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Pediatrician Survey Findings

Addressing Food Insecurity Among Children — Pediatrician Beliefs, Practices, and Resource Needs

January 2021

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About FRAC

The Food Research & Action Center (FRAC) is the leading national organization working for more effective public and private policies to eradicate domestic hunger and undernutrition. For more information about FRAC, or to sign up for FRAC's *Weekly News Digest*, visit www.frac.org.

About American Academy of Pediatrics

The American Academy of Pediatrics (AAP) is an organization of 66 ,000 pediatricians committed to the optimal physical, mental, and social health and well-being for all infants, children, adolescents, and young adults. For more information about AAP, go to www.aap.org.

Acknowledgments

FRAC gratefully acknowledges the Anthem Foundation for support of our work to help medical providers screen and intervene to address food insecurity.

Anthem Foundation

About Author

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INTRODUCTION

In its policy statement, Promoting Food Insecurity for All Children, the American Academy of Pediatrics (AAP) recommends that pediatricians screen for food insecurity and intervene accordingly. To identify current practices and the capacity to address food insecurity among children and families, the AAP and the Food Research & Action Center (FRAC) conducted an online survey. This report provides a snapshot of the findings based on the responses of 327 currently practicing pediatricians.

Summary of Key Findings

- **Pediatricians believe they have a critical role to play in addressing food insecurity.** All of the surveyed pediatricians agree or strongly agree that food insecurity contributes to poor health outcomes among children, and 96.0 percent of them agree or strongly agree that patients should be screened for food insecurity in a pediatric clinical setting.
- **Pediatricians view the federal nutrition programs as playing an important role in addressing food insecurity.** Ninety-six and 98.2 percent of respondents strongly agree or agree that patients should be referred to the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), respectively.
- **Pediatricians widely screen patients for food insecurity.** Of those surveyed, 74.0 percent report working in practices that screen some or all patients for food insecurity, although the screening tools vary.
- **Pediatricians need training and resources to improve their efforts to address food insecurity.** Many of the surveyed pediatricians feel unprepared to screen (18.6 percent) and intervene (21.7 percent) for food insecurity. The overwhelming majority (81.1 percent) report not knowing if a family follows through on a referral.

Background and Purpose

The AAP and FRAC are revising their free, online toolkit, which was originally published in 2017, to enable pediatricians to address food insecurity among children and families. The AAP and FRAC conducted an online survey to gain insight and feedback from pediatricians to help inform the toolkit's revision.

The online survey had two primary purposes:

1. Assess current beliefs about and knowledge of food insecurity, the health consequences of food insecurity, and federal nutrition programs;

2. Identify current practices and capacity for screening and intervening for food insecurity among children and families (including current screening questions or tools that are related to assessing for the presence of food insecurity).

Distribution, Eligibility, and Responses

The online survey was sent via email in July 2019 to a variety of pediatric providers through seven AAP listservs (e.g., the Council on Community Pediatrics, the Council on School Health, community-based initiatives, and Chapter Leader Link) and was composed of approximately 7,700 mutually inclusive members. Overall, 327 currently practicing pediatricians completed the survey.

FINDINGS

Sample Description (Questions 1–7)

Overall, survey respondents provide representation from a wide range of geographic areas and medical settings. Of particular importance to this project, the vast majority of respondents are working with vulnerable populations: 59.6 percent work with a population in which at least 60 percent of patients are enrolled in Medicaid. In addition to having representation from a variety of practice settings (see **Table 1**), respondents report a wide range of years in practice. **Table 1** includes additional information on the characteristics of respondents and the patients served. For instance, the overwhelming majority of pediatricians identify as being female (73.0 percent) and White (over 70 percent). Most pediatricians have been in practice for 20 years or less (51.4 percent). More than 61 percent of pediatricians practice in an urban setting, and approximately 15 percent practice in rural communities.

