Using a Food Insecurity Screening Tool in the NICU

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Purpose
The purpose of this project is to determine the efficacy of the use of a standardized screening tool for food insecurity for families of patients hospitalized in the Neonatal Intensive Care Unit (NICU).

• Study Population
• Study Duration
• Study Design
• Setting
• Study Population
• IRB

Methods

Role & Tool Differentiation
- Compare data elicited by nursing staff to that of Social Work professionals.
- Compare the overall yield of the general Social Work interview to the food insecurity-specific questionnaire.

Demographic
- Observe the differences in responsiveness/food insecurity identification with respect to ethnicity.

Background

• Disproportionality
- Infants born to low-income families comprise a great majority of the NICU census.

• Predisposition
- Financial implications of a critical care hospitalization combined with pre-existing financial hardship are likely to create or exacerbate food insecurity.

• Outcome Trajectory
- The progress or demise of these fragile patients, even post-discharge, hinges heavily upon their caregivers’ status.

Procedures

• Medical records from January 2021 to March 2021 were queried for Social Work intakes and assessments completed for infants meeting pre-established inclusionary criteria for baseline data.

• The PI administered the FI screening tool (available in English, Spanish, and Arabic) to consenting parents/caregivers of patients admitted to the NICU meeting all pre-established inclusionary criteria. Patients screened were currently inpatient but had admission dates ranging from June 2021 to October 2021.

• All personal information was de-identified.

• From each data set, we abstracted data variables and measurable outcomes, including date and time of survey, race & ethnicity data, tool language, insurance type, presence/absence of food insecurity with/without the nursing screening, stratified risk level score (none, low, high), and resources provided.

• Outcomes were compared with the hypothesis that the FI-specific screening tool would yield more food insecurity identifications.

Results

• Retrospective Chart Audit
Collected via Social Work intake/assessment

• Prospective Study
Collected via nurse-administered FI tool

Table 1.
Food Insecurity Identified in the NICU Based on Role

<table>
<thead>
<tr>
<th>Families that admit to Food Insecurity</th>
<th>Retrospective chart review via Social Work notes for FI (%)</th>
<th>Nurse administered FI tool for FI (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11/30* (36%)</td>
<td>12/30* (40%)</td>
</tr>
<tr>
<td>No</td>
<td>19/30* (64%)</td>
<td>18/30* (60%)</td>
</tr>
</tbody>
</table>

Note. FI = Food Insecurity; * = 30 samples in each category (Social Work notes and nurse administered Food Insecurity tool).

Results Cont.

• Outcome Trajectory

• Resource Evaluation
- Furthermore, to ensure that families are adequately supported, an evaluation of community resource referral outcomes should be performed.

Implications for Practice

• Establishment of Practice Standard
- Considering the prevalence of FI incidence and its both short- and long-term consequences, specific FI screening should become a practice standard for this medically fragile population.

• Resource Provision
- Beyond identification, this project lends itself to further investigation of what resources are offered once FI is established.

• Resource Utilization
- Once options have been provided to families, determining how many families do/do not take advantage of them and the rationale or barriers that complicate utilization would better help staff support those facing FI.

• Resource Evaluation

References


