

Increasing Rates of Screening for Food Insecurity in a General Pediatrics Teaching Practice

Introduction

- Food insecurity (FI) affects 21% of the nation's children.
- Socioeconomic/demographic data do not identify all families with FI.
- AAP's Task Force on the Family suggests pediatricians screen, assess, and refer for FI.
- FI can negatively affect behavior and development and have a lifelong impact on child health.
- Validated FI screen: "In the past 12 months, did you ever worry whether the food for you and your family would run out before you had enough money to buy more?" and "In the past 12 months were there times when the food for you and your family just did not last and there was no money to get more?"

Objective

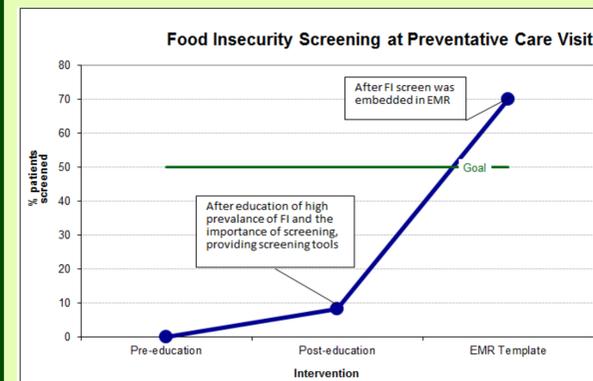
- To screen > 50% of patients for FI during well child visit at an urban teaching practice by October 2016.

Methods

- FI screening rates were analyzed at three stages: 1) baseline practice habits 2) provider education with tools 3) integration of FI screen in *AllScripts*, the ambulatory electronic health record (EHR). Completion was not required for signing note.
- 60 well child visits (20 from under 1yr, 1-4yr, and 5-11yr) were randomly selected and reviewed from each stage.
- Measured FI screening rate and % positive responses.

Results

- Baseline FI screening was not documented in any chart. After education, screening rates increased to 8.3%. By integrating questions within the EHR, FI screening rates increased to 70%.
- FI was identified in 1 of 5 screened (20%) in stage 2 and 4 of 42 (9.52%) in stage 3.



HSD post hoc test showed a significant difference screening rates performed between Stages 1 and 3, but no difference between Stage 1 and 2.

Conclusions

- Education alone was not sufficient to significantly increase screening
- Embedding FI screening in the EHR provides a reminder and a tool for quick, effective documentation.
- Many patients with FI were identified through screening.

Next Steps

- Next steps include determining the most effective resources, best ways to support families who screen positive, and screen for FI in other clinical settings.



FOOD RESOURCES

****SNAP** – Supplemental Nutrition Assistance Program (1-866-950-3663, www.fns.usda.gov/snap): supplemental food vouchers provided by the federal government. Can also make an appointment and apply through HealthLinks at Phoenix Day: 602-252-4911, x104 or Email: ivlوريا@phoenixday.org

****211.org** - school lunch programs, summer food programs for children, and other government - sponsored programs (eg, SNAP, WIC), as well as soup kitchens and community garden

****Feedingamerica.org** - Food Bank Hub is a food bank locator and other tools and resources

****St. Mary's Food Bank Alliance**: phone 602.242.3663 Network of food banks

****WIC** – Women, Infants, Children (1-800-942-1007, www.fns.usda.gov/wic): supplemental food and nutritional education for pregnant and breastfeeding women and their children under 5 years old.

****Project Bread** (1-800-645-8333, www.projectbread.org/get-help): hotline to connect families with food resources

****FoodPantries.org** (www.foodpantries.org/): locates food pantries and community meal programs in many different neighborhoods

****Other ways to find food assistance and other services:**

- Programs for Families in Need in AZ: <http://www.arizonaselfhelp.org/programs/>
- Find Help Phoenix: <http://www.findhelpphx.org/>

References

1. Hager, Quigg, Black, Coleman, Heeren, Rose-Jacobs, Cook, Ettinger, Casey, Chilton, Cutts, Meyers, Frank. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010 Jul; 126(1):e26-32.
2. Burkhardt, Beck, Conway, Kahn, Klein. Enhancing accurate identification of food insecurity using quality-improvement techniques. *Pediatrics*. 2012 Feb; 129 (2): e504-10.