

***AAP Bright Futures National Center  
Bright Futures: Guidelines for Health Supervision  
of Infants, Children, and Adolescents, 4th Edition***

***Promoting Food Security***

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*Note: The recommendations in this presentation/training do not indicate an exclusive course of treatment or serve as a standard of care. Variations, taking into account individual circumstances, may be appropriate.*

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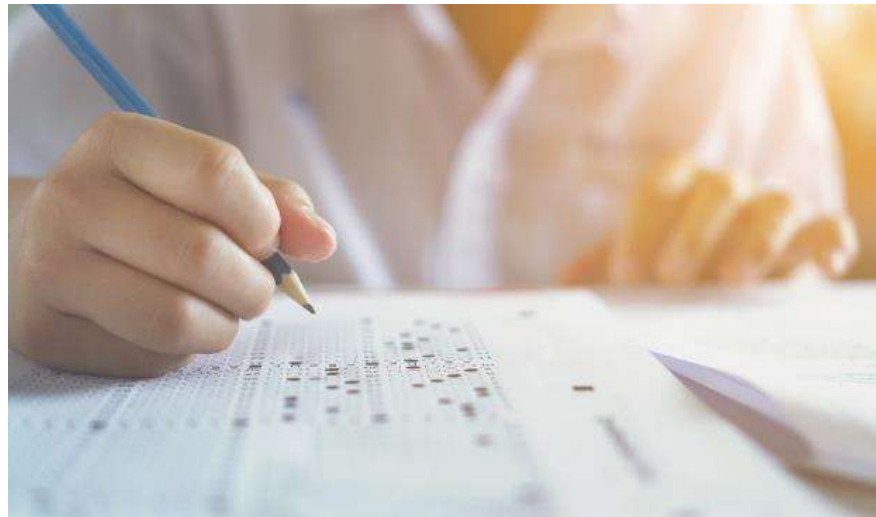


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# Pre-test

Evaluate your knowledge about the topic before the mini training. Please click on the pre-test link below.



**[Please click on link to be routed to the pre-test](#)**

**NOTE: This is for learning purposes only  
and is NOT approved for CME.**



# Main Objectives

- Describe the role of pediatric health care professionals in screening and identifying children at risk for food insecurity and in connecting families to needed community resources
- Recognize the negative impacts on health, development, and well being of children who are experiencing food insecurity
- Describe the use of Hunger Vital Sign™ to screen for food insecurity<sup>1</sup>
- Develop a comfort level in speaking with families on this topic without creating stigma and providing positive presentation of programs and resources

# Scope of Pediatrics

- Nutrition is one of the most important factors that affect physical growth and development. Children's diets continue to change as they grow into different age groups. Nutritional needs also change.
- Food insecurity and lack of healthy nutrition can lead to metabolic and developmental deficiencies. These have been associated with higher hospitalization rates and behavioral health problems.
- In 2021, 12.5% of households with children met the USDA definition of a food insecure household, one in which “access to adequate food is limited by a lack of money or other resources.”<sup>2</sup>
- In the policy statement, *Promoting Food Security for All Children*, the AAP recommendations are to **screen and identify** children at risk for food insecurity; **connect** families to needed community resources; and **advocate** with other key partners for federal, state, and local policies that support access to adequate and healthy food so that all children and their families can be nourished, active, and healthy.<sup>3</sup>

# Disparities

- Food insecurity among Black or Hispanic/Latino individuals is higher than white individuals in 99% of counties in the 2022 Map the Meal Gap report.<sup>4</sup>
- Children in immigrant<sup>5</sup>, Native American, and Alaska Native households experience higher levels of food insecurity<sup>6</sup> as do households with a member who has a disability.<sup>7</sup>
- In a study, *Adverse Childhood Experiences and Household Food Insecurity: Findings from the 2016 National Survey of Children's Health*, US families reporting Adverse Childhood Experiences (ACEs) such as domestic violence, neighborhood violence, and family substance abuse, were more likely to also experience household food insecurity.<sup>8</sup>

