Food Insecurity Screening in Pediatric Clinical Practice

Child Health Advances Measured in Practice (CHAMP) Learning Session
The University of Vermont Dudley H. Davis Center

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The George Washington University School of Medicine & Health Sciences
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Disclosures

- I have no relevant financial relationships to disclose or conflicts of interest to resolve
- I will discuss no unapproved or off-label pharmaceuticals

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PEDIATRIC PROVIDER'S ROLE IN MANAGING FOOD INSECURITY

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What do we know about Provider Knowledge & Practices

Hoisington,et. al,Prev Med 2012

- In 2007:
  - **8%** of providers considered themselves **very knowledgeable** about food insecurity
  - **13%** indicated that they ***consistently*** ask about the sufficiency of food in their families homes.

Unpublished Data, Wash, DC

- In 2016:
  - 8% very knowledgeable
- Screening:
  - 85% Verbal by provider
  - 4% Use of other staff
  - 4% Use of Written forms
  - 13% Use of EMR
  - ~90% no standardized screener
  - 45% only when concern noticed

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Barriers to Screening

1. **Time** Constraints **(80%)**

2. Community interventions that address this issue are **unknown** to me **(52.8%)**

3. Resources addressing this issue are **unavailable** to me **(50.6%)**

4. **I don't know** enough about the **issue** **(45.5%)**

5. I am **worried about the sensitivity** of these type of questions **(27.0%)**

6. **Don't know how to ask** this type of question **(22.3%)**

Hoisington et al, Preventive Medicine, 2012

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Physician Lived Experiences with Screening

- Time & Workflow **were not barriers** to screening, but concerns about embarrassing families and being unable to provide adequate resources
- Clinicians reported that parents felt the screening **showed caring**, which reinforced the clinicians continued screening
- Suggested implementing screening **before** visit

Palakshappa, et. al, Pediatrics, 2017

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"At first, it was like, 'oh, my gosh, another question.' But then truly, once you got into the workflow, it ***wasn't that much additional [time]****"*

"It's a really ***personal question****. You're asking somebody about money. I mean, I think that's probably why it's just awkward, no matter what"*

Palakshappa, et. al, Pediatrics, 2017

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Family Lived Experiences with Screening

- Parents expressed **initial surprise** at screening **followed by comfort** discussing their unmet food needs
- Parents experience **shame**, frustration, and helplessness regarding FI, but discussing FI with their clinician **helped alleviate these feelings**
- Parents suggested **practices could help them more directly access food resources**, which, depending on income may not be available to them through government programs

Palakshappa, et. al, Pediatrics, 2017

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*"As a parent, it's horrible. Because **you don't want to see your children in need of anything**. Of course, I keep it together for them."*

*"I was really kind of shocked because when she did ask me, I was struggling at the time. I didn't want to lie, but I didn't want to be completely honest because **I didn't want her to think I was neglecting my child**."*

*"I was a little shocked because usually they don't ask that. But it **gave me an opportunity** to say something to somebody who might be able to make a difference."*

Palakshappa, et. al, Pediatrics, 2017

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POLICY STATEMENT Organizational Principles to Guide and Define the Child Health Care System and/or Improve the Health of all Children

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

Promoting Food Security for All Children

COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON NUTRITION

2015

- Screen & Intervene @ “scheduled health maintenance visits or sooner if indicated”
- Advocate for programs/policies that end childhood food insecurity
- Hunger Vital Sign recommendation

FRAC

Food Research & Action Center

AAP recommends that pediatricians use the Hunger Vital Sign™ to screen for food insecurity in practice. The two questions are:

1. Within the past 12 months, we worried whether our food would run out before we got money to buy more.

☐ often true ☐ sometimes true ☐ never true ☐ don't know/refused

2. Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.

