HEALTH & HUNGER TASK FORCE OF CENTRAL FLORIDA

Health and Hunger Task Force

Practitioner Engagement Working Group

Final Report

Practitioner Engagement (PE) Working Group Goal

- **Goal:** Intentionally connect with healthcare practitioners through interviews or focus groups to better understand their needs and challenges around screening for Food Insecurity, and gauge what materials and approaches would be most helpful.
    - *As measured by* ten structured engagements with healthcare practitioners about their screening activities, documented systematically, that produce a final thematic analysis of content in the form of a report. Structured engagements (can include interviews or focus groups) will be split in two - half will be with practitioners who are already engaged in screening, the other half will be with practitioners not currently engaged in screening practices. Selected practitioners will represent varying patient populations and payer types.

Focus Group/Interview Recruitment

The PE working group members developed focus group sessions for two distinct healthcare groups:

1) Frontline Staff: This includes anyone who is engaging with patients or may engage with patients related to screening for food and other social needs
2) Practice Managers

The PE working group reached out to their healthcare contacts to determine initial interest in healthcare staff joining in the focus groups. Following an interest survey, potential participants were sent a registration form to sign up for the focus group event.

Focus Group/Interview Participant Overview

- Recruitment:

	Frontline Staff	**Practice Managers**
# Expressed Interest	11	7
# Registered for Focus Group	6	3
# Participants	5 **Four attended the focus group, a fifth participant engaged by answering questions via email due to technical difficulties logging into the focus group*	2 **One practice manager attended the scheduled focus group, and another reached out later to schedule a one-on-one interview due to scheduling conflicts with the original time*

- Participant Overview

	Frontline Staff	**Practice Managers**
Type of Health Systems	Two hospital health systems were represented, specifically in primary care	One hospital health system was represented, specifically in primary care

Screening Practices	One participant was not screening for FI Four participants were screening for FI	One participant was not screening for FI One participant was screening for FI
Type of Position	Two participants were physicians Three participants were social workers or other clinical staff	Two participants were practice managers

Results

Across all participants, key learnings were identified in five areas:

- The Impact of Food Insecurity
- Patient Engagement
- Existing Screening Practices
- Resource Connection
- Training Recommendations

The Impact of Food Insecurity

There was a general recognition that food insecurity is a problem amongst the patient groups served by the participants, in some cases among staff members, and in the broader community. This sentiment was shared across participants that were and were not actively screening for food insecurity.

- *"I would say honestly since Covid first appeared; it's been very depressing to see. It's [food insecurity] affected a lot of people and even some of my co-workers. We've had to come to work and when you see your own people struggle with it, it's a reality." – Frontline Staff*

There was also a recognition across the group of the impact of food on health and health outcomes. The participants generally felt that asking about food and other social needs was an acceptable practice within the healthcare system, and there were connections to physical health.

- *"What I've observed is … it is difficult for them [patients] to be able to maintain their goals with their provider if they don't have access to foods that are within their nutritional plan that they have. So, it does make it a little difficult for them to be able to maintain those goals that they have set with their provider and their dietician when they're trying to get their health back on track."* – Practice Manager
- *"They're [the healthcare providers at the practice] very very aware of food insecurity being something that's part of a patient's whole care and understanding accessibility as one of the barriers for patients who are trying to maintain a healthy lifestyle."* – Practice Manager

While physical health implications regarding food insecurity were well understood in the group, several participants discussed the implications of food insecurity as it related to stress and mental health. This is a key component that addresses the whole health of the patient.

- *"But the greatest thing that I've seen working across the lifespan…is the stress is really impactful. The stress of not being able to get food, not being able to afford food."*
- *"Most of my patients are able to secure food; however, many of them now have to budget and often the thought of a fixed income and having to budget for food causes more of a mental issue than a physical issue."*

Patient Engagement

There were several key learnings that came up around patient engagement during the screening process. Many staff reflected on their concerns about how open and honest patients were about their food needs, as they all recognized that it may be difficult for patients to disclose this information to a healthcare team. This might be due to not being comfortable enough to share or feeling embarrassed about their situation.

