



Prescription Pantry: Proposed Screening & Management for Food Insecurity at Mission Medical

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Background

- Food insecurity, defined as a house-hold level economic and social condition of limited access to food, is associated with higher health care costs and poor health outcomes for adults and children.¹
- In 2020, amidst the COVID pandemic, food insecurity doubled to 23% of American households from 10.5% of households in 2019.²
- Mission Medical Clinic (MMC) provides primary and specialty medical care to uninsured, under-served, and low income people living in the Pikes Peak community.
- MMC has an on-site food pantry available for patient use, however the prevalence of food insecurity in this patient population is unknown. There is also no protocol for referring patients to this resource.
- A 2-question screening survey has been validated across high-risk population subgroups with a sensitivity of $\geq 97\%$ and a specificity of $\geq 74\%$ for food insecurity.³
- The Nutrition Environment Food Pantry Assessment Tool (NEFPAT) is a validated instrument for assessing the clinical nutrition environment of food pantries and providing recommendations for improvements.⁴
- Clinical Nutrition Environment encompasses the types, quantities, placement, range of choices, freshness and labeling of foods in a pantry. These factors have been shown to influence food selection choices by food pantry patrons.⁴
 - “Foods to Encourage (F2E)” are healthy foods that meet specific criteria defined by the NEFPAT

Objectives

- Evaluate the prevalence of food insecurity in the MMC patient population
- Complete NEFPAT assessment of MMC’s food pantry
- Provide recommendations to improve food pantry based on NEFPAT results

Project Description

Food Insecurity Screening

- A 2-question screening survey was administered as part of routine intake survey at primary care and specialty clinics at MMC from November 2020-February 2021

Improvement of Food Pantry

- Food Pantry was evaluated using the NEFPAT
- Recommendations will be provided to MMC leadership based on NEFPAT results

Screening Survey

1. ‘(I/We) worried whether (my/our) food would run out before (I/we) got money to buy more.’ Was that often true, sometimes true, or never true for (you/your household) in the last 12 months?
 - o Often true
 - o Sometimes true
 - o Never true
 2. ‘The food that (I/we) bought just didn’t last, and (I/we) didn’t have money to get more.’ Was that often, sometimes, or never true for (you/your household) in the last 12 months?
 - o Often true
 - o Sometimes true
 - o Never true
- *Screening is positive if “often true” or “sometimes true” is selected for either question.