# Equity - Practice Considerations

- Pediatric health care professionals should keep in mind cultural traditions related to food when providing education to families.
- Pediatric health care professionals should keep an open mind about different limitations that families have on food due to their culture.
- Pediatric health care professionals should consider that families are stating what they think the health care professional wants to hear. Therefore, should ask more open ended, nonjudgmental questions.
- Pediatric health care professionals should engage in reflection aimed at increasing self-awareness, acknowledging privilege, and fighting bias and discrimination
- Pediatric health care professionals should honor native languages and respect cultural norms as they relate to food insecurity

# Case Study

## 9-month-old male infant with failure to thrive

- Infant was born full term with limited prenatal care. Birth weight of 2.5 kg (3%)
- Presenting at 9 months, weighs 5.18 kg (2%), relying solely on breastmilk
- No history of recent ED visits or hospitalizations
- Mother reports that infant “always wants to eat”

### Social History

- Mother is 26 years old, first child
- Both parents work full-time
- Mother reports that they live a studio apartment
- Infant stays at full-time community day care



# Case Study

## During the Physical Examination



- Patient is small for age and appears thin
- Belly is soft and non-distended
- Developmentally appropriate
- Normal examination

### Current Feeding Regimen:

- Breast feeds 10 minutes a time when baby is crying and when mother home
- Mother thinks patient is getting enough
- Tries to pump during the night to give EBM to day care

# BF Pre-visit Questionnaire

## WHAT WOULD YOU LIKE TO TALK ABOUT TODAY?

Do you have any concerns, questions, or problems that you would like to discuss today?  No  Yes, describe:

*He wants to feed all the time. I'm concerned that he is not growing.  
He is always fussy and tired all the time.*

## TELL US ABOUT YOUR BABY AND FAMILY.

What excites or delights you most about your baby?

*I love the way he smiles at me when I pick him up.*

Does your baby have special health care needs?  No  Yes, describe:

Have there been major changes lately in your baby's or family's life?  No  Yes, describe:

Have any of your baby's relatives developed new medical problems since your last visit?  No  Yes  Unsure If yes or unsure, please describe:

Does your baby live with anyone who smokes or spend time in places where people smoke or use e-cigarettes?  No  Yes  Unsure

## YOUR GROWING AND DEVELOPING BABY

Do you have specific concerns about your baby's development, learning, or behavior?  No  Yes, describe:

Check off each of the tasks that your baby is able to do.

- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Use basic gestures, such as holding her arms out to be picked up or waving "bye-bye." | <input checked="" type="checkbox"/> Look around when you say things such as "Where's your bottle?" and "Where's your blanket?" | <input checked="" type="checkbox"/> Crawl on hands and knees.                         |
| <input checked="" type="checkbox"/> Look for dropped objects.   | <input checked="" type="checkbox"/> Copy sounds that you make.   | <input checked="" type="checkbox"/> Pick up food and eat it.                          |
| <input checked="" type="checkbox"/> Play games such as peekaboo and pat-a-cake.   | <input checked="" type="checkbox"/> Sit well without support.  | <input checked="" type="checkbox"/> Pick up small objects with 3 fingers and a thumb. |
| <input checked="" type="checkbox"/> Turn consistently when his name is called.  | <input checked="" type="checkbox"/> Pull herself to a standing position.   | <input checked="" type="checkbox"/> Let go of objects on purpose.                     |
| <input checked="" type="checkbox"/> Say, "Dada" or "Mama."  | <input checked="" type="checkbox"/> Move easily between sitting and lying.   | <input checked="" type="checkbox"/> Bang objects together.                            |

## YOUR FAMILY'S HEALTH AND WELL-BEING

Do you always feel safe in your home?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Has your partner, or another significant person in your life, ever hit, kicked, or shoved you, or physically hurt you or the baby?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Have you developed routines or other ways to take care of yourself?	<input checked="" type="radio"/> Yes <input type="radio"/> No

## CARING FOR YOUR BABY

Do you have a regular bedtime routine for your baby?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does she wake up during the night?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Is your baby learning new things?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Does your baby have ways to tell you what he wants and needs?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Is a TV, computer, tablet, or smartphone on in the background while your baby is in the room?	<input checked="" type="radio"/> No <input type="radio"/> Yes
Does your baby watch TV or play on a tablet or smartphone?	<input type="radio"/> No <input checked="" type="radio"/> Yes
If yes, how much time each day? _____ hours	
Have you made a family media use plan to help you balance media use with other family activities?	<input type="radio"/> Yes <input checked="" type="radio"/> No

