

Addressing and Identifying Food Insecurity in a Southeastern Ryan White Clinic

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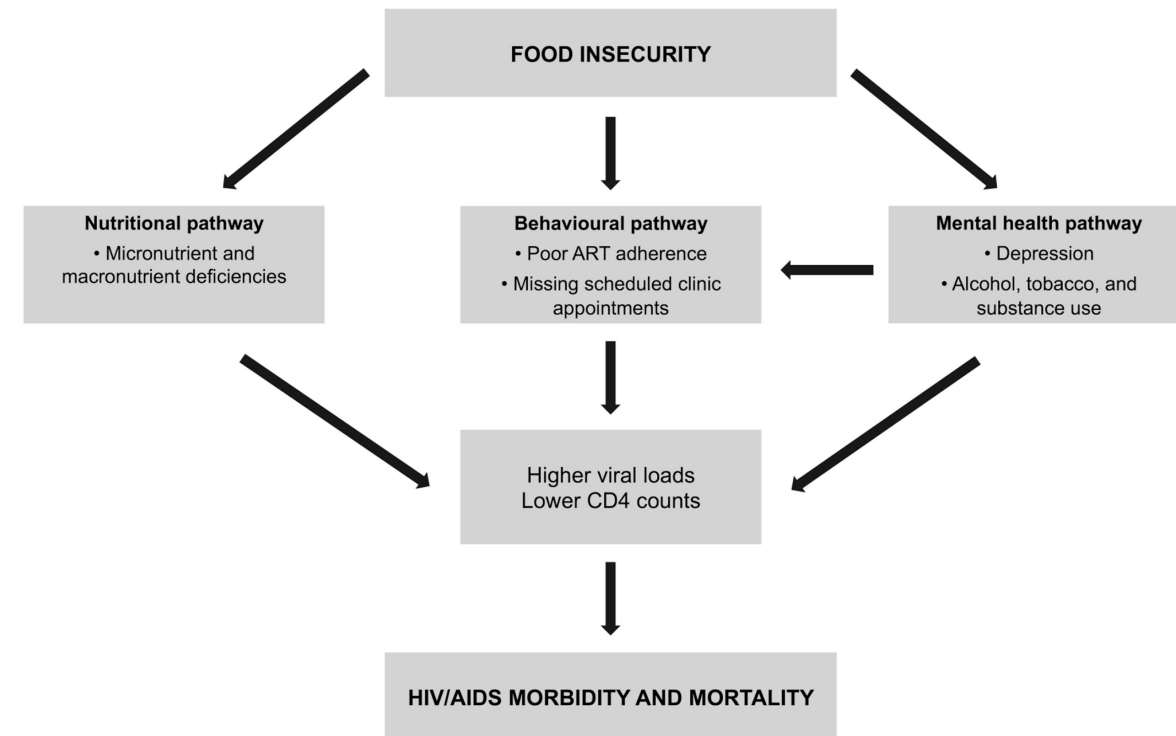
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NATIONAL
RYAN WHITE
CONFERENCE
ON HIV CARE & TREATMENT

Introduction

- 1 in 4 people with HIV (PWH) in the US experience food insecurity which can impact health outcomes:
 - Antiretroviral adherence
 - Mental health status
 - Chronic disease states
- In 2021, the University of North Carolina (UNC) Infectious Disease (ID) clinic implemented a food insecurity screening and services program for people with HIV.
- This study aimed to examine food insecurity prevalence and predictors among screened PWH.



From Whittle et al. Soc Sci Med. 2016;170:228-236.

Methods and Activities

Study setting: UNC ID clinic

- Tertiary care center providing HIV care to 1500 patients annually
- Starting in August 2021, clinic dietician screened PWH for food insecurity (*right*)
 - Targeted Ryan White eligible PWH
 - Referrals from health care providers for medical nutrition therapy

Food insecurity screening

- **Food insecurity** was defined as responding “often” or “sometimes” to either statement (*right*)
- PWH with food insecurity were provided referrals for community services

Study design

- PWH enrolled in the UNC Center for AIDS Research HIV Clinical Cohort (UCHCC)
- Linked food insecurity screenings to UCHCC data including sociodemographics, medical history, and laboratory results from EHR
- Compared prevalence of food insecurity

Prompt: I’m going to read you two statements that people have made about their food situation. For each statement, please tell me whether the statement was **often true**, **sometimes true**, or **never true** for your household in the last month.

