

POLICYLAB

RESEARCH AT A GLANCE | SUMMER 2017

A SYNOPSIS OF EMERGING POLICYLAB RESEARCH

SCREENING FOR FOOD INSECURITY IN SUBURBAN PRIMARY CARE PEDIATRIC PRACTICES:

FEASIBILITY, ACCEPTABILITY AND IMPACT

WHAT IS THE PROBLEM:

Food insecurity, or the lack of reliable access to a sufficient quantity of affordable and nutritious food, affects nearly 16 percent of all households (15.8 million children)¹ across the U.S. and has been associated with a multitude of health-related issues, poor academic performance, psychosocial and behavioral problems, and higher utilization of health care services.²⁻⁶

FOOD INSECURITY AFFECTS NEARLY 16% OF ALL HOUSEHOLDS ACROSS THE U.S. AND IS ASSOCIATED WITH:

	
HEALTH-RELATED ISSUES	POOR ACADEMIC PERFORMANCE
	
PSYCHOSOCIAL & BEHAVIORAL PROBLEMS	HIGHER UTILIZATION OF HEALTH CARE SERVICES

Food insecurity is particularly concerning for low-income suburbanites since over the last decade poverty has grown by 66 percent in suburban communities, double the rate of urban cities.⁷

Nearly half of all U.S. pediatricians practice in suburban communities, making them uniquely positioned to identify and address the unmet needs of families who visit suburban clinics. Given the prevalence of food insecurity and the recognition of pediatricians' ability to provide intergenerational family services, or services provided to caregivers in pediatric settings to address social needs, the American Academy of Pediatrics (AAP) recommends that all clinicians screen and address food insecurity during routine visits. However, there is little understanding of how distinct barriers—such as lack of access to safety net services, scarcity of public transportation and gaps in public and private funding⁸—within suburban communities can impact the screening of food insecurity in pediatric primary care practices, and how pediatricians can feasibly address families' unmet social needs.

WHAT WE ASKED:

What is the feasibility, family and clinician acceptability, and impact of food insecurity screening in suburban pediatric primary care practices?

WHAT WE DID:

We screened families for food insecurity at six suburban pediatric practices at the two-month, 15-month and 36-month well-child visits. Screens were built into the electronic health record and prompted pediatricians or nurse practitioners to ask families questions about household food insecurity in the last 12 months. Physicians could then refer all families that screened positive for food insecurity to a community partner that provides telephone assistance to individuals to apply for Supplemental Nutrition Assistance Program (SNAP).

After the intervention, we conducted focus groups with clinicians and, separately, semi-structured interviews with parents of children who screened positive for food insecurity to determine the overall acceptability of the screen and recommendations for how practices could effectively address food insecurity.

WHAT WE FOUND:

Of the 4,371 suburban families screened, 122 (2.8 percent) screened positive for food insecurity. Children who screened positive were more likely to be younger, African American/Black, Hispanic, have asthma and receive public insurance. Although food insecurity rates were lower than expected overall, two of the six practices had as many as 1 in 20 families screen positive, highlighting the potential impact of universal screening in reducing missed opportunities to help families in need.

2 of 6 pediatric practices reported that...



1 in 20 families screened positive for food insecurity.

Three key themes emerged from the family and physician interviews:

1 Although parents initially expressed surprise at the food insecurity screening questions, they ultimately felt comfortable discussing their families' unmet food needs.

2 Parents made recommendations for how practices could address families' unmet food needs and help alleviate the shame and frustration that can accompany food insecurity.

3 Clinicians felt the screen showed compassion, reinforcing use of the tool and overcoming concerns about embarrassing families and providing adequate resources.

“ [My pediatrician] wasn't judgmental or raise his eyebrows. He made me feel okay with it and said a lot of people are experiencing food insecurity.

“ Because we're middle class, there are no resources for us. My husband makes too much. But they don't take into consideration the other costs we have.

“ There's some relief from parents too, like finally someone is going to help me...they're finally relieved that they're getting help.

Some parents were fearful that food insecurity screening could be punitive, but pediatricians were able to help parents feel more comfortable with screening by assuring families that it is done to provide support.