☐ often true ☐ sometimes true ☐ never true ☐ don't know/refused

American Academy of Pediatrics

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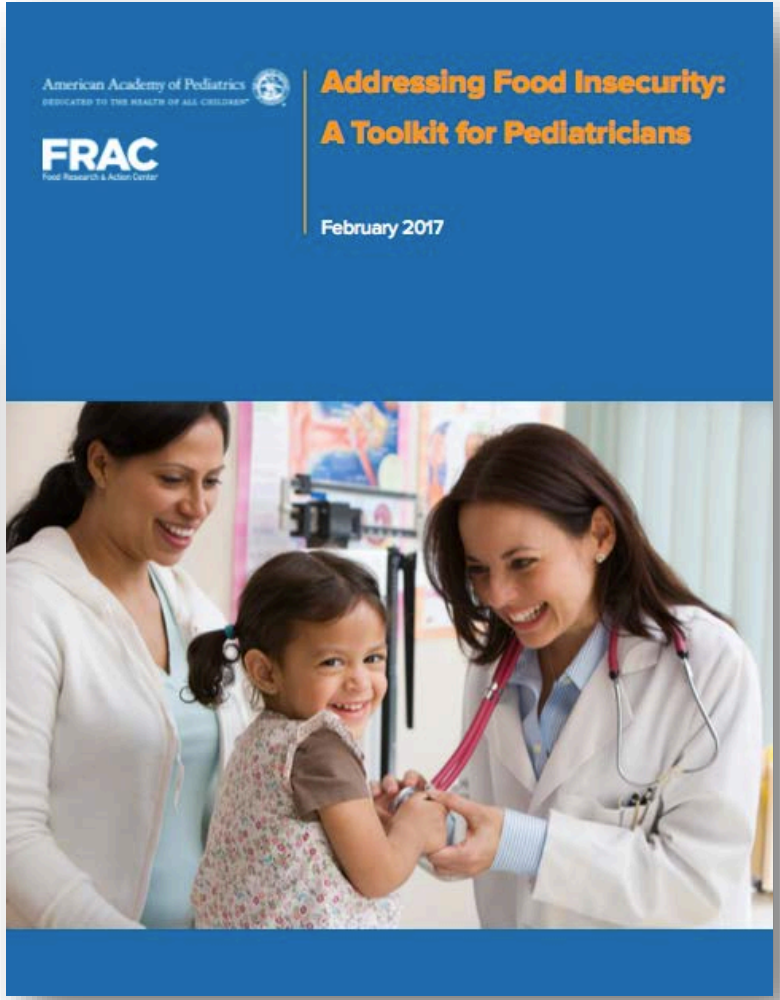
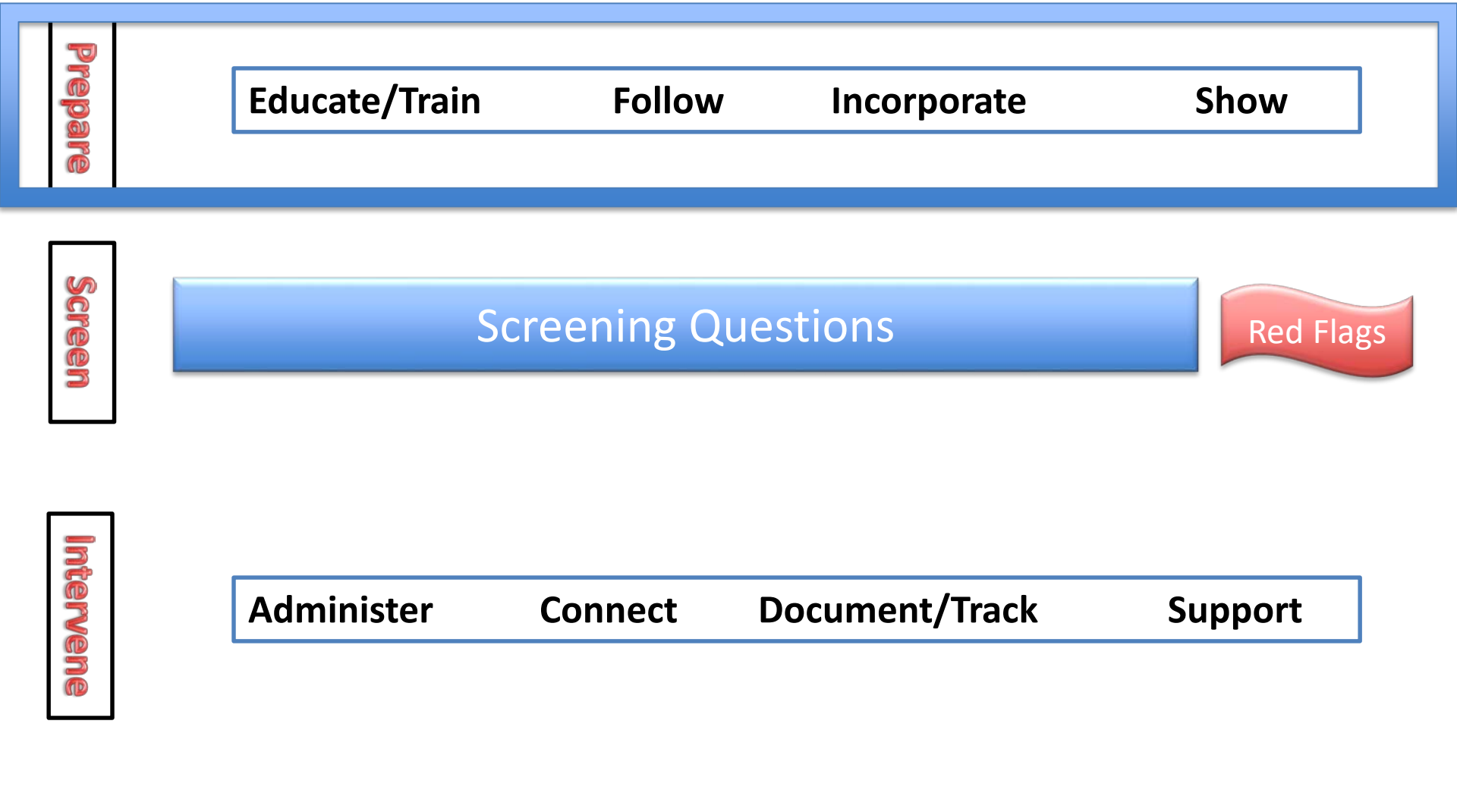


