

PEDIATRIC FOOD INSECURITY

Featuring :: Ana Avalos, MD, FAAP

TRANSCRIPT

Maura: You've probably heard quite a bit about pediatric food insecurity this year, especially as it relates to the global pandemic. But as you likely know, it's not a new topic. It's important to recognize first that some help *is* in place for food-insecure families, because in normal times, some who face obstacles accessing proper nutrition are able to get help through school- and community-based nutrition programs. And even *during* the pandemic, many of these programs *have* remained available. That's all great news. But, in normal times *and* the pandemic alike, the need for food access is still enormous across the globe. According to the American Academy of Pediatrics, 1 out of every 6 children lives in a food insecure household. You can use the AAP's online resource, "[Addressing Food Insecurity: A Toolkit for Pediatricians](#)," as a reference for this statistic.

Maura: I'm Maura Bowen, podcasting for Abbott Nutrition Health Institute. We've invited Dr Ana Avalos, a practicing physician and Assistant Professor at the Dell Medical School, Department of Pediatrics, in Austin, Texas, here in the United States, to join us today and help us delve into this issue a bit more. Dr Avalos co-authored the *Journal of Pediatrics* article titled "High Level of Food Insecurity Among Families with Children Seeking Routine Care at Federally Qualified Health Centers During the Covid-19 Pandemic."

Maura: Before we get started with our interview, I'd like to note for you listeners that today's recording may sound different from what you're used to hearing. That's because we're still in the middle of a global pandemic, we're conducting this interview outside the studio setting.

Maura: Dr Avalos, welcome. Thanks for joining us today.

Dr Avalos: Hi, Maura. Thank you for having me.

Maura: Dr Avalos, can you start us off by telling us a little bit about your clinical background?

Dr Avalos: Sure. I trained in Pediatrics and Pediatric Infectious Diseases at Texas Children's Hospital but I practice as a general pediatrician. I've worked in community clinics in Texas for over 10 years. I'm also assistant professor of pediatrics at Dell Medical School and I'm currently the medical director of the Austin Independent School District student health program. I'm a big proponent of quality of healthcare. I think the quality of people's care should not depend on the type of their medical insurance or their social determinants.

Maura: What was the aim of the *Journal of Pediatrics* manuscript?

Dr Avalos: According to the American Academy of Pediatrics (AAP), households with children are nearly

twice as likely to be food insecure compared to households without children, food insecurity rates for Black and Hispanic households are substantially above the national average, unemployment and underemployment are strongly associated with food insecurity, and children in immigrant families are at greater risk for food insecurity. Therefore, given that our clinics serve a large portion of underserved and immigrant population, and the pandemic was causing an unexpected burden compounded with unemployment, our aim of the study was to assess food insecurity during our pediatric visits to our clinics during the COVID-19 pandemic.

Maura: How would you describe a federally qualified health center?

Dr Avalos: Federally Qualified Health Centers are community-based health organizations that receive funds from the HRSA (health resources and service administration) Health Center Program and they provide primary care services in underserved areas.

Maura: How would you define food insecurity? And how do you determine when a child is food-insecure?

Dr Avalos: Food insecurity is defined as the limited or uncertain availability of nutritionally adequate, safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. The lack of food security is a well-known detrimental factor not only to a child's physical health, but to a child's mental health also, and has been associated with higher emergency department visit, school absenteeism and lower access to health care. Surveys within the past ten years have found that 10-20% of children in the United States live in a food insecure household. In addition, food insecurity is determined by different types of food insecurity validated screening tools. In the study, we used the 2-item questionnaire recommended by the American Academy of Pediatrics, as part of the standard of care for routine visits.

Maura: Can you take a few moments to tell us how your study was conducted?

Dr Avalos: We screened families from two federally qualified health clinics in Austin, Texas. We collected data from 200 families from April 14 to May 20 of this year and we documented participation in two of the most common community resource programs: SNAP, which stands for Supplemental Nutrition Assistance Program, and WIC, which is the Special Supplementation Nutrition Program for Women, Infants and Children. And we did this to see if these families had access to these services.

Dr Avalos: We asked two questions. We asked the parents to answer:

- "In the past 12 months, we worried whether our food would run out before we got money to buy more."
- "And, in the past 12 months, the food we bought just didn't last, and we didn't have money to get more."

Dr Avalos: And a response of "often true" or "sometimes true" to either statement indicated a positive screen for food insecurity. We also assessed the impact of the current Covid-19 pandemic on food insecurity to see if it had started or worsened during this period. If the parent or guardian responded with a positive screen for food insecurity, we referred the family to available community resources, food distribution points, and some families were also referred to the clinic's community health worker for further guidance.

Maura: And what did you find?

