

FOOD IS MEDICINE TOOLKIT

Measurement Tools and Supporting Scoring for Food Insecurity and Nutrition Insecurity in Healthcare Settings

The specific questions and data collection considerations for the major best practice food security and nutrition security screening tools employed in healthcare settings are outlined in this tool. The resource is intended to support healthcare practitioners and management leaders (a) understand specific data collection questions and (b) how to maximize data collection and measurement in the context of screening for FIM programs.

Food Insecurity Assessment Questions and Scoring for Healthcare

1. The Hunger Vital Signs Screening

The 2-item food security screening is a widely used, validated tool based on the **U.S. Household Food Security Survey Module** to identify households at risk of food insecurity.

1. Within the past 12 months we worried whether our food would run out before we got money to buy more.

Response: Often true / Sometimes true / Never true

2. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

Response: Often true / Sometimes true / Never true

Note: The reference time, “in the past 12 months” can also be adapted to a shorter time window, for example, “in the past 3 months” if clinics want to prioritize patients who are more likely to actively be experiencing food insecurity.

Measurement and Scoring Considerations

- Patients (and their households) identified as **experiencing food insecurity** if they answer either or both of the statements as “often true” or “sometimes true” (vs. “never true”).
- The short, 2-item Hunger Vital is useful for clinical care because time constraints limit longer survey tools. However, this shorter tool will not have the sensitivity of a longer survey (e.g., the 6-item or 18-item US Department of Agriculture food insecurity [module](#)). The longer surveys can also measure different *levels* of food insecurity severity. For example, “very low food security” is a severe form of food insecurity marked by skipping meals or significantly cutting back the amount of food consumed due to costs.
- Yet, food insecurity generally (“low food security” and “very low food security” combined) is strongly associated with poor health and patients experiencing any food insecurity would likely benefit from a Food is Medicine program. Therefore, the 2-item Hunger Vital Sign has become the most commonly used tool in clinical settings to screen for patient food insecurity.

2. Children’s Health Watch: Very Low Food Security (VLFS) Screening

The 1-item screener was developed to identify patients experiencing the most severe form of inadequate food access, or very low food insecurity, which is defined by reducing food intake and skipping meals due to costs.

1. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

Response: Yes/No

If “Yes”, then the patient is experiencing very low food insecurity.

Measurement and Scoring Considerations

- If the patients responds “Yes” then the patient is experiencing *very low food insecurity*. This is an urgent situation and this patient should be prioritized for a comprehensive FIM program and other wrap-around services.
- The benefit of this 1-item screener is that it can be used in combination with the 2-item Hunger Vital Sign to identify three different patient groups with different risk levels:

- a. Food secure: responds “never” and “no” to all three questions and has no concerns with food access
- b. Food-insecure with low food insecurity: responds “sometimes or often true” to at least one of the Hunger Vital Sign questions but “no” to the 1-item VLFS screener. This household struggles to access foods but does not have to reduce their food intake, although they likely are shifting to consuming cheaper, unhealthy foods due to costs.
- c. Food-insecure with very low food insecurity: responds “sometimes or often true” and “yes” to all three questions and is reducing their food intake or skipping meals due to costs.

3. The Hunger Vital Signs Screening

The PRAPARE tool includes one food security assessment question within the "Money and Resources" domain.

1. In the past 12 months, have you or others you live with been unable to get enough food because you didn't have money to buy more?

Response: Yes/No

If “Yes”, then the patient is experiencing food insecurity.

Measurement and Scoring Considerations

- If the patient responds yes, it indicates a positive risk finding and is a trigger for further assessment or intervention, though it does not singularly define the severity.
- The detailed guidance provided with the screening tool will guide the measurement action.

Nutrition Insecurity Assessment Questions and Scoring for Healthcare

4. The Kaiser/Tufts Nutrition Security Screener

The following questions focus on eating healthy foods. There are foods that support a person's health and well-being. Healthy foods include, for example, fruits, vegetables, whole grains, beans, nuts, yogurt, and fish. These foods can be fresh, frozen, or canned; and don't have to be

organic. Less healthy foods can include foods that are highly processed, packaged, and high in salt, starch, sugar, and unhealthy fats.

1. Thinking about the last 12 months, how hard was it for you or your household to regularly get and eat healthy foods?
 - a. Very hard
 - b. Hard
 - c. Somewhat hard
 - d. Not very hard
 - e. Not hard at all
 - f. Don't know

2. People have different reasons for eating or not eating healthy foods. Please tell me which, if any, of the following reasons were true for you or your household in the last 12 months.

All answer options include "often true", "sometimes true", or "never true."

- | | |
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| a. Healthy foods are too expensive | h. I don't know how to cook healthy foods |
| b. There aren't a lot of healthy food choices at the stores where I usually shop | i. I don't know which foods are considered healthy foods |
| c. Stores or food pantries with healthy foods are too far away or hard to reach | j. I or my family don't like the taste of healthy foods |
| d. I don't have a car or other transportation to reach stores or food pantries that have healthy foods | k. Some of the foods from my culture are hard to make healthy |
| e. I don't have enough time to shop for healthy foods | l. I'm not sure I qualify for food assistance programs like food stamps (also known as SNAP or EBT) or WIC that help me buy healthy foods |
| f. I don't have enough time to cook healthy foods | m. I have mobility challenges or physical limitations that make it difficult for me to prepare and eat healthy foods |
| g. My cooking equipment or storage space is not enough to prepare healthy foods | n. Other – please specify:_____ |

Measurement and Scoring Considerations

Question 1 identifies if someone is experiencing nutrition insecurity.

An affirmative response to A or B can be coded as nutrition-insecure, while an affirmative response to C, D, E or F can be coded as nutrition-secure.

Responses to the second question on barriers to healthier eating should not be used to determine program eligibility. *If a clinic is balancing the length of patient screeners, the second question could be dropped to expedite the screening and referral process.*

- Patient responses to the second question are very useful in identifying barriers to healthier eating and tailoring a treatment plan for each patient. For example, if a patient reports that they have mobility challenges or physical limitations that make it difficult for them to prepare and eat healthy foods, then a FIM program with home-delivery is the best option for that patient.
- The nutrition insecurity screener can identify individuals who struggle to eat healthy foods due to non-cost related barriers and who are not experiencing food insecurity. It can also be useful to identify barriers to healthier eating among those who are experiencing food insecurity. Therefore, the food insecurity and nutrition insecurity screeners can be useful in combination and complement each other.