

Title Current state assessment of food insecurity screening at Stanford Medicine Children's Health: Lessons learned

Abstract

Background The Centers for Medicare & Medicaid Services (CMS) requires screening and reporting of Social Determinants of Health (SDOH) in inpatient settings. Stanford Medicine Children's Health (SMCH) clinical teams have implemented food insecurity screening and resource provision across care settings.

Objective To understand the current state of food insecurity workflows, insights for improving and expanding this work, and best practices for other SDOH domains.

Methods We are conducting current state assessment via qualitative methods in the academic hospital and faculty-staffed outpatient clinics. Utilizing a snowball sampling approach, we targeted operational and clinical leaders of food insecurity work and frontline staff (e.g. social workers, nurses, etc.) involved in food insecurity workflows. Qualitative data collection has included document review (e.g. emails, shared resources), semi-structured interviews, and focus groups with key informants. Guided by the socioecological model, a matrix analysis will be used to identify multi-level factors impacting SMCH workflows of screening and providing resources for food-insecure patients and families.

Results As of July 16, 2024, 32 key informants have participated through 10 interviews, 7 focus groups, and 7 email conversations and provided 18 documents for review. Preliminary results revealed limiting factors within all five levels of the socioecological model: individual (e.g., stigma as a barrier); interpersonal (e.g., screening biased toward families that “look” food insecure); institutional (e.g., metrics focused on patients screened not clinics that screen and manual hand-offs to social work); community (e.g., location of food banks not accessible for some families), and policy (e.g., some food-based resources only available with certain insurance carriers). Data collection will be completed October 2024.

Conclusion Understanding multi-level factors to food insecurity screening in a pediatric system is crucial to identifying best practices. Implementation of effective CMS SDOH screening and provision of resources must address factors beyond immediate healthcare workflows to promote equity.