Welcome to conversations about care: A podcast for Pediatric Clinical Providers

Sandy: Hi, this is Sandy Hassink and I’m the Medical Director for the Institute for Healthy Childhood Weight at the American Academy of Pediatrics.  I recently sat down with my friend and colleague, Ryan Buchholz, who is a practicing pediatrician at the Upper Cardozo Health Center in Washington DC, to talk about how we address food insecurity with our families.  I hope you enjoy our conversation.

Sandy: Hi Ryan! So good to have you here to talk about food insecurity. I know that you’ve had a lot of experience with it. This may sound strange, but I was in practice for many years before I recognized that the children coming to me were actually hungry. I think it was in the recession of 2008 that I realized how tight food budgets were. I practiced in a weight management clinic so I saw children who had obesity, and at that time, nobody really thought that kids with obesity could also be kids with food insecurity and actually be kids who were hungry. I think that as I’ve gone over the years, I’ve realized more and more how important it is to ask about food insecurity in practice and how crucial it is to families, and how often families won’t tell you that until you ask. So, I was so proud of the Academy when we wrote our food security policy and were asking all of our pediatricians to ask the two food insecurity questions. I’m just going to repeat those now because I think they are so important. We’re asking all the pediatricians to ask their patients within the past 12 months were you worried whether your food would run out before you got money to buy more, and within the past 12 months was the food that you bought just didn’t last and you didn’t have money to get more. So, I think that you can ask these in person, but many people find it more comfortable to ask this on a questionnaire for patients because it’s a really sensitive topic that people don’t really like talking about much until you express concern. How do you handle this in your clinic?

Ryan: Thanks Sandy for drawing attention to this really important issue. I work in a community health center in urban Washington DC and the large majority of my patients are immigrants or children of immigrants. I also practice internal medicine so I get to often take care of the parents as well as their primary care. Even in the population where I work and population whom I serve, many of the kiddos have Medicaid and families are of low income, but this is something that just even recently we have started screening patients and families for food insecurity. We, as a community health center, use a tool called Prepare, which was developed by the National Association of Community Health Centers. It’s a screening tool looking for many social determinants of health, which food insecurity certainly is one of the key ones. We asked the question, “In the past year have you or any of your family members you live with been unable to get any of the following when it was really needed: food, utilities, child care, clotting, medicine or any healthcare. I have to be honest; it’s been a little tricky to implement this. It’s actually a prepared tool and a relatively long questionnaire with about 20 questions. We’ve gone back and forth between trying to have our social services case managers screen everyone when they are a new patient to trying to integrate some of these questions into well visits and primary care visits. Whichever way we do it, which often in my case I often ask the families within the visit. It’s something that as you point out is so important. It struck me the importance of food insecurity to health. When I was just out of college, I had the opportunity to work as a Leland Hunger Fellow at the Congressional Hunger Center and I had a six-month field placement in south Florida. During that time I met a man who had been a truck driver for many years and by his own admission kind of not eating too healthy; a steak and potatoes kind of guy. Unfortunately, he developed diabetes and because of complication of the diabetes, he became blind and was no longer to be a truck driver. So, his income dropped quite significantly and he was not only unable to afford healthy food, but unable to afford much food at all. It wasn’t until his physician referred him to the local non-profit organization where I was based that worked with farmers recovering fresh produce that would otherwise go to waste, that he really became able to access fresh fruits and vegetables. He told me, he knew I was interested in going into medicine and he said, “Ryan, when you become a physician, I want you to remember my story.” I wrote about him in my med school essay, I wrote about him my essay for residence, just because his story really pointed out to me the importance of physicians connecting with local community resources and realizing that there power of recommendation of community resource can sometimes be so much more effective for patients who need more than a prescription for medication or a consultation with another medical specialist.

Sandy: You know, it couldn’t be more important to think about the importance of food to help and it sounds so simple when I say it, but I think that we assume a lot. We often assume the patients and our families can get hold of the food that they need. Restoring the connection, healthy food being important to healthy growth and developments are important too because the parents are usually or often flooded with a lot of food marketing and lose that sense of what it really means to have optimal nutrition for their child and it’s impactful. So, I was at a hunger conference and I was sitting next to a principle of an elementary school and he was in an area where there was a lot of food insecurity and he said, “Well you know, we do our standardized testing at the beginning of the month because by the end of the month the kids are hungry and they don’t do as well on the test.” That really shocked me because I thought this should not be our approach to food insecurity. We should understand how to help these children and families get access to healthy food. It’s so important and you can’t tell by looking who is having food insecurity. I remember a family of mine who I’ve been following in my clinic and the kids were doing pretty well. We were handling their obesity. They were away for several months, they came back and their father had passed away. Because of that their income had drastically dropped and their diet had completely changed to what they could manage on very little money. Both kids had enormous gains in their weight because of the kind of food. So, we think of poverty for sure and neighborhoods at risk, but we also need to think of our families that have personal or family tragedies where income has been compromised. Often in disasters, a food bank … people lose income and lose access to health food, and food banks are just inundated with people that need food for a fairly long time after that disaster. I think it’s so important. How have you done Bryan with your team? Is your team aware of this and how have you talked to them about this issue in your clinic?

