**TITLE**: IMPROVING FOOD INSECURITY SCREENING AND REFERRAL AT A FEDERALLY QUALIFIED HEALTH CENTER

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**Background:** Food insecurity is a public health concern in the United States. In Los Angeles over 15% of children experience food insecurity per year. Food insecurity has detrimental impacts on childrens’ health. Pediatricians and primary care centers can play a critical role in screening children and families for food insecurity.

**Objective:** To increase the number of families who are screened for food insecurity at a Federally Qualified Health Center (FQHC) and to increase the number of food insecure families who are referred to community resources.

**Methods:** A baseline survey was created to assess physicians baseline knowledge and attitudes regarding the current food insecurity screening workflow, and to identify limitations of current screening. The survey consisted of 1 open ended, 1 Likert scale and 4 multiple choice questions. The survey was emailed to physicians for completion.

**Results:** Preliminary survey results across physicians (n=63) demonstrated that 60% were not notified by medical assistants of a positive screen and 43% of respondents did not know where to locate results of food insecurity screens in the electronic medical record. When food insecurity was identified, only 40% of physicians listed this as an ICD-10 code visit diagnosis and only 40% of physicians provided families with information regarding community resources, due to lack of knowledge of community resources or not having access to a standardized resource.

**Conclusion:** Food insecurity screening can identify families in need but addressing the problem will require physician knowledge of resources, easy access to resources for families, and improved communication between medical staff and physicians.

**Future Directions**: Education sessions will be held every two months to review this workflow with medical assistants and physicians. A follow up survey will be administered after the implementation of three education sessions to re-evaluate providers knowledge and attitudes regarding food insecurity screenings and referrals. Rates of food insecurity will be tracked using the food insecurity ICD-10 visit diagnosis code.