

FUTURE OF PEDIATRICS TALKS!

A VIRTUAL SUMMER SERIES

Pediatric Health Network
 Children's National.



A few notes about today's Webinar

- All lines are muted throughout the webinar.
- Please use the Q&A box to ask questions or make comments.
- Today's Webinar recording, slides and resources will be posted to the PHN website following the presentation.
- You can find past FOP presentations on our website at <https://pediatrichealthnetwork.org/future-of-pediatrics/>

Upcoming FOP Talks!

DATE/TIME	TOPIC	SPEAKER(S)
July 13 12:00-12:30	Atopic Dermatitis: New Treatment Recommendations	Kaiane Habeshian, MD
July 13 12:00-12:30	Hemangiomas & Port Wine Stain	A. Yasmine Kirkorian, MD
July 27 12:00-12:30	Navigating a World with Asthma Parent Advisory Panel	Candice Dawes, MD & Parent Panel
July 27 12:00-12:30	Less is More: Optimal Duration of Antibiotic Therapy in Ambulatory Pediatrics	Ariella Slovin, MD; David Sullivan, MD; Rana Hamdy, MD, MPH, MSCE

Speakers



Kurt Newman, MD



Bud Wiedermann, MD, MA

Conflict of Interest:

- Receiving funding from Pfizer, Inc, for a pediatric COVID-19 vaccine trial

Speakers



Kofi Essel, MD, MPH

Conflict of Interest:

- No financial or business interest, arrangement or affiliation that could be perceived as a real or apparent conflict of interest in the subject (content) of their presentation.
- No unapproved or investigational use of any drugs, commercial products or devices.

Food Insecurity 101: Effective Strategies to Screen & Intervene



Kofi D. Essel, MD, MPH, FAAP

Attending Physician, Children's National at Anacostia - Goldberg Center for Community Pediatric Health

Children's National Hospital

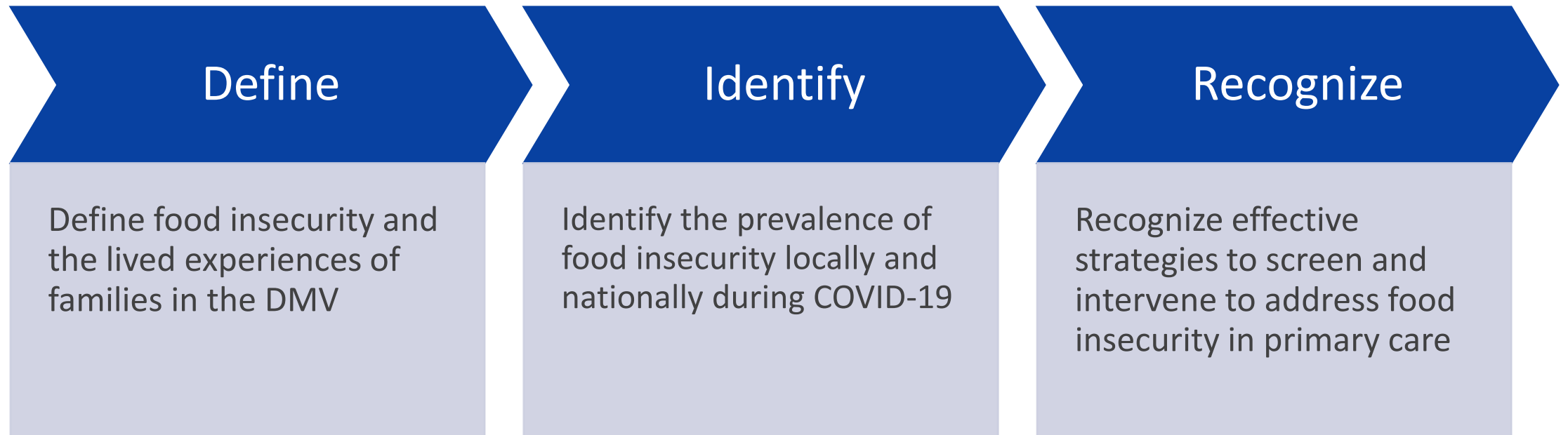
Assistant Professor of Pediatrics

Director, Community/Urban Health Scholarly Concentration

Director, Clinical Public Health Summit on Obesity

The George Washington University School of Medicine & Health Sciences

Objectives



Food Insecurity Definition

Food insecurity describes “the limited or uncertain availability of nutritionally adequate and safe foods, or limited, or uncertain ability to acquire acceptable foods in socially acceptable ways.”

