FOOD INSECURITY SCREENING IN PEDIATRIC PRIMARY CARE CLINIC

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INTRODUCTION

The Primary Care Clinic at the Monroe Carell Jr. Children's Hospital sees approx. 46,000 patient visits annually and serves 17,000 patients. 40% of the patients are primarily non-English speaking. 64% of patients are covered by TN Care or CHIP, with 11% with commercial insurance or 5% private pay. The clinic is staffed with resident physicians, NPs, faculty attendings and direct care providers. We began our process for screening for food insecurity in Nov. 2017. We developed a Food Insecurity Taskforce comprised of interested faculty, staff and collaborators including SW, clinic manager and the family resource center.

METHODS

Patients were given a 2-question screener upon check-in for the WCC starting at 6 months of age which family filled out. If they answered yes or sometimes to either of the 2 questions, they were considered a positive screen. Families were then offered a food resource packet before leaving the clinic.

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 we bought just didn’t last and we didn’t have money to get more.

GOALS

- To screen 90% of our primary care clinic families for food insecurity during WCCs starting at 6 months of age.
- Food resources will be offered to 100% of all families that screen positive.
- To offer in person support to all high-risk families who report having a food need monthly or more frequently.

INTERVENTIONS

- Education of providers about the scope of problem with food insecurity and available resources.
- Trialed an intervention where families who screened positive were referred to the Family Resource center for same day support - only 5% used this option.
- We began to risk stratify patients into low-risk (food need 1-4 times a year) vs. high-risk (food need monthly, weekly or daily). We offered in person support with our clinic Social worker to talk with family while in clinic or with phone follow up after.
- SW performed outreach and asked about other associated needs and which resource they were accessing.
- Electronic Epic documentation of screening and support offered in May 2018.
- Created posters for the exam rooms detailing the food resource packets at monitored website. Can be utilized by patients without need for screening.
- A Social Determinants of Health survey conducted this past year revealed our patients' highest needs were housing, transportation, utilities, food, dental care, health insurance, vision care and child care.

OUTCOMES

- Approximately 14% of our patients screened positive to Food Insecurity. Referrals to SW for high-risk FI were about 9 patients/month.
- Cross Collaboration led to a rich pool of ideas.
- Unique resources were created with the assistance of Second Harvest food bank and the Family resource center.
- SW was instrumental in offering support and collecting data on other needs.
- Families food needs are being addressed during routine WCC.
- Future plans for a Community Health Navigator in clinic.

RESOURCES

- Food resources packets can be found on eDocs with keyword search for Hunter or Second Harvest. Available in English, Spanish and Arabic. They are reviewed for accuracy yearly.
- Rooted community health in the Center for Biomedical Ethics and Society has created other food resource information for providers at their website. [https://www.vumc.org/cbmes/food-security-resource-center](https://www.vumc.org/cbmes/food-security-resource-center)
- Second Harvest Food Bank has been an invaluable partner in the creation and sustainment of our food resource packets. [https://secondharvestmidtn.org/](https://secondharvestmidtn.org/)
- The Family Resource center at the Monroe Carell Jr. Children's Hospital has been instrumental in the creation of the food resource packets and our “Are you Hungry” posters in the exam rooms. [https://www.childrenshospitalvanderbilt.org/information/junior-league-family-resource-center](https://www.childrenshospitalvanderbilt.org/information/junior-league-family-resource-center)

Thank you to the Division of General Pediatrics, MCJCH Family Resource Center, Department of Social Work and Rooted Community Health in the Center for Biomedical Ethics and Society.