

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).

• 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.

Methods

• Study Design

- Prospective study w/retrospective chart review

• Setting

- Urban hospital setting in Nashville, Tennessee

• Study Duration

- September 1, 2021-October 31, 2021

• Study Population

- Patients w/NICU hospitalization of ≥5 days or ≥5 days in NICU prior to transfer

• IRB

- UTHSC Institutional Review Board & Vanderbilt University Institutional Review Board both deemed this project exempt.

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.

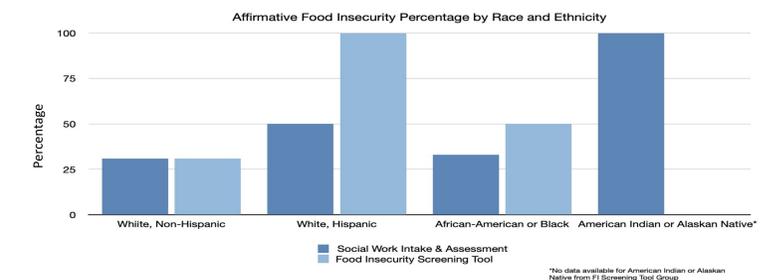
- The PI administered the FI screening tool (available in English, Spanish, and Arabic) to consenting parents/caregivers of patients admitted to the NICU meeting all pre-established inclusionary criteria. Patients screened were currently inpatient but had admission dates ranging from June 2021 to October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



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

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

Results

• Retrospective Chart Audit

Collected via Social Work intake/assessment

• Prospective Study

Collected via nurse-administered FI tool

Table 1.

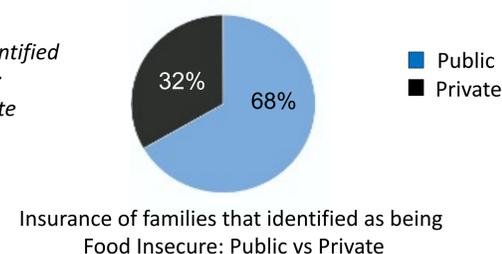
Food Insecurity Identified in the NICU Based on Role

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

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

Figure 1.

Food Insecurity Identified by Insurance: Public vs Private



References

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