

# Assessing provider knowledge and confidence towards addressing food insecurity efforts in Brigham Health primary care

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## Introduction

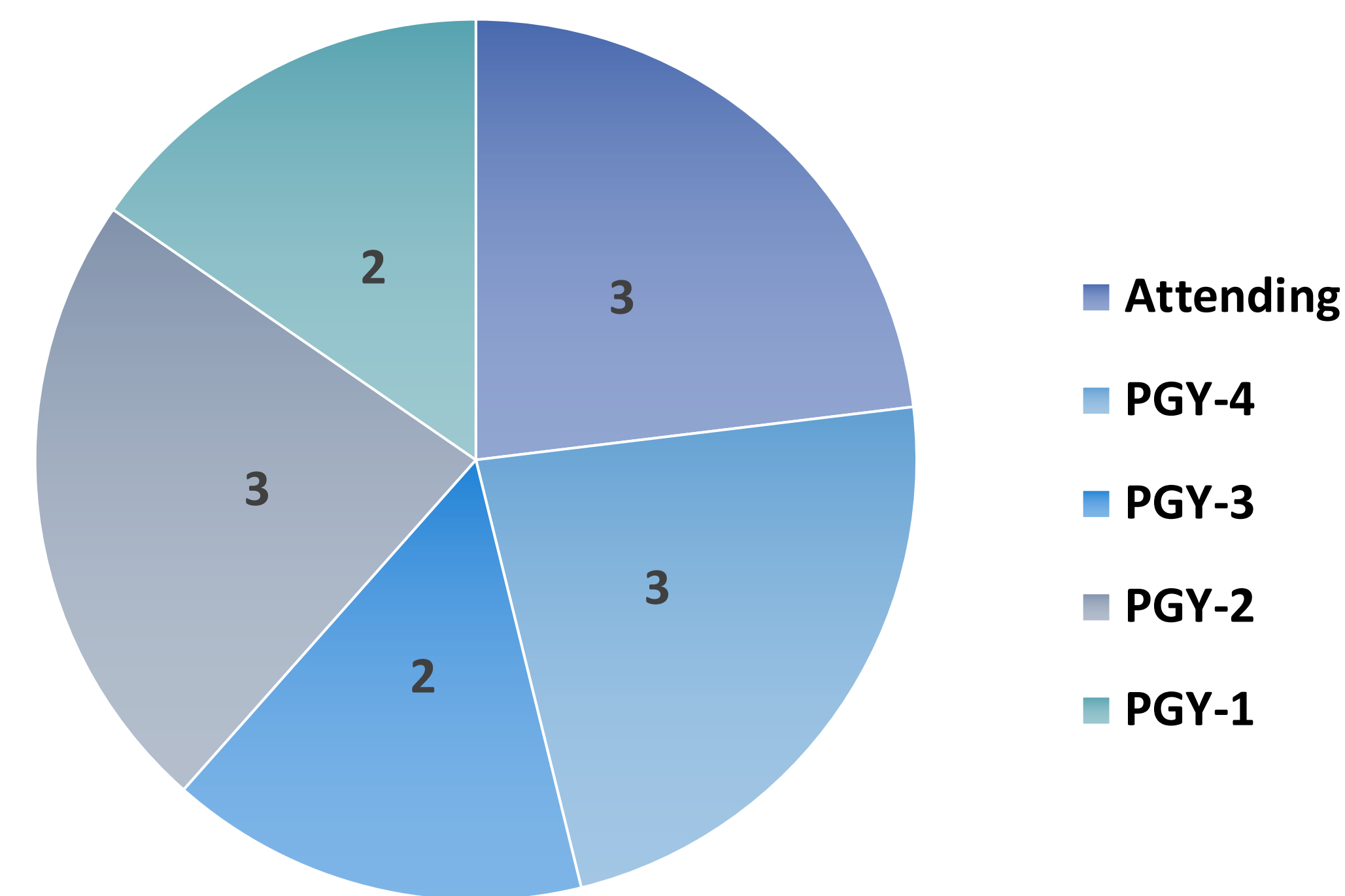
Food insecurity describes a household's inability to provide enough food for each person to live an active and healthy life <sup>a</sup> and is associated with cardiometabolic diseases <sup>b</sup>, reduced chronic disease self-management capacity and increased healthcare costs <sup>c</sup>. Food insecurity screening is available within the Mass General Brigham Social Determinants of Health (SDOH) Questionnaire. Data are limited regarding provider knowledge and confidence in identifying positive food insecurity screens and connecting patients to target food resources to address their food insecurity.