Food Insecurity Toolkit

- **Prepare**
- **Screen**
- **Intervene**

http://www.frac.org/aaptoolkit


Prepare
Educate/Train
Follow
Incorporate
Show
Screen
Screening Questions
Red Flags
Intervene
Administer
Connect
Document/Track
Support

PREPARE

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Prepare

- **Educate & Train** staff on food insecurity and screening
- **Follow** AAP's recommendation of screening at scheduled well-child visits or sooner, if indicated.
- **Incorporate** food insecurity screening into the institutional workflow
- **Show** sensitivity when screening for food insecurity

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Prepare

Educate/Train	Follow	Incorporate	Show

Screen

Screening Questions

Red Flags

Intervene

Administer	Connect	Document/Track	Support

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SCREEN

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Screen

- Goal: Screen at scheduled health maintenance visits or sooner if indicated
- Prioritize Screening:
  - Routine Well Child Checks
  - Visits for nutrition related conditions
  - Emergency Room Visits
  - Hospital Admissions
  - Newborn care before discharge
- Team based approaches
- Multiple food insufficiency screeners available
  - **Goal: Identify and use screener best captures our patients in need and fits into our workflow.**

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Hunger Vital Sign©

- 1. "Within the past 12 months, we worried whether our food would run out before we got money to buy more. "
  2. "Within the past 12 months, the food that we bought just didn't last and we didn't have money to get more."
- Yes or No in the last 12 months.
- Recommend: Often True, Sometimes True, Never True, or Don't Know/Refused to answer for you in the last 12 mo.

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Addressing Food Insecurity *Tips*

- **Sensitivity**
  - **Verbal vs Written/Electronic**

- Provide Safe Setting
- Normalize Questions
- Parent Preferred Language
- Reassure
- Ask
- Acknowledge
- Connect
- Follow up

- Provide Safe Setting
- Normalize Questions
- Parent Preferred Language
- Acknowledge
- Connect
- Follow up

- Developmental Delays
- Behavioral Problems
- Obesity
- Poor Growth
- Inappropriate Feeding Practices
- Anemia

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Prepare

Educate/Train | Follow | Incorporate | Show

Screen

Screening Questions

Red Flags

Intervene

Administer | Connect | Document/Track | Support

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INTERVENE

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Intervene

- **Administer** appropriate medical interventions per your protocols.
- **Connect** patients and their families to the federal nutrition programs and other food resources.
- **Document & Track** interventions in medical records.
- **Support** advocacy and educational efforts to end childhood food insecurity

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Connect

- Step 1: Educate the medical team on available federal nutrition programs and emergency food resources

- Step 2: Decide who in your practice can help connect patients and their families to nutrition programs and food assistance and where you need to enlist the help of a partner
  - Model 1: Providing referrals to a community partner
  - Model 2: Hosting a community partner to provide on-site assistance

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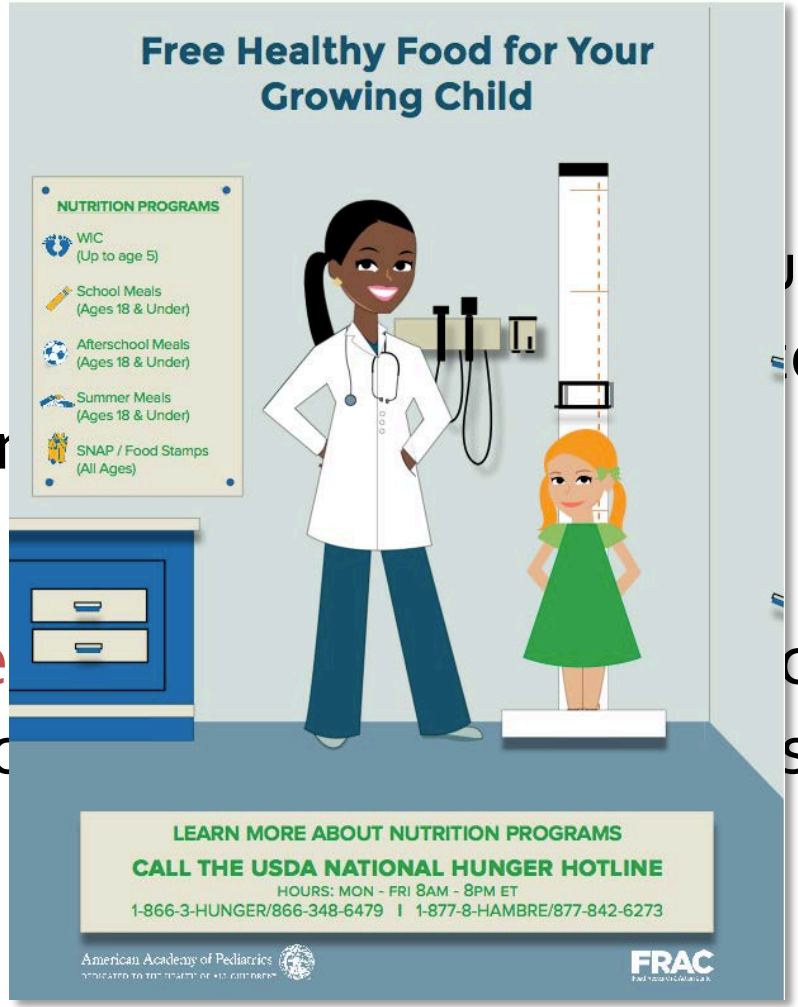
Connect

