

It Takes a Village to Put Food in the Bank: Changing Food Insecurity in our Community

One Patient at a Time



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Introduction

The City of Middletown, New York has a population of 27,815 and a poverty rate of 16.6%. Comprised of approximately 62% minorities, including African American and Hispanic, this community boasts an array of diverse cultures and ethnicities. Close to 10% of residents have a disability; 10.3% have no health insurance. The rate for hospitalization for short term diabetes is higher than New York State and County rates. Larger supermarkets in the area are located on busy highways not easily accessible from residential areas. The Garnet Health Medical Center (GHMC) are strategically able to reach a large percentage of the target population, and the team will focus on assisting residents identified as food insecure. Working with a collaborative team to assist food insecure families and link them directly to programs will be key to changing the existing state.

Methodology

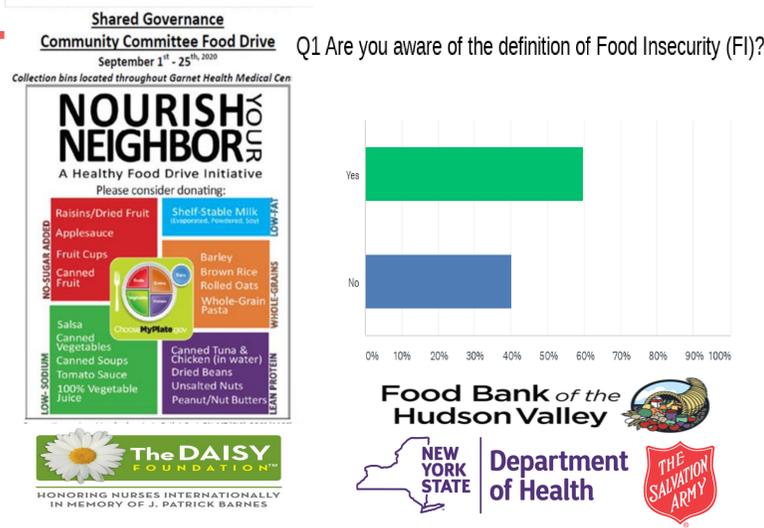
An internal practice was created to consistently screen patients for food insecurity, provide referrals to appropriate food assistance programs and resources, and share tracked information with the department of health. A supportive screening tool called the hunger vital signs and referral questions were developed and implemented in the electronic medical record system by the nursing innovation committee to assess every patient's level of food security. An "Rx for Produce" will be issued to patients who are identified as food insecure with an "Rx for Produce" coupon at community farmers markets and grocery stores, also benefiting the farmers' markets and grocers viability. The "Rx for Produce" is one resource in the developed compendium of new and existing resources such as food banks, food vouchers, and hospital-wide food drives to replenish county food banks stricken by the COVID-19 pandemic. Separate from the initiation of house-wide hunger vital sign screening for food insecurity, the nursing research and evidence-based practice committee will conduct a pilot study to evaluate the best time to conduct the food insecurity screening. A convenience sample will be utilized among 2 in-patient groups, one upon admission and the other prior to discharge. The project management committee developed an implementation plan with points to sustain efforts.

Projected Results

The study is expected to benefit enhance the staff's knowledge of food insecurity, conduct appropriate food insecurity screening, and facilitate referrals when needed.

Expected benefits from the study:

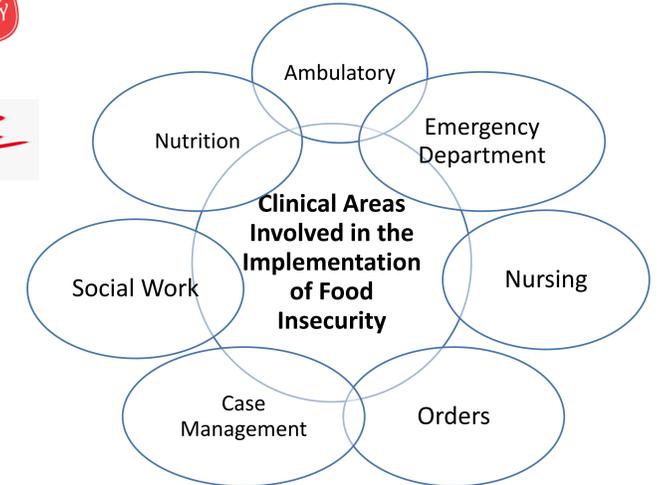
- The following outcomes will be utilized to evaluate the efficacy of our evidence based practice intervention.
1. Nursing workflow process for questionnaire (two hunger vital sign questions)
2. Data collection of patient responses to the two hunger vital sign questions reviewed in EMR
3. Assessment of statistical data using the 2 hunger vital sign questions
4. Possible revision of workflow and documentation
5. Link triggering questions to Case Management
6. Patient assistance for food insecurity assessment



Recommendations & Next Steps

The two food insecurity or hunger vital signs questions are aligned with the social determinants of health. Identification of patients and their families who have food insecurity creates the opportunity to provide them with resources to support their needs and increase food security and access to healthy foods for improved health. The "Rx for Produce" program will link the community with local sources of healthy foods and increase nutrition knowledge.

We would like to promote and preserve local change to make it easier for our neighbors living and working in Orange County to eat well.



References

Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. E., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). *Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity*. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.

Mathew, J.; Parenti, S.; Wisniewski, H.; Reid, V. (2019). Mid-Hudson Region Community Health Assessment 2019-2021 (p. 33).

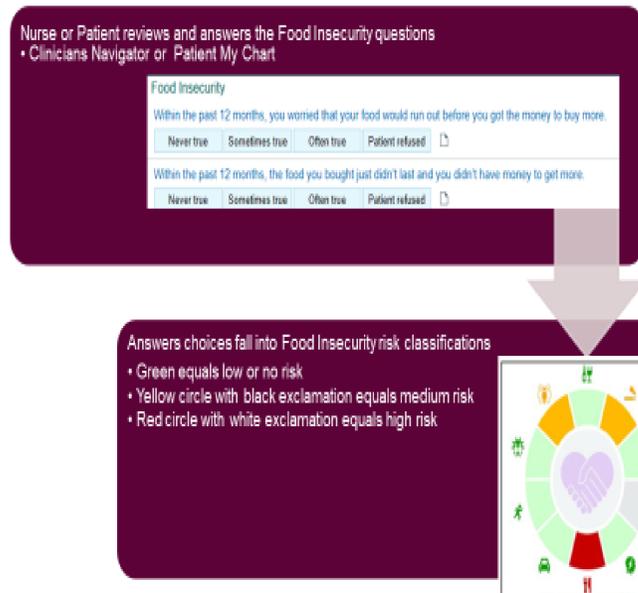
Orange County Department of Health. (2020). Food Insecurity in Orange County. <https://www.orangetygov.com/149/Health>

United States Department of Agriculture. (2020). Household food security in the United States. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>

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Food Insecurity Domain - How it works



Food Insecurity Domain - How it works Cont...