## DISCIPLINE

Do you and your partner agree on how to handle your baby's behavior?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you limit the use of "No" to only the most important issues?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If you have other children, do you let them help with the baby as much as they can?	<input checked="" type="radio"/> NA <input type="radio"/> Yes <input type="radio"/> No

## FEEDING YOUR BABY

Does your baby feed herself?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Does your baby drink from a cup?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you let your baby decide what and how much to eat?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Do you give your baby foods with different textures (such as pureed, blended, mashed, chopped, or lumps)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If you are breastfeeding, are you planning on continuing?	<input type="radio"/> NA <input checked="" type="radio"/> Yes <input type="radio"/> No

## SAFETY

<b>Car and Home Safety</b>	
Is your baby fastened securely in a rear-facing car safety seat in the back seat every time he rides in a vehicle?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you have any habits or reminders that prevent you from ever leaving your baby in the car?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Do you keep your baby away from the stove, fireplaces, and space heaters?	<input checked="" type="radio"/> Yes <input type="radio"/> No

# Hunger Vital Sign™

Use the AAP-recommended Hunger Vital Sign™:

**1. “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”**

OFTEN TRUE     SOMETIMES TRUE     NEVER TRUE     DON'T KNOW/REFUSED

**2. “Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.”**

OFTEN TRUE     SOMETIMES TRUE     NEVER TRUE     DON'T KNOW/REFUSED

*Patients screen positive for food insecurity if the response is “often true” or “sometimes true” for either or both statements.*

*Document and code the administration and results of screening in medical records.*

Source: <https://childrenshealthwatch.org/public-policy/hunger-vital-sign/>



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# Self-Assessment

Based on the infant's history, physical exam, pre-visit questionnaire, Hunger Vital Sign™, developmental screening responses, what **red flags** should the clinician focus on and why?



# Self-Assessment

- Parental concern about feeding
- Low weight
- Feeding practices
- Positive screen on Hunger Vital Sign™



## Priorities for the 9 Month Visit

*The first priority is to attend to the concerns of the parents.*

**In addition, the Bright Futures Infancy Expert Panel has given priority to the following topics for discussion in this visit:**

- ▶ Social determinants of health<sup>a</sup> (risks [intimate partner violence], strengths and protective factors [family relationships and support])
- ▶ Infant behavior and development (changing sleep pattern [sleep schedule], developmental mobility and cognitive development, interactive learning and communication, media)
- ▶ Discipline (parent expectations of child's behavior)
- ▶ Nutrition and feeding (self-feeding, mealtime routines, transition to solid foods [table food introduction], cup drinking, plans for weaning)
- ▶ Safety (car safety seats, heatstroke prevention, firearm safety, safe home environment: burns, poisoning, drowning, falls)

<sup>a</sup> Social determinants of health is a new priority in the fourth edition of the *Bright Futures Guidelines*. For more information, see the *Promoting Lifelong Health for Families and Communities* theme.

# Risk Factor for Food Insecurity

Rate of food security in 2019 were statistically significantly higher than the national average of 10.5% for the following households:

- all households with children
- household that include a child <6 years old
- households headed by single parent or caregiver
- Black and Hispanic/Latino households
- households with incomes below 185% of the federal poverty line

# Adverse Health Outcomes

- Newborns with food insecurity are more likely to experience birth defects, birth complications, or low birth weight.
- Children (4-36 mos) who live in low-income households with food insecurity may have higher rates of developmental problems.
- Food insecurity is linked with lower cognitive indicators, dysregulated behaviors, and emotional distress.
- Children with food insecurity are more likely to have overall worse general health, increased ED utilization, and higher rate of forgone medical care.



# Nutritional Deficiencies

Children who are experiencing food insecurity may present signs of nutritional deficiencies that can manifest in the following ways:

- developmental delay
- behavioral problems
- depression, anxiety or stress
- iron deficiency anemia or other nutritional deficiencies

 underweight or overweight

- slow growth

 inappropriate feeding practices

- dental caries

# Anticipatory Guidance

## Knowledge Questions

- Based on the parent's concerns and your assessment, what aspects of anticipatory guidance for this family would you highlight?
- What assistance can be offered to the family?