- *"I know when I do send out my questionnaires to my new patients, the majority of them say, they are able to get food. So, it just depends if the answer is truthful or not."*- Frontline Staff
- *"You know patients are resistant to talk about that [food insecurity]. And then a majority of them they do fill [the screening] out, so before they even come in I'm looking through it to see what it says. And the majority of them says they're able to get food, they have the transportation to get there. But like everyone is saying, are they truthful and forthcoming because they don't want to ask for the help or don't think that we want to help them?"* – Frontline Staff

Recognizing that it may be difficult for patients to disclose their food needs, several of the participants discussed strategies to make patients more comfortable to disclose. This included suggestions around leaning on social work staff more heavily, not asking about food needs solely at the new patient appointments (as they may not know/be comfortable with staff yet) and asking about food when other needs are identified. For example, if a patient is referred to a social worker for prescription costs, the social worker knows to dig deeper and ask about other needs like food.

- *"Patient's rarely want to tell someone that they just met that they cannot afford food – so I find that asking at the new patient intake appointment is not enough."* – Frontline Staff
- *"When I was taking live calls, I think a big barrier to it is getting patients to open up and be comfortable enough to admit to their own food security issues. So a lot of times we lead heavily with our social workers dealing with that firsthand and getting those referrals started. I know they do screen, but it's not always easy to identify at first."*- Frontline Staff

Finally, there were some patient myths that were shared during the discussions with participants. For example, there was concern about patients taking advantage of any free resource offered to them in the clinical setting, thus there was a need to be careful about how many patients are offered resources. There was also discussion about recognizing that you might miss someone who is experiencing food insecurity based on how they are dressed. These are misconceptions about patient needs and could be addressed in future training of healthcare providers. It also underscores the need for systematic screening of food and other social needs to address potential bias within the clinical setting.

- *"And I myself got to learn also, because sometimes they [the patient] look good. They may be dressing good that day, but we don't know exactly how many meals a day they're having. So,*

looks can be deceiving a lot of times. So, it's definitely good to make the question and I want to make it my purpose to do so." – Frontline Staff

- *"Sadly, to say our population, if you offer them anything free, everybody's going to take it. Everybody wants it… yeah, I don't know how to choose them because a lot of them if we give it, …they are all going to take it and they may abuse it. But then on the other hand how do you limit…?"* – Frontline Staff

Existing Screening Practices:

The majority of participants were actively screening for food insecurity using a formal process, yet still had ad hoc ways of identifying and addressing social needs. Amongst these participants, a number of strategies are being employed to screen participants and these strategies vary widely across practices.

Team Effort

- Nearly all participants talked about a team approach to addressing social needs screening. This team approach in many cases supplements the systematic screening tools already in use. For example, many participants talked about the ad hoc conversations that a variety of staff would have with patients and how staff were able to pick up on cues and red flags that something was wrong. This would often lead to notification of the appropriate staff to address the issue.
    - *"I have wonderful medical assistants. They connect with the patients in a way that I haven't seen in a in a while. They'll identify if the patient is in need of resources for food, if they're in any economic hardship in that moment. And that's something that we'll work through with a team."* – Practice Manager
- Another example of a team approach is a social worker who would review patient charts for key terms/phrases that might indicate there is a food or other social need. If they identified any potential concerns, they would reach back out to the provider to follow up.
    - *"…when I'm indexing and going over medical records there's key words and key phrases that we scan for … if we see that there's care gaps that may be missing, or verbiage that comes up that kind of makes us alert that maybe there's something missing … we'll also share that to the to the health coach to the clinical team and say hey, make sure you have a follow up appointment."* – Frontline Staff
- A final example of the team approach was shown regarding patient follow-up for resources. One practice who was not formally screening for social needs still had access to several resources to help get patients connected to resources, including a health advocacy team, an employer Employee Assistance Program counselor, and a crisis team. Most of the participants in the group had some sort of social service support at their disposal, once a patient in need was identified. Interestingly, despite the connections amongst team members, one social work staff did highlight the challenge of an ad hoc team effort. See quote below. This highlights the need to ensure all staff members of the practice are knowledgeable about screening efforts and red flags that food insecurity exists.
    - *"The social workers can do a lot. But we're relying on other people … to kind of filter those people to us, and I think that process could be better in this particular practice. I know we have four doctors and each of the doctors have a panel of patients that's 700 or 800 people. I can't filter through every single one of those people and call them and say*

