

Following up on food insecurity: Pragmatic barriers to measuring primary care screening and referral outcomes

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Monday Poster Session, Harborside
Poster board 28
February 3, 2025, 2:30 PM - 3:30 PM

Abstract

Background: Screening and referral for food insecurity in healthcare settings shows promise but lacks conclusive evidence of benefits to patients. Establishing an evidence base will require overcoming barriers that make rigorous studies challenging.

Objective: Document response rates and barriers encountered in pilot study of short-term outcomes following food insecurity screening and resource referral among primary care patients.

Methods: We collaborated with a multi-site, federally qualified health center (FQHC) in Colorado's west mountain region to survey an intended sample of 60 English-speaking patients experiencing food insecurity. Repeated REDCap surveys (text or email) assessed community food assistance usage (SNAP, WIC, etc.), food insecurity, and diet quality following in-clinic screening and referral.

Results: Over two months, FQHC staff referred 38 patients, noting language as a barrier. Survey completions were: 16 at baseline, 12 at one-month, and 14 at three-months. In addition to automated survey invitations and follow-ups, the study team sent 220 recruitment, reminder, and follow-up texts (average 10/response) and made 35 phone calls. Gift cards (\$20-30) were provided after surveys.

Both care-team staff left the FQHC, pausing recruitment, and other practices chose not to participate citing overburdened care-teams. The study team pivoted to more automated protocols and created/utilized Spanish versions of surveys and scripts and relaunched with a single care manager at the FQHC. A total of 58 referrals resulted in 23 baseline and 17 follow-up completions. More Spanish-speakers initiated but did not complete surveys.

Conclusion: In our on-going study, English-only survey measures limited representativeness and reach. Translation required time, outside expertise and cost and improved equity. Practice staff time and turnover caused recruitment delays. Study team outreach and coordination were time-intensive and likely limited by participant text/email/internet access. Incentives were important but insufficient. Our experiences illustrate many challenges in evaluating outcomes of interventions aimed at addressing social needs in community settings.