Food for Thought: A Randomized Trial of Food Insecurity Screening in the Emergency Department

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Although there is growing interest in screening for food insecurity in the clinical setting, little evidence exists regarding screening formats that maximize disclosure and caregiver comfort. In this randomized trial, we asked English-speaking adult caregivers of pediatric patients in the ED at an urban, freestanding children's hospital to complete a validated, two-question screen for FI. Respondents were assigned via block randomization to complete the survey by either verbal interview or electronic tablet. Caregivers reported perceived importance of the screening questions, comfort level with screening in the ED or in their child's primary care site, and their preference of screening modality. 20.6% of the 1818 participants screened positive for FI. There was a significantly higher rate of reported FI for those screened by tablet (23.6%) compared to those screened verbally (17.7%) (p=0.002). Of those who had a preference of screening modality, 83.2% of all participants, and 84.5% of patients reporting FI, preferred tablet-based screen over verbal interview. Overall, more participants reported comfort completing the screen in the ED compared to their child's doctor's office however comfort in both of these setting were rated highly (86.1% vs. 80.2%, p<0.001). While both verbal and tablet-based screening modalities were effective in identifying FI, tablet-based screening had a higher disclosure rate and was the participants' preferred screening method. There is a high level of comfort with screening regardless of clinical setting; it is possible that an added level of anonymity in the ED enhanced participants' comfort levels.

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