

Food Insecurity: *Screening and Response in Pediatric Healthcare*

Food Insecurity and its Impact on the Health of Children

Food insecurity is defined by the USDA as “access to adequate food (being) limited by a lack of money or other resources”.¹ Food insecurity is waxing and waning, which means families may be periodically food insecure.² In 2014, 1 in 4 (26%) of children in Georgia live in food-insecure households.³

- Food insecurity in children is associated with⁴:
 - Hospitalizations
 - Poor Health Status
 - Underweight, Overweight, and Obesity
 - Iron Deficiency
 - Developmental Delay
 - Academic Underperformance
 - Behavioral Problems
 - Mental Illness (anxiety, depression, suicidal thoughts)
 - Childhood Malnutrition → associated with adulthood disease including diabetes, dyslipidemia, and cardiovascular disease
- More than 30% of food insecure families indicate having to choose between paying for food and paying for medicine or medical care⁵

Food Insecurity
Limited access to adequate food due to lack of money or other resources

Food Insecurity Screening Recommendations

Healthcare systems are starting to be recognized as one venue where food-insecure families can be identified and connected to appropriate resources. Professional organizations, like the American Academy of Pediatrics (AAP), have made clinical recommendations regarding screening for food insecurity in healthcare settings.

- American Academy of Pediatrics^{4,6}:
 - Screen all patients at scheduled health maintenance visits
 - Screen with the Hunger Vital Sign, a validated 2 question tool⁷
 - Be familiar with and facilitate referral of families to community resources
- Feeding America²:
 - Screen every patient at every visit
 - Provide referrals to community resources equipped to help with nutrition needs
 - Active referrals are typically more effective than written materials

- Consider referrals to other care providers as needed (dietician, social work, etc.)

Strategies to Alleviate Unintended Consequences of Screening for Social Determinants of Health^{8,9}

- **Family-centered screening**
 - Interpret results within the context of the patient and family; elicit patient concerns, opinions, and priorities
- **Screen every patient**
 - Don't target families based on apparent social status
- **Integrate screening with referral**
 - Link patients with community resources; consider dedicated support staff to facilitate community linkages
- **Use a strength-based patient-support approach**
 - Support resiliency; focus on family-level protective factors in addition to family-level needs

Implications of Food Insecurity Screening in Healthcare Settings

As healthcare systems explore implementation of screening for social determinants of health, guidance continues to develop around screening implications and intervention strategies.

- **Medical Liability**
 - Medical liability is typically grounded in standards of care and clinical guidelines.
 - There is no clear or established standard of care for food insecurity
 - Current clinical recommendations are to screen and refer to community resources^{4,9}
 - Standards and recommendations are evolving as work continues in this area
 - Few social conditions have legal implications for healthcare providers (e.g., abuse and neglect, suicidality, homicidality, etc.)
 - Risk factor screening (e.g., food insecurity, smoking) may have different implications than disease sign/symptom screening (e.g., hypertension, blood glucose)
- **Concern for Abuse and Neglect**
 - Healthcare providers are obligate reporters of concern for abuse and neglect of children
 - Screening for food insecurity could increase the frequency of concern for reporting, but does not change the obligation to report
- **HIPPA**
 - Direct referral to community resources that are not HIPPA-covered requires planning
 - Guidance is being developed by Harvard Law School – anticipate in mid-2017
- **Potential Strategies for Mitigation**
 - Consider establishment of an institutional standard of care
 - Develop and implement a clear institutional policy about screening and response
 - Ensure workflow and resources are in place prior to implementation
 - Address HIPPA regulations in institutional processes
 - Consider development of on-site resources to facilitate immediate response

Abuse and Neglect

Screening for food insecurity does not change a provider's obligation to report concern for abuse and neglect

- Examples: food resources (food pantry, garden), assistance in applying for benefits

