

Food Insecurity Screening at Seattle Children's Adolescent Medicine Clinic: Current Methods and Recommendations

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Background

- Food insecurity (FI) is defined as limited or uncertain access to adequate food.
- In King County, 11% of 8th graders, 12% of 10th graders, and 16% of 12th graders reported experiencing FI in 2016.
- The negative health effects of FI in childhood and adolescence are associated with a higher risk of diabetes, hyperlipidemia, and cardiovascular disease in adulthood.

Objective

The aim of this project was to interview providers at Seattle Children's Adolescent Medicine Clinic (ADO) to assess current methods of FI screening and compare current practices to validated screening tools.

Validated Screening Questions

The American Academy of Pediatrics and the Academy of Nutrition and Dietetics recommend using the Hunger Vital Sign two-statement tool to identify FI.

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

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

Current FI Screening Practices at ADO

Frequency

Providers screen for FI at varying frequencies, but screen more frequently if the patient has:

- A nutrition-related chief complaint (eating disorder or wellness)
- Previous indication of FI in chart notes
- Disclosed previous FI during social history

Certain disciplines screen for FI during assessments. For example:

- Registered dietitians screen during initial assessments, especially if patient reports skipping meals, not having enough lunch money, or receiving free or reduced lunch.
- Social workers (SW) regularly screen during psychosocial assessments.

Screening questions

Many providers screen for FI using questions that **normalize** FI, beginning with phrases such as:

- “Many of our families report running low on food...”
- “Food has been getting expensive lately...”

Providers often first assess for basic needs, which then leads to further questions about food availability.

Timing of FI screening

Providers screen for FI at various times throughout the appointment.

1. If the provider perceives maturity from the patient they may screen the **patient alone**.
2. Providers may screen the **patient and guardian together** if assessment questions are asked to both.

The majority of providers in the clinic screen the patient with the guardian present.

Coordinated care

All providers refer patients to SW if they screen positively for FI. SW will:

- Connect patients to resources (SNAP, food pantries)
- Follow-up during return visits

Sample FI Screening Questions From ADO Providers

“Is there ever a time during the month that your resources to feed yourself or your family run out?”

“Many of our families may have times when they run out of money to purchase the foods they would like to, does that ever happen to you?”

“Have you ever had concerns of not having enough food in the home?”

Next Steps

- Further training about the importance of screening for FI and examples of screening questions.
- Consider including FI screening questions on intake paperwork.
- Consider re-screening patients for FI throughout the year as FI is often cyclical.
- Continuation of FI screening as a component of initial assessments.
- Continue coordination of care for patients experiencing FI.

American Academy of Pediatrics

WHO'S HUNGRY?



YOU CAN'T TELL BY LOOKING

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