- Step 3: Post … utrition programs in … courage program par…
- Step 4: Asse… ctice to implement c… s food insecurity



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Washington, District of Columbia

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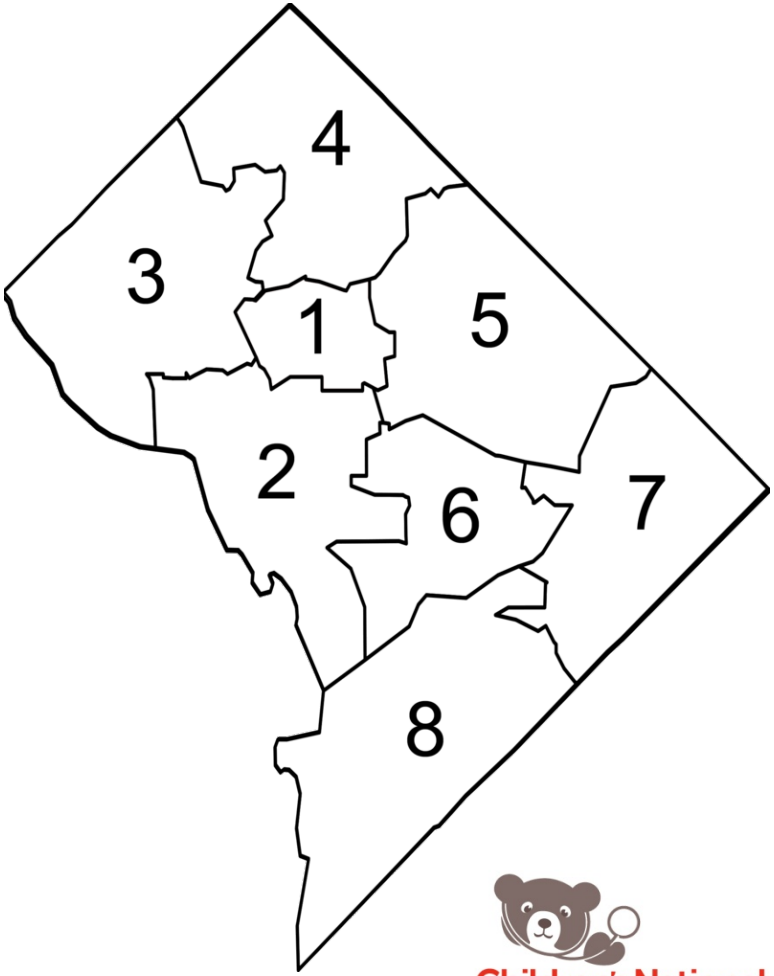
2017 Population Estimates:

- 690,945 Population
- 46.5% Black/African-American
- 40.7% White
- 11.21% Hispanic(Ethnicity)
- 4.1% Asian
- Median Income: $73,518
- 14.71% live below poverty line



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- **Food Insecurity in DC:**
  - 13.2% of households
  - Smaller Sample Size: Nationally(~40,000); Locally(2,379)

- **Food Hardship in DC:**
  - "Have there been times in the past 12 months when you did not have enough money to buy food that you or your family needed?" Yes or No
  - Larger Sample Size: Nationally(~176,000)
  - 11.3% Households w/o children
  - **26.6% Households w/children**
    - **#1 in the country**
    - **1 in 4 households with children**

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Health System

- **The Diana L. and Stephen A. Goldberg Center for Community Pediatric Health** (Goldberg Center) includes all hospital and community-based primary care services
- **The Goldberg Center** is the largest provider of pediatric primary care services in DC
- Serving about 35,000 patients ages birth to 21 (over 100,000 annual visits)
  - ~40% of the children in the District of Columbia
- 85% of patients are enrolled in Medicaid
- 91% of patients are members of ethnic/racial minority groups.
- ~60 Pediatric Providers

