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://pediatricrehealthnetwork.org/future-of-pediatrics/](https://pediatricrehealthnetwork.org/future-of-pediatrics/)
## Upcoming FOP Talks!

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<tr>
<th>DATE/TIME</th>
<th>TOPIC</th>
<th>SPEAKER(S)</th>
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<tr>
<td>July 13 12:00-12:30</td>
<td>Atopic Dermatitis: New Treatment Recommendations</td>
<td>Kaiane Habeshian, MD</td>
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<td>July 13 12:00-12:30</td>
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<td>Navigating a World with Asthma Parent Advisory Panel</td>
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<td>Less is More: Optimal Duration of Antibiotic Therapy in Ambulatory Pediatrics</td>
<td>Ariella Slovin, MD; David Sullivan, MD; Rana Hamdy, MD, MPH, MSCE</td>
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Speakers

Kurt Newman, MD

Bud Wiedermann, MD, MA

Conflict of Interest:

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

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

Define
Define food insecurity and the lived experiences of families in the DMV

Identify
Identify the prevalence of food insecurity locally and nationally during COVID-19

Recognize
Recognize effective strategies to screen and intervene to address food insecurity in primary care
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

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

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.

Bauer, Brookings, 2020
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

FOOD INSECURE POPULATION
Food insecure population in 2020

KEY
- >1,000 to 1,500
- >700 to 1,000
- >500 to 700
- >400 to 500
- >200 to 400
- 0 to 200
- Data not available

https://hunger-report.capitalareafoodbank.org/
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

Nord, J Hunger Env Nut, 2013; Fram et. al, J Nutrition, 2011; Alaimo, Top Cl Nut, 2005; Essel et. al, Springer 2018
Promoting Food Security for All Children

• **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)
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
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.

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

**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

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.*

**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 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.

**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
“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.”

https://frac.org/aaptoolkit

More quotes & real-life experiences/best practices located throughout the toolkit
1. Educate and train

2. Follow

3. Incorporate

4. Practice

Prepared → Screen → Intervene

- 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

https://frac.org/aaptoolkit
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**

   - **Incorporate efforts** to address food insecurity into the institutional workflow

4. **Practice**

   - Make downtime → “**uptime**”

https://frac.org/aaptoolkit
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

https://frac.org/aaptoolkit
“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/
• 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.

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%,** $P < .001$

Source: Palakshappa, et. al, Academic Pediatrics, 2020
Step #3: Intervene
Prepare → Screen → **Intervene**

1. **Administer**

   Administer appropriate medical interventions per your protocols

2. **Connect**

3. **Document & track**

4. **Advocate & Educate**

https://frac.org/aaptoolkit
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

https://frac.org/aaptoolkit
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)

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN

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Food Research & Action Center
FRAC

https://frac.org/aaptoolkit
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.
DC Health Matters Connect

New to Connect? Watch this video or check out our [blog](https://www.dchealthmatters.org/tiles/index/display?id=200929782205477239&status=2>alert=1) to learn how it works.
Prepare → Screen → Intervene

1. Administer

2. Connect

3. Document & track

4. Advocate & Educate

Document and track interventions in medical records


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

https://frac.org/aaptoolkit
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**

https://frac.org/aaptoolkit
“It’s not in my practice”
I want to be a champion!
Dr. Fred Garner’s Story (Burke Pediatrics)

“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
Dr. Fred Garner’s Story (Burke Pediatrics)

- **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 throughout Virginia with the support of the Virginia Chapter of the American Academy of Pediatrics.

Contact Dr. Fred Garner, Burke Pediatrics, LLC @ 703-978-6061 if interested in joining.
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)
For more information on this subject, see the following publications:


• 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.


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


Appendix
CENSUS HOUSEHOLD PULSE DATA

All Households  White  Black  Asian  Latinx  Households with children (all races)

8/19-8/31  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
9/2-9/14  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
9/30-10/12  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
10/14-10/26  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
11/1/11-11/23  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
11/12-12/21  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
1/1-1/18  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31
1/15-1/221  18  19  20  21  22  23  24  25  26  27  28  29  30  31
1/23-1/31  19  20  21  22  23  24  25  26  27  28  29  30  31
2/3-2/15  20  21  22  23  24  25  26  27  28  29  30  31
2/17-3/1  21  22  23  24  25  26  27  28  29  30  31
3/3-3/15  22  23  24  25  26  27  28  29  30  31
4/1-4/26  24  25  26  27  28  29  30  31
4/14-4/26  25  26  27  28  29  30  31
5/12-5/24  26  27  28  29  30  31
5/26/7  27  28  29  30  31

2020-2021 Census Household Pulse Survey
Goldberg Center – Food Insecurity Screening

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?

Primary Concern

EMERGENT RESOURCES
Families that are currently without food or will run out of food within soon

LONG-TERM FOOD RESOURCES
Families that need ongoing assistance securing food

JUST IN CASE RESOURCES
Families that may not have an emergent need, but may have general food insecurity concerns

Action

Connect family with food resources while in the office

Referral/Resource

• Social Work*
  Number to Hunger Lifeline 202-644-9807
  - DC/MD Hunger Solutions
  - Social Work*

• SNAP
• School Meals/ Summer Meals
• Education on how to manage and optimize resources (i.e. AB services provided by WIC)
• Connection to community resources

* if social work is available

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

<table>
<thead>
<tr>
<th>Years</th>
<th>Positive Screening (DX 59.4)</th>
<th>Total # SDOH Questionnaires</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>2021</td>
<td>1,696</td>
<td>20,511</td>
<td>8%</td>
</tr>
</tbody>
</table>

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