- Core Indicators of Nutritional State for Difficult to Sample Populations, 1990

Food security is when “all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life.”

- World Food Summit, 1996

“Food insecurity is as much about the threat of deprivation as it is about deprivation itself: **A food-insecure life means a life lived in fear of hunger**, and the psychological toll that takes.”

- New York Times, Brenda Ann Kenneally, 2020



Trends in U.S. food security

Food insecurity,
2001-19

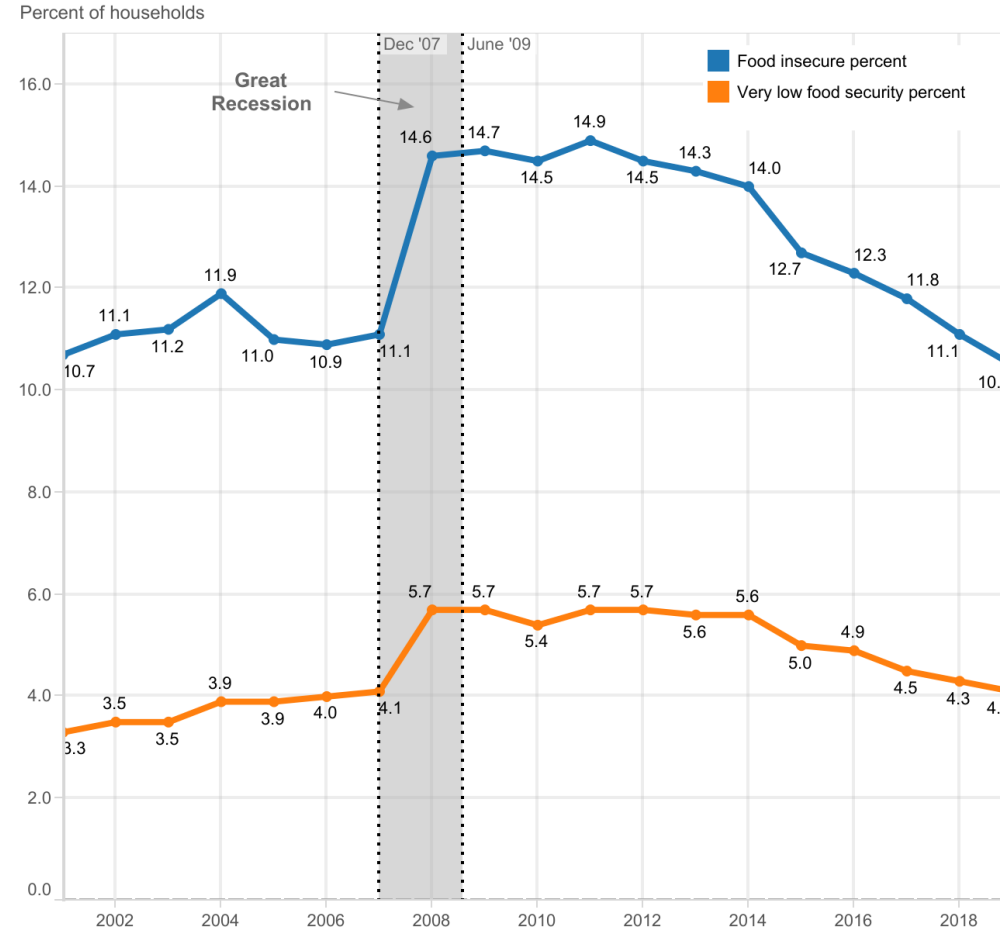
Food insecurity by
race and ethnicity

Very low food security
by race and ethnicity

Food insecurity in
households with
children

Very low food security
in households with
children

Trends in the prevalence of food insecurity and very low food security in U.S. households, 2001-19

