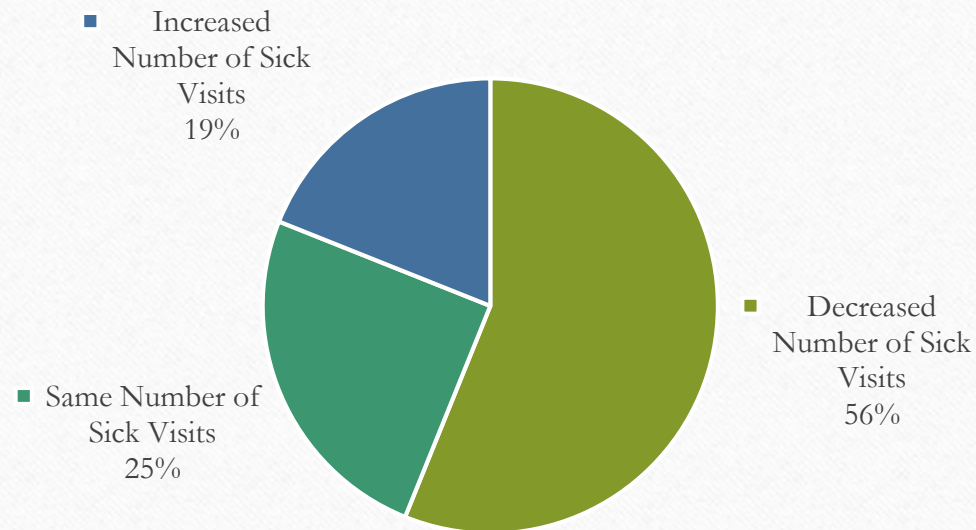
Ability to access food stamp/food pantry

Patient Compliance

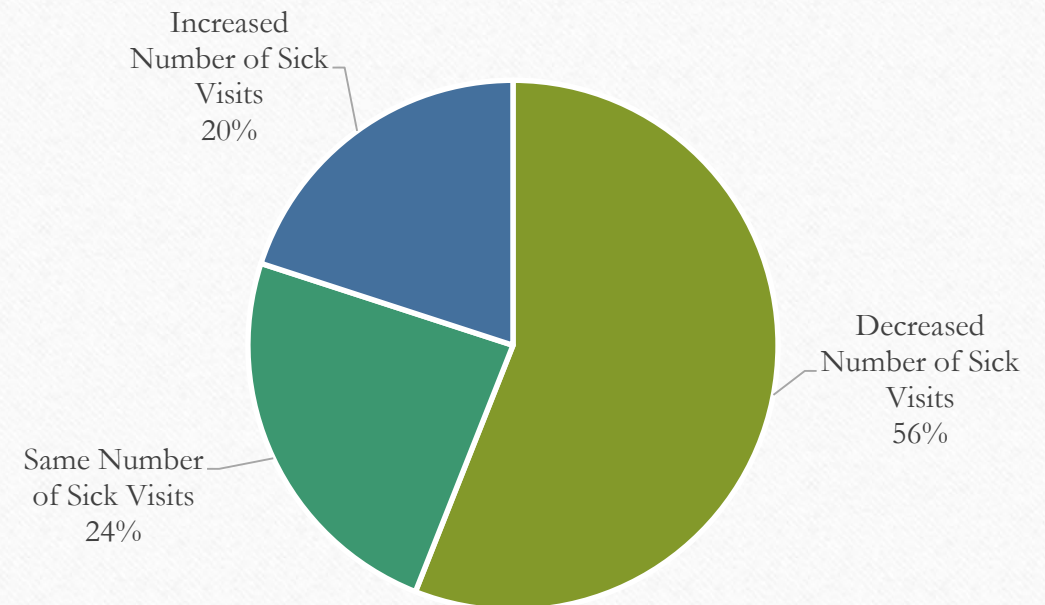
Transportation Barrier
Weather Barrier
Misplaced Referrals
Unable to physically go

SICK VISITS

Patients who received help



Patients who did not receive help



CONCLUSION

- Out of 56 patients who screened positive, there were 19% increase in sick visits in patients who received help from food bank. There was 20% increase in sick visits in patient who did not receive help from food bank.

Future Goals

- This QI project will continue on for at least 1 more year, we will survey more clinic patient and collect more data. Increasing sample size will help improve validity in our study
- Importance of educating patients on what is healthy diet. We are referring patients to food pantries/banks but not monitoring or surveying what kinds of food they are getting.

Future Goals

- We will investigate other health factors that are affected by food insecurity, such as BMI, cholesterol levels , and hemoglobin A1Cs (Diabetic patients).
- We will also consider how school grades are affected by food insecurity.

THANK YOU!

