



Nutrition

Experts advise sensitive approaches to food screening

by Lori O'Keefe Correspondent

By all appearances, a well-dressed family living in an upscale neighborhood should be able to afford the food required to meet the dietary needs of their child's medical condition. However, a job loss led the family to spend all of their savings, and they can't find the money for the food.

This family is among the 17.5 million households who are food insecure. But visibly determining who lacks access to food because of financial or other resource limitations can be difficult, said Sarah Jane Schwarzenberg, M.D., FAAP, a lead author of the 2015 AAP policy statement *Promoting Food Security for All Children* (<http://bit.ly/1KV27KL>).



Roughly 17.5 million households are food insecure.

Therefore, pediatricians should question all families about food security, said Dr. Schwarzenberg, a member of the AAP Committee on Nutrition.

Routine part of health history

The Academy recommends asking the following two screening questions at health maintenance visits or sooner, if indicated:

1. "Within the past 12 months, we worried whether our food would run out before we got money to buy more." Yes or no?
2. "Within the past 12 months, the food we bought just didn't last, and we didn't have money to get more." Yes or no?

The tool, called the Hunger Vital Sign, was developed in 2010 by Children's HealthWatch from the U.S. Household Food Security Scale. It also includes the following statement to "frame" the screening: "A lot of people have been telling me they are having trouble getting enough food for their families."

"Parents feel worried and ashamed talking about food insecurity, so I always preface my conversations with patients by saying, 'Food is important to health. I want to make sure you have the food you need and the right



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types of food, so I ask all of my patients these questions," said Hilary Seligman, M.D., M.A.S., senior medical adviser and lead scientist with Feeding America, associate professor at University of California San Francisco School of Medicine and board member of a California food bank.

Despite pediatricians' best efforts, however, some parents will be reluctant to reveal their food insecurity issues, fearing further scrutiny or possible reprisals from outside agencies. They also might be hesitant to seek services.

Families usually feel more comfortable disclosing information about hardships when the screening is presented in the context of health care, said Diana Cutts, M.D., FAAP, a pediatrician at Hennepin County Medical Center in Minneapolis, which operates an onsite food pantry and a feeding program for children during summer months.

Children who live in households that are food insecure get sick more often and are at risk for lasting negative effects on health, behavior and development, according to the policy statement.

"The more we ask families about food insecurity, the more they will understand that this issue matters to their children's health because a lot of families don't make that connection," said Patricia J. Flanagan, M.D., FAAP, a co-author of the policy statement and vice chair of the AAP Council on Community Pediatrics Executive Committee.

Dr. Flanagan advises performing hunger screening at least once a year, since a family's circumstances can change. If the patient population is low income, screening should be done more often since about 45% of low-income families are food insecure.

Some pediatricians may prefer to screen for food insecurity with a questionnaire rather than verbally.

Have resources available

Pediatricians should be familiar with federal and local hunger relief resources for families who screen positive. Resources include:

- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC),
- Supplemental Nutrition Assistance Program (SNAP),
- National School Lunch and National School Breakfast programs,
- Child and Adult Care Food Program,
- Summer Food Service Program, and
- local food pantries and soup kitchens.

"It's important to recognize that this is a screening tool, not a diagnostic tool, and it is not our intention for pediatricians to have to deal with this issue themselves when they uncover it," Dr. Schwarzenberg said. "Our hope is that they will use the information to offer families referrals to organizations that can help them."

Partnering with local organizations that initiate contact with families can be more effective than expecting families to be proactive about getting help, added Dr. Seligman.

Hennepin County Medical Center has partnered with local food banks using an electronic medical record-based referral system. Families who screen positive for food insecurity are electronically referred to food banks, which contact them to provide food, as well as help determine eligibility and complete applications for federal food assistance. About 1,000 referrals have been made since the system was launched just over a year ago.



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Some clinics have emergency food onsite or employ financial counselors to assist families with SNAP applications.

"Anything you can do to help food-insecure patients find resources is going to help families feel less stressed, and that's really important for both quality of life and taking care of health conditions," Dr. Seligman said.

Resources

- [WIC income eligibility requirements](#)
- [Income eligibility requirements for school meal programs](#)
- [SNAP benefits](#)
- [Summer Meal Site Finder](#)
- [AAP News article "Identifying food insecurity: Two-question screening tool has 97% sensitivity"](#)
- [AAP FACE poverty campaign for pediatricians-in-training](#)