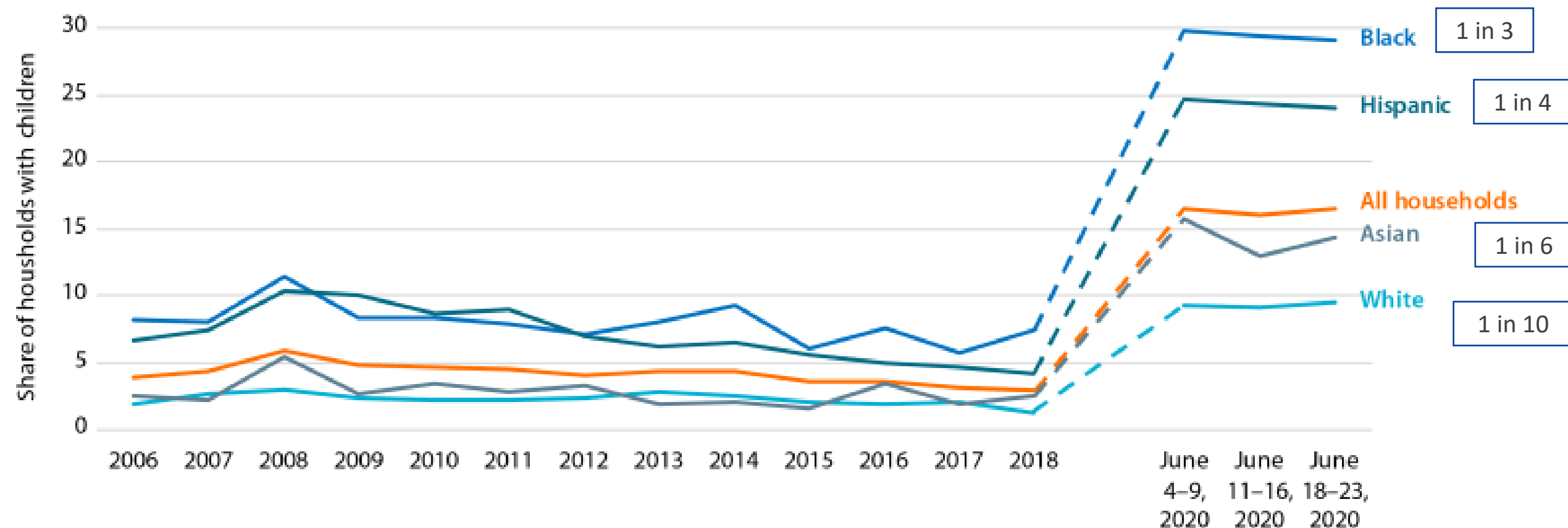


10.5%

Source: Calculated by USDA, Economic Research Service, using Current Population Survey Food Security Supplement data.
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>

FIGURE 1.

Share of Households with Children in which the Children Are Food Insecure by Race/Ethnicity, 2006–20



Source: Census Household Pulse Survey 2020 (Waves 6–8); Current Population Survey Food Security Supplement 2006–18; author's calculations.

Note: Surveys have been weighted to be representative of households with children, overall and by race/ethnicity. In the CHHPS (2020 datapoint), respondents were asked "Please indicate whether the next statement was often true, sometimes true, or never true in the last 7 days for the children living in your household who are under 18 years old. 'The children were not eating enough because we just couldn't afford enough food.'" In the FSS, respondents were asked "Now I'm going to read you several statements that people have made about the food situation of their children. For these statements, please tell me whether the statement was often true, sometimes true, or never true in the last 12 months for (your child/children living in the household who are under 18 years old). '(My/Our child was/The children were) not eating enough because (I/we) just couldn't afford enough food.' Was that often, sometimes, or never true for (you/your household) in the last 12 months?" Food insecurity statistics for race/ethnicities not shown were imprecisely measured.

Newly Food Insecure

- 1) Transitioned from DC to MD/VA
- 2) Higher Latinx population
- 3) Employed
- 4) Larger Households w/children
- 5) Fall into more severe FI
- 6) Often facing eviction



Lived Experiences of Food Insecure Households with Children

“Food Anxiety”

Basic anxiety or worry about food. Preoccupation with access to enough food.

“Monotony of Diet”

Decrease in Nutritional Quality, Variety, and/or Desirability of diet

“Adult intake decreases”

Food shortage experience and adults decrease intake

“Child intake decreases”

Food intake of children decreases, and adults acquire food in ‘socially uncomfortable’ ways

POLICY STATEMENT

Organizational Principles to Guide and Define the Child Health
Care System and/or Improve the Health of all Children

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Promoting Food Security for All Children

COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON NUTRITION

- **Screen & Intervene** @ “scheduled health maintenance visits or sooner if indicated”
- **Advocate** for programs/policies that end childhood food insecurity
- Hunger Vital Sign recommendation(Yes/No)

American Academy of Pediatrics

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AAP recommends that pediatricians use the Hunger Vital Sign™ to screen for food insecurity in practice. The two questions are:

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

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FUTURE OF PEDIATRICS

<https://frac.org/aaptoolkit>

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Addressing Food Insecurity: A Toolkit for Pediatricians

February 2017



January 2021

American Academy of Pediatrics
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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.