Statements:

1. “We worried whether our food would run out before we got money to buy more.”
2. “The food we bought just didn’t last, and we didn’t have money to get more.”

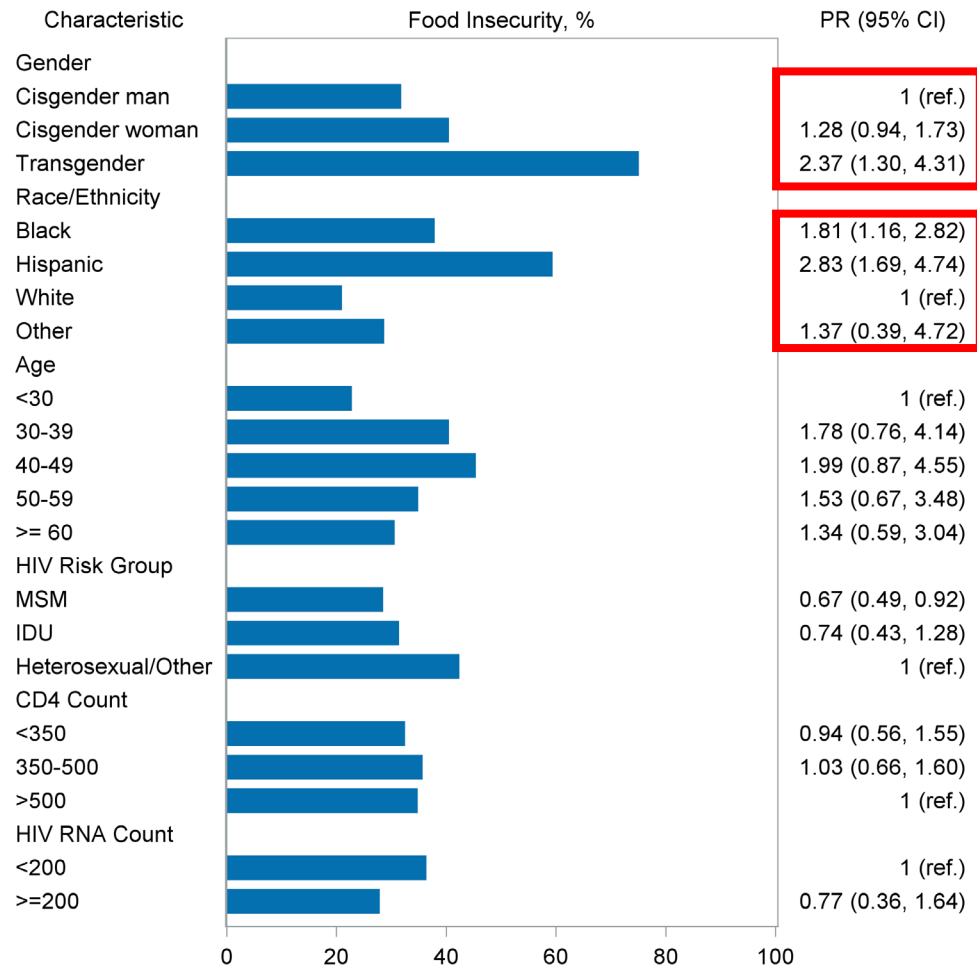
Results

Characteristic	N (%)
Gender	-
Cisgender man	221 (67)
Cisgender woman	104 (32)
Transgender	4 (1)
Race/ethnicity	-
Black	209 (64)
Hispanic	27 (8)
White	86 (26)
Age, years	55 (41, 62)
IDU risk factor	32 (10)
Heterosexual/other	149 (45)
Current CD4 count, cells/ μ L	660 (452, 891)
HIV viral load <200 copies/mL	281 (85)

