

Title: Addressing Inpatient Food Insecurity: Hospital Level Drivers for Activation

Background: The importance of addressing food insecurity (FI) to improve health outcomes is well established; however, most efforts focus on the outpatient setting. Less is known about FI work in inpatient pediatric settings.

Objective: To describe the breadth of efforts of Oregon hospitals Oregon regarding caregiver hunger and FI and develop a conceptual model informing drivers of activation around FI work.

Methods: An IRB-approved mixed methods e-survey and virtual stakeholder interviews with Oregon hospitals who admit pediatric patients. Survey questions included availability of social determinants of health screening, inpatient caregiver food trays, proximity of food resources, community initiatives, and funding sources. Virtual qualitative stakeholder interviews explored drivers and barriers to FI program implementation at individual hospitals.

Results: Seventeen of 18 hospitals responded to the survey. Survey results found limited but diverse approaches to feeding caregivers and addressing FI, generally free guest trays for 1 caregiver [11/17] and on-site food pantry [7/17]. Few (2/17) have institutional support to effect sustainable programming, despite multidisciplinary stakeholder buy-in; two urban hospitals ceased providing free caregiver trays within this year. Most hospitals report informal inpatient screening for hunger (12/17); formal resources are spent on outpatient services and referrals to several established programs. Healthy, affordable food options are rarely available. Stakeholder interviews with 11 hospitals identified specific activation drivers: leadership culture centered around recognition of the interconnectivity of food and health; sense of community between staff and patients; community-based research; and appropriate staffing.

Conclusion: Discrete but overlapping findings include: 1) caregivers of hospitalized children are at risk of being hungry in the hospital, and 2) some children may also be experiencing FI at home. Specific values/assets within hospital systems were identified to create a conceptual model of activation toward systematic and programmatic approaches to FI, leveraging readiness to engage. Addressing FI remains at risk in hospitals due to financial and staffing pressures.