Results

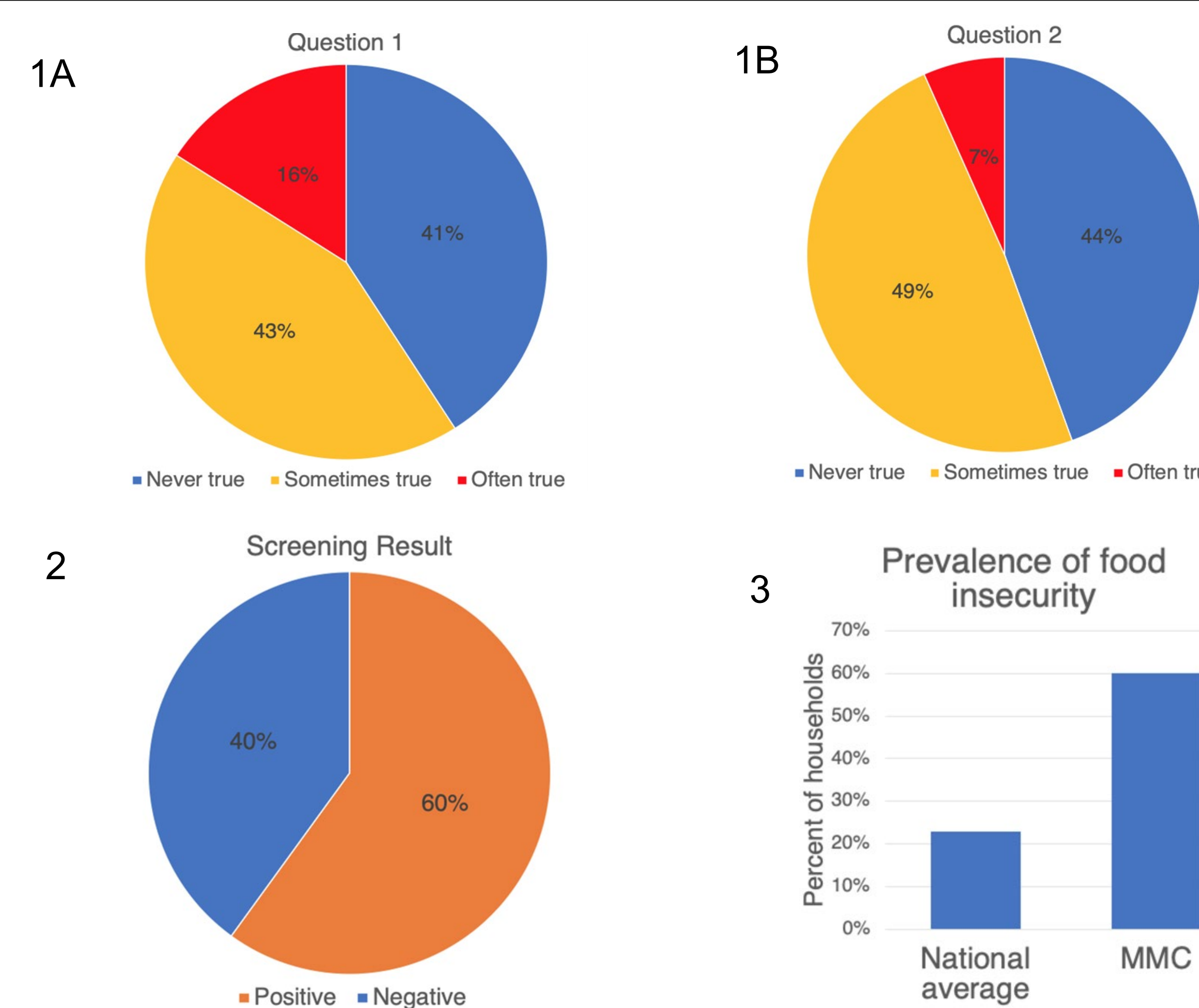


Figure 1: Answers to Food Insecurity Screening Question 1 (A) Question 2 (B) n=47
Figure 2: Interpretation of Food Insecurity Screening questions n=47
Figure 3: Prevalence of food insecurity at MMC compared to national average

NEFPAT Objective	Score (Points/possible points)
1. Increase Client Choice for Nutritious Options	3/8
2. Market & “Nudge” Healthful Projects	1/8
3. Provide Various <u>Forms</u> of Fruits and/or Vegetables	3/8
4. Provide Various <u>Types</u> of Fruits and/or Vegetables	5/10
5. Promote Additional Resources	3/8
6. Plan for Alternate Eating Patterns	0/5
NEFPAT Total Score	15 (Bronze)

Table 1: NEFPAT score based on Feb 2021 pantry visit. NEFPAT Scoring range: 0-47
NEFPAT Scoring classifications: Bronze: 0-15, Silver: 16-31, Gold: 32-47

Assessment of Existing Food Pantry

% of pantry stock that qualify as “Foods to Encourage (F2E)”	33%
Average number of food pantry visits per month (Sep 2020-Feb 2021)	7.8

Discussion

- The patient population of MMC was found to have a high prevalence (60%) of food insecurity.
- The food pantry at MMC is an under-utilized resource with the potential for both expansion and improvement in Clinical Nutrition Environment.
- Barriers to improvement of the food pantry identified by MMC staff included lack of dedicated staff/volunteers for operating food pantry, low volume of use, quality of food products offered by primary pantry resource, and difficulty storing and distributing perishable items including fresh produce.
- MMC’s food pantry’s strengths include a variety of fruits and vegetables in canned and juice forms as well as print outs of additional food resources.
- Potential areas of improvement include expanding “Foods to Encourage,” adopting pantry organization strategies to facilitate healthy choices, and incorporating educational resources.
- On-site food pantries, like MMC’s, have the potential to support the health of a population facing significant food insecurity.

Next Steps

- Formal presentation of findings and recommendations to Mission Medical leadership and staff
- Support implementation of recommendations (e.g. recruit volunteers to staff pantry, creation of educational resources and pantry labeling)
- Explore additional stocking sources for fresh foods (Fresh food rescues, community gardens)
- Repeat NEFPAT score in 1 year

References

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