Dr Avalos: We found that a staggering 47% of families had a positive food insecurity screen. Of these, over 90% were worrying about food running out and about 60% were positive for the question related to food not lasting. Among food-insecure families, 94% indicated this had begun or worsened during the pandemic. 115 families also volunteered additional information about employment, and of these, 46% reported job loss or working hours lost during this time period. Both Hispanic ethnicity and WIC participation were associated with greater levels of food insecurity now. It seems that the participation in the WIC program associated likely reflected greater use of WIC resources by those who were food insecure.

Maura: Are there any notable strengths or limitations you'd like to share as part of this study?

Dr Avalos: Sure. So, given the lack of resources of our patient population and the alarming unemployment rate, the increase of food insecurity was expected, but we do have to mention a few limitations.

Our results may not represent the city's demographic since both clinics serve a large number of Hispanic patients. Our study was carried out during the period of the pandemic in which the American Academy of Pediatrics recommended well child checks for children 18 months and younger, and we were following state and local recommendations were followed as well. Therefore, our cohort's age range does not reflect the usual age range seen in our clinics, which is up to 17 years of age.

Dr Avalos: We also have to consider that families that kept their scheduled visits may have had certain protective characteristics that allowed them to maintain those visits, so for example, transportation, increased family support--and families missing visits may be at a higher risk of food insecurity. And then finally, some families seemed reluctant to answer such personal and emotional questions.

Maura: In the study you mention that you can determine food insecurity with validated screening tools. But you also mention that it has been published that only 15% of pediatricians conduct the screen. Why do you think this is?

Dr Avalos: So, food insecurity is a very challenging topic to discuss, both for providers and for patients. Barnige and colleagues reported pediatricians cited time constraints, the desire to avoid embarrassing families, or even a gap in practitioner knowledge of next steps for a positive screen. It has also been reported that caregivers also cited reasons to respond to these questions as well, and reasons included thinking they were able to take care of food insecurity on their own; feeling ashamed or embarrassed to not be able to provide food to their families; thinking their child's doctor is only able to help with physical problems; and uncertainty of how others might react.

Maura: What aspects of your study can clinicians apply to their practice?

Dr Avalos: Maura, I think this is one of the most important questions of this podcast. You cannot tell who suffers of food insecurity only by looking, you *have* to screen. Medical providers must overcome their comfort zone and ask the tough questions. You as a clinician have the incredible opportunity to inform yourself on community resources and then share this with your patients that need it. Also, consider educating your staff in the clinic about food insecurity, assigning someone to keep updates on the community resources, and partner with a social worker or a community health worker who will provide additional guidance to these families.

Maura: Did your study identified any other opportunities you'd like to talk about?

Dr Avalos: Absolutely. In many families, screening for food insecurity, acknowledging their difficulties, expressing honest concern and providing information on needed community resources has strengthened the rapport I have with my patients, and it opened the door to discuss other difficult circumstances such as job loss, difficulty paying rent, and even developing feelings of anxiety or depression. So, this knowledge allows me to help my patients in a better way.

Maura: Before we sign off, do you have any other closing comments you'd like to share with our listeners?

Dr Avalos: We have continued documenting our food insecurity screening until approximately two weeks ago. We now have over 600 families documented. The findings are consistent with the initial ones. Approximately half of families are still reporting food insecurity, and this is still associated with loss of jobs during the pandemic. Initial findings reveal temporal changes in food insecurity over the 20 weeks of this study. There was a slight improvement corresponding to economic reopening policies and worsening rates in July along with Covid-19 case counts and hospitalizations in Central Texas. This food insecurity tool to identify those families that need help. The AAP has a very comprehensive toolkit found at <https://frac.org/wp-content/uploads/frac-aap-toolkit.pdf>, that will help

providers learn more about this. I urge them to do so.

Maura: Great. And we will definitely link to that toolkit in the transcript for this podcast. Dr Avalos, thank you so much for today. It's very clear this is a topic you care so much about, so thank you for taking the time to record with us today. We appreciate all you're doing to help build awareness for pediatric food insecurity and the role healthcare professionals can play in helping to ensure all children have better access to nutrition for healthy growth and development.

Maura: Now, for our listeners, if you're hoping for more podcast episodes on nutrition and immunity, rest assured we're continuing to develop a series of additional episodes to help support you. You can find these recordings on anhi.org by clicking "RESOURCES" then "PODCASTS & VIDEOS." And, if you become an anhi.org member today—which you can do by clicking "REGISTER" at the top of our homepage—you'll receive regular nutrition science news updates from our team. And of course you can also follow the Abbott Nutrition Health Institute on LinkedIn.

Maura: Finally, our website, anhi.org, has a series of printable resources related to this topic. And you can find these resources on anhi.org by clicking "RESOURCES" and "PRINTABLE MATERIALS."

Maura: Thanks everyone. Stay healthy and safe.