TABLE 1: Characteristics of Survey Respondents (n=327)

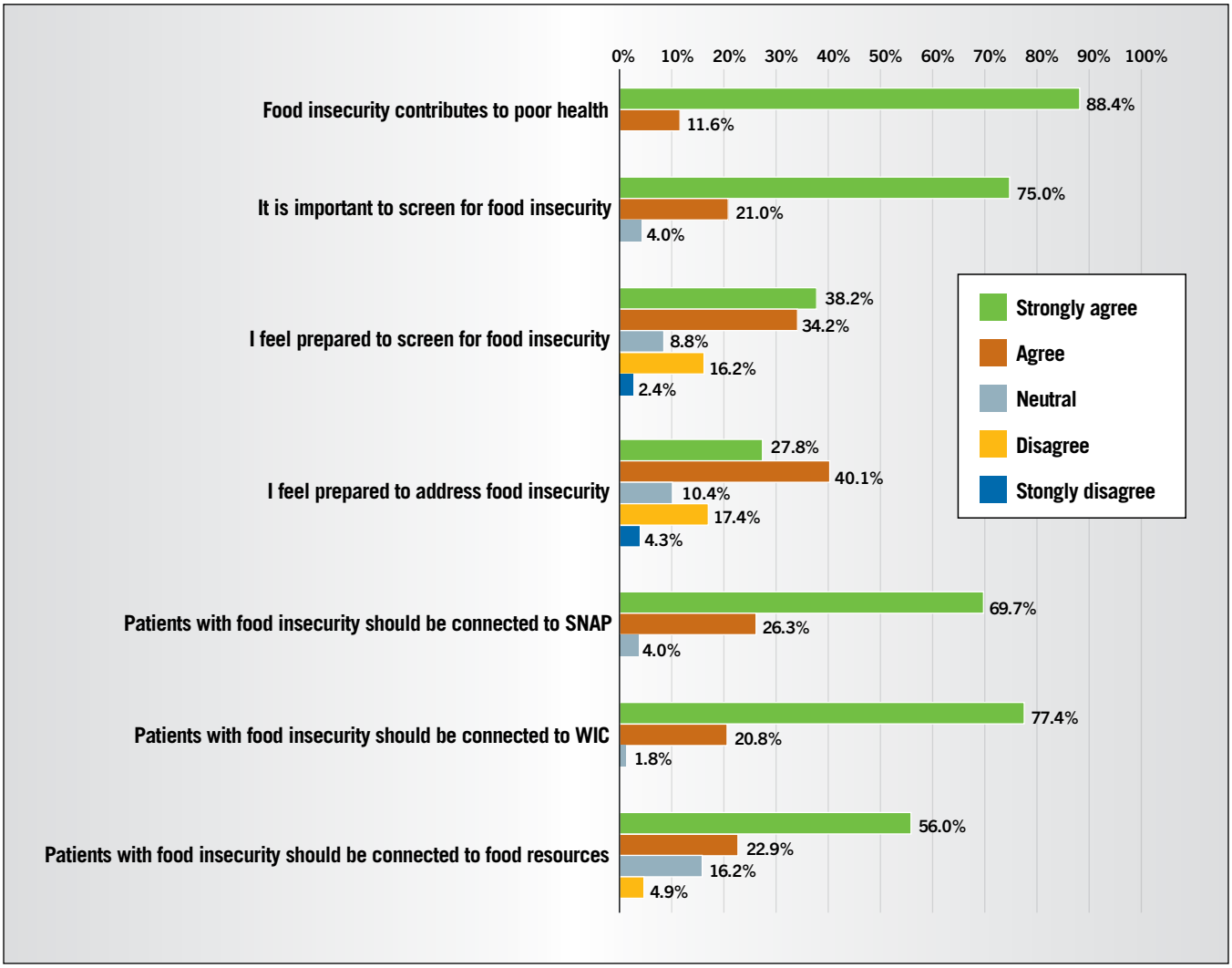
Gender	Percent (n)
Female	73.0 (239)
Male	27.0 (88)
Race/Ethnicity	**Percent (n)**
African American/Black	5.8 (19)
American Indian/Native Hawaiian/Alaska Native/other Pacific Islander	1.8 (6)
Asian	11.6 (38)
Hispanic/Latinx	10.1 (33)
White	70.6 (231)
Years in Practice	**Percent (n)**
Less than 5 years	11.9 (39)
6–10 years	13.8 (45)
11–15 years	11.3 (37)
16–20 years	14.4 (147)
21–25 years	12.8 (42)
26–30 years	15.3 (50)
>30 years	20.5 (67)
Type of Practice	**Percent (n)**
Academic or university-affiliated medical center, hospital, or clinic	23.2 (76)
Governmental hospital or clinic	7.0 (23)
Nonprofit community health center	11.3 (37)
Private practice hospital or clinic	58.4 (191)
Location of Practice	**Percent (n)**
Rural	15.3 (50)
Suburban	23.3 (76)
Urban	61.4 (201)
Percent Patient Population Enrolled in Medicaid	**Percent (n)**
0–19%	7.7 (25)
20–39%	14.4 (47)
40–59%	12.8 (42)
60–79%	18.3 (60)
80–100%	41.3 (135)
Unsure	5.5 (18)

