

**Introduction**

Food insecurity (FI), as defined by the United States Department of Agriculture is "a lack of access to enough food for every person in a household to live an active, healthy life"<sup>(2)</sup>. Prevalence of food insecurity in Louisiana from 2019-2021 was higher than national average <sup>(2)</sup>. Factors contributing to food insecurity include low income, unemployment, lack of access to quality of food (disability, transportation issue), and rising food costs.

Despite the numerous existing programs and interventions aimed at improving accessibility (food bank/pantries, discounted mobile markets and assistance programs SNAP/WIC), many patients remain unable to achieve food security.

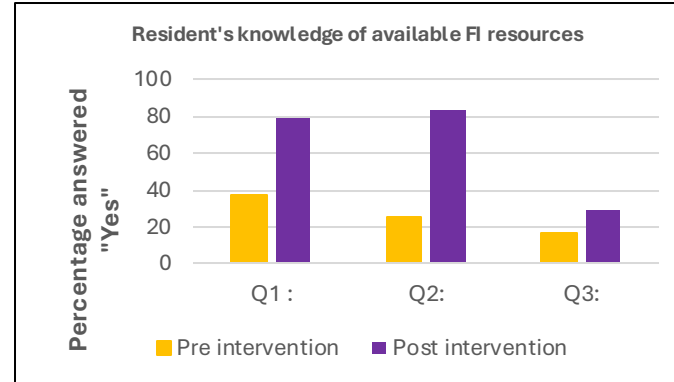
**Objective**

- ❖ We plan to educate residents in Family Medicine Center (FMC) about available community resources for food insecurity so they could better guide their patients in need.
- ❖ We plan to identify barriers to accessing food insecurity resources encountered by our patients when accessing community resources.

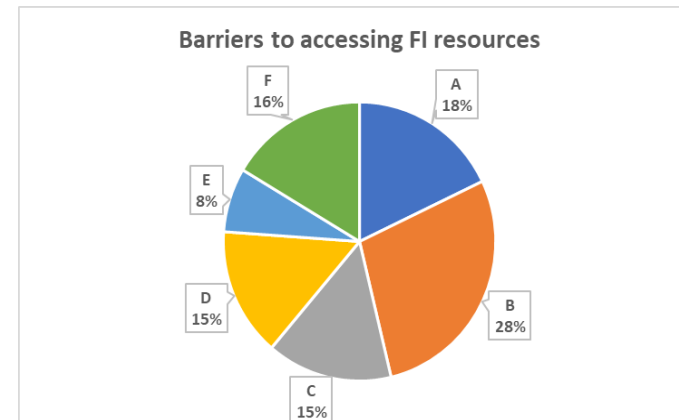
**Methods**

- ❖ FMC residents' knowledge on available community food resources for patients with food insecurity was assessed via Survey Monkey pre/post educational intervention.
- ❖ Lectures and printed literature were used to educate our residents.
- ❖ Clinic patients were screened for food insecurity with two basic questions about their monthly food supply as part of the social determinants of health screening in the rooming process.
- ❖ Patients were contacted randomly by phone and questioned (using a standard questionnaire) about their past experiences utilizing available community resources such as food banks/pantries and government assistance programs such as the supplemental nutrition assistance program (SNAP).

**Results**



- Q1: Do you know what resources are available for food insecurity?**  
**Q2: Do you feel comfortable advising patients on available resources for food insecurity?**  
**Q3: Have you ever referred a patient for food insecurity resources?**



- A: Transportation issues**
- B: Inconvenient times**
- C: Stigma and perceptions about level of need**
- D: Ineligibility for assistance programs**
- E: Not enough food received**
- F: Food received not consistent with diet restrictions like hypertension (HTN) or type II diabetes (DMII)**

**Discussion/Conclusion**

**Limitations:**

- ❖ small sample size
- ❖ reduced participation at the educational session and subsequent post survey due to scheduling conflicts

Pre-survey results revealed that complete knowledge about available food resources was lacking among our residents.

Post-survey results revealed that the educational session was highly effective in increasing resident awareness of available community resources for food insecurity.

Healthcare providers are uniquely equipped to address food insecurity.

Collaboration with social workers, nutritionists, and community organizations can improve access to resources and cultural sensitivity.

Additionally, increasing awareness among healthcare providers about the importance of addressing food insecurity and providing practical tools for intervention is crucial.

Utilizing the standard patient questionnaire, we identified that many patients with food insecurity served as volunteers at local food pantries/banks. Patients also had their own suggestions for combating FI which included issuing vouchers for meat, fruit, and vegetables which are often not available at food pantries/banks.

Our residents have the opportunity to make a difference in the local food fight by volunteering at our institution's community garden and market.

**References**

