Identifying Families with Food Insecurities at the Adult and Pediatric Health Care Clinic

Hannah D. Jaudon Spiker, DO, MPH
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Collaborative Team Members

- Mary Catherine Brake Turner, MD, program director
- Angie Mathai, MD, attending physician
- Karin Hillenbrand, MD, attending physician
- Jennifer Crotty, MD, attending physician
- Amber Davis, clinical social work
- Anna Laughman, MD, resident
- Brooke Baggett, DO, resident
- Riju Narayan, MD, resident
- Keith Savran, MD, resident
- Jacob Vaught, DO, resident
- Jasmyn Atalla, MD, resident
- Shiva Poola, MD, resident
- Jennifer Chu, DO, resident
- Chelcie Kurzontkowski, RD, clinical dietician
- Sam Johnson, lab technician and phlebotomist
- Kim Joyner, medical assistant
- Allie Hernandez, RN, nurse
Background and Objectives

- Food insecurity is defined by the USDA as lack of consistent access to nutritionally adequate food.

- Food insecurity is a major social determinant of health and is associated with poor health outcomes in children and their families.

- An estimated 400,000 children are affected by food insecurity in North Carolina.

- The American Academy of Pediatrics recommends screening for food insecurity however, up to 40% of pediatricians are not completing the appropriate screening or providing resources and support for their patients.

- The Duke Endowment via Carolinas Collaborative has promoted quality improvement projects to improve screening processes and interventions including an initiative at the ECU Adult and Pediatric Health Care (APHC).

- Prior to this project, there was no process for screening for food insecurity at the ECU APHC.
Aim Statements

**March 2021**
By March 1st 2021, to screen and document food insecurity in at least 60% of all patients under 18 years old presenting as well child checks to Thursday resident clinic.

**May 2022**
By May 1st 2022, at least 60% of all well-child checks at APHC will have screening and documentation for food insecurity.

**May 2023**
By May 1st 2023, at least 80% of all patients under 18 years old, who screen positive for food insecurity in Thursday Continuity clinic will have a phone follow up for re-screening at 1 month.
How Are We Screening?

**Hunger Vital Signs**

Instructions: Please circle 1 answer for every question.

1. Within the past 12 months, you worried that your food would run out before you got money to buy more.
   - Never True
   - Sometimes true
   - Often True
   - Prefer not to answer

2. Within the past 12 months, the food you bought just didn’t last and you didn’t have money to get more.
   - Never true
   - Sometimes true
   - Often True
   - Prefer not to answer

*Resources for food insecurity (food banks, etc.) can be found in the back of the packet given during your visit.*
The Basis of Our QI Project

“The Hunger Vital Sign”

Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity

Erin R. Hager, PhD; Anna M. Quigg, MA; Maureen M. Black, PhD; Sharon M. Coleman, MS, MPH; Timothy Heeren, PhD; Ruth Rose-Jacobs, ScD; John T. Cook, PhD; Stephanie A. Etlinger de Cuba, MPH; Patrick H. Casey, MD; Mariana Chilton, PhD; Diana B. Cutts, MD; Alan F. Meyers, MD, MPH; Deborah A. Frank, MD

Address correspondence to Erin R. Hager, PhD, Department of Pediatrics, University of Maryland School of Medicine, 737 W Lombard St, Room 163, Baltimore, MD 21201. E-mail: ehager@peds.umaryland.edu

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What to Do if There is a Positive Screen?

1. Social Services Referral, if patient and family agree

2. Dot phrase for food insecurity “.FOODINSRESOURCE” or ensuring there are appropriate resources stapled to the back of every WCC info packet

3. Document in EHR

4. Social Worker follow up, within a month for f/u on food insecurity
Goal of 2020-2022 PDSA Cycles
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- Diagnosis Entry:
  Food insecurity [Z59.41]
2022-2023 PDSA Cycles

1. Keeping food insecurity resources up to date in our paper handouts
2. Creating a re-screening phone script
3. Enlisting the help of social work in reaching out to patients
4. Keeping track of forms
Results

Percentage of Screens Documented at Well Child Checks

- PDSA Cycles 1-4 Thursday Continuity Clinic Screens 2020-2021
- PDSA Cycles 5-8 All Well Child Checks at APHC 2021-2022
Results

- **Re-screened**: 82% Yes, 18% No
- **Still Food Insecure**: 9% Yes, 18% No, 73% Unknown
- **Accessed Resources**: 9% Yes, 18% No, 73% Unknown
Lessons Learned

How to work within an interdisciplinary team

Our patients and their families are experiencing food insecurity and seeking help

The resources we provide are helping our food insecure patients

Food insecurity is transient, so regular screening efforts are important

Our patients’ resource needs change, which highlights the need for rescreening
Future Directions

- APHC has a newly implemented food pantry for those who screen positive

- Are there other social determinants of health that we should track/provide resources for our patients?

Questions?

Contact Information
Hannah Spiker, DO
Internal Medicine - Pediatrics
spikerh20@ecu.edu