

## Following Up on Food Insecurity: Pragmatic Barriers to Measuring Primary Care Screening and Referral Outcomes

### **Abstract:**

**Background:** Screening and referral for food insecurity in healthcare settings shows promise but lacks conclusive evidence of benefits to patients. Establishing an evidence base will require overcoming barriers that make rigorous studies challenging.

**Objective:** We documented response rates and barriers encountered in a pilot study of short-term outcomes following food insecurity screening and resource referral among primary care patients.

**Methods:** We collaborated with a multi-site, federally qualified health center (FQHC) in Colorado's west mountain region to survey an intended sample of 60 English-speaking patients experiencing food insecurity. Repeated surveys (via text or email) assessed community food assistance usage (SNAP, WIC, etc.), food insecurity, and diet quality after in-clinic screening and referral.

**Results:** Over two months, FQHC staff referred 38 patients, noting that more than twice as many patients would have been eligible if participation was available in Spanish. Of those 38 referred, 26 were reached, 16 completed the baseline survey, 12 completed the 1-month survey, and 14 completed the 3-month survey. Gift cards (\$20-30) were provided after each survey completion. In addition to automated survey invitations and follow-ups, the study team sent 220 recruitment, reminder, and follow-up texts (average of 10 for those who responded) and made 35 phone calls. Around the 2-month mark both FQHC care team staff left the center, pausing additional recruitment activities. Two other practices chose not to participate citing overburdened care teams.

**Conclusion:** In our on-going study, English-only survey measures limited representativeness and reach from the outset. Recruitment required engagement from overburdened practice staff, causing delays in initiation and continuation. For the study team, participant outreach and coordination were time-intensive and likely limited by text/email and internet access. Finally, participant incentives were important but not sufficient. Our experiences illustrate the challenges faced in evaluating the outcomes of interventions aimed at addressing social needs in community settings.