**KEY FACTS:** CHILDHOOD FOOD INSECURITY AND THE ROLE OF PEDIATRICIANS

1 in 7* U.S. children live in households with food insecurity

* COVID-19 has increased that number to as many as 1 in 4

**CHILDHOOD FOOD INSECURITY IS ASSOCIATED WITH:**
- Poor Health Status
- Developmental Risk
- Mental Health Problems
- Poor Educational Outcomes

**FOOD INSECURITY MAY PRESENT IN A FAMILY AS:**
- Food Anxiety
- Diet Monotony
- Decreased Nutrition Quality
- Inadequate Food Intake

**THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN**

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Child Care Meals
- School Breakfast and Lunch
- Afterschool Meals
- Summer Nutrition Programs
- Pandemic-EBT (available during COVID-19 school closures)

**THREE STEPS FOR SUCCESS**

**PREPARE**
- Educate and train staff on food insecurity, federal nutrition programs, and local food and income resources.
- Follow AAP’s recommendation of universal screening at scheduled check-ups or sooner, if indicated.
- Incorporate efforts to address food insecurity into the institutional workflow.
- Practice having empathetic and sensitive conversations when addressing food insecurity.

**SCREEN**

Use the AAP-recommended Hunger Vital Sign:
1. “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”
   - Often true
   - Sometimes true
   - Never true
   - Don’t know/refused
2. “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.”
   - Often true
   - Sometimes true
   - Never true
   - Don’t know/refused

Patients screen positive for food insecurity if the response is “often true” or “sometimes true” for either or both statements.

Document and code the administration and results of screening in medical records.

**INTERVENED**

- Administer appropriate medical interventions per your protocols.
- Connect patients and their families to the federal nutrition programs and other food resources.
- Document and track interventions in medical records.
- Advocate and educate to address food insecurity and its root causes, e.g., poverty, inadequate wages, housing insecurity, and structural racism.

For more information, visit [www.frac.org/aaptoolkit](http://www.frac.org/aaptoolkit)