Attitudes and Skills Related to Food Insecurity (Questions 8–14)

Respondents were asked to indicate their level of agreement with a number of items related to food insecurity, including impact of food insecurity on health, screening for food insecurity, management of food insecurity and referral to federal nutrition programs. Overall, the findings presented in **Figure 1** indicate that pediatricians recognize the impact of food insecurity and feel it is important to screen but feel unprepared to screen or address food insecurity. Almost all pediatricians agree that patients with food insecurity should be connected with SNAP and WIC.

More specifically, 100.0 percent of surveyed pediatricians agree or strongly agree that food insecurity contributes to poor health outcomes among children, and 96.0 percent agree or strongly agree that patients should be screened for food insecurity in a clinical pediatric setting. However, 18.6 percent of surveyed pediatricians do not feel prepared to screen for food insecurity, and 21.7 percent do not feel prepared to address it. Of the responses, 96.0 percent and 98.2 percent of pediatricians feel patients identified as having food insecurity should be connected with SNAP and WIC, respectively, while 78.9 percent feel patients identified as having food insecurity should be connected with emergency food resources at their medical practice.

FIGURE 1: Pediatrician Attitudes and Skills Related to Food Insecurity (n=327)



Current Food Insecurity Screening Practices (Questions 15–21)

Survey respondents were asked whether they were familiar with AAP's Policy Statement, *Promoting Food Security for All Children*, and whether their practice/hospital screens patients for food insecurity. The findings are presented in **Figure 2** and **Figure 3**. The majority of surveyed pediatricians (66.0 percent) have some familiarity with AAP's Policy Statement, and the overwhelming majority (74.0 percent) work at practices that screen some or all patients for food insecurity.

FIGURE 2: Familiarity With AAP's Policy Statement Promoting Food Security (n=327)

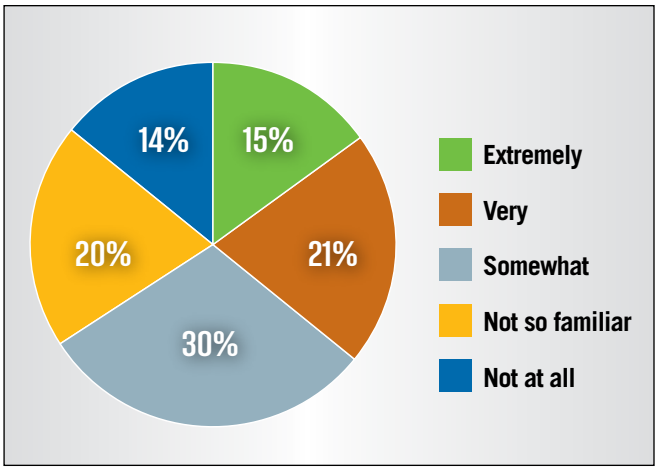
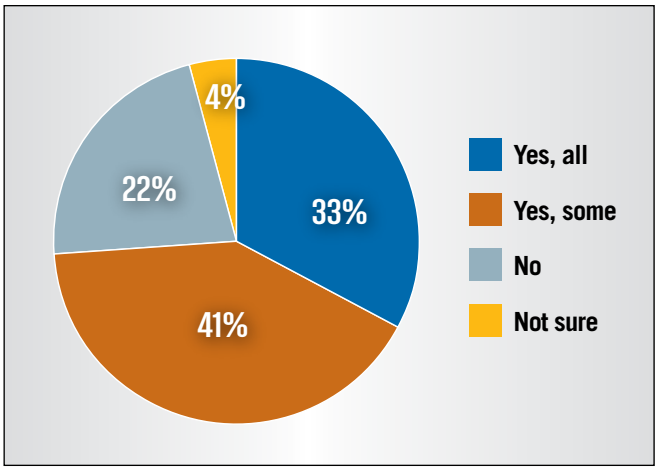