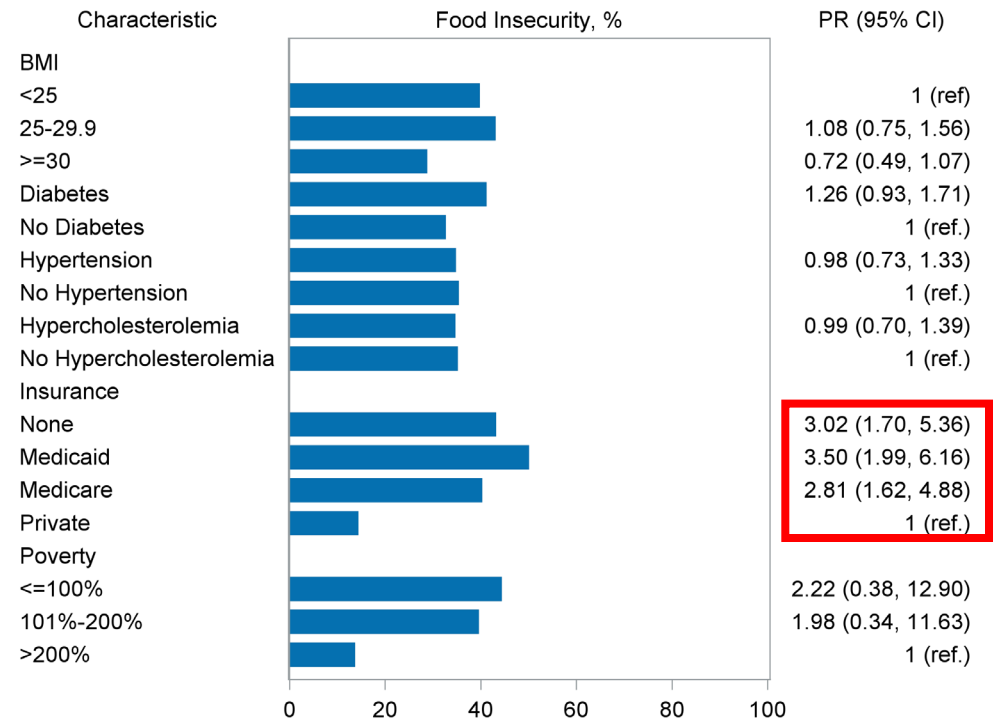
- Over 9 months, 329 people with HIV were screened for food insecurity

Characteristic	N (%)
BMI \geq 30 kg/m ²	136 (41)
Diabetes mellitus	90 (27)
Hypertension	193 (59)
Hypercholesterolemia	81 (25)
Insurance type	-
No insurance	65 (20)
Medicaid	58 (18)
Medicare	112 (34)
Private	91 (28)
Federal poverty level \leq 100%	158 (48)

Results



- 115 of 329 PWH reported food insecurity, a prevalence of 35.0%



Limitations of Results Presented:

- Our findings reflect targeted screenings/referrals and may not represent all PWH
- Screening during COVID-19 pandemic may have missed people who did not engage with the clinic

Challenges of Addressing Food Insecurity:

- Patient-level barriers to access referred services, e.g. lack of transportation
- Inadequate resources in rural counties

Discussion

- The prevalence of food insecurity in this targeted group of PWH was high, 35%
- PWH who were more likely to report food insecurity were the demographic groups most economically impacted by the COVID-19 pandemic
- PWH with food insecurity had high rates of comorbidities affected by diet
- Importance of addressing food insecurity in HIV clinics, particularly those serving vulnerable populations, and during periods of economic difficulties
- Need for expanded services and programs supporting access to nutritious food, particularly for PWH residing in rural areas, food deserts, and food swamps
- Future work will evaluate the impact of screening and referrals on food insecurity among PWH with repeat screenings