Food Insecurity and Psychosocial Wellbeing Screening in Adolescent and Young Adult Cancer Survivors

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BACKGROUND

- National studies estimate that approximately 9%-13% of U.S. cancer survivors experience food insecurity (FI)[1,2,3]
- 1 in 5 cancer survivors between the ages of 20-39 reported being food insecure[4]
- Individuals experiencing FI report poorer health-related quality of life, including worse physical, emotional, functional, and social well-being[5]
- Routine screening has not been widely adopted in many oncology settings
- Adolescent and young adult (AYA) patients face unique challenges due to their life stage and social status[6]

AIMS

1) To identify strategies to decrease rates of food insecurity in AYA cancer survivors from the healthcare provider perspective.

2) To identify provider-specific barriers to addressing food insecurity among AYA cancer survivors.

3) To examine the number of providers who screen for psychosocial symptoms among AYA cancer survivors.

METHODS

- Cross sectional analysis
- Survey implementation between Nov 2025 – May 2026
- Participant recruitment via Listserv and word of mouth
- Participant inclusion criteria:
    - Must be in a clinical, patient facing role
    - Must work within the UVMCC catchment area
    - Must see some AYA patients

RESULTS

- 62.7% (*n*=32) of providers responded that they believed nutrition counseling (in-person or remote) would be the most effective strategy in helping AYA cancer survivors with FI
- 21.6% (*n*=11) of providers thought that social media platforms could help with AYA FI; 9.8% (*n*=5) believed peer-to-peer support groups would be effective
- 60.4% (*n*=32) of providers did not screen for FI due to dedicating appointment time to other issues; 47.2% (*n*=25) responded not having enough time in general during visits
- 54.7% (n=29) of providers felt inadequately prepared to connect patients with FI resources while 45.3% *(n*=24) were not skilled in addressing such issues
- 75.5% (*n*=40) of providers screened for mental health concerns in their AYA patients; most providers also screened for overall well-being, physical functioning, and pain management (66.0%, *n*=35; 60.4%, *n*=32, respectively)

RECOMMENDED APPROACHES FOR MANAGING FOOD INSECURITY AMONG AYA SURVIVORS

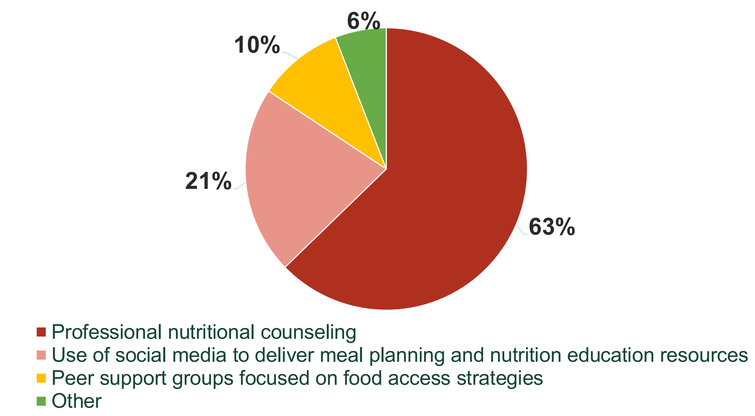


Fig. 1. Responses to Perceived Effective Strategies in Helping AYA Patients with Food Insecurity

PERCEIVED BARRIERS TO ADDRESSING FOOD INSECURITY

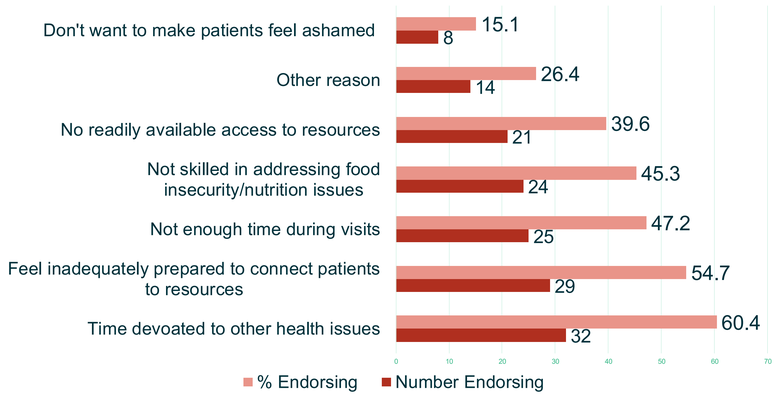


Fig. 1. Reported Barriers to Screening for Food Insecurity by Oncology Providers

Table 1. Number of providers who screened for psychosocial domains among AYA survivors (*n* = 53)

Domain	Screening (*n*)	Screening (%)
Mental health concerns	40	75.5
Overall well-being	35	66
Physical functioning	32	60.4
Pain management	32	60.4
Sleep disturbances	26	49.1
Resilience or coping	19	35.8
Other	7	13.2

CONCLUSIONS

- FI screening in the AYA cancer population is hindered structurally by a lack of time and on a provider level by little training on how to ask patients these sensitive questions and an unfamiliarity with local resources.
- The most common recommended approach to tackling this issue among providers was nutritional counseling, either in-person or remote. Using social media platforms to provide information on nutrition education was another suggestion.
- Aside from FI, most providers screened for mental health concerns and overall well-being.

IMPLICATIONS FOR RESEARCH AND PRACTICE

- These results highlight the need for better training on the topic of FI for oncology providers so they can better address this issue with patients.
- With higher rates of screening for psychosocial factors affecting AYA cancer patients, there is an opportunity for future interventions to include questions on FI into this established screening practice.
- Research involving on-site dietitians, social workers, and other healthcare professionals are needed to explore the recommended approaches presented by participants.

KEY REFERENCES

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