# Anticipatory Guidance Feedback

- Discuss weaning of breast milk
- Discuss transition to solids
- Discuss food insecurity and using emergency food assistance and federal nutrition program assistance



Sample questions for each topic can be found in: [Bright Futures Guidelines, 4th Edition: Infancy Visits](#)

# Plans for Weaning

## Sample Questions

*What are your plans for continuing to breastfeed? What questions or concerns do you have?*

## Anticipatory Guidance

- Weaning ages vary considerably from child to child. Some are ready to wean earlier than others and will show this by decreasing their interest in breastfeeding as they increase their interest in the foods they see their parents eating.
- Your baby's best source of nutrition at 9 months of age continues to be breast milk with solid food. Try to continue breastfeeding through the first year of the baby's life, or for as long as both you and your baby want.
- If your baby is taking formula, it is recommended that it be your baby's major milk source until her first birthday. Whole milk can be introduced after age 1 year.
- As you begin to wean your baby, consider starting with the least interesting bottle time (perhaps the naptime bottle). Gradually substitute the cup for other bottles.
- If your baby is used to being held during feeding, hold her while feeding with a cup.

# Transition to Solids

## Sample Questions

*How has feeding been going? What is your baby feeding herself? What does your baby eat with her fingers? Has she used a cup? Has your baby received breast milk or other fluids from a bottle or cup?*

## Anticipatory Guidance

- Try to be patient and understanding as your baby tries new foods and learns to feed herself. Removing distractions, like TV, will help her stay focused on eating. Remember, it may take 10 to 15 tries before your baby will accept a new food.
- As your baby becomes more independent in feeding herself, remember that you are responsible for providing a variety of sufficient nutritious foods, but she is responsible for deciding how much to eat.
- Most 9-month-olds can be on the same eating schedule as the family. This usually means breakfast, lunch, and dinner. The baby also should have a mid-morning, afternoon, and bedtime snack. The amount of food taken at a single feeding may vary and may not be a large amount, but the 3 meals and 2 to 3 snacks help ensure that your baby is exposed to a variety of foods and receives adequate nutrition. Snacks can be an opportunity to try new foods.
- Giving your baby foods of varying textures, including pureed, blended, mashed, finely chopped, and soft lumps, will help her successfully go through the change from gumming to chewing foods. Slowly introducing solid textures during this time may decrease the risk of feeding problems, refusing to chew, or vomiting. Gradually increase table foods. Avoid mixed textures, like broth with vegetables, because they are the most difficult for infants to eat.
- Encourage your baby to drink from a cup with help. One hundred percent juice may be served as part of a snack, but should be limited to 4 oz per day. Avoid the use of sweetened drinks, such as sodas and artificially flavored “fruit” drinks. These drinks provide calories, but no nutrients.
- No foods need to be withheld except raw honey and chunks that could cause choking.

# Food Insecurity

- Inform mother that assistance is available and everyone needs assistance at some point in their lives. This will help take away stigma of using emergency food assistance and federal nutrition program assistance.
- Talk positively about federal nutrition programs, like WIC and SNAP, and be clear that you recommend food assistance just as you would prescribe a medication. For instance, “SNAP will help you buy fruits and vegetables your child needs to grow and stay healthy.”
- If mother has used the nutrition programs before, ask about her experience with these programs in the past and any challenges faced in accessing these programs that she may need assistance with addressing.
- Families may already be participating in SNAP or not be eligible. SNAP benefits often run out before the end of the month since the benefit level is inadequate. Consequently, it is important to identify a range of nutrition and other resources that can help families.

# Food Insecurity

- If you have an on-site food pantry or food shelf, make sure it is located where patients can access food in private.
- Provide reassurance that many people face financial hardship at some point in their lives. Acknowledge that some people are embarrassed to admit that they are struggling or they need help. Commend the mother for her honesty about the issue.
- If staffing allows, make calls to program such as WIC, or complete applications for SNAP while the family is present.
- Consider developing partnership with community organizations or local SNAP or WIC agencies to help ease patient access to programs.