FUTURE OF PEDIATRICS

The cover of the "Screen and Intervene" toolkit. It features a photograph of a smiling female pediatrician in a white lab coat interacting with a young girl and her mother. The background is a soft-focus office setting. At the top left, the American Academy of Pediatrics logo and tagline "DEDICATED TO THE HEALTH OF ALL CHILDREN" are displayed. Below that is the FRAC logo. The title "SCREEN AND INTERVENE:" is in large, bold, white capital letters, followed by the subtitle "A Toolkit for Pediatricians to Address Food Insecurity" in a smaller white font. At the bottom, a dark blue banner contains the text "JANUARY 2021 | WWW.AAP.ORG | WWW.FRAC.ORG" in white capital letters.

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SCREEN AND INTERVENE:

A Toolkit for Pediatricians to Address Food Insecurity

JANUARY 2021 | WWW.AAP.ORG | WWW.FRAC.ORG

<https://frac.org/aaptoolkit>

Overview Infographic

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)



Child Care Meals



Summer Nutrition Programs



Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



School Breakfast and Lunch



Pandemic-EBT (available during COVID-19 school closures)



Afterschool Meals

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.



INTERVENE

- ▶ **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



Step #1: Prepare

Prepare → Screen → Intervene



Insights From the Field

"We know that many families are experiencing food

insecurity. This is on the family — buying food — well-being of all the impact the development and engaging the important, particularly practice to do this if you haven't made and how you can should utilize valuable Vital Sign™ is the with the family, with conversation to re your practice as a This toolkit explains SNAP, and school to identify what is Your practice needs with resources in screening, and ideally warm handoff, not Screening, conversing is a fundamental between the pediatrician and family."

MARIAN F. EARLS, MD, MTS, FAAP

Chair, AAP Addressing Social Health and Early Childhood Wellness (ASHEW);
Chair, AAP Mental Health Leadership Work Group, North Carolina

*"Readying your practice to do this is essential. **Don't start screening today if you haven't made a plan for how you talk to families and how you can link them with support....** Your practice needs to have identified and networked with resources in your community prior to implementing screening, and **ideally be able to link families using a warm handoff, not just handing them a resource list.** Screening, conversing, and partnering with the family is a fundamental part of the longitudinal relationship between the pediatrician and family."*

Prepare → Screen → Intervene

1. Educate and train

2. Follow

3. Incorporate

4. Practice

Educate and train staff on food insecurity, federal nutrition programs, and local food and income resources

- Identify a “**Hunger Champion**”
- **Train** staff & leadership about FI
- Identify **sustainable ways** to address FI

Prepare → Screen → Intervene

1. Educate and train

2. Follow

3. Incorporate

4. Practice

Follow AAP's recommendation of universal screening at scheduled checkups or sooner, if indicated

- **Universal Screening:** Ideally all patients at all visits due to the cyclical nature of FI
- **Prioritize:** Routine check ups, visits for nutrition concerns, ER Visits, Hospital Admissions, newborn care before discharge, Red Flags noted

Prepare → Screen → Intervene

1. Educate and train

2. Follow

3. Incorporate

4. Practice

Incorporate efforts to address food insecurity into the institutional workflow

- Make downtime → “**uptime**”

Prepare → Screen → Intervene

1. Educate and train

2. Follow

3. Incorporate

4. Practice

Practice having empathetic and sensitive conversations when addressing food insecurity

- **Sensitive** topic
- Families may experience **shame** or embarrassment
- Practice **normalizing questions**
- Availability of screeners in family **preferred language**

PEDIATRICS®

OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

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

Deepak Palakshappa, Aditi Vasan, Saba Khan, Leah Seifu, Chris Feudtner and Alexander G. Fiks

Pediatrics originally published online June 20, 2017;

Suburban Families' Experience With Food Insecurity Screening in Primary Care Practices

Deepak Palakshappa, Stephanie Douplik, Aditi Vasan, Saba Khan, Leah Seifu, Chris Feudtner and Alexander G. Fiks

Pediatrics 2017;140;

DOI: 10.1542/peds.2017-0320 originally published online June 20, 2017;

“I was really kind of shocked because when she did ask me, I was struggling at the time. I didn’t want to lie, but I didn’t want to be completely honest because

I didn’t want her to think I was neglecting my child.”

