

MetroHealth Medical Center
RESEARCH DAY 2023
Abstract Submission Form

Poster Title: Addressing Community Food Insecurity through a Hospital-Based Trauma Recovery Center

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Location of Laboratory: MetroHealth Main Campus

Category: PHERI

Introduction: Food insecurity disproportionately manifests among trauma victims. Supported by the Victims of Crime Act administered by the State of Ohio Attorney General, our institution's Trauma Recovery Center (TRC) provides psychosocial support and emergent financial assistance to victims of crime (VOC), including food assistance via Instacart®. The degree to which such a program addresses food insecurity in the most high-risk food insecure areas is unknown. We hypothesized that direct food aid to VOC would directly serve local communities at the highest risk of food insecurity.

Methods: For this cross-sectional study, single-institution social determinants of health (SDoH) questionnaire data collected since 2019 from 100,112 pediatric and adult outpatients across 740 census tracts in Northeast Ohio were used to identify high-risk food insecure census tracts with the highest 50th percentile of food insecurity risk. Food deliveries to VOC between January 2020 and May 2023 in either a high or low-risk food insecure tract were identified. The primary outcome was receipt of food aid. Chi-square and geographic information system (GIS) estimated how the distribution of direct food aid to VOC associated with community food insecurity risk.

Results: Across all census tracts, 15.6% of SDoH-screened individuals reported food insecurity, which is above the national average. During the study period, 318 deliveries to VOC were made in 133 of 740 census tracts, totaling \$46,624 in direct food aid. Of 133 census tracts receiving a delivery, 70.7% (94) were a high-risk food insecure area. A significantly greater proportion of high-risk tracts (25.4%) received food aid compared to low-risk tracts (10.5%; $p < 0.001$).

Conclusion: We report an association between direct food aid to VOC and receipt in high-risk food insecure areas. By leveraging our institutional SDoH and delivery data, we demonstrate that a hospital-based TRC may be an effective means of providing direct food aid to VOC and local communities at the highest risk of food insecurity.