Source: *Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity*



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# Emergency Food Assistance



PROGRAM	PROS	CONS
<p><b>Food Shelf</b> A health provider, often in partnership with a local food bank or as the result of an internal food drive, collects non-perishable food staples that are stored on site. Criteria varies for which patients get free food items and how often.</p> <p><b>Grocery Bags</b> Through a partnership with a local food bank, health providers distribute bags of groceries to patients periodically, typically once a month. The medical team and/or the food bank partner determine criteria for which patients get free food items.</p> <p><b>Gift Cards to Local Supermarket</b> Practitioners distribute gift cards to a local supermarket to families in need of immediate food assistance. The practice determines the criteria for which patients receive the cards.</p>	<p>Responds to immediate need.</p> <p>Supplements food available from the federal nutrition programs.</p> <p>Supports nutrition needs of households experiencing food insecurity that may not be eligible for SNAP (e.g., over-income, cannot satisfy citizenship or permanent legal residency requirements) or WIC (e.g., over-income, children more than 4 years old).</p>	<p>Requires funding</p> <p>Reach may be limited.</p> <p>This model is not sustainable unless ongoing funding is secured.</p> <p>Space constraints</p> <p>Staff time needed</p> <p>Food may not be tailored to the nutritional needs or cultural preferences of patients.</p> <p>This doesn't build on programs (e.g., SNAP and WIC) that integrate families with food insecurity into normal commercial channels.</p>

Source: *Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity*







# Community Agencies and Program

NAME OF PROGRAM & AGE OF PATIENT (CLICK FOR MORE INFO)	HOW IT WORKS	WHO CAN APPLY
 <p><b>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</b></p> <p><b>AGE:</b> Pregnant, postpartum, and breastfeeding women and mothers; infants; children up to age 5</p>	<p><b>Nutritionally tailored monthly food packages</b> (worth approximately \$40 per month per person, though amounts vary based on the participant's age) that families redeem in grocery and food stores that accept WIC</p> <p><b>Breastfeeding support, nutrition services, screening, immunization, and health referrals</b></p>	<p>Low-income pregnant, breastfeeding, and postpartum women and mothers, and infants and children up to age 5 deemed nutritionally at risk by a health care professional</p> <p>Income eligibility typically at or below 185% of the federal poverty level</p> <p>Families on Medicaid</p>
 <p><b>Supplemental Nutrition Assistance Program (SNAP)</b></p> <p>Note: Program may be called something else in your state</p> <p><b>AGE:</b> All ages</p>	<p><b>Monthly benefits</b> to purchase food at grocery stores, farmers' markets, and food retail outlets across the country that accept SNAP</p> <p>Benefits loaded onto an <b>EBT card</b> (much like a debit card)</p> <p><b>The average benefit is about \$29 for the week per person – or about \$1.39 per person, per meal.</b></p>	<p>Gross income typically at 130% of the federal poverty level but can be higher in some states (SNAP income eligibility guidelines at: <a href="https://www.fns.usda.gov/snap/eligibility">https://www.fns.usda.gov/snap/eligibility</a>)</p> <p>Asset tests may apply in some states (check state and local regulations for details).</p> <p>Many low-income employed individuals</p> <p><u>SNAP has restrictions on which non-citizens are eligible.</u></p>

Source: *Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity*

# Community Agencies and Program

NAME OF PROGRAM & AGE OF PATIENT (CLICK FOR MORE INFO)	HOW IT WORKS	WHO CAN APPLY
 <p><b>National School Lunch Program AND School Breakfast Program</b></p> <p><b>AGE:</b> Children at participating schools</p>	<p><b>Free, reduced-priced, or paid school meals</b> in participating schools</p> <p>Meals meet federal nutrition standards, which require schools to serve more whole grains, fruits, and vegetables.</p>	<p>Children of families at low or moderate income levels can qualify for free or reduced-price meals.</p> <p>Free to all students at schools adopting community eligibility, which allows schools with high numbers of low-income children to offer free breakfast and lunch to all students without collecting school meal applications</p>
NAME OF PROGRAM & AGE OF PATIENT (CLICK FOR MORE INFO)	HOW IT WORKS	WHO CAN APPLY
 <p><b>Child and Adult Care Food Program (CACFP)</b></p> <p><b>AGE:</b> Typically, children up to age 5</p>	<p><b>Up to two free meals and a snack</b> to infants and young children at child care centers and homes, Head Start, and Early Head Start</p> <p>CACFP can provide meals to children 18 and under at emergency shelters.</p> <p>Updated nutrition standards provide healthier meals.</p>	<p>Children attending eligible child care centers and homes, Head Start, and Early Head Start</p>

Source: *Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity*



# Reinforce Anticipatory Guidance

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## BRIGHT FUTURES HANDOUT ► PARENT 9 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.