Step #2: Screen

Prepare → **Screen** → Intervene

- There are a number of easy-to-use screeners to assess food insecurity
- Some tools available in more **comprehensive screeners** that assess other social determinants
- Our collective recommends using the **Hunger Vital Sign™** 2 question screener due to ease of use, general acceptability, validity, and translation into multiple languages



<https://www.hl7.org/gravity/>

Prepare → **Screen** → Intervene

- 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 that we bought just didn’t last and we didn’t have money to get more.”
- Yes or No in the last 12 months.
- Often True, Sometimes True, or Never True to answer for you in the last 12 mo.

Most Widely Used Clinical Tool for Assessment of Food Insecurity

Prepare → **Screen** → Intervene

Written Versus Verbal Food Insecurity Screening in One Primary Care Clinic

Deepak Palakshappa, MD, MSHP; Meggan Goodpasture, MD; Laurie Albertini, MD; Callie L. Brown, MD, MPH; Kimberly Montez, MD, MPH; Joseph A. Skelton, MD, MS

- Positive Response Written: 16.3%
- Positive Response Verbal: 10.4%
- **16.3% vs 10.4%, $P < .001$**

Step #3: Intervene

Prepare → Screen → **Intervene**

1. Administer

2. Connect

3. Document & track

4. Advocate & Educate

Administer appropriate medical interventions per your protocols

Prepare → Screen → **Intervene**

1. Administer

2. Connect

3. Document & track

4. Advocate & Educate

Connect patients and their families to the federal nutrition programs and other food resources

- **Train team** on federal programs and local emergency resources
- Determine who in the practice can **facilitate connection** to resources
- Develop **partnerships** with community organizations

Key Intervention:

Referrals to the Federal Nutrition Programs

FREE HEALTHY FOOD FOR YOUR GROWING CHILD

NUTRITION PROGRAMS



SNAP / Food Stamps
(All Ages)



WIC
(Up to Age 5)



School Meals
(Ages 18 and Under)



Afterschool Meals
(Ages 18 and Under)



Summer Meals
(Ages 18 and Under)

LEARN MORE ABOUT NUTRITION PROGRAMS

CALL THE USDA NATIONAL HUNGER HOTLINE

1-866-3-HUNGER/866-348-6479 or

1-877-8-HAMBRE/877-842-6273

Monday through Friday (8 a.m. to 8 p.m. ET)

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Programs Improve Health and Well-Being



▶ **reduced food insecurity;**



▶ **better health outcomes;**



▶ **improved academic achievement and early childhood development;**



▶ **healthier eating;**



▶ **increased family economic security; and**



▶ **a stimulated local economy.**

Emergency Programs

Health *matters* in DC

DC Health Matters provides a one-stop resource for online access to community health indicators and related resources that impact the health of DC communities. You will find up-to-date demographic, health and social determinants data; hundreds of maps, tables and figures; and, promising practices.

FIND DATA



DC Health Matters **Connect**

FIND RESOURCES

WHAT'S NEW?

- Re-Routing Crisis Response White Paper
- View our Policy Agenda
- "Reimagining the Better Behavioral Health System in DC" Webinar Series
- Mental Health Story Map Released
- Share your story: Why mental health matters!
- COVID-19 Resources

Stay
connected

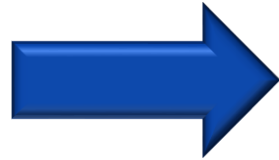
Get started

? Help

DCHealthMatters.org

[Home](#) > DC Health Matters Connect

DC Health Matters Connect

[SEARCH](#)

 DC Health Matters *Connect*

New to Connect? Watch this video or check out our [blog](#) to learn how it works.



How to Use DC Health Matters Connect...



Watch later



Share

<https://www.dchealthmatters.org/tiles/index/display?id=200929782205477239&status=2&alert=1>