hey do you need… you know what I mean? So I'm relying on other people to … see that in an appointment, in a phone call…in order to get them to me to be able to get them the resources and things that they need." – Frontline Staff

Systematic Processes

Several participants talked about systematic processes for screening, though practices varied widely. Participants talked about screening happening during appointments as well as prior to appointment times. Screening prior to appointments might happen via phone call or mailed social needs questionnaire.

Some participants discussed processes where providers were prompted to screen patients using templates that were created for specific visit types. This is a promising method for standardizing the process, with one frontline staff member staying *"I feel like it [food insecurity screening] has become consistent and I do feel like the templates that were built for the providers has helped tremendously."* Interestingly, one provider who uses a template like this said that they breeze through the food insecurity question during their appointment, showing the shortcomings of real-life application of promising strategies. *"I only briefly fly through it during these Medicare Annual Wellness Visits."*

Barriers to Screening

For participants who were not engaging in a formal screening process, there were a few barriers to screening that were identified:

- Time to Complete Screening
- Not knowing how to address a need that is identified
    - *"If I don't know what to send them, I'm probably not going to ask them. But once I know, then I should probably feel comfortable, you know."* – Frontline Staff
- Not having knowledge of what questions to use for screening and/or a process in place for screening

Resource Connection

Key learnings emerged around connecting patients to resources in the community. Specifically, participants felt that although a number of resources are avaiable, they may not always be the *right* resource for the patient's needs or were not necessarily accessible.

- *"I've also come across a lot of patients who've had bad experiences with you know food banks where they get expired food, or they don't get the food that they can eat because of restricted diets and things like that. So, they don't really even ask for the help. You know they're frustrated because they've applied for SNAP benefits, and they only got $12."* -Frontline Staff

- *"I am challenged because I have patients in multiple counties…., just checking and calling and making sure that the food bank times and that they're still you know operational and all of that, and then trying to get that information to the patients…"* – Frontline Staff

Many specifically noted transportation as a barrier they saw repeatedly.

- *"A lot of the food banks you know don't have the greatest hours, they require that you have transportation which may not be available especially if, even if you have a car and you're already stressed for finances, you don't have gas money."* – Frontline Staff

- *"When I refer patients or patients are food insecure there also might be multiple issues going on there…transportation or not enough money for gas…trying to find a facility that might have some kind of you know delivery service, or something it's difficult."* – Frontline Staff
- *"I think that especially in the geriatric population specifically I have a lot of people who don't drive…or for whatever reason can't drive right now, and so you know having food banks that are you know you have to go, sometimes they'll help you with it to their car but then you know they're trying to get the food into the home and you know there's just a lot of barriers there um so."* – Frontline Staff

Some mentioned resources they thought would be helpful, including "approved" handouts they could provide to patients.

- *"Patients are often open to: Educational material – handouts. Free telephone dietitian advice. Educational classes in our community room."* – Frontline Staff
- *"I would love to have sanctified handouts that I can hand to patients and handouts on free telephone dietitian advise for patients."* – Frontline Staff

Training Recommendations

Several ideas were shared about how to make training meaningful and accessible to healthcare staff.