### ✓ HOW YOUR FAMILY IS DOING

- If you feel unsafe in your home or have been hurt by someone, let us know. Hotlines and community agencies can also provide confidential help.
- Keep in touch with friends and family.
- Invite friends over or join a parent group.
- Take time for yourself and with your partner.

### ✓ YOUR CHANGING AND DEVELOPING BABY

- Keep daily routines for your baby.
- Let your baby explore inside and outside the home. Be with her to keep her safe and feeling secure.
- Be realistic about her abilities at this age.
- Recognize that your baby is eager to interact with other people but will also be anxious when separated from you. Crying when you leave is normal. Stay calm.
- Support your baby's learning by giving her baby balls, toys that roll, blocks, and containers to play with.
- Help your baby when she needs it.
- Talk, sing, and read daily.
- Don't allow your baby to watch TV or use computers, tablets, or smartphones.
- Consider making a family media plan. It helps you make rules for media use and balance screen time with other activities, including exercise.

### ✓ FEEDING YOUR BABY

- Be patient with your baby as he learns to eat without help.
- Know that messy eating is normal.
- Emphasize healthy foods for your baby. Give him 3 meals and 2 to 3 snacks each day.
- Start giving more table foods. No foods need to be withheld except for raw honey and large chunks that can cause choking.
- Vary the thickness and lumpiness of your baby's food.
- Don't give your baby soft drinks, tea, coffee, and flavored drinks.
- Avoid feeding your baby too much. Let him decide when he is full and wants to stop eating.
- Keep trying new foods. Babies may say no to a food 10 to 15 times before they try it.
- Help your baby learn to use a cup.
- Continue to breastfeed as long as you can and your baby wishes. Talk with us if you have concerns about weaning.
- Continue to offer breast milk or iron-fortified formula until 1 year of age. Don't switch to cow's milk until then.

Online version of Parent Education can be found here:

[https://downloads.aap.org/AAP/PDF/Bright%20Futures/bftk\\_parent\\_handout\\_9month.pdf](https://downloads.aap.org/AAP/PDF/Bright%20Futures/bftk_parent_handout_9month.pdf)



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# Teaching Points

- Assess for lack of food in child that has poor weight gain
- Know the resources to provide for families that have lack of food
- Keep in mind cultural factors when providing education



# Post-test

Test your knowledge about the topic and review feedback on your responses. Please click the post-test link below.



**[Please click on link to be routed to the post-test](#)**

**NOTE: This is for learning purposes only  
and is NOT approved for CME.**

# Resources



## Clinician Resources

- [SCREEN and INTERVENE: A Toolkit for Pediatricians to Address Food Insecurity](#)
- [The Center on the Developing Child](#)
- [Center for the Study of Social Policy: Strengthening Families](#)
- AAP Institute for Healthy Childhood Weight (IHCW): [Building a Foundation for Healthy Living](#)
- AAP [Food Insecurity](#)
- [AAP Screen & Intervene: Addressing Food Insecurity Webinar](#)
- [Conversations About Podcast](#)

## AAP Policy

- [Promoting Food Security for All Children](#)

## Bright Futures Resources

- [Bright Futures Guidelines and Pocket Guide](#)
- [Integrating Social Determinants of Health Into Health Supervision Visits](#)
- [Promoting Lifelong Health for Families and Communities](#)
- [Promoting Healthy Development](#)
- [Promoting Healthy Weight](#)
- [Promoting Healthy Nutrition](#)



# Resources

## AAP Resources

- [Promoting Food Security for All Children](#)
- [Promoting Optimal Development: Identifying Infants and Young Children With Developmental Disorders Through Developmental Surveillance and Screening](#)
- [Preventing Childhood Toxic Stress: Partnering With Families and Communities to Promote Relational Health](#)

## Resources for Families

- [Feeding America](#)
- [Zero to Three](#)
- [HealthyChildren.org](#)
- [USDA Dietary Guidelines for Americans](#)

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