



13 Nov

Volume 1: Issue 3

## Concurrent Social Needs in Elderly KP Members with Food Insecurity

By [John Steiner, MD, MPH](#)

### What's going on?

Many clinical and operational teams in Kaiser Permanente are identifying KP members with basic resource needs such as food insecurity, unstable housing, inadequate transportation, and barriers to paying for utilities and health care costs. These teams often ask whether they should focus on a single resource need, or whether they should be asking about multiple needs.

An evaluation team from the Institute for Health Research (IHR) at KP Colorado (KPCO) reported that 5.7% of elderly KPCO members who completed Medicare Total Health Assessments between 2012-2015 had food insecurity, defined as not always having enough money to buy the food they needed ([Preliminary Report #4](#)). In January 2017, the IHR conducted a survey from a sample of elderly KPCO members who had reported food insecurity between December 2016 and June 2017 to learn more about other basic resource needs in members with food insecurity.

### What did we do?

This survey had two goals:

1. Determine if food insecurity continued 6 months after member completed the MTHA; and
2. Identify other basic resource needs among members who still reported food insecurity.

**This table presents questions in the MTHA and in the current survey to identify food insecurity.**

Survey	Question(s)	Response options	Source
MTHA	Do you always have enough money to buy the food you need?	Yes/no	DETERMINE scale ( <a href="#">Posner, 1993</a> )
IHR	In the past 3 months, how often have you worried that your food would run out before you had any money to buy more?  In the past 3 months, the food you bought just didn't last and you didn't have money to buy more.	Never, sometimes, often, very often	Hunger Vital Sign ( <a href="#">Posner, 1993</a> <a href="#">Hager, 2010</a> )

To assess concerns with housing (5 items), transportation (5 items), and difficulty in paying for basic resources (6 items), we drew questions from the [Your Current Life Situation \(YCLS\) Survey](#), developed by the [KP Care Management Institute](#). We also asked about medication non-adherence due to cost, using a [4-item measure](#). We are happy to share our instrument upon request.

## What did we learn?

Of the 110 members who reported food insecurity on the MTHA, 81 (74%) continued to report food insecurity on our survey. Members who no longer reported food insecurity might have experienced an improvement in food availability. They might also have been reluctant to admit the problem to an interviewer, or have responded differently to the Hunger Vital sign than to the MTHA item.

**The table below shows that other basic resource needs were substantially more common in individuals who continued to report food insecurity than in those who did not.**

Basic resource need	Food insecurity (N= 81)	No food insecurity (N = 29)	p-value
Concerns about housing	68%	31%	0.001
Difficulty in paying for basic resources	98%	66%	< 0.001
Transportation barriers	22%	3%	0.005
Cost-related medication non-adherence	70%	21%	< 0.001

## What are our recommendations?

We draw three conclusions from this survey, the published literature, and ongoing work in SONNET:

1. We believe that the well-validated, two-item Hunger Vital Sign is a better measure of food insecurity for use in KP than the single item in the Medicare Total Health Assessment (Hager, 2010 and Gundersen et al., 2017).
2. Individuals who report food insecurity are likely to have other basic resource needs. Clinicians can either screen for multiple needs at a single point in time or ask about additional resource needs after identifying an initial concern such as food insecurity.
3. Because this was a small survey in a single KP region and one segment of our membership, we need to learn much more about the interaction between multiple basic resource needs in our members. Please let us know what you are learning as you try different approaches to identify and address these basic resource needs!

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