Ryan: It’s a great question. My team thankfully is becoming more and more aware of the impact of insecurity on health and the way that other social influencers affect children’s and family’s health. We were fortunate several years ago to be approached by a local non-profit in DC called DC Greens that focuses on food justice and food education about working together to implement a produce prescription program. Thankfully over the last few years this has blossomed into something that our local department of heath, DC Health, has partnered with local farmers markets and has enabled families, like the family of young 8 year old girl who I saw earlier this week with her mom for a weight management visit. She had been over the 99th percentile BMI since she was 2. Mom is a line cook at a local restaurant, dad is a dishwasher, and she is an only child eating a lot of calorically dense sugary starch focused foods. It wasn’t until she was 6, just a couple years ago, that we recognized that her family was having trouble affording fresh produce. Because of the awareness within our health center of the impact of food insecurity on health, we were able to connect them to a local program called Produce Plus. By virtue of having a Medicaid card or it could have been either a food stamp eligibility, or WIC participation, or even for older patients, Medicare or social security supplemental disability income, they could qualify for $10 a week for fresh vegetables, fruits, and cut herbs from local farmers markets. Through this program, my patient and her mother have come accustom to every Saturday they go to the local Columbia Heights Farmer’s Market in the neighborhood where I practice. The little girl helps pick out fresh fruits and vegetables with her mom and as a result she has found is much more motivated to eat them and she can even make her own guacamole because she loves avocados. This is the type of thing that has lead not only to her empowerment as an 8 year old in influencing her health in a healthy and positive way, but it has also lead to a reduction in her BMI percentile the last couple years.

Sandy: So, what you’re saying is so important because we never, as pediatricians I think when we ask a question, we always like to have a help or an answer for a patient. So, when we ask questions about food insecurity we like to know what we can do then to help. It sounds like you’ve got really connected with your community resources and just to remember that WIC and SNAP are vitally important federal food programs and people who are eligible may not have signed up for those. So, one of the most important things we can do is remind people or help people sign up for programs where they are eligible and for free and reduced lunch programs as well. One of the things that’s really concerning is the kids may have food at school, and they often do, but on weekends and in the summer they may often not have enough food to eat. So, many agencies have actually sent backpacks of food home with the kids for their families. Kids in the summer, where it’s supposed to be a happy active program, the summer feeding program is serving only a minority of kids on free and reduced lunch. So, have you had any experience with that kind of phenomena where kids who are doing pretty ok in school with the foods and suddenly when school is out things aren’t going so well?

Ryan: Unfortunately, yes. Sometimes when I see children for a well visit or other visit in the fall and we see that some of the prior gains have been lost in terms of their healthy habits and what not. I do sometimes hear from parents, “Well yes, they haven’t been in school,” as the obvious reason why the gains had been lost. It’s certainly a challenge for many families where both of the parents are working and it’s not always easy to just afford to have kids in camp all summer, or sometimes young kids are on their own for some of their meals.

Sandy: I’m thinking about the gentleman you talked about who was the truck driver with diabetes. We know from adults who have Type II diabetes for example, when they have a healthy diet their hemoglobin A1Cs drop and it’s so important. We’ve been hearing a lot about adult hospitals food pantries in the hospital and assessing for food insecurity before the patient goes home and then sending them to the food pantry for when they come home. Some pediatric hospitals are starting to think about that. Have you talked to your local hospital at all about doing any of that?

Ryan: That’s a great question. As of yet I have not, but we have been working with our local hospitals on some other efforts to try and make them sugary beverage free zones. It’s a great idea, and certainly I have seen over the years that sometimes hospitals don’t always serve the healthiest food. It’s a great thing to hear that certain hospitals are starting to move in that direction of assessing food insecurity and even doing something about it before discharge.

Sandy: Right! I often think that now a days that skills around your ability to access healthy food and even our patient’s ability to shop and know what is healthy and prepare healthy food are now health related skills. They’re not trivial skills, they’re actually integrally related to their health. I remember there have been times in our clinic where we actually taught a cooking class and took the adolescents shopping and talked about healthy food and how to shop in grocery stores and find the healthy food there. We actually talked about preparing food because we realized that that’s actually a skill that some of them hadn’t even been exposed to at home.