FIGURE 3: Are Patients Screened for Food Insecurity at Your Practice? (n=327)

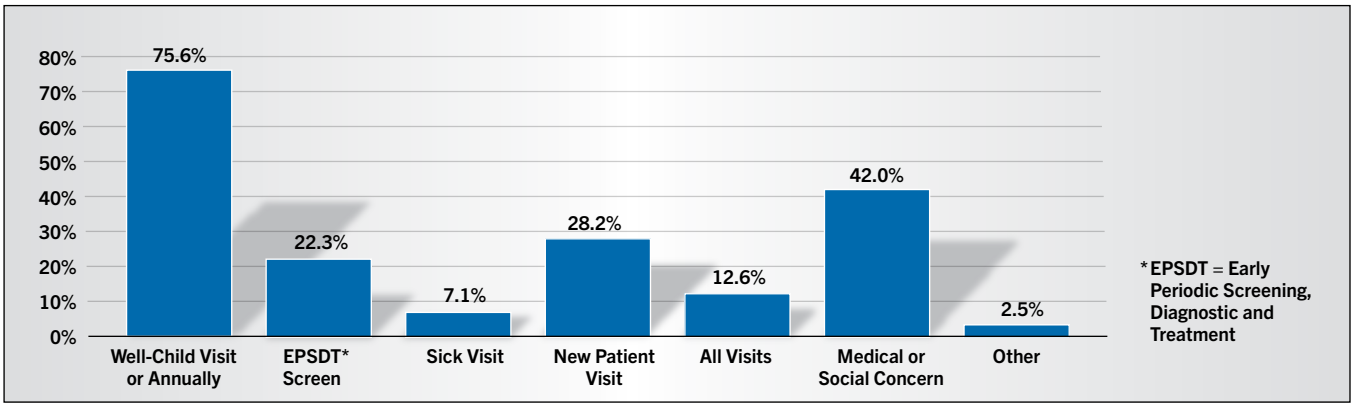


Subsample of respondents who report screening for food insecurity in their practice or hospital

The 242 respondents who report that they screen all or some patients for food insecurity were asked during what type of visits patients are screened for food insecurity. Out of these, an additional four people did not answer or did not know the answer to these questions, leaving a total of 238 respondents. Multiple responses were permitted.

