Clinicians' Perceptions of Screening for Food Insecurity in Suburban Pediatric Practice

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BACKGROUND: National organizations recommend pediatricians screen for food insecurity (FI). Although there has been growing research in urban practices, little research has addressed FI screening in suburban practices. We evaluated the feasibility, acceptability, and impact of screening in suburban practices.

METHODS: We conducted a mixed methods study that implemented FI screening in 6 suburban pediatric primary care practices. We included all children presenting for either a 2-, 15-, or 36-month well-child visit (N = 5645). Families who screened positive were eligible to be referred to our community partner that worked to connect families to the Supplemental Nutrition Assistance Program. We conducted focus groups with clinicians to determine their perceptions of screening and suggestions for improvement.

RESULTS: Of the 5645 children eligible, 4371 (77.4%) were screened, of which 122 (2.8%) screened positive for FI (range: 0.9%–5.9% across practices). Of the 122 food-insecure families, only 1 received new Supplemental Nutrition Assistance Program benefits. In focus groups, 3 themes emerged: (1) Time and workflow were not barriers to screening, but concerns about embarrassing families and being unable to provide adequate resources were; (2) Clinicians reported that parents felt the screening showed caring, which reinforced clinicians' continued screening; (3) Clinicians suggested implementing screening before the visit.

CONCLUSIONS: We found it is feasible and acceptable for clinicians to screen for FI in suburban practices, but the referral method used in this study was ineffective in assisting families in obtaining benefits. Better approaches to connect families to local resources may be needed to maximize the effectiveness of screening in suburban settings.

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