Parents suggested practices could more effectively help families access food resources that may be unavailable through income-dependent government programs. This could mean providing contact information and documentation needed to apply for government benefits or transportation routes for available food pantries.

Clinicians also felt that if their practice had information on local resources, like food pantries, they could feel empowered to help families who did not qualify for government benefits or were food insecure despite receiving benefits.

WHAT IT MEANS:



STUDY METHODS

These prospective, mixed-methods studies utilized an intervention consisting of a screen built into the electronic health record that ascertained food insecurity status at six suburban pediatric practices at the two-month, 15-month and 36-month well-child visits. Families that screened positive were eligible for referral to our community partner for assistance applying to SNAP.

Of the 5,645 children eligible, 4,371 (77.4 percent) were screened and 122 (2.8 percent) screened positive for food insecurity. The pediatrician or nurse practitioner asked families that screened positive if they were interested in receiving further resources, and then the study team contacted interested families, discussed the referral process and obtained verbal consent to have their contact information shared with the community partner.

After the intervention, we conducted two sets of interviews. First, we conducted focus groups with clinicians at the participating practices to ascertain feasibility and acceptability of the screen. Then we performed 23 semi-structured interviews with parents of children who screened positive for food insecurity to determine parents' perceptions of screening for food insecurity, how food insecurity impacted the family, and recommendations for how practices could more effectively address food insecurity. Researchers utilized a modified grounded theory approach to inductively code the interviews and identified emerging themes through an iterative process.

RELATED POLICYLAB WORK

Palakshappa D, Fiks AG. Implications of Poverty for Practices Serving Suburban Families. *Pediatrics*. 2016;138(6).

PUBLICATIONS

Palakshappa D, Vasana A, Khan S, Seifu L, Feudtner C, Fiks AG. Clinicians' Perceptions with Screening for Food Insecurity in Suburban Pediatric Practice. *Pediatrics*. Published online June 20, 2017.

Palakshappa D, Doupnik S, Vasana A, Khan S, Seifu L, Feudtner C, Fiks AG. Suburban Families' Experience with Food Insecurity Screening in Primary Care Practices. *Pediatrics*. Published online June 20, 2017.

BIBLIOGRAPHY

1. Coleman-Jensen ARM, Gregory CA, Singh A. *Household Food Securing in the United States in 2015*. ERR-215: U.S. Department of Agriculture, Economic Research Service; September 2016.
2. Gundersen C, Kreider B. Bounding the effects of food insecurity on children's health outcomes. *J Health Econ*. 2009;28(5):971-983.
3. Cook JT, Frank DA. Food security, poverty, and human development in the United States. *Ann NY Acad Sci*. 2008;1136:193-209.
4. Rose-Jacobs R, Black MM, Casey PH, et al. Household food insecurity: associations with at-risk infant and toddler development. *Pediatrics*. 2008;121(1):65-72.
5. Jyoti DF, Frongillo EA, Jones SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. *J Nutr*. 2005;135(12):2831-2839.
6. Ryu JH, Bartfeld JS. Household food insecurity during childhood and subsequent health status: the early childhood longitudinal study—kindergarten cohort. *American journal of public health*. 2012;102(11):e50-55.
7. Fierman AH, Beck AF, Chung EK, et al. Redesigning Health Care Practices to Address Childhood Poverty. *Acad Pediatr*. 2016;16(3 Suppl):S136-146.
8. Palakshappa D, Fiks AG. Implications of Poverty for Practices Serving Suburban Families. *Pediatrics*. 2016;138(6).



The mission of PolicyLab at Children's Hospital of Philadelphia (CHOP) is to achieve optimal child health and well-being by informing program and policy changes through interdisciplinary research. PolicyLab is a Center of Emphasis within the Children's Hospital of Philadelphia Research Institute, one of the largest pediatric research institutes in the country.

PolicyLab

Children's Hospital of Philadelphia
2716 South Street
Roberts Center for Pediatric Research,
10th Floor
Philadelphia, PA 19146

P 267-426-5300

F 267-426-0380

PolicyLab@email.chop.edu
policylab.chop.edu

 @PolicyLabCHOP