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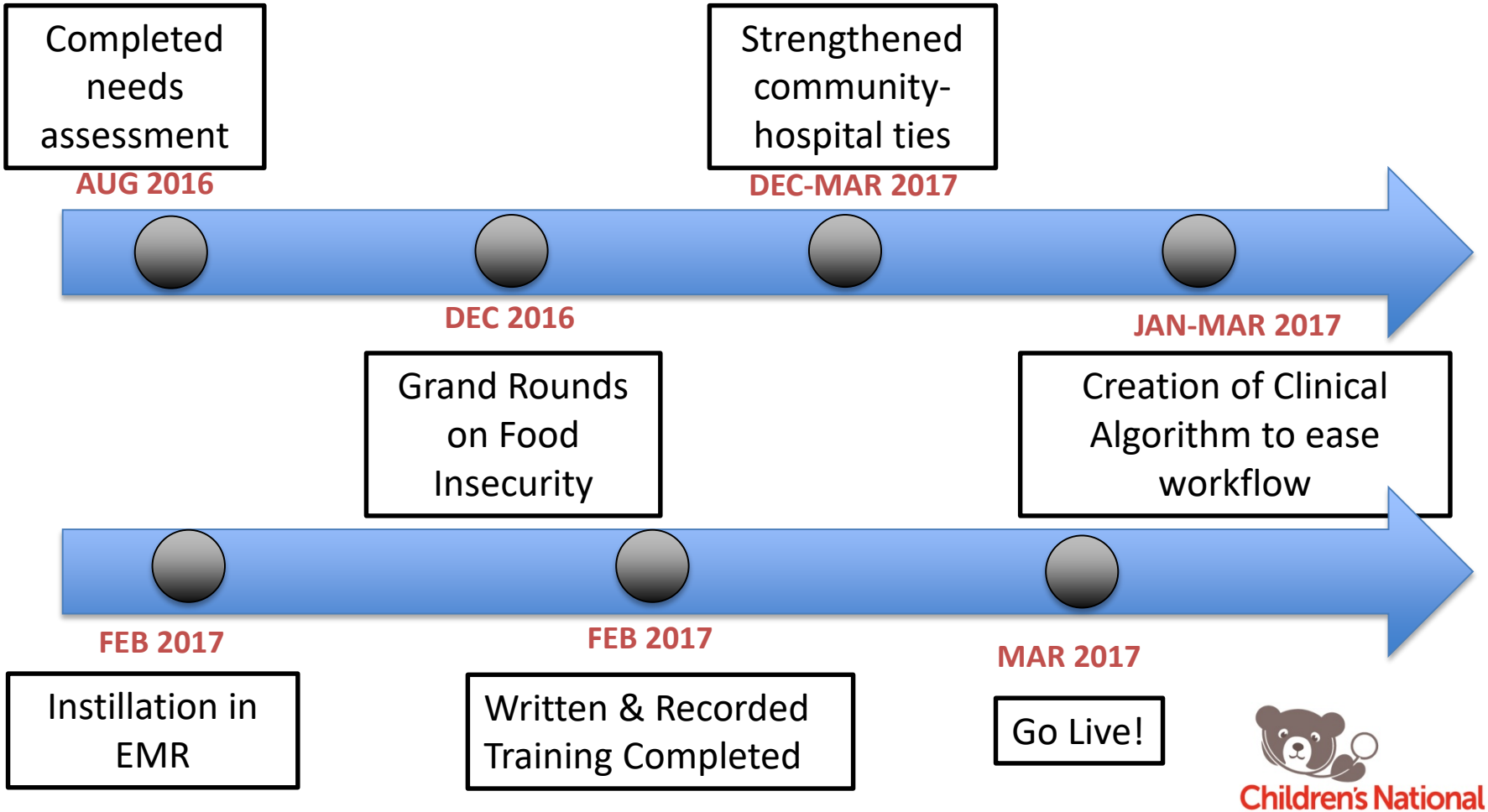
Completed needs assessment
AUG 2016
Strengthened community-hospital ties
DEC-MAR 2017
DEC 2016
JAN-MAR 2017
Grand Rounds on Food Insecurity
Creation of Clinical Algorithm to ease workflow
FEB 2017
FEB 2017
MAR 2017
Instillation in EMR
Written & Recorded Training Completed
Go Live!
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Goldberg Center – Food Insecurity Screening

February 27, 2017

FOOD INSECURITY SCREENING QUESTIONS

Q1 – "Within the past 12 months we worried whether our food would run out before we got money to buy more?"

Q2 - "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

SCREEN

IF THE SCREEN IS POSITIVE

Q3 – What services are needed?