Prepare → Screen → **Intervene**

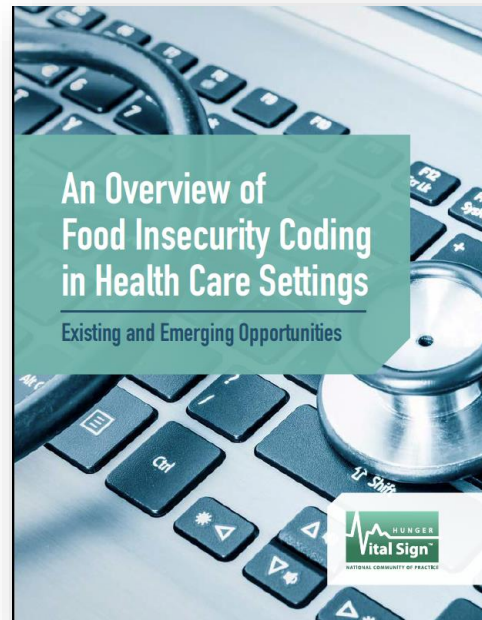
1. Administer

2. Connect

3. Document & track

4. Advocate & Educate

Document and track interventions in medical records



DeSilvey, S., Ashbrook, A., Sheward, R., Hartline-Grafton, H., Ettinger de Cuba, S., & Gottlieb, L. (2018). An Overview of Food Insecurity Coding in Health Care Settings: Existing and Emerging Opportunities. Boston, MA: Hunger Vital Sign™ National Community of Practice. Available at: <http://childrenshealthwatch.org/foodinsecuritycoding/>

ICD-10: **Z59.4**: Lack of adequate food and safe drinking water

Prepare → Screen → **Intervene**

1. Administer

2. Connect

3. Document & track

4. Advocate & Educate

Advocate and educate to address food insecurity and its **root causes**, e.g., poverty, inadequate wages, housing insecurity, and **structural racism**

- Highlighting the **multifaceted approaches** needed to address FI
- **Food is not enough** to address FI
- Addressing **structural causes**



I want to be a champion!



“What are the levels that food insecurity exists in my practice and what can I do about it?”

Demographics: Typical Middle-class practice
25% Medicaid; 73% Commercial; 2% self pay

- **Efforts included:** 1) Incorporated Hunger Vital Sign screening questions into generic nutrition screener, 2) Created a food pharmacy("Food for Others") working alongside community stakeholders, and 3) Effectively billed for their efforts.
 - Total # of families served: **879**
 - Individuals Served: **3,927**
 - **84,852lbs** Distributed Food

After 3 1/2 years of piloting a "first in the USA" physician office based effort to screen for "food insecurity" and prescribing and providing easy access to free "food", we have expanded the initiative regionally in Fairfax County. We are proud to report upon its success. Over the last 3 years, we have expanded the program in Fairfax County from Burke Pediatrics, LLC to include: [Pediatric Specialists of Virginia PSV](#), [Neighborhood Health](#), [InovaCares Clinic for Children](#), [NOVA Pediatrics](#), [Capital Area Pediatrics](#), and the [Fairfax County Health Department](#). We will continue to expand through out Virginia with the support of the Virginia Chapter of the American Academy of Pediatrics.

Kofi: *"Dr. Garner, what do I tell your colleagues that may automatically assume that food insecurity/hunger doesn't exist in their community?"*

Dr. Garner: "You don't know, if you don't ask!"

- When screened with the Hunger Vital Signs, **35%** of our food insecure families had **commercial insurance**
- But only **25%** of our patients **with Medicaid** were food insecure

Take Home Points...

- Food insecurity is often invisible in your clinical setting
- Don't Assume: "You don't know, if you don't ask"
- Prepare your team and your practice before you integrate new screening models into your practice
- The time is now to Screen, Intervene, & Document

For more information on this subject, see the following publications:

- Addressing Food Insecurity: A Toolkit for Pediatricians (available at <https://frac.org/aaptoolkit>)
- Alaimo K. Food insecurity in the United States. *Top Clin Nutr.* 2005;20(4):281.
- Bauer, Lauren, Abigail Pitts, Krista Ruffini, and Diane Schanzenbach. "The Effect of Pandemic-EBT on Measures of Food Hardship," Brookings Institution, July 30, 2020. <https://www.brookings.edu/research/the-effect-of-pandemic-ebt-on-measures-of-food-hardship/>
- Coleman-Jensen A, McFall W, Nord M. Food insecurity in households with children. 2013 [cited 2017 Sep 18];2010–1. Available from: www.ers.usda.gov.
- Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2020. Household Food Security in the United States in 2019, ERR-275, U.S. Department of Agriculture, Economic Research Service.
- Dettling, Lisa J., Joanne W. Hsu, Lindsay Jacobs, Kevin B. Moore, and Jeffrey P. Thompson (2017). "Recent Trends in Wealth-Holding by Race and Ethnicity: Evidence from the Survey of Consumer Finances," FEDS Notes. Washington: Board of Governors of the Federal Reserve System, September 27, 2017, <https://doi.org/10.17016/2380-7172.2083>.