Ryan: That’s so important. In our health center, we are co-located with a WIC office, WIC office in our health center has a demonstration kitchen in it, and it’s certainly one of the most fun parts of my practice when I get to go hang out with kids in the kitchen and we make something. It’s fun to see them try kale chips or something that they might not have otherwise tried, and also to help teach their parents because we do it as a wellness visit with the parents as well. The parents are learning recipes that they can take home and using foods that they can get in the grocery store and our local farmers markets. It’s certainly one of the joys of my work and as a reminder to me that this is why I’m a physician. It’s not to prescribe more medications, not to necessarily send more consultations. Sure, those are appropriate when that’s what I need to do, but you’re right. This is a health issue addressing food insecurity. One example that I can think of is a patient family whom I just recently met. The mother and her 3 year old recently emigrated from Central America where her husband had actually been killed by a local gang. She and her own mother, the grandmother of the 3 year old were basically forced out of their home by a gang and realized they had to move and they ended up coming to DC. She was pregnant so I didn’t meet them until after her newborn was born at the newborn visit. I saw the 3 year old in the visit as well, and they hadn’t yet established primary care and so we made an appointment for another date for the 3 year old. When I was able to evaluate him, I saw he had an expressive speech delay. There are certainly downstream consequences to food insecurity and other traumatic experiences that this family had had experiences. Some of those do include developmental issues and certainly mental health problems from poor health in general outcomes In the long run. We know certainly from some of the work around adverse childhood experiences that those can lead to long-term health consequences and food insecurity. Certainly not a good childhood experience and poor educational outcomes is another potential downstream effect. So, you’re right, this is a health issue in so many ways for us to address.

Sandy: Yes, and you know, it’s such a good reminder you are giving us because we screen for food insecurity and we may do that but we have to remember that the child coming in with headaches or stomach pain or not doing well in school, or what looks like attention problems, maybe the child who is food insecure. That has to be rolled into our differential diagnoses. We know that the educational outcomes for persistent food insecurity are poor and so knowing in our diagnostic work up to include food insecurity in that work up. We know adolescents who have food insecurity are more likely to be depressed about it. Kids really feel stigmatized by not having enough food. They don’t talk about it, they feel sometimes ashamed that they don’t have enough foods, they’re depressed about it and I think it’s well worth thinking that screening is very important, but keeping food insecurity in your differential diagnosis is also extremely important. So, a good reminder you’ve given us to do that.

Ryan: Absolutely! Food insecurity is much more common than many of us realize. The statistics show that approximately one in six children in the US lives in a food insecure household. That meaning where access to adequate food is limited by either lack of money or other resources and just thinking about that, that’s out of all the kids in the United States, that’s a lot of children who are affected by food insecurity.

Sandy: Yes, and one thing that really became clear to me was that when we look at the children who have overweight or obesity and we look at the children who have food insecurity, we have … during the height of the recession close to 50% of our children affected by some significant nutritionally related problem. So, it’s not a trivial issue and it’s not a marginal issue. It’s a foundational issue for children. I think it’s good for us to remind our selves and remind policy makers and schools that good optimal nutrition is actually a foundation for child health. It’s hard to be healthy when you don’t have enough food and it’s hard to be healthy when you don’t have enough good food. Food is also a very relational issue with families and so families that don’t have enough food to eat are stressed about that. The parents are worried about that and that affects their relationship with kids. Families may be … kids know not to ask for the things at the supermarket that they want when families are struggling so much. It’s a very stressful time and I think we sit in our offices and we need and we are asking ourselves to look outside those walls and really be aware of what is happening in our communities. Who is hungry, how do we help alleviate some of that hunger and food insecurity? How do we connect with our community agencies to help sure up that network of foundations of health for our children? I think it’s really important that we know how foundational this is for child health.

Ryan: One thing I want to mention as a pediatrician who cares for many children of immigrants in this time where the issue of public charge has been an issue that’s brought attention to some of the public benefits and whether or not that can affect schools immigration statutes, I want to make sure that pediatricians know that the program such as WIC, Food Stamps, School Nutrition Program, participation does not confer public charge status to an immigrant. So, those are programs that have been protected.

Sandy: Right! It’s very important to know that we can recommend these without fearing for our patients. So, thank you Ryan! It’s been lovely talking to you today and such an important topic to bring to everybody’s attention. Thank you!

Ryan: Thank you so much Sandy!

Sandy: Thank you for listening to my conversation today with Ryan.  Talking about food insecurity can be hard but as evidenced by this conversation it is incredibly important.  Please remember to check out some of the resources on The Institute for Healthy Childhood Weight’s website and the Bright Futures website.  Some of the ones that may be most relevant to this conversation include:  The CME Module on Food Insecurity and our recorded webinar on the latest research about food insecurity. In addition, be sure to check out the Food Insecurity Toolkit for Pediatricians.  These are just a few of my favorites, but be sure to check out both the Institute and Bright Futures website for more.

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