

U.S. Preventive Services Task Force Issues Draft Recommendation Statement on Screening for Food Insecurity

Task Force found limited evidence on how screening in primary care can help address food insecurity

WASHINGTON, D.C. – June 25, 2024 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for food insecurity. The Task Force determined there is not enough evidence to recommend for or against screening for food insecurity in the primary care setting. **This is an I statement.** This recommendation applies to children, teens, and adults.

Food insecurity greatly impacts the physical and mental health of children and adults across the United States. Over 10 percent of U.S. households experience food insecurity, which means they have limited access to nutritious food, mostly due to a lack of financial and other resources. Certain populations, such as Black, Hispanic, and Native American/Alaska Native people; LGBT people; older adults; individuals with disabilities; and veterans, are at higher risk for food insecurity. For these groups, systemic racism, social inequities, and discrimination contribute to low income, underemployment, lack of reliable housing, and other drivers of food insecurity.

Grade in this recommendation:

I: The balance of benefits and harms cannot be determined.

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“The Task Force reviewed the evidence on this topic because we recognize that food security is essential to overall health,” says Task Force member Tumaini Rucker Coker, M.D., M.B.A. “While we found limited evidence on whether screening in primary care improves overall health, we know there are important programs available that address food insecurity. Healthcare professionals should be aware of barriers to accessing nutritious food in their community, listen to patient concerns, and work to connect individuals to available resources.”

This is the first time that the Task Force has reviewed this topic and the first topic to come out of our recent work on how best to incorporate social risk factors into our recommendations. While there are a variety of questionnaires available to screen for food insecurity, when looking at data specific to primary care, there are limited data on the use of these tools and on whether or not interventions improve people’s health.

“The Task Force recognizes the complexities of addressing social risks like food insecurity in primary care,” says Task Force member James Stevermer, M.D., M.S.P.H. “In our draft recommendation, we acknowledge the importance of existing efforts to address food insecurity, while explaining the limitations of the evidence, challenges of addressing this issue in primary care, and unique aspects of mitigating social risks.”

It is important to note that this I statement is only related to screening and interventions resulting from screening for food insecurity in the primary care setting. The Task Force did not review the evidence on, and is not making a statement on, the use of valuable social services and programs that set out to address food insecurity in the United States.

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at www.uspreventiveservicestaskforce.org. Comments can be submitted from June 25, 2024, to July 22, 2024, at www.uspreventiveservicestaskforce.org/tfcomment.htm.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Coker is division head of General Pediatrics and professor of pediatrics at the University of Washington School of Medicine and Seattle Children's. She serves as the co-director of the University of Washington's Child Health Equity Research Fellowship, which is funded by the National Institutes of Health.

Dr. Stevermer is the vice chair for clinical affairs and Paul Revare, MD, professor of family and community medicine at the University of Missouri (MU). He also practices and teaches rural primary care at MU Health Care Family Medicine–Callaway Physicians. His scholarly activities focus on dissemination and evidence-based medicine.

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