Screening for Food Insecurity using the Hunger Vital Signs

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Outline

- Background
- Identification of knowledge gap
- Clinical Application
- Feedback from families
Background

- Food Insecurity (USDA): “limited access to adequate food for an active, healthy life due to a lack of money or other resources”
- 15.4% of total U.S. population
- 21% of children
- Not food insecure all the time
- Children in any community

Gundersen, C., A. Dewey, A. Crumbaugh, M. Kato & E. Engelhard. Map the Meal Gap 2016: Food Insecurity and Child Food Insecurity Estimates at the County Level. Feeding America, 2016. This research is generously supported by the Howard G. Buffett Foundation and The Nielsen Company.
### Map the Meal Gap 2016:

**Child Food Insecurity in New Jersey by County in 2014**

<table>
<thead>
<tr>
<th>County</th>
<th>Food insecurity rate (full population)</th>
<th>Population under 18 years old</th>
<th>Child food insecurity rate</th>
<th>Estimated number food insecure children (rounded)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Atlantic</td>
<td>14.8%</td>
<td>62,319</td>
<td>21.4%</td>
<td>13,360</td>
</tr>
<tr>
<td>Bergen</td>
<td>8.8%</td>
<td>203,322</td>
<td>13.5%</td>
<td>27,500</td>
</tr>
<tr>
<td>Burlington</td>
<td>10.8%</td>
<td>100,758</td>
<td>14.1%</td>
<td>14,250</td>
</tr>
<tr>
<td>Camden</td>
<td>13.5%</td>
<td>121,787</td>
<td>17.8%</td>
<td>21,740</td>
</tr>
<tr>
<td>Cape May</td>
<td>14.2%</td>
<td>17,613</td>
<td>22.8%</td>
<td>4,020</td>
</tr>
<tr>
<td>Cumberland</td>
<td>14.3%</td>
<td>37,511</td>
<td>20.6%</td>
<td>7,730</td>
</tr>
<tr>
<td>Essex</td>
<td>18.6%</td>
<td>193,134</td>
<td>18.6%</td>
<td>35,880</td>
</tr>
<tr>
<td>Gloucester</td>
<td>10.9%</td>
<td>68,263</td>
<td>15.9%</td>
<td>10,870</td>
</tr>
<tr>
<td>Hudson</td>
<td>12.5%</td>
<td>134,283</td>
<td>18.8%</td>
<td>25,290</td>
</tr>
<tr>
<td>Hunterdon</td>
<td>6.4%</td>
<td>27,997</td>
<td>12.4%</td>
<td>3,470</td>
</tr>
<tr>
<td>Mercer</td>
<td>12.0%</td>
<td>82,005</td>
<td>15.0%</td>
<td>12,310</td>
</tr>
<tr>
<td>Middlesex</td>
<td>9.6%</td>
<td>184,849</td>
<td>14.3%</td>
<td>26,480</td>
</tr>
<tr>
<td>Monmouth</td>
<td>9.3%</td>
<td>144,681</td>
<td>14.2%</td>
<td>20,600</td>
</tr>
<tr>
<td>Morris</td>
<td>6.9%</td>
<td>114,335</td>
<td>11.9%</td>
<td>13,640</td>
</tr>
<tr>
<td>Ocean</td>
<td>10.4%</td>
<td>136,473</td>
<td>19.9%</td>
<td>27,160</td>
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<tr>
<td>Passaic</td>
<td>11.5%</td>
<td>124,175</td>
<td>19.1%</td>
<td>23,740</td>
</tr>
<tr>
<td>Salem</td>
<td>14.1%</td>
<td>14,894</td>
<td>21.0%</td>
<td>3,120</td>
</tr>
<tr>
<td>Somerset</td>
<td>7.3%</td>
<td>78,982</td>
<td>11.7%</td>
<td>9,250</td>
</tr>
<tr>
<td>Sussex</td>
<td>7.9%</td>
<td>33,209</td>
<td>14.8%</td>
<td>4,920</td>
</tr>
<tr>
<td>Union</td>
<td>11.4%</td>
<td>131,500</td>
<td>15.5%</td>
<td>20,430</td>
</tr>
<tr>
<td>Warren</td>
<td>10.0%</td>
<td>23,994</td>
<td>16.2%</td>
<td>3,890</td>
</tr>
</tbody>
</table>