Scheduling and the challenges of in person training/engagement was a concept expressed by many participants. In general, many participants felt that in-person trainings were more engaging. One even referenced a training she received in the emergency room that was scenario based and how impactful it was.

- *"I came with a background of emergency medicine and things that stuck to you that you never ever forgot was when it was kind of like a live scenario. It made you problem solve. It made you pull out your skills."* – Frontline Staff

However, nearly everyone noted that getting alignment on schedules was a major challenge and that there were advantages to online training materials that could be viewed asynchronously. Even still, several suggestions were made regarding in-person trainings and scheduling. For example, for shift workers, one participant talked about a training she attended where they rotated workers into the training during their shift. The concept of a lunch and learn was also suggested.

There was an emphasis on having leadership buy-in for the trainings as a way to ensure that trainings were prioritized for staff. This might include health system leadership, but can also include the practice manager. One practice manager shared:

- *"I work very close with my staff, we're here together 40 plus hours a week, so I do have that great relationship with them. So, it's my team's jobs [to screen] but if I give them the tools and the training and the knowledge to be able to do that, I confidently can say that they would carry out that mission as well too"* – Practice Manager

This exemplifies the impact and importance of engaging the practice manager in the training process to ensure they can help support and equip their teams with the right information and knowledge.

There was an emphasis as well on training for the entire staff, not just those who are engaged in the formal screening process. This echoes learnings regarding the team effort to identify food and other social needs in the healthcare sector.

- *"So, if there was something made specifically for social determinants of health and food insecurity, I think it'd benefit our team members. Not just managers, but our front office and MAs, who are really the ones who are face to face in connecting with patients, as well as providers."* - Practice Manager

In terms of content for the training, participants suggested focusing on a combination of evidence-based data, as well as sharing the stories of patients in need. They also recommended involving a healthcare provider in the training itself, to ensure their perspective was heard and as a way to get buy in from participants.

Implications

These focus groups provided key insights about future healthcare provider educational training plans. The following factors are noted and will be taken into consideration for future HHTF-led efforts to expand training opportunities around food and social needs screening:

- Training Content:
    - *Baseline Understanding and Buy In:* There appears to be a strong baseline understanding of the connection between food insecurity and health that exists within the healthcare sector, at least among participants. This will still be a key component of the training to level set knowledge on the topic, however training and support measures to get all healthcare staff on the same page about *how* to identify and address these issues in a meaningful way seems like it would be helpful.
    - *Formal and Informal Identification Strategies:* It will be important for future training efforts to encompass formal and informal mechanisms for identifying food insecurity. While systematic screening for food insecurity using validated tools will capture many people in need, it is clear from input from participants that ad hoc conversations and other strategies can also be effective. Combining both systematic and ad hoc strategies seems to be a promising approach to support patients and keeps the entire staff engaged in the issue. It will also be key to emphasize that there is not a "one-size-fits-all" approach to social needs and food insecurity screening. Training courses will need to identify key areas where structure is important, and flexible areas where practices can use their discretion in setting up systems and processes.
    - *Patient Perspective:* Incorporating patient stories and perspectives into training materials will be key to addressing myths about patients and social needs. It will be important to do this in a meaningful way that respectfully engages patients while also providing needed education to healthcare staff.
    - *Resource Connection:* Connecting patients to resources varied across participants, with each participant having different resource connections available to them at their healthcare site. Trainings may provide frameworks for how to connect patients to resources and how to identify meaningful resources in the community. There will need to be work done outside of the healthcare training curriculum to address better resource

coordination across the community and develop resources and systems that are responsive to patient needs.

- Training Structure:
    - *Offering In Person and Virtual Options:* It is clear that participants value in-person training opportunities, and having the ability to provide in-person trainings will be key to moving forward. However, having a parallel learning option that is available virtually will provide grater versatility and the ability to reach more healthcare providers.
    - *Offering Training to All Staff:* It will be key to develop training materials that are applicable to all staff in the healthcare practice. This will serve to provide level-setting knowledge and education, while also engaging all staff members in supporting patients in their social needs. It will be important to talk about distinct roles in a healthcare practice, and how each role plays a part in supporting health.

