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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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Objective of the project:

- ▶ Primary aim 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.

Background:

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.

Methods:

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.

	Food insecurity screen negative patients	Food insecurity screened positive	refused	Number of patients screened	Total population
	160,009	9,554	13,788	183,351	1,073,530

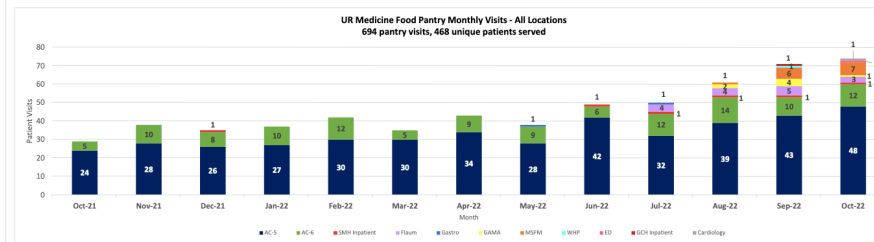
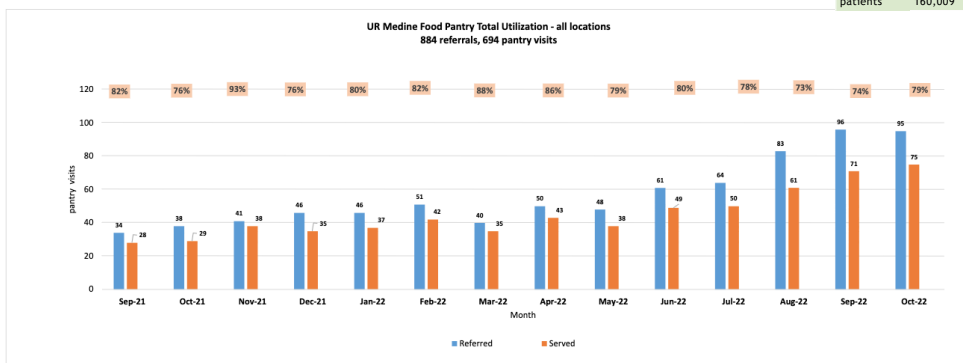
Results:

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 & next step:

we are generally under-screening patients. Steps are needed to educate providers on food pantry and screening. Is the self self screening on e-record missing patients who are in need?

References: WWW. FeedingAmerica.org



Acknowledgment: We would like to thank all that contributed to this project: Karen Kruser, M.D., Gabiella Logrono, M.D., Prishanya Pillai, M.D., SIM Faculty, staff and residents, E-record IT