For more information on this subject, see the following publications:

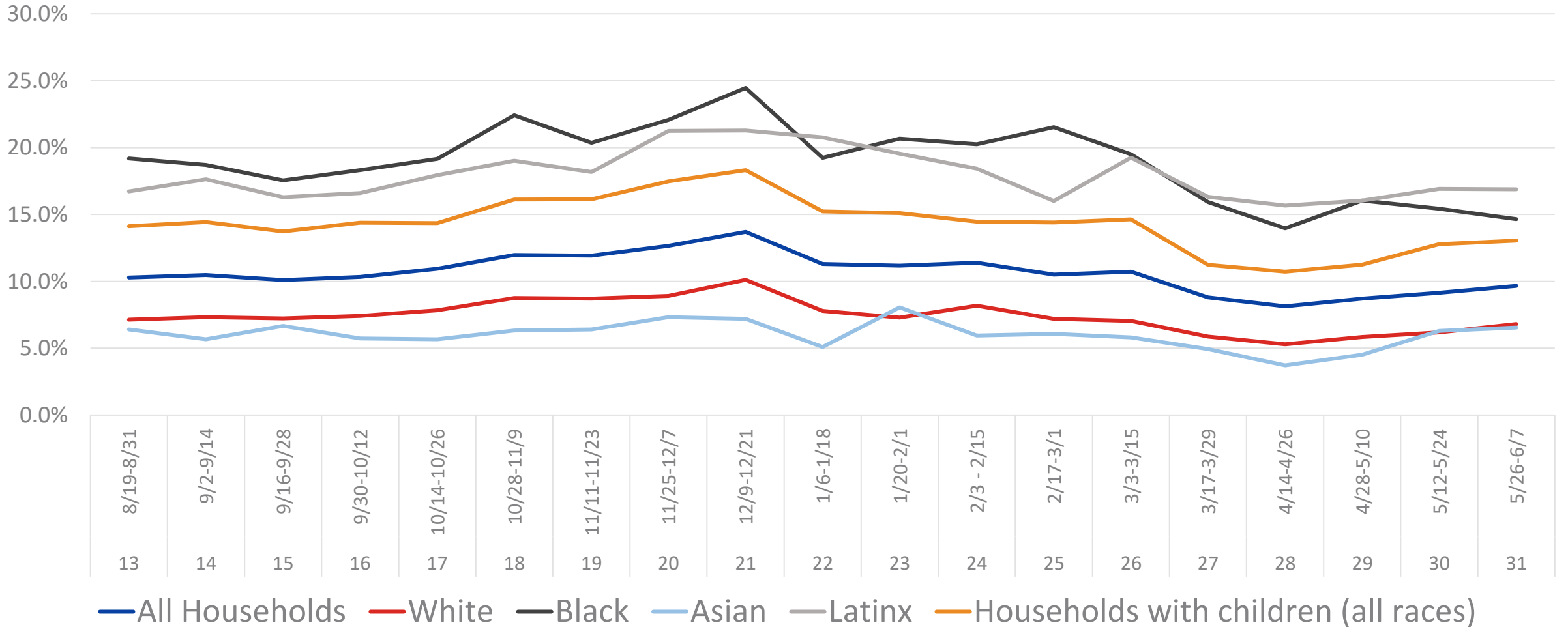
- Hartline-Grafton, H., & Hassink, S. G. (2020). Food Insecurity and Health: Practices and Policies to Address Food Insecurity among Children. *Academic pediatrics*, S1876-2859(20)30426-5. Advance online publication. <https://doi.org/10.1016/j.acap.2020.07.006>
- Kersten, Hans; Beck, Andrew; and Klein, Melissa, "Identifying and Addressing Childhood Food Insecurity in Healthcare and Community Settings" (2018). *Faculty Bookshelf*. 120. <https://hsrc.himmelfarb.gwu.edu/books/120>
- Nord M. Youth are less likely to be food insecure than adults in the same household. *J Hunger Environ Nutr*. 2013;8(2):146–63.
- Palakshappa, D., Goodpasture, M., Albertini, L., Brown, C., Montez, K., & Skelton, J. (2019). Written Versus Verbal Food Insecurity Screening in One Primary Care Clinic. *Academic Pediatrics*, 20(2), 203–207. <https://doi.org/10.1016/j.acap.2019.10.011>
- Palakshappa D, Vasan A, Khan S, Seifu L, Feudtner C, Fiks AG. Clinicians' perceptions of screening for food insecurity in suburban pediatric practice. *Pediatrics* [Internet]. 2017 Jul 20 [cited 2017 Oct 8];140(1):e20170319. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28634247>