	EMERGENT RESOURCES	LONG- TERM FOOD RESOURCES	JUST IN CASE RESOURCES
Primary Concern	Families that are currently without food or will run out of food within soon	Families that need ongoing assistance securing food	Families that may not have an emergent need, but may have general food insecurity concerns
Action	Connect family with food resources while in the office	Connect families to: • WIC • SNAP • School Meals/ Summer Meals	• Education on how to manage and optimize resources (ie. All services provided by WIC) • Connection to community resources
Referral/Resource	• Social Work* • Number to Hunger Lifeline 202-644-9807	• DC/ MD Hunger Solutions • Social Work *	• Ward based community resource list • The Food Bank Network – Capita Area Food Bank

* If social work is available

INTERVENE

Federal Nutrition Programs

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Child Care Meals
- School Breakfast & Lunch
- Afterschool Meals
- Summer Meals

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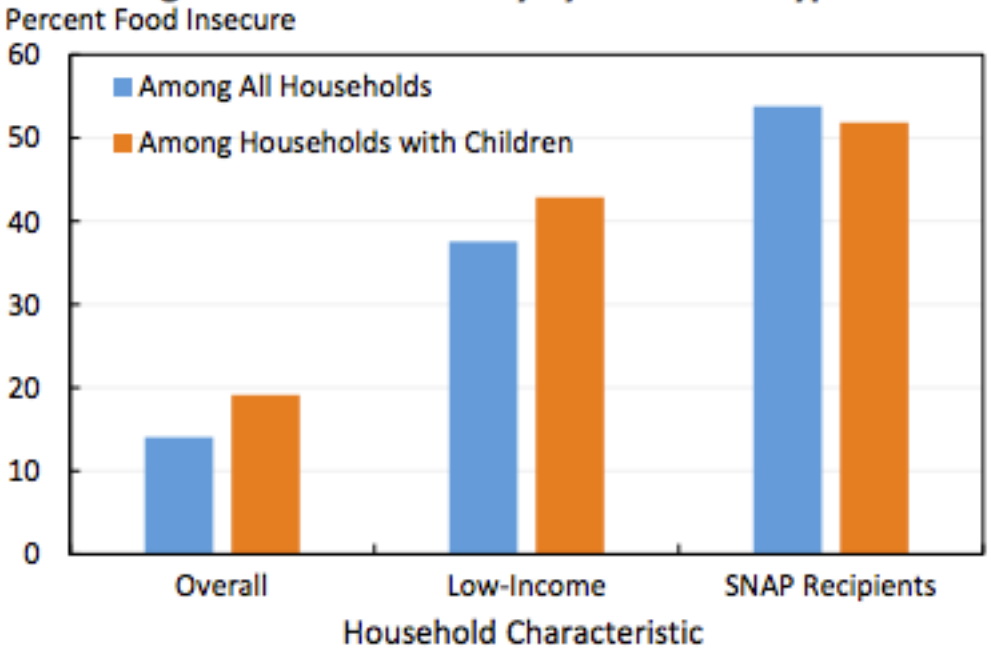
Figure 6: Food Insecurity by Household Type



Note: Low-income identifies households under 130 percent of the poverty line.
Source: Current Population Survey, December Supplement 2014, CEA Calculations.

https://www.whitehouse.gov/sites/whitehouse.gov/files/documents/SNAP_report_final_nonembargo.pdf

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Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday)
- Nonbreastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)
- Infants (up to 1st birthday). **WIC serves 53 percent of all infants born in the United States.**
- Children up to their 5th birthday.