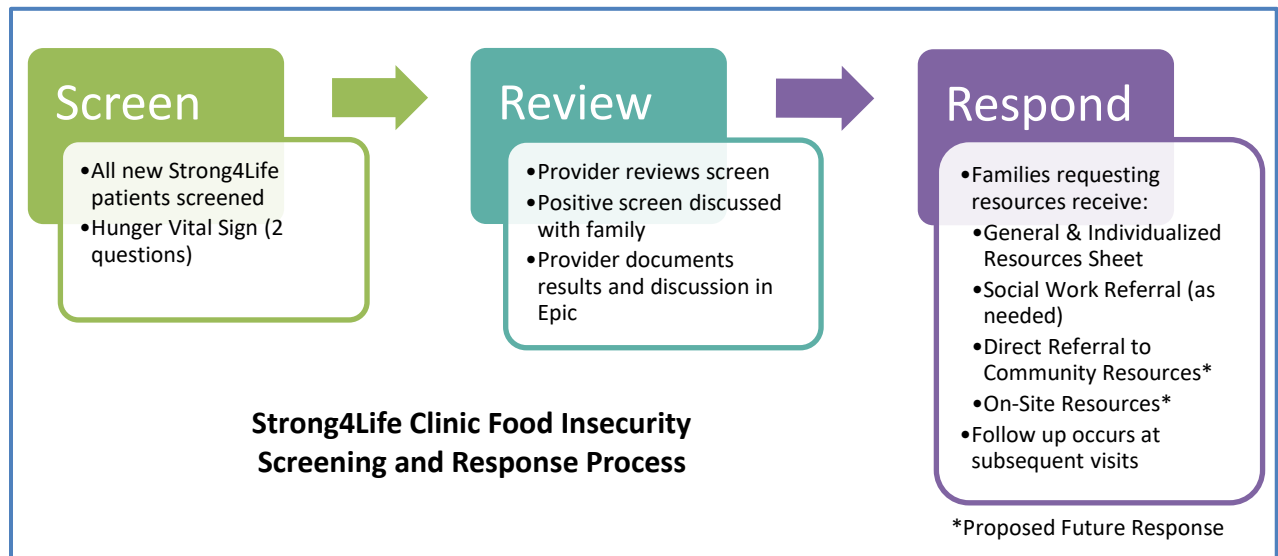
Healthcare System Strategies for Food Insecurity Intervention *(pending publication)*

- **Patient Referral to Food Resources**
 - List of local, state, or federal food resources
 - Direct referral/connection to food resources via case manager, social worker, or patient navigator
 - Assistance applying for federal benefits via case manager, social worker, or patient navigator
- **Onsite Food Resources**
 - Food pantry or pharmacy
 - Patient education: cooking, gardening, nutrition, disease self-management
- **Subsidized Food Resources**
 - Healthy food boxes/fresh produce from onsite garden, community garden, food pantry, or other resource
 - Medically-tailored food boxes from community food resources
 - Vouchers/coupons for fresh produce redeemed at markets or pantries (e.g., Fruit and Vegetable Prescription)
 - Community supported agriculture shares or other subsidized healthy food purchasing options
 - SNAP-matching programs for additional funds for fresh produce

Strong4Life Clinic Food Insecurity Screening and Response Process

Recognizing that food insecurity is associated with overweight and obesity, the Strong4Life clinic at Children’s Healthcare of Atlanta implemented a patient screening and response process. This three-step process (screen, review, and respond) was started in 2016 to identify and support families experiencing food insecurity. Approximately 1 in 4 families in the clinic screen positive.

1 in 4 families at the Strong4Life clinic screen positive for food insecurity



Food Insecurity Screening and Response at Children’s: Proposed Next Steps

Goal: Development and implementation of a food insecurity screening and response process for outpatient clinics at Children’s Healthcare of Atlanta.

Suggested Next Steps:

1. Assess the prevalence of food insecurity in outpatient clinics; explore patients’ resource needs
 - Results can help guide the development of processes and resources
2. Perform a community resource assessment and build partnerships

- Identify: community resources, potential partners, resource capacity, etc.
- 3. Develop direct-referral processes with community resources
 - Potential partners: Food Bank of Atlanta, Georgia-WIC, Georgia-SNAP, etc.
- 4. Develop on-site resources
 - Potential resources: garden, food pantry, Food Bank liaison, etc.
- 5. Learn from other healthcare systems; participate in learning collaboratives
- 6. Develop and implement screening and response processes for outpatient clinics
- 7. Step-wise implementation of processes in outpatient clinics
 - Continue Strong4Life pilot; evaluate processes for appropriate workflow, referral, etc.
 - Improve and adapt Strong4Life process based on evaluation
 - Expand pilot as appropriate

References

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