Title: Food Insecurity Prevalence and Perspectives Among Healthcare Clinicians and Staff in Rural Western Colorado


## Abstract:

Background: Healthcare workers' attitudes about food insecurity may impact their ability to effectively screen patients for food insecurity and refer to assistance programs.

Objective: We measured prevalence of and perspectives on food insecurity among staff and clinicians at western Colorado healthcare organizations.

Methods: In collaboration with an Accountable Health Communities (AHC) community bridge organization, we distributed an online survey to 61 organizations. Following descriptive and confirmatory factor analyses, we used structural equation modeling to examine the associations among perceived individual vs. structural causes of food insecurity, perceived assistance program misuse, and respondent role and food insecurity status.

Results: We received responses from 347 clinicians, support workers, and operations staff across 14 rural counties. Eighteen percent reported current food insecurity; 46% reported past food insecurity. Sixty-nine percent of respondents indicated that individual-level factors contributed to food insecurity (e.g., "people who don't want to work"). Up to 55% believed that some people exploit food assistance programs. The structural equation model evidenced good model fit across indicators, $\chi^2(49) = 89.41$, $p < .001$, $\chi^2/df = 1.82$, RMSEA = .05 (90% CI = .03, .06), SRMR = .04. Perceiving individual causes of food insecurity was associated with perceived assistance program misuse, ($\beta = .18$, $p < .05$), and neither differed by respondent role or food insecurity status.

Conclusion: Many healthcare workers in this population may be biased against individuals with food insecurity, harbor misinformation about assistance program misuse, and be experienced with food insecurity themselves. These findings raise questions about how to ensure that healthcare workers can address food insecurity in an effective and de-stigmatizing manner, and are themselves earning a living wage. Our findings indicate a need for further study of poverty and of anti-poverty bias among rural healthcare workers and how these impact healthcare sector strategies to address health-related social needs.