**State Total**: 11.8% for 2,012,197 children, 16.8% for 338,690 children.

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POLICY STATEMENT

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

Promoting Food Security for All Children

COUNCIL ON COMMUNITY PEDIATRICS, COMMITTEE ON NUTRITION

Needs Assessment: Methods

- **Survey Monkey**: anonymous 4 question survey to 40 RWJ Pediatric residents and Family Medicine/Pediatric faculty at Eric B. Chandler Health Center in New Brunswick

- **Level of training**

- During well-child visits, do you try to understand your patient’s ability to afford enough food to eat by screening for food insecurity?

- If “sometimes”, “not often”, or “never”, please indicate potential reasons for not screening (check all that apply):
  - “I don’t know what to do with the information”
  - “I am not comfortable asking such a sensitive question”
  - “I do not think asking that question will help my patient”
  - “my patient is overweight, he/she cannot be food insecure”
  - “other (please specify)”
Needs Assessment: Results

- **Survey Response rate**: 85% (34/40)
- **Recipients**
  - 11/11 PGY1
  - 8/10 PGY2
  - 9/12 PGY3
  - 6/7 Board Certified Physicians
    - Pediatrics
    - Family Medicine

![Pie chart showing the level of training and response distribution.](chart.png)
Needs Assessment: Results

- Baseline FI screening rate (Always): 3%

During well-child visits, do you try to understand your patient’s ability to afford enough food to eat by screening for food insecurity?

Answered: 34  Skipped: 0

- Sometimes 44.12% (15)
- Not Often 38.24% (13)
- Always 2.94% (1)
- Never 14.71% (5)
Needs Assessment: Results

If “sometimes”, “not often”, or “never”, please indicate potential reasons for not screening (check all that apply):

Answered: 33  Skipped: 1

- "I do not know what to do with the information" 63.64%
- "I am not comfortable asking such a sensitive... 36.36%
- "I do not think asking this question will help ... 6.06%
- "My patient is overweight, he/she can... 39.39%
- Other (please specify)
Needs Assessment: Results

• Time (N=4)
  • “Already trying to cram in 100 questions, that one just doesn't always come up”

• Don’t think to ask (N=4)
  • “Among all of the potential things to ask about, I don't always think to ask.”

• Don’t know how to ask (N=2)
  • “Not sure how to specifically word question"
Needs Assessment: Results

• Don't know what to do with the information (N=3)

• “I do not have information for resources to assist patients, and I am uncertain if social work is always available or capable of assisting patients with food insecurity.”

• “I've thought that I indirectly ask about food insecurity when I obtain the diet history....If a parent were to tell me that they do struggle with groceries, as much as I would really want to help them, I am not sure that I know enough resources to get them the help that they need.”

• “It never crosses my mind that the patients I'm seeing in clinic may not be able to afford enough food to meet their needs. I ignorantly assume that if my patient's have insurance, they aren't living in poverty.”
Goals

1. To identify self-identified barriers to screening food insecurity and to address those barriers using educational seminars
2. To identify families who are food insecure at the Eric B. Chandler Health Center
3. To provide nutritional resources to those families who screen positive for food insecurity
Clinical Application

• **Screening tool - Hunger Vital Signs** (sensitivity 97% and specificity of 83%)

  • “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”

Clinical Application

[Image of a clinical application form with sections for risk factors and nutrition.]

- General Pediatric Risk Factors:
  - Passive smoke exposure: [ ] Yes [ ] No
  - Smoke detector in home: [ ] Yes [ ] No
  - Carbon monoxide detector in home: [ ] Yes [ ] No
  - Home is free of violence: [ ] Yes [ ] No
  - Firearm in home: [ ] Yes [ ] No
  - Has peer relationships free of violence (bullying): [ ] Yes [ ] No
  - Uses safety belts/restraints/safety equipment: [ ] Yes [ ] No
  - Screen time less than 2hrs/day, TV, Tablet, Social Network, etc.: [ ] Yes [ ] No
  - Physical activity (60min/day): [ ] Yes [ ] No
  - Uses helmet when participating in wheeled activities: [ ] Yes [ ] No