## Methods

In January 2021, 20 physicians practicing within a local academic Brigham and Women's Primary Care Clinic were surveyed regarding their knowledge and confidence across multiple domains related to food insecurity and social determinant needs: addressing SDOH needs; identifying food insecurity; discussing food insecurity with patients; patient referral to local and institutional services; and barriers to addressing needs. Descriptive analysis was performed using Microsoft Excel.

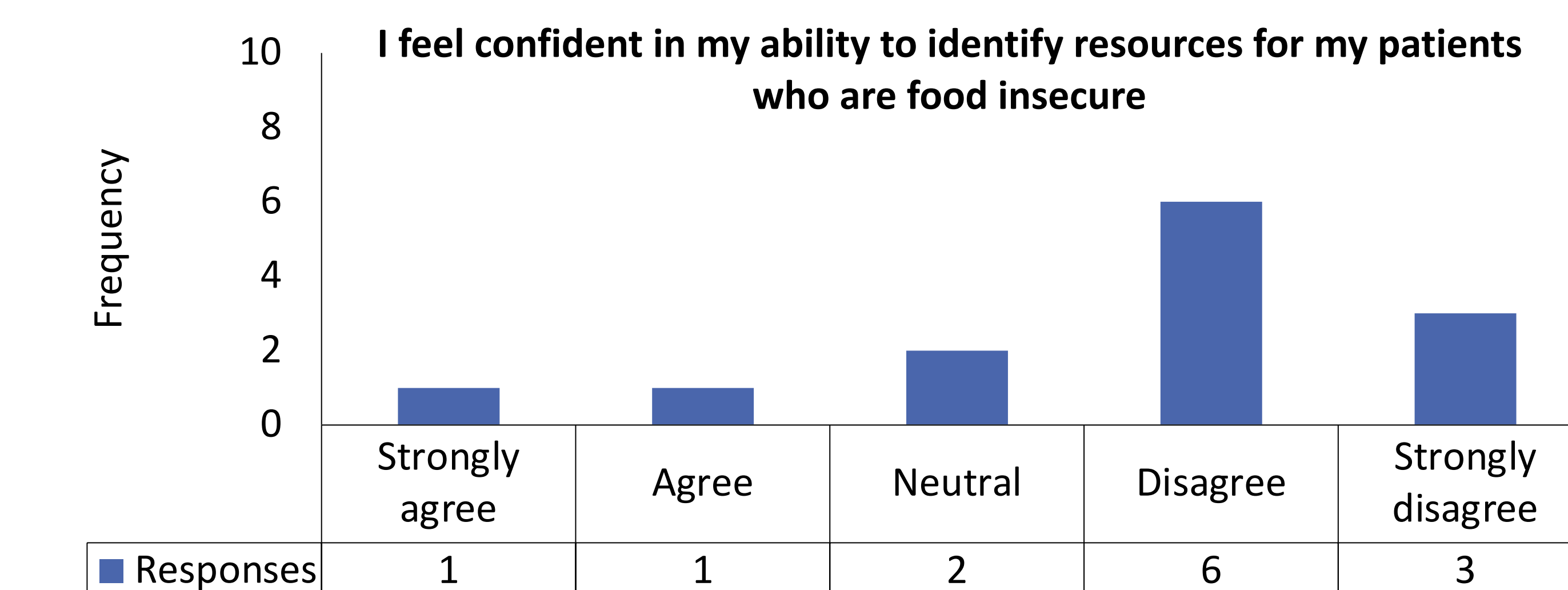
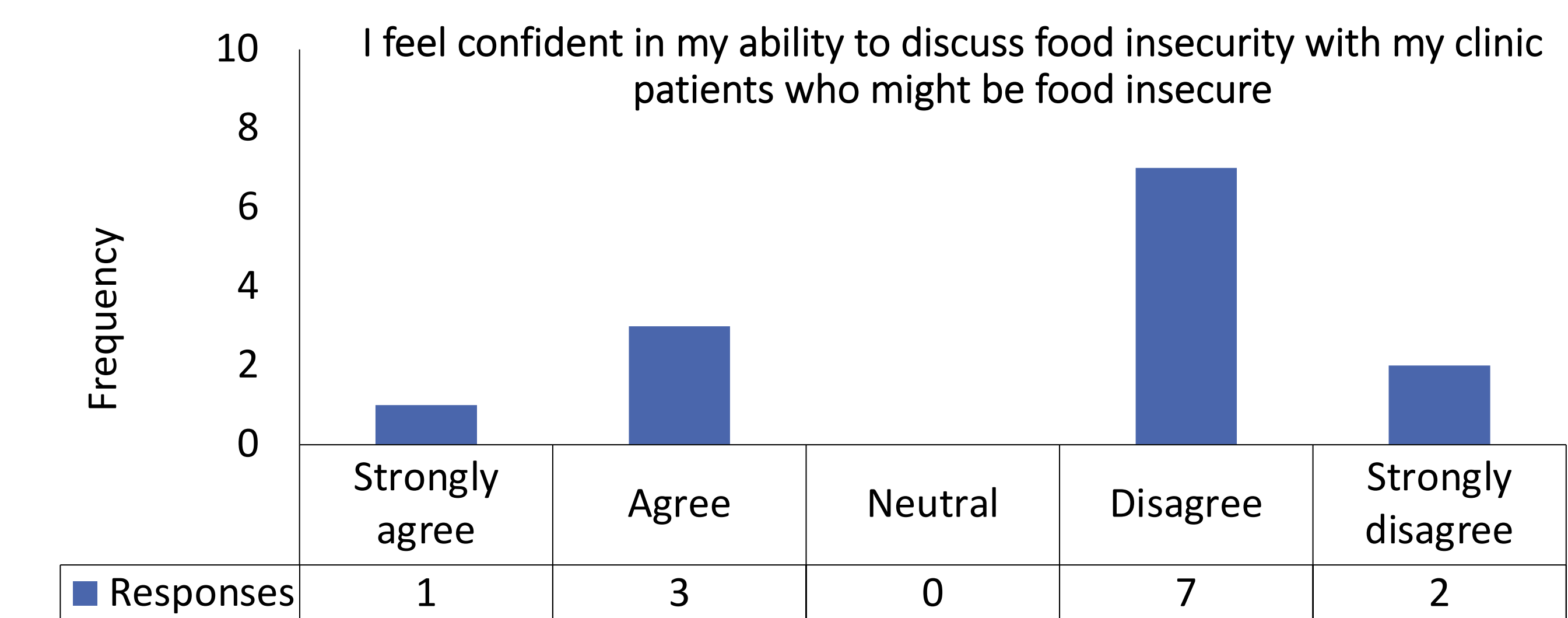
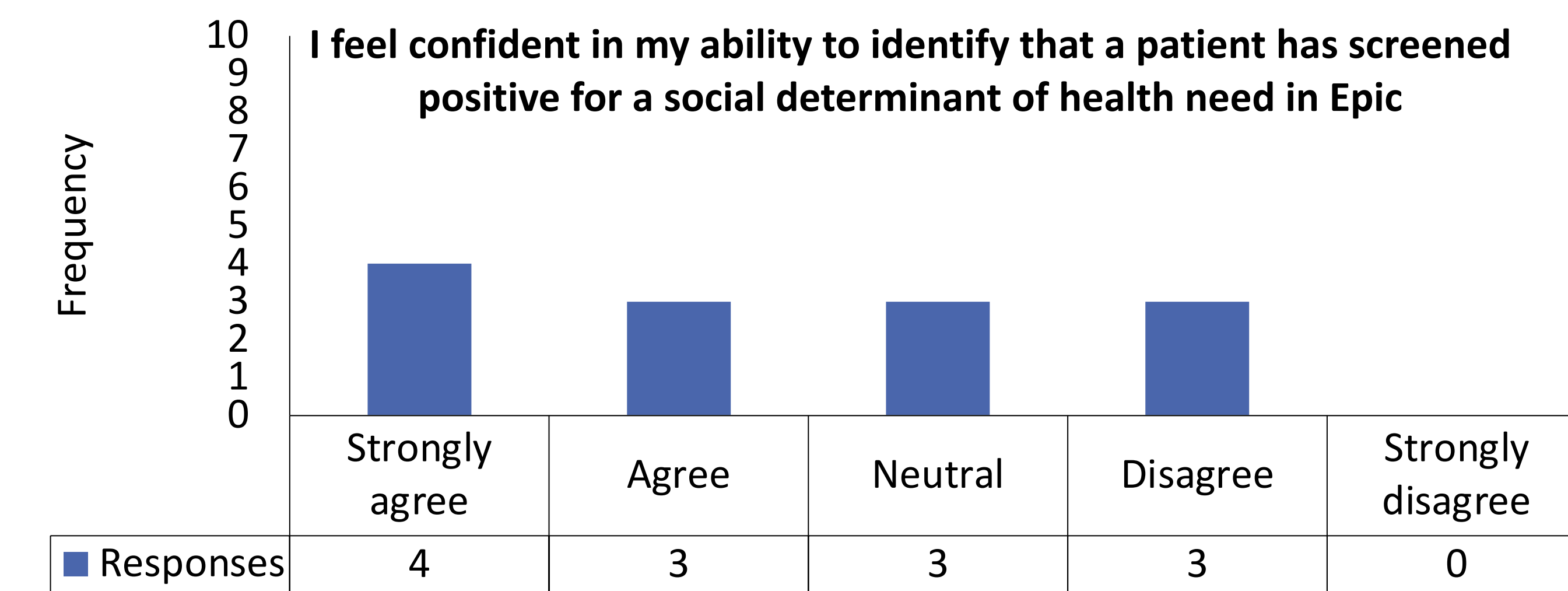
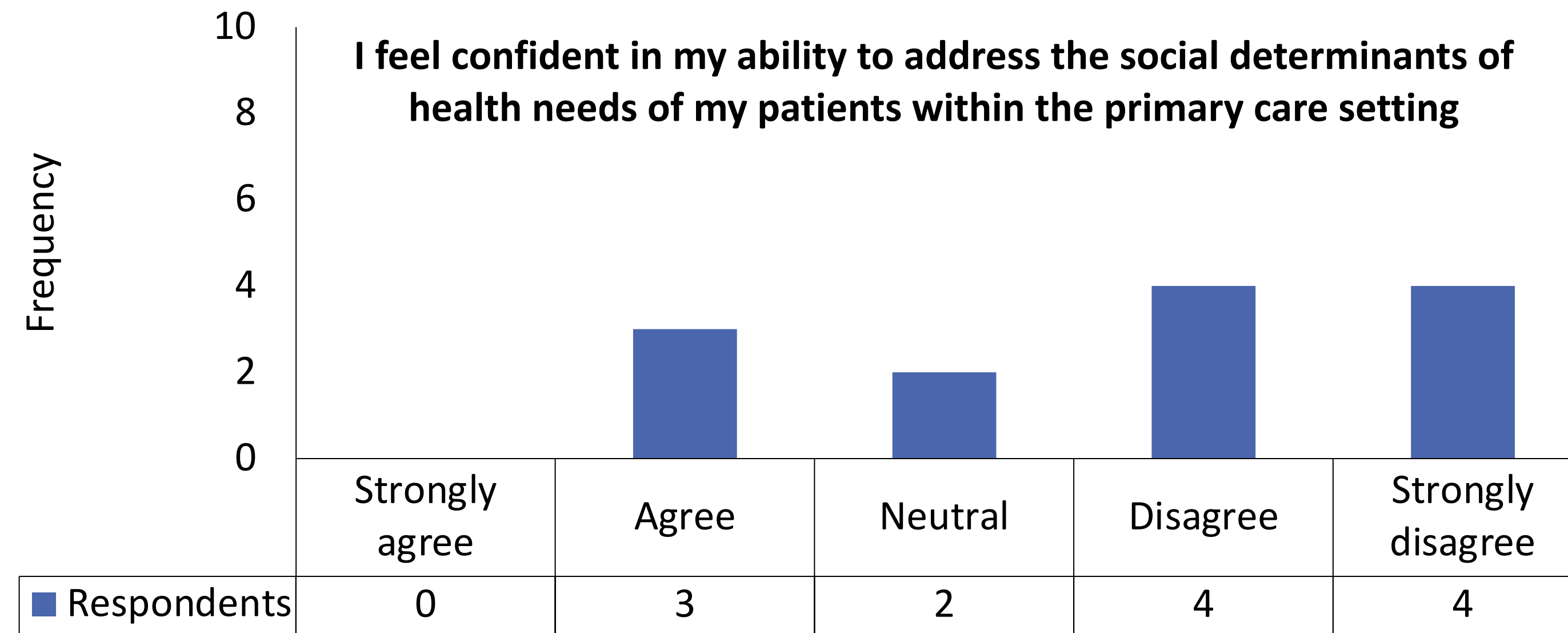
## Demographics

