

Community Health and Hunger Program

Common Facts & Questions

How is food insecurity affecting my patient population?

Food insecurity can have numerous detrimental effects on your patients' health.

Research shows that food insecurity is a strong predictor for chronic illnesses including diabetes, hypertension, heart disease, kidney disease, hepatitis, kidney disease, cancer, and depression. The financial trade-offs made by food insecure patients also mean food insecure patients have poorer compliance, disease management, and mortality rates.

How do I know if a patient is food insecure?

Patients can be screened for food insecurity using the Hunger Vital Signs™ screening tool, which asks patients two questions:

1. Within the past 12 months we were worried our food would run out before we got money to buy more
2. Within the past 12 months the food we bought just didn't last we didn't have money to get more

You can never tell by looking at a patient if they are food insecure, so we recommend performing universal screening in your practice.

Where is the best place to implement the Hunger Vital Signs™?

The most effective place to implement the Hunger Vital Signs™ depends upon the workflow at your clinic, and we are happy to speak with you to identify where it will fit best into your practice. In patient populations with few literacy barriers, best practices recommend providing the patient with a paper screening to be filled out in the exam room while they wait for their provider.

What resources can I offer my patients?

When a patient screens positive for food insecurity, you can offer them local food resource guides to help them connect with a consistent source of food and emergency food resources from Good Shepherd Food Bank.

What does Good Shepherd Food Bank include in the emergency food bags?

With help from our nutritionists, we have developed a nutritious, low sodium and self-stable menu of apple sauce, brown rice, rolled oat, shelf-stable milk, canned chicken/tuna, peanut butter, canned vegetables, and soups. This food is meant to last patients 2-3 days while they connect with more sustainable food resources and adhered to dietary standards for many chronic illnesses.

What types of practices are successfully implementing the Hunger Vital Signs™?

We are currently partnering with a wide range of practice types including Federally Qualified Health Centers, pediatric and family practice outpatient clinics, emergency departments, in-patient rehabilitation centers, and cancer specialists.

How can I become involved in the program?

Contact Laura Vinal at lvinal@gsfb.org for more information on this program and to set up a training