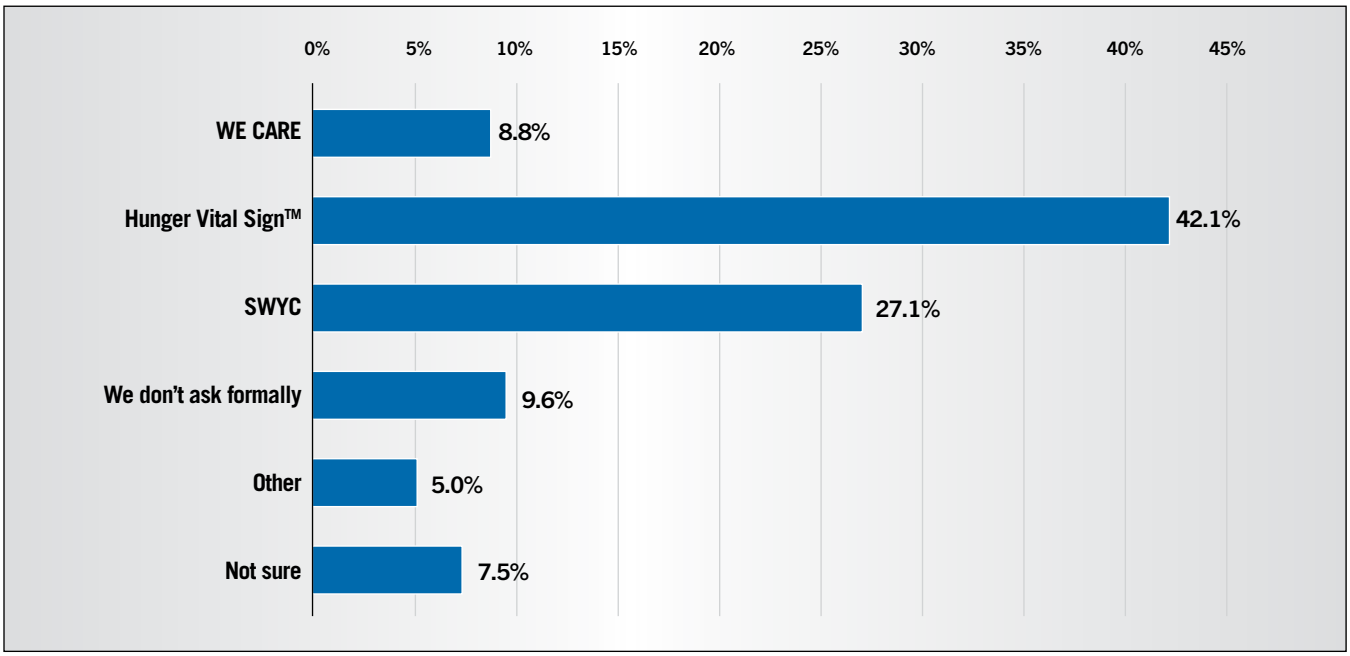
As shown in **Figure 4**, pediatricians report that their practice or hospital screens for food insecurity at well-child checks or annually (75.6 percent), when there is a medical or social concern, such as a family reporting multiple unmet social needs (42.0 percent), at new patient visits (28.2 percent), as part of Early Periodic Screening, Diagnostic and Treatment (EPSDT) services (22.3 percent), at all visits (12.6 percent), and at sick visits (7.1 percent).

FIGURE 4: What Type of Visits Do Pediatricians Screen for Food Insecurity (n=238)



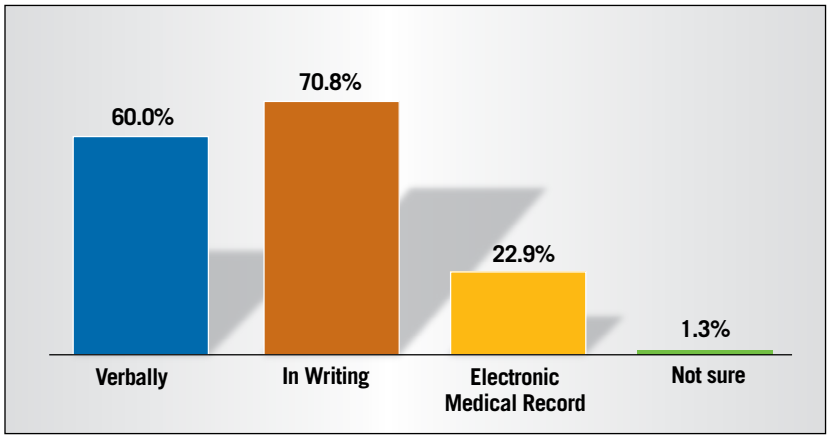
Pediatricians who said that they screen for food insecurity were then asked how they gleaned information from patients. The following were provided as examples of screening instruments: Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE),[1] the Hunger Vital Sign™,[2] and the Survey of Well-being of Young Children (SWYC).[3] Out of the 242 respondents who report that they screen for food insecurity, two people did not answer the questions, leaving a total of 240 respondents.