Survey Respondent Level of Training

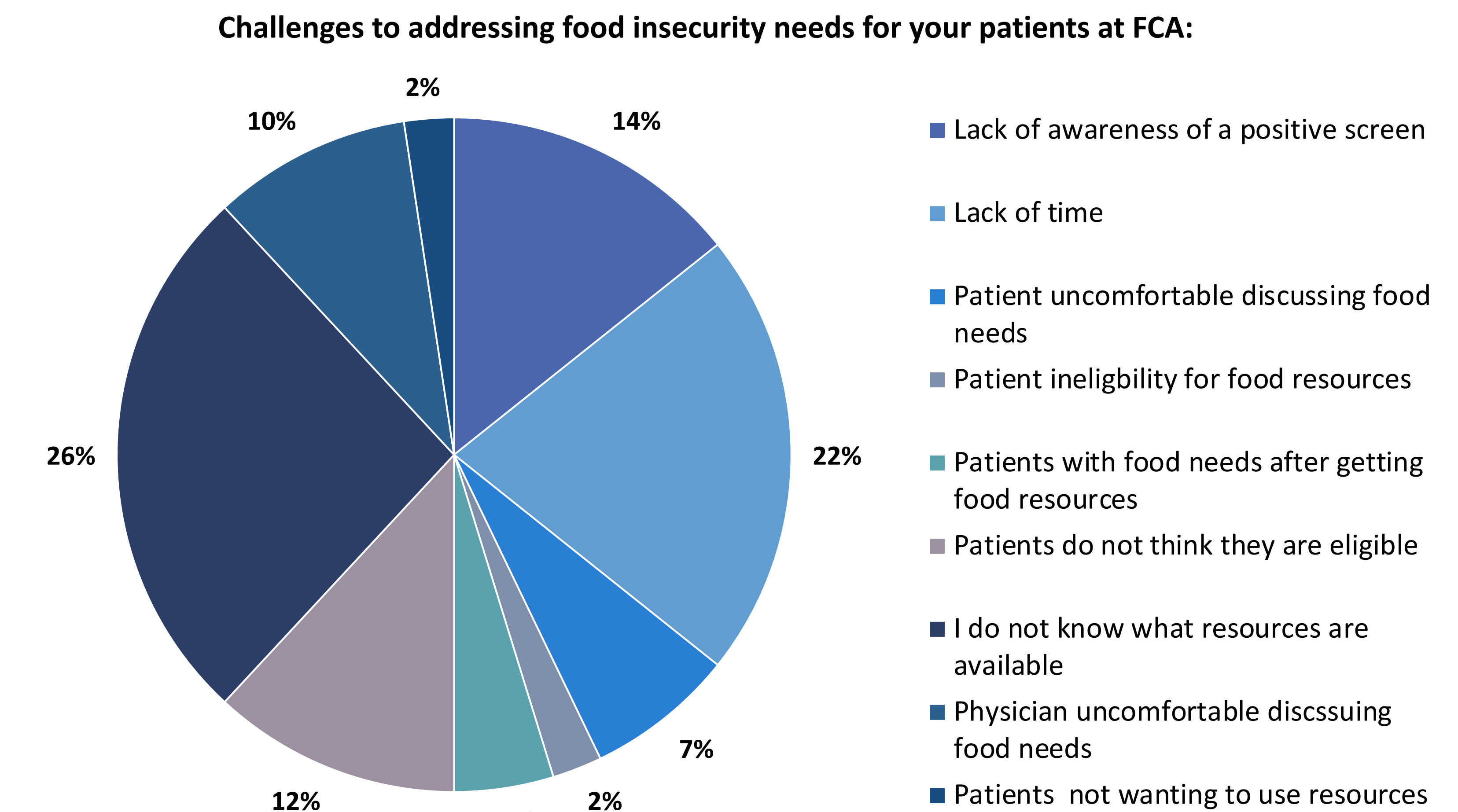


65% (13/20) of physicians practicing at FCA clinic completed the survey

## Provider Confidence



## Barriers to Addressing Food Insecurity



## Discussion and Implications

Data obtained were most notable for lack of confidence in ability to address patient SDOH needs, particularly regarding food insecurity. The majority (9/13) either disagreed or strongly disagreed when assessing their ability to identify or discuss food insecurity with patients experiencing food insecurity. Lack of knowledge of available resources; lack of time; and lack of awareness of a positive screen were the most cited barriers. While this descriptive report represents data from one primary care practice, it is possible that other clinical practices face similar challenges. As the State food insecurity prevalence has doubled from 8% to 16% <sup>d</sup> as a result of the COVID-19 pandemic, additional time and resources should be invested in addressing provider confidence and knowledge, to ensure the success of SDOH screening endeavors.

### References

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