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TITLE: Food Insecurity Screening in Healthcare Settings as Higher Standard of Health Care

Introduced by: Cynthia Chen-Joea, DO, MPH; Isabel Chen, MD MPH; Michelle Lough, MPH, UCLA Medical School

Endorsements: CAFP Resident and Student Council

WHEREAS, The United States Department of Agriculture (USDA) estimates that around 12.3 percent of American households, or 15.6 million people, were food insecure at some point in 2016, and

WHEREAS, studies show the cost burden of hunger is at least $160.7 billion annually in the United States, and

WHEREAS, based on analysis of the United States Department of Agriculture Household Food Security Survey, the following two questions were most frequently answered in a positive fashion (if answered sometimes or always true) by food insecure families:

1. Are you worried that your food will run out before you get money to buy more? and
2. Does the food you buy last and, if not, do you have money to get more?

WHEREAS, the two questions had a 97 percent sensitivity and 83 percent specificity rate indicating high accuracy and validity in determining a food insecure family, indicating these two questions can easily be used as a quick screen in medical institutions to identify food insecure families and connect them with appropriate resources, and

WHEREAS, hunger and food insecurity are clearly driving up healthcare costs in a significant way; and

WHEREAS, the cost of hunger and hunger-related illnesses may far outweigh the cost of feeding families and promoting a healthy lifestyle; now, therefore be it

RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages clinicians to identify children and adults who are food insecure to avoid detrimental development and co-morbidities by asking the following two screening tool questions:

1. Are you worried that your food will run out before you get money to buy more? and
2. Does the food you buy last and, if not, do you have money to get more?

and, be it further
RESOLVED, that the California Academy of Family Physicians (CAFP) supports and encourages healthcare centers to screen for food insecurity by using the following two screening tool questions as a higher standard of health care:

1. Are you worried that your food will run out before you get money to buy more? and
2. Does the food you buy last and, if not, do you have money to get more?

and, be it further

RESOLVED, that the California Academy of Family Physicians (CAFP) support various ways for healthcare centers to connect families that are food insecure with short- and long-term food resources, by, for example, referring positively screened patients to local CalFresh representatives who may connect families with such resources.

Speaker’s Notes:

Fiscal Note:

1. PROBLEM STATEMENT: What specific practice problem does this resolution seek to solve, or, if this resolution pertains to a proposed new CAFP policy or change of policy, what issues does it seek to address?
   Nutritious foods are essential to healthy growth and development of the physical body and mind. Food insecurity is associated with higher rates of depression, cardiovascular disease, hypertension, diabetes, cancers, and other physician and mental health conditions4. By addressing food insecurity, we may hope to also prevent and/or decrease food associated health problems, illnesses and costs. As the first line protectors of our patients’ health, family medicine physicians may offer food insecurity screenings as a higher level of care to address this problem.

2. PROBLEM UNIVERSE: Approximately how many CAFP members or members’ patients are affected by this problem or proposed policy?
   All family physicians are responsible in playing a role and identifying contributing factors that may affect their patient’s health. There are 15.6 million people who are food insecure in America, many of whom may not identify or look obvious. Food insecurity screenings may offer the confidentiality and respect that the patient deserves to connect them with the appropriate resources available.

3. WHAT SPECIFIC SOLUTION ARE YOU PROPOSING TO RESOLVE THE PROBLEM OR POLICY, i.e., what action do you wish CAFP to take?
   We propose that CAFP use its position to urge both the CAFP and AAFP to increase awareness about food insecurity among patients of family medicine physicians. Food insecurity screenings offered as a standard practice may provide a higher level of health care that our patients deserve. By investing in public health and prevention strategies and addressing food insecurity, we may protect and prevent food-related illnesses and healthcare associated costs overall.
4. **WHAT EVIDENCE EXISTS TO: 1) INDICATE THAT A PROBLEM EXISTS; OR 2) THAT THERE IS NEED FOR A NEW OR REVISED POLICY?**

The growing healthcare costs associated with food insecurity is growing every year. These costs include the direct health-related costs, indirect costs of lost work productivity of the patient and/or patient’s families, indirect costs of education and schools, subsequent costs of dropouts. The far-reaching effects of food insecurity may contribute to ever-growing and staggering healthcare costs. A new policy is much needed to address this issue through a cost-efficient and beneficial manner.

5. **PLEASE PROVIDE CITATIONS to support the existence of the problem and your proposed solution.**

5. [http://map.feedingamerica.org/county/2015/overall/california](http://map.feedingamerica.org/county/2015/overall/california)