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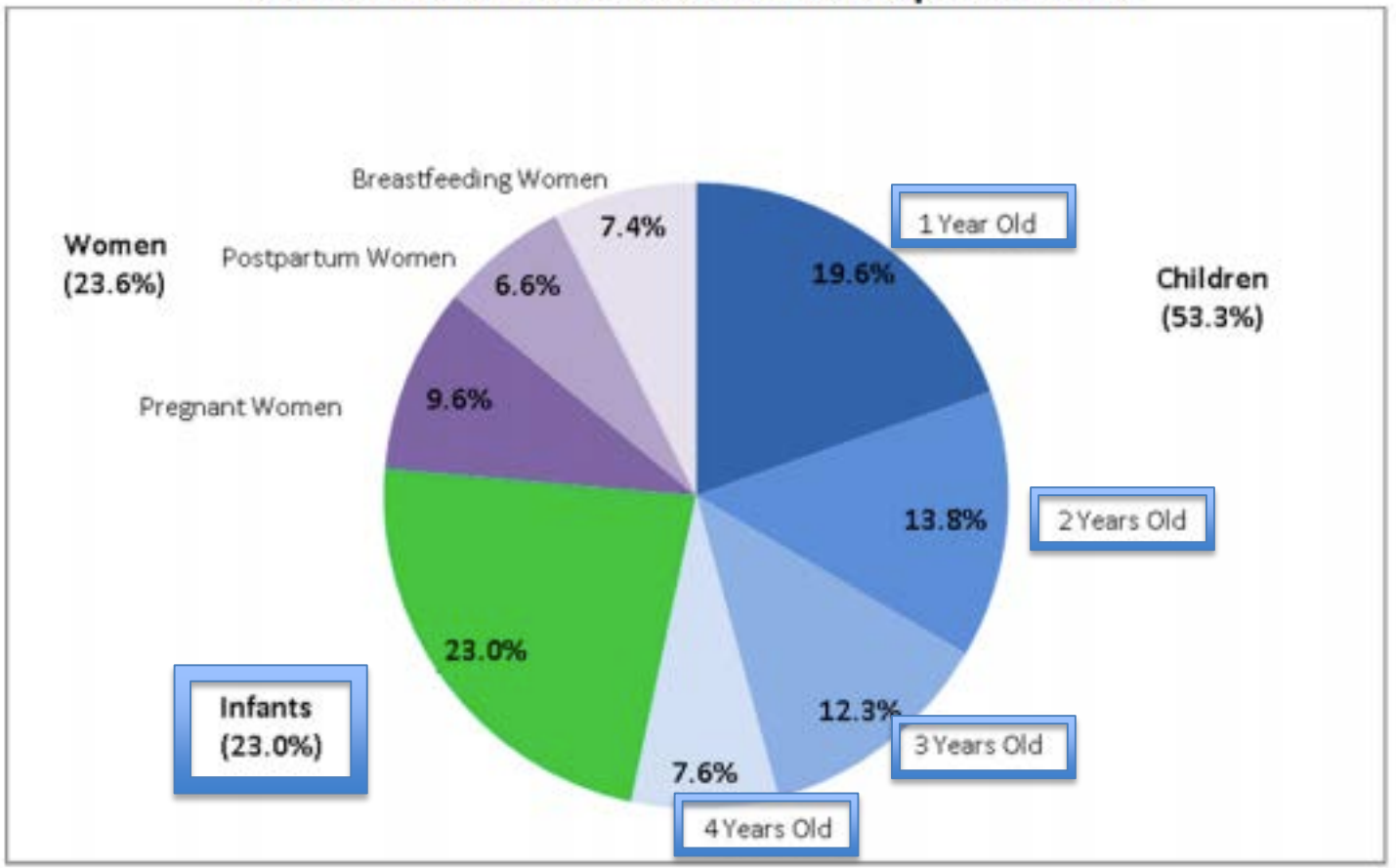
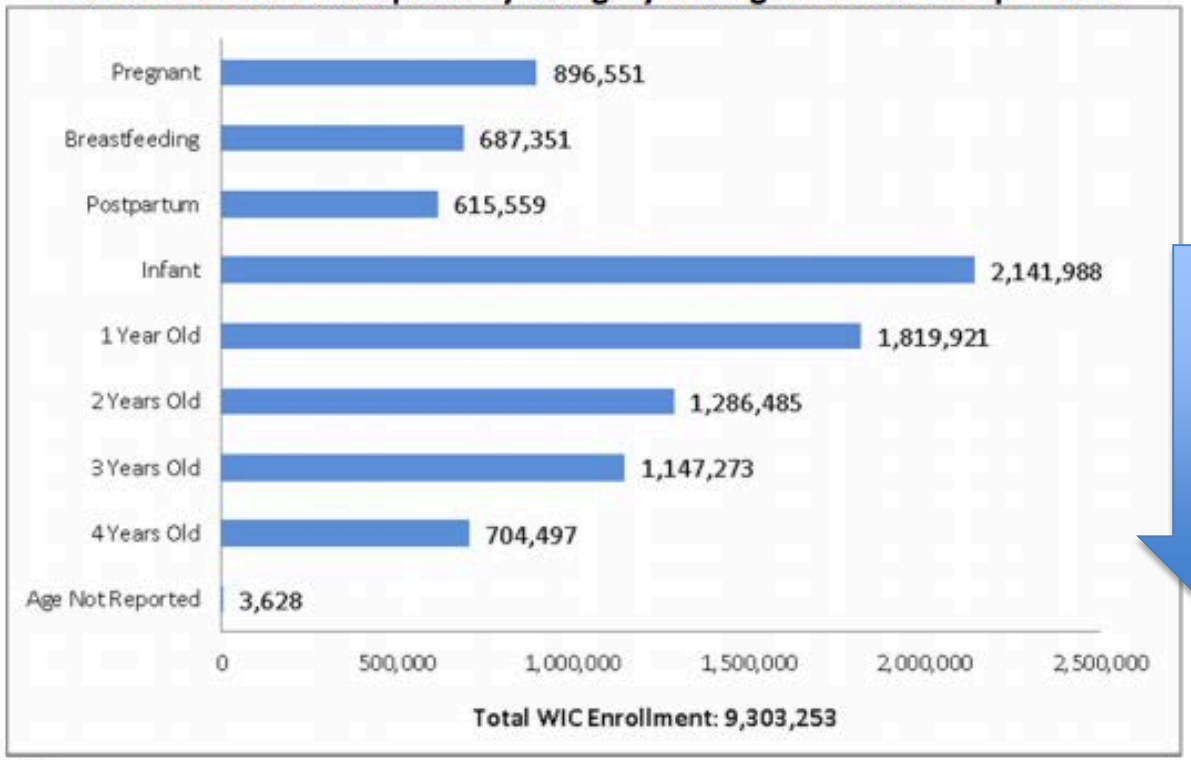
Figure ES.2.
Distribution of Individuals Who Participated in WIC



