

## HIGHER RATES OF FOOD INSECURITY IN MEDICAL RESIDENT CLINIC COMPARED TO COUNTY: SCREENING ONE YEAR AFTER CREATION OF A FOOD PANTRY

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### Introduction

More than 34 million or 11.8% of people in the United States are food insecure. It has been described that individuals who are food insecure have higher rates of chronic disease such as obesity, hypertension, and diabetes. Monroe County has a food insecurity rate of 11.6%, whereas the city of Rochester has a food insecurity rate of more than 40%. The University of Rochester Medical Center (URMC) outpatient medicine resident clinic, developed a novel approach to address food insecurity: an emergency food pantry. In July 2022, a universal screening through electronic medical record was created. The primary aim of our study was to determine the effects of the screening tool within the electronic medical record on rates of food insecurity screening. The second aim was to evaluate the number of monthly on-site food pantry referrals before and after universal screening. The third aim was to examine how the medicine resident clinic prevalence of food insecurity compares to institution and community prevalence of food insecurity.

### Methods

To understand the impact of electronic medical record screening, we compared the number of screened patients before and three months after transitioning to electronic records. The electronic medical record screen was delivered to patients by patient portal or email on arrival to the appointment. We then compared the number of referrals per month before and three months after universal screening. The rate of screening in our outpatient internal medicine residency clinic were then compared to the institution rate. In addition, food insecurity rates were compared between the outpatient internal medicine residency clinic, Strong Memorial hospital and Monroe County.

### Results

Transition to universal screening via electronic records improved the rate of screening. Three months prior to universal screening, the average number of referrals per month was 35 whereas three months after initiation the average was 45 referrals per month. Of those referred to the food pantry from the resident clinic, only 49% had food insecurity documented in the chart. The screening rate at our practice was 23.6% compared to 17.1% among the institution. The food insecurity rate at our practice was 17% and among the institution at 5.2%. Food insecurity in the county as per Feeding America is 11.6%, within the city of Rochester, rates are generally higher with some census tracts in the city reaching over 40%.

### Conclusion

Universal screening through our electronic record identifies higher rates of food insecurity among our patient population compared to the county but lower rates when compared to the

city. Our practice has made significant strides in screening, but our patient population is still under-screened. A potential pitfall to universal screening is lack of access to the internet. A further study should be conducted to analyze the rate of virtual check-in and overall access to the internet. In the interim, further efforts will be made to educate staff on screening and referral to the pantry during visits. Universal screening with electronic medical records increased the number of monthly referrals. However, only half of the referrals were documented as food insecure. A further study should be conducted to determine if all those referred for the food pantry were first screened for food insecurity. The aim in these future studies is to further connect food insecure patients to nutritious options onsite to help combat hunger and better address health disparities impacting URMIC clinic patients.