- Adolescents Risk Factors:

Nutrition:

- Adequate Servings
  - Fruits & Veggies: 2-5 servings
  - Protein: 2-3 servings
  - Calcium source: 2-3 servings

- Eats adequate fruits and vegetables: [ ] Yes [ ] No
- Eats adequate protein: [ ] Yes [ ] No
- Drinks non-sweetened liquids: [ ] Yes [ ] No
- Calcium source: [ ] Yes [ ] No
- Special Diet: [ ] Yes [ ] No

- Comments:

- Within the past 12 months:
  - Worried whether food would run out before we got money to buy more?
    - Often true
    - Sometimes true
    - Never true
  - The food we bought didn’t last and we didn’t have money to buy more?
    - Often true
    - Sometimes true
    - Never true

- Patient/family participates in the following programs:
  - Supplemental Nutritional Assistance Program (SNAP- food stamps)
  - School breakfast
  - Women- Infants and Children

[Additional comments or notes may be present but not visible in the image.]
Clinical Application

- Compile nutritional resource guide
- Federal nutrition programs
- Emergency food pantries
  - New Brunswick
  - Plainsboro
  - Edison
  - Perth Amboy
  - North Plainfield
  - Somerville/Bound Brook

Middlessex County Nutritional Resources

**Women, Infants, Children:**
Provides supplemental nutrition foods to eligible women and children under the age of 5. For more information and to see if you are eligible, please go to [http://www.fns.usda.gov/wic/wic-how-apply](http://www.fns.usda.gov/wic/wic-how-apply)
24-hour Hotline Phone Number: 1-800-326-3836

**Feeding America:**
To find your local food bank, you may go to [feedingamerica.org](http://feedingamerica.org) and click on the “find your local food bank” tab. You may then enter your zip code for more information.

**NJ211:**
Additional resources and help on hunger can be found on NJ211.org. In addition, you may call 211 for assistance on the phone.

**Supplemental Nutrition Assistance Program (SNAP):**
SNAP offers nutrition assistance to millions of eligible, low-income individuals and families and provides economic benefits to communities. For more information and to see if you are eligible, please go to [http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap](http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap)
Phone: 732-746-3500 or 1-800-792-9773 (option 2; may leave a voicemail if after-hours)

**New Brunswick**
**ELIJAH’S PROMISE**
Site: 18 Neilson Street New Brunswick, NJ 08901
Phone: 732-546-9002
Hours: Mon-Fri: 8am-7pm; Sat & Sun: 10am-5pm
This site provides a soup kitchen, clothing, health and services outreach for people with HIV/AIDS.

**EBENEZER BAPTIST CHURCH**
Site: 126 Lee Avenue at Rev. Dr. Lonnie Ford Place, New Brunswick, NJ 08901
(at Rev. Dr. Lonnie Ford Place)
Phone: 732-247-2459
Hours: Soup Kitchen - Tues: 11am-1:15pm
This site provides a soup kitchen, non-perishable food and clothing when available.
Clinical Application
Food Insecurity Among Children in New Jersey

More than 374,000 children in New Jersey do not have enough to eat!

Screen for Food Insecurity in Your Practice

Ask your patients and their families these simple questions:

1) Within the past 12 months, were you worried whether your food would run out before you got money to buy more?
2) At any time within the past 12 months, did the food you buy not last and you didn’t have money to buy more?

Refer Families to Food and Nutrition Programs

If patients/families answered YES to one or both of the questions, please refer them to these community assistance programs:

(List local food and nutrition assistance programs below)

www.njaap.org (HCP) 8/27/19/4
Information on Positive Screens

- Father was recently incarcerated for immigration problem, he was the only one working as mother just had a 2 month old baby
- Father recently got into a car accident 2 months ago and unable to work as a landscaper; only mother working now for a family of 4
- In father’s line of work, a daily paycheck is not guaranteed depending on if he gets work that day
- Father was being threatened to be deported and mother recently diagnosed with recurrent lymphoma unable to work
- Mother with “surprise baby”; was already food insecure with her other two children at home
- Mother was not working and having trouble providing for her son
Feedback from parents

- Tearful
- Grateful
- Reluctant
- Inquisitive
THANK YOU

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