FIGURE 5: What Food Insecurity Screener Does Your Hospital or Clinic Use? (n=240)



As shown in **Figure 6**, 170 pediatricians report patients are screened in writing, as part of an electronic survey, or as part of questions asked on other health assessment tools; 144 pediatricians report patients are screened verbally by the pediatrician or another staff member; 55 pediatricians report that patients are screened with questions that are embedded in the electronic health record; and three report not knowing how patients are screened. Multiple answers were permitted.

FIGURE 6: How Does Your Hospital or Clinic Screen Patients For Food Insecurity? (n=240)



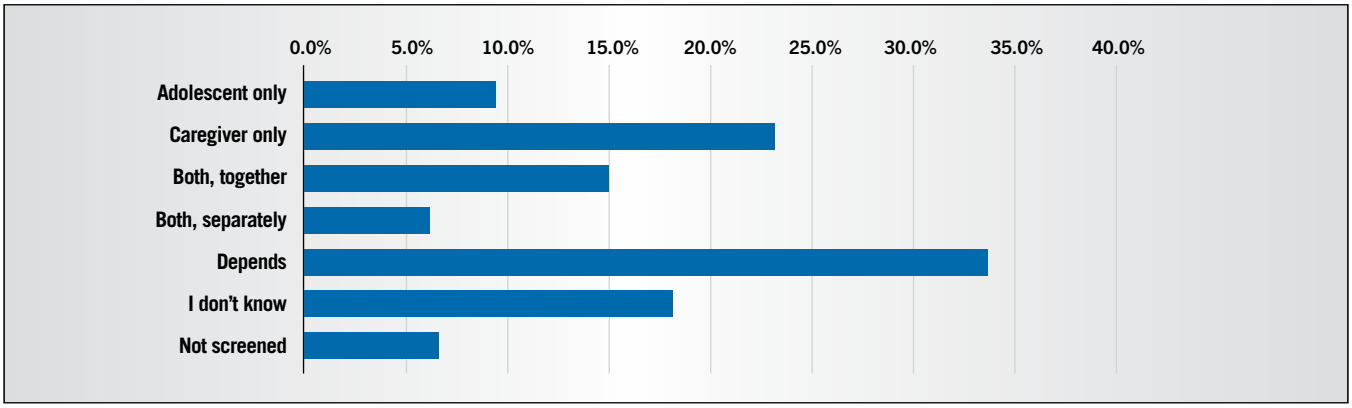
[1] The Well Child Care, Evaluation, Community Resources, Advocacy, Referral, Education (WE CARE) food insecurity screening question is "Do you always have enough food for your family?"

[2] The two-item Hunger Vital SignTM statements are: 1) "Within the past 12 months we worried whether our food would run out before we got money to buy more"; and 2) "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

[3] The Survey of Well-being of Young Children (SWYC) food insecurity screening question is "Within the past 12 months we worried whether our food would run out before we got money to buy more."

Pediatricians who report that they screen for food insecurity were asked how they screen adolescents. As shown in **Figure 7** the majority of respondents (33.8 percent) report screening depending on the situation; 23.3 percent report screening only the caregiver; 15 percent report screening both the caregiver and the adolescent together; 6.3 percent report screening both the caregiver and adolescent separately. Out of the 242 respondents who report screening for food insecurity, two people did not answer the questions, leaving a total of 240 respondents. Multiple responses were permitted.

FIGURE 7: How are Adolescents Screened? (n=240)



All respondents were asked about the barriers that they face in routinely screening or addressing food insecurity among patients in their practice. Out of 327 respondents, only 309 answered the question. The responses are in **Table 2**. Multiple responses were allowed.

Over half of the respondents report that time constraints are a barrier. In addition, 27.8 percent report that none of the items listed in the survey were barriers to routinely screening, and 20.1 percent report that resources for addressing food insecurity are unavailable or unknown.

