PATIENT/PROVIDER COMFORT WITH FOOD INSECURITY SCREENINGS

Studies assessing food insecurity screening practices in the health care setting shed some light about patient-provider interactions when discussing the topic of food insecurity. Patient-provider comfort is important to consider because some studies have found discomfort with these conversations can hinder consistent screenings in health care settings. Concerns about the screening process come from both sides of the screening relationship, as shown in the figure below.

Health Care Provider Concerns

- Fear of stigmatizing patients[1,2,3]
- Lack of time to conduct screenings[1,4]
- Lack of support services, such as social workers or medical assistants[1,4]

Patient Concerns

- Feelings of discomfort and embarassment[5]
- Fear of being reported to social services[5]
- Want providers to be aware of the stigma and shame associated with such conversations[5]

PATIENT-CENTERED CARE FACTORS

While lack of time to conduct screenings and lack of support services are more structural challenges, fear of stigmatizing patients is a concern that providers can address by engaging in patient-centered care.

Patient-centered care considers external factors, outside of biology, that can impact patient health. It is a moral philosophy held by clinicians in which patient needs and values are prioritized as part of medical decision-making. It emphasizes patient

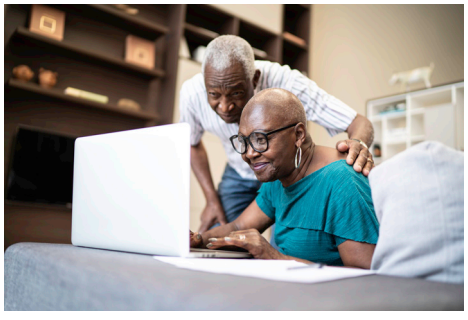
involvement in care planning and shared decision-making between patient and provider. The table gives an overview of six patientcentered factors contributing to patient comfort.

Patient-Centered Factors Contributing to Patient Comfort

Factor	Described by patients as
Effective communication	Open communication, normalizing conversations around food insecurity, providing additional context about the importance of screenings, and active listening
Empathy	Kind, caring, sincere demeanor; receptive to questions; eye contact; and giving full attention to patients
Interest in the patient's agenda	Listening carefully to patients, personalizing assessment based on patient-identified needs and issues
Trust	Good rapport and relationships with patients, respect for patient needs and knowledge, developed over time
Cultural sensitivity	Awareness of patient norms and values that may impact their lifestyle, communication, and preferred method of treatment
Patient involvement in care	Actively inviting patients to participate in care planning, asking question, that allow patients to state their needs and wants from the assessment or treatment planning, creating a comfortable environment for patients to voice concerns

BENEFITS OF PATIENT-CENTERED CARE IN FOOD INSECURITY SCREENING

Patient-centered care can be operationalized within the context of food insecurity screening to overcome both the providers concerns about stigmatization, as well as the patient concerns outlined in the table above. In fact, the benefits of utilizing a patient-centered approach for food screening have been documented in research. A local study in central Florida found that patient involvement in care planning and cultural sensitivity by health care providers increased patient comfort with being screened for food insecurity by their health care provider.[6]



Considerations for Telehealth

Telehealth has allowed patients and providers to stay connected through the current global pandemic, making telehealth a powerful tool and mode of communication that can be leveraged to support food insecurity screening

in the health care setting. However, providers should be aware of the potential benefits and limitations of this technology, especially as it relates to patient-centered care.

Benefits include:

- Efficiency for some patients, as reduced travel time allows for quicker access and greater convenience
- Increased comfort for patients, as appointments are conducted in the comfort of their own home
- The ability to observe the patient in their home environment

Limitations include:

- Some patients have limited access to electronic devices and the internet
- Other patients reported difficulty navigating the technology and platforms required for telehealth services
- Some providers noted that telehealth is not conducive for all types of examinations and assessments, and some are better completed in-person.
- Some providers described difficulty engaging patients and building rapport via telehealth communication, noting additional time is needed when using telehealth services to demonstrate some of the patient-centered care elements, such as building a good relationship with patients, effectively communicate, and demonstrate empathy

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[1] Barnidge, E., LaBarge, G., Krupsky, K., & Arthur, J. (2017). Screening for food insecurity in pediatric clinical settings: Opportunities and barriers. Journal of Community Health, 42, 51—57. DOI: 10.1007/s10900-016-0229-z

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[3] Stenmark, S. H., Steiner, J. F., Marpadga, S., DeBor, M., Underhill, K., Seligman, H. (2018). Lessons learned from implementation of the food insecurity screening and referral program at Kaiser Permanente Colorado. The Permanente Journal, 22. DOI: https://doi.org/10.7812/TPP/18-093

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[5] Palakshappa, D., Doupnik, S., Vasan, A., Khan, S., Seifu, L., Feudtner, C., & Fiks, A. G. (2017). Suburban families' experience with food insecurity screening in primary care practices. Pediatrics, 140(1), 1—8. DOI: https://doi org/10.1542/peds.2017-0320

[6] Bernhardt, C., Hou, S., King, C., & Miller, A. (2021). Identifying barriers to effective patient-provider communication about food insecurity screenings in outpatient clinical settings in Central Florida: A mixed-methods study. Journal of Public Health Management and Practice, 28(2):E595-E602. DOI: 10.1097/PHH.0000000000001449

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