For more information on this subject, see the following publications:

- Palakshappa D, Doupnik S, Vasan A, Khan S, Seifu L, Feudtner C, et al. Suburban families' experience with food insecurity screening in primary care practices. *Pediatrics* [Internet]. 2017 Jul 20 [cited 2017 Oct 8];140(1):e20170320. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/28634248>
- Promoting Food Security for All Children. (2015). *Pediatrics* (Evanston), 136(5), e1431–e1438. <https://doi.org/10.1542/peds.2015-3301>
- U.S. Department of Agriculture, Food and Nutrition Service, Office of Research and Analysis, "Benefit Redemption Patterns in the Supplemental Nutrition Assistance Program," by Laura Castner and Juliette Henke. Project officer: Anita Singh, Alexandria, VA: February 2011.
- <https://www.brookings.edu/blog/up-front/2020/07/09/about-14-million-children-in-the-us-are-not-getting-enough-to-eat/>
- <https://www.feedingamerica.org/about-us/press-room/feeding-america-statement-house-introduction-heroes-act-1>
- <https://frac.org/wp-content/uploads/food-insecurity-screening-algorithm-pediatric-patients.pdf>
- <https://frac.org/wp-content/uploads/frac-aap-toolkit-10-actions-for-advocates.pdf>

Appendix

CENSUS HOUSEHOLD PULSE DATA



Goldberg Center – Food Insecurity Screening

February 27, 2017

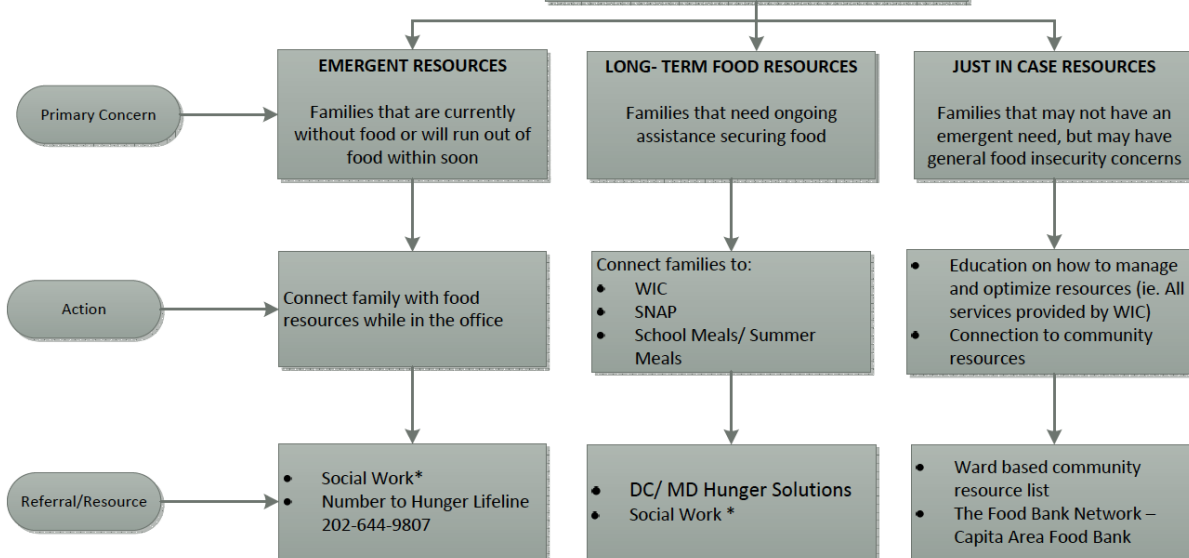
FOOD INSECURITY SCREENING QUESTIONS

Q1 – “Within the past 12 months we worried whether our food would run out before we got money to buy more?”

Q2 - “Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

IF THE SCREEN IS POSITIVE

Q3 – What services are needed?



* If social work is available

8 Children's Pediatrics & Associates Practices from January 2021 to May 2021

Years	Positive Screening (DX 59.4)	Total # SDOH Questionnaires	%
2021	1,696	20,511	8%

Numerator = positive diagnoses for food insecurity (DX 59.4)

Denominator = completed SDOH questionnaires scanned to Intergy

Period = Jan 21 thru May 21

Questions?

Kessel@childrensnational.org

Thank you!

The recording, presentation and materials will be posted on our website within 1 week.

Questions? Contact us at phn@childrensnational.org