Thank You

Thank you to Dr. Laura Chilcutt from Nemours Children's Health for leading the Practitioner Engagement Working Group. And thank you to the following participants for their time, participation, and engagement in this project:

- Maxine Arena, Second Harvest Food Bank of Central Florida
- Genevieve Baranuk-Delgado, AdventHealth Well 65+
- Christina Bernhardt, Georgia Health Policy Center
- Angela Corona, Second Harvest Food Bank of Central Florida
- Ken Peach, Health Council of East Central Florida
- Melina Pineyro, Second Harvest Food Bank of Central Florida
- Erick Sanchez, American Heart Association
- Ethel Smith, Florida Department of Health Seminole County
- Nikki Syth, Second Harvest Food Bank of Central Florida
- Claire White, Second Harvest Food Bank of Central Florida

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Appendix A: Frontline Staff Focus Group/Interview Guide

1. What is your understanding of food insecurity's impact on patient health?
2. Does your practice currently screen patients for food insecurity?
    a. Briefly describe what your process is for screening for food insecurity or other SDOH. For example: Who in your practice conducts the screening with patients? Does it happen electronically or by paper, or are patients screened face-to-face with a healthcare provider?
    b. Probing Questions - Consistency of Screening
        i. How consistent is screening at your practice?
        ii. Probing Question - How are you ensuring that food insecurity screening happens consistently?
3. Discuss the process of connecting patients with resources.
    a. Probing question – What are patients talking about as resources that they prefer for nutrition education (e.g., educational classes, handouts, time with nutritionists, etc.)?
    b. Do you feel that you have the resources that patients are requesting?
    c. Are you able to follow-up with patients after you provide them with the resources they need?
        i. Probing question – Are patients able to access the resources you provide? If not, what is keeping them from accessing those resources?
        ii. Probing question – Are follow-ups with the patient tracked in the system or patient's medical record as part of the workflow of the patient visit?
4. What resources and/or training do you need to feel more confident in having these discussions with patients?
    a. Probing Question: What would be the best training modality to increase your knowledge? (in person, webinar, virtual meetings, conference, existing internal training times, or web-based training like ALN - Advent Learning Network)
    b. Probing Question: Are there any resources you think your hospital administration can help support? (If it does not come up)

Appendix B: Practice Manager Interview Guide

1. What is your understanding of food insecurity's impact on patient health?
    a. Probing Question: Does your practice share that viewpoint?
2. Does your practice currently screen patients for food insecurity?
    a. Briefly describe what your process is for screening for food insecurity or other SDOH. For example: Who in your practice conducts the screening with patients? Does it happen electronically or by paper, or are patients screened face-to-face with a healthcare provider?
    b. Probing Questions - Consistency of Screening
        i. How consistent is screening at your practice?
        ii. Probing Question - How are you ensuring that food insecurity screening happens consistently?
    c. Probing question – Connecting patients to resources
        i. How are you addressing food insecurity with your patients if they screen positive?
        ii. Probing question – How is your practice connecting patients with resources when needed? For Example: Social work, case management, etc.
3. If your practice or other areas of your department/organization are not currently screening patients for food insecurity, what is keeping the practice from having these conversations with patients? (5 minutes)
    a. Probing question – What support could the practice benefit from in order to implement food insecurity screenings into the workflow of the patient visit?
4. (Optional if time) What resources and/or training do you and/or your team need to feel more confident in these discussions with patients? (15 minutes)
    a. Probing Question: What would be the best training modality to increase your knowledge? (In person, webinar, virtual meetings, conference, existing internal training times, or web-based training like ALN - Advent Learning Network