http://www.fns.usda.gov/sites/default/files/ops/WICPC2014.pdf

Figure ES.1.
Number of WIC Participants by Category and Age of Children: April 2014



Notes

Data presented in this chart for pregnant, breastfeeding, and postpartum women and infants is shown in table II.1. Total number of children by age group is shown in table IV.8.

http://www.fns.usda.gov/sites/default/files/ops/WICPC2014.pdf

What can I buy each month?

- 100% whole wheat bread, buns, and rolls
- 100% whole wheat macaroni products
- Name brand and store brand whole grain cereal
- Brown rice, barley and oats
- Whole wheat or corn tortillas
- Low-fat or skim milk
- Soy milk
- Tofu
- Low fat or non-fat plain yogurt
- Cheese
- Fresh fruit and vegetables
- Frozen fruit and vegetables
- Canned low sodium or no-salt added vegetables
- Canned fruit
- Dried fruit
- Juice and Juice Blends
- Eggs
- Plain peanut Butter
- Beans

WIC PARTICIPANTS WITH CHILDREN AGES 2-5 CAN RECEIVE UP TO $90 WORTH OF FOOD ITEMS PER CHILD EVERY MONTH.

Take Home Point

- Screening is realistic and manageable using a collaborative approach in the clinical setting

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Thank You!

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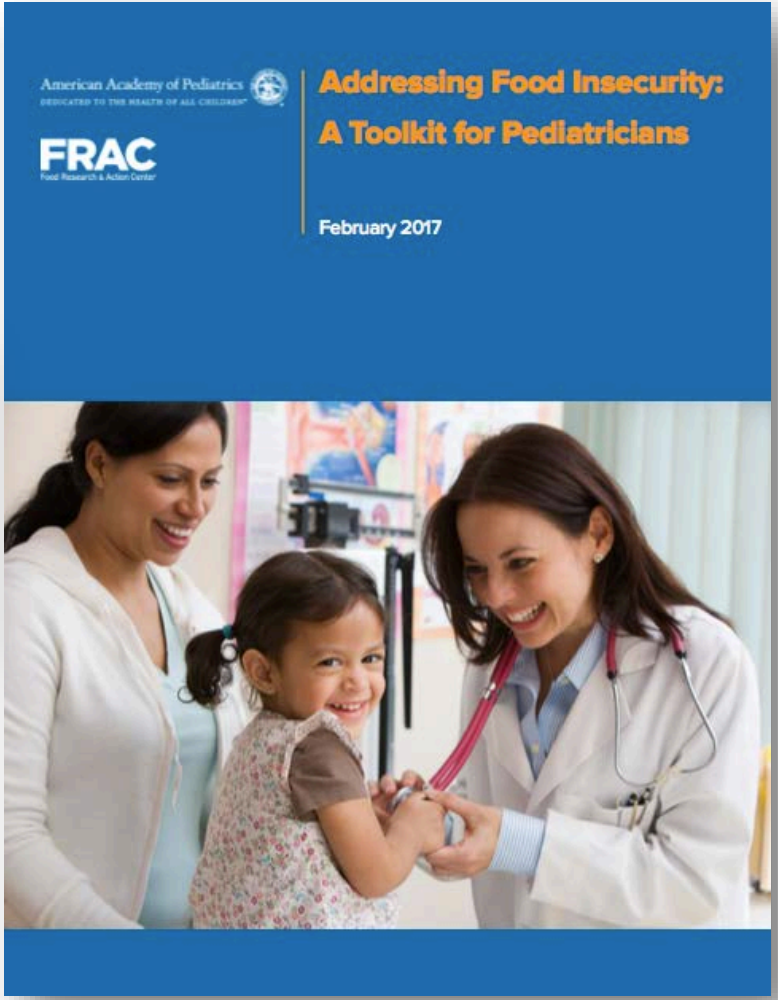

WIC after age 1yo

- At least a 22% drop off at age 1yo
- Why?

  - 32.3%: Believe they were ineligible
  - 27.8%: No longer needed the food benefits
  - 26.2%: Program is too much effort; benefits are not worth the time
  - 9.3%: Lack of transportation and/or scheduling problems

WIC Participation Patterns: An Investigation of delayed entry and Early Exit, ERS, 2010

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