TABLE 2: Barriers to Routinely Screening for Food Insecurity (n=309)

Barriers (multiple responses were permitted)	Percent (n)
Time constraints	51.8 (160)
None of the above	27.8 (86)
Resources addressing food insecurity are unavailable or unknown to me	20.1 (62)
I am worried that doing so will open up a range of issues about which I may not be able to address	14.6 (45)
There is lack of buy-in from other staff to address food insecurity	13.3 (41)
The electronic medical record (EMR) system we use does not include food insecurity screening or adding it is cost-prohibitive	12.6 (39)
I don't know enough about food insecurity	12.0 (37)
I don't know how to ask questions about food insecurity	11.3 (35)
I'm worried that questions about food insecurity are too sensitive for my patients	9.7 (30)
There is lack of buy-in from leadership to address food insecurity	7.1 (22)
Other (e.g., workflow, not on my radar, etc.)	5.5 (17)
Insurance does not cover addressing food insecurity	4.9 (15)
I don't think food insecurity affects enough of my patients	3.6 (11)
I don't' think food insecurity affects the health of my patients	2.6 (8)
Food insecurity shouldn't be addressed in a medical setting	0.32 (1)

Current Food Insecurity Intervening Practices (Questions 22–24)

The following set of questions in the survey, asked of all respondents, was designed to determine what actions pediatricians take at their clinic or hospital when they have identified patients as having food insecurity. As shown in **Table 3**, the most common ways respondents report intervening include referral to a social worker, federal nutrition assistance programs, and an emergency food source. Multiple responses were allowed.

TABLE 3: How Pediatricians Intervene When Patients are Identified as Having Food Insecurity (n=318)

Actions (multiple responses were permitted)	Percent (n)
Refer to a Social Worker	55.7 (177)
Refer to the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	55.0 (175)
Refer to the Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps)	49.1 (156)
Refer to an emergency food resource, such as a food bank or food pantry	46.9 (149)
Provide a brochure on available food and nutrition resources	32.7 (104)
Refer to free summer meal sites	29.6 (94)
Connect directly to an existing community-based partner who helps the patient access nutrition resources	23.6 (75)
Refer to free or reduced-price school meals program	21.7 (69)
Provide specific health information to the WIC clinic (e.g., height, weight, hemoglobin)	18.6 (59)
Refer to a community-based anti-hunger organization	17.3 (55)
Refer to a community health worker or Health Lead	16.7 (53)
Refer to a Registered Dietitian or nutritionist	14.8 (47)
Provide a hotline number (e.g., 211, National Hunger Hotline)	12.6 (40)
Refer to a trained staff member	12.3 (39)
Provide onsite application assistance for SNAP	11.0 (35)
Refer to afterschool snack or meal sites	10.4 (33)
Provide emergency food (e.g., food box, food bag, snacks)	10.1 (32)
Refer to an onsite food program (e.g., food pharmacy or pantry)	8.5 (27)
Provide a food voucher or certificate (e.g., Veggie RX, grocery store gift card, farmer's market coupon)	7.9 (25)
I don't know what my practice/hospital does	6.3 (20)
Refer to child care meals program	5.0 (16)
Provide onsite access to free summer meals	4.1 (13)
We do not provide referrals or food at my practice/hospital	4.1 (13)
Other	3.5 (11)

