



Hunger Vital Signs™

Examples of Screening
Implementation



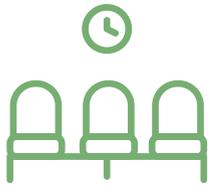
This guide provides examples of food insecurity screening implementations that demonstrate the who, when, where, and how screenings and interventions are deployed in a healthcare-based setting.



**COMMUNITY
HEALTH &
HUNGER**

Utilizing Non-Clinical Staff before Clinic Visits to Screen for Food Insecurity

Non-Clinical staff such as Enrollment Coordinators and Community Health Workers are valuable resources in a health care setting. They provide important insights into when and where patients will feel most comfortable responding to questions about food insecurity and other social determinants of health. They are often employed from the surrounding community and may better understand patient needs and the environmental barriers patients may face in addressing health concerns. Screening for food insecurity before a clinic visit (during registration or sign-in) helps identify patient needs and can help shape treatment plans without adding time to the visit.



Patient waits to see Provider.



Non-Clinical staff administers HVS questions and inputs data in EHR.



Patient sees Provider.



The provider or Non-Clinical staff provides community resource guide and offers a CHHP bag.



Provider reviews EHR and adjusts treatment plan and intervention based on patient response.



Good Shepherd
FOOD BANK OF MAINE

Utilizing Clinical Staff during Clinic Visits to Screen for Food Insecurity

Clinical staff, including nurses, medical assistants, and behavioral health specialists are trained to collect sensitive patient information in a discreet and professional way. Administering the Hunger Vital Signs questions in an exam room ensure that the information is collected in a private setting, and patients may feel more comfortable speaking with clinical staff about sensitive topics.



Patient is brought into exam room.



Clinical staff administers the HVS questions when Patient would otherwise be waiting for their provider.



Provider reviews EHR and adjusts treatment plan and intervention based on patient response.



The provider enters the room and performs clinical visit, noting HVS answers when creating a treatment plan.



Clinical staff provides Patient with community resource guide and offers CHHP bag.*

Emergency food bags/boxes can be distributed before clinical appointment by nurse or MA or after a clinical visit at discharge.



Good Shepherd
FOOD BANK OF MAINE

Utilizing Care Coordinators during Clinic Visits to Screen for Food Insecurity

Care Coordinators are a natural fit to screen patients using the Hunger Vital Signs questions because their professional duties include connecting patients to services that meet their specialized needs as identified at their clinical visit. In a Care Coordinator's office, the Hunger Vital Signs questions can be administered in conjunction with other patient assessments where similar needs can be addressed simultaneously.



Moderate or High risks patients are referred to Care Coordinator by Clinical staff.



Non-Clinical staff administers HVS questions and inputs data in EHR.



Patient sees Provider.



The provider or Non-Clinical staff provides community resource guide and offers a CHHP bag.



Provider reviews EHR and adjusts treatment plan and intervention based on patient response.



Good Shepherd
FOOD BANK OF MAINE

Utilizing Non-Clinical Staff after Clinic Visits to Screen for Food Insecurity

Advocates and Patient Navigators are essential connection points between patients and the community organizations that can offer non-medical support for patients outside of the clinical setting. Patient Advocates and Patient Navigators have the advantage of being able to connect patients that identify as a food insecure directly with the resources they need within their community. In addition to being directly connected to community resources, non-clinical staff typically do not have care-coordination responsibilities and may have more time to administer and respond to the Hunger Vital Signs questions.



Clinical Visit with Provider.



Patient goes to Patient Advocate's office.



Patient Advocate asks Patient the Hunger Vital Signs questions.



Patients responds 'sometimes or oftentimes' to one or both questions.



Patient Advocate provides community resource guide and offers a CHHP bag.