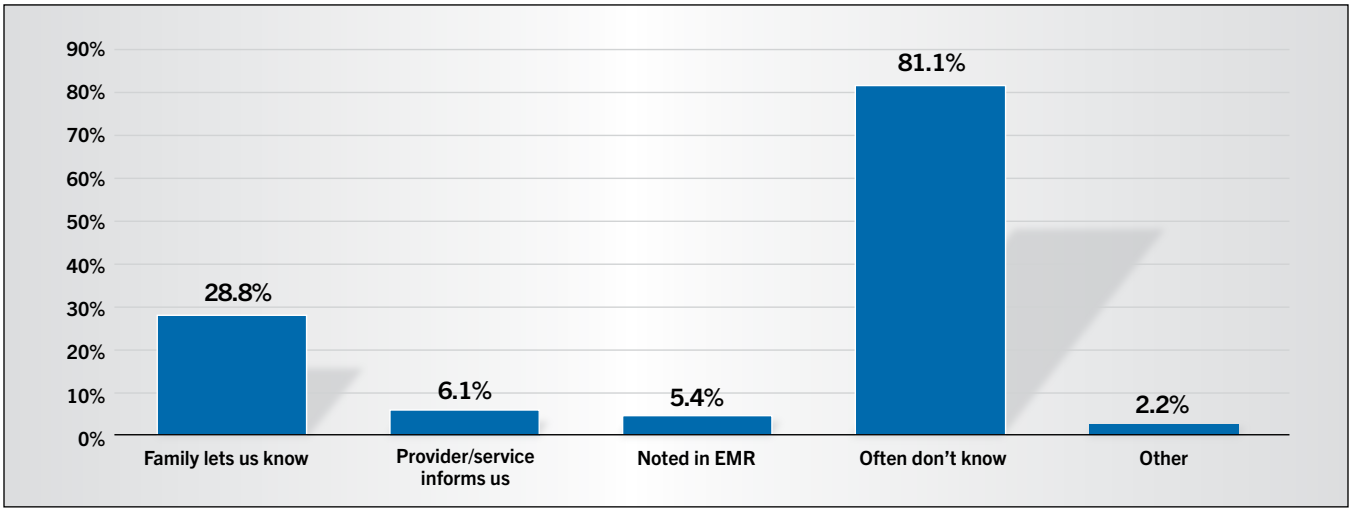
For patients identified as having food insecurity or at risk for food insecurity, pediatricians make referrals for food assistance resources in a variety of different manners. As shown in **Table 4**, the most common referral modality is verbally (46.0 percent), followed by paper (33.3 percent), and then via a nurse or other nonclinical staff. More than one response was allowed.

TABLE 4: How Pediatricians Make Referrals for Patients Identified as Having Food Insecurity (n=315)

Referral modality (multiple responses were permitted)	Percent (n)
Verbally	46.0 (145)
Paper	33.3 (105)
Nurse, health worker, or other non-clinician staff members make the referral	28.6 (90)
Clinician makes referral	19.4 (61)
Introduce or walk family to another provider or service located in the same building	18.7 (59)
Send patient's contact info to a partner organization for follow-up	18.4 (58)
Through the electronic medical record (EMR)	17.5 (55)
I don't know what my practice/hospital does	12.4 (39)
Make appointment for family	7.3 (23)
We do not provide such referrals	6.0 (19)
Automated referral (e.g., fax)	1.6 (5)
Other	1.6 (5)

Pediatricians were asked how they know that a family has followed through on a food assistance referral. As shown in **Figure 8**, the overwhelming majority report that they often do not know (81.1 percent), followed by the family letting the pediatrician know (28.8 percent).

FIGURE 8: How Do You Know Families Follow Through on Referrals? (n=312)



CONCLUSION

The pediatric community is well-positioned — as a body of trusted experts who regularly interact with children and their families — to identify food insecurity and to take actions to help address food insecurity and its harmful impacts. The 327 practicing pediatricians caring for children who completed this survey overwhelmingly agree that it is important to screen for food insecurity given its harmful impacts on child health. However, significant gaps were revealed in terms of confidence levels among respondents in addressing food insecurity: 18.6 percent of pediatricians felt unprepared to screen, and 21.7 percent felt unprepared to intervene.

Seventy-four percent of the respondents report that they screen some or all of their patients for food insecurity, although screening varied significantly by tool, timing, and modality. In terms of intervening on behalf of patients identified as having food insecurity or at risk of food insecurity, almost all of the pediatricians strongly agree or agree that patients should be referred to SNAP and WIC, and many refer patients to SNAP (49.1 percent) and WIC (55.0 percent). Nearly half of the surveyed pediatricians report making referrals for food assistance verbally. The overwhelming majority report not knowing if a family follows through on a referral. Time constraints and lack of knowledge or availability of resources are the two most common barriers to screening.

The results of this survey reinforce how pediatricians view addressing food insecurity as an integral, important, and critical part of patient health care. The findings of the survey reveal that most pediatricians are screening families for food insecurity. Despite this good news, however, work remains to develop consistent protocols for screening patients, utilizing standardized tools, sharing resources, better connecting patients to nutrition programs, and tracking the uptake of these vital nutritional supports.