

Bright Futures Mini Training Module Script

Promoting Food Security

Introduction: Food insecurity is a critical child health issue that impacts millions of infants, children, youth, and families in all communities across the U.S. Children who live in households with food insecurity are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently. As pediatric health care professionals, we need to screen and identify children at risk for food insecurity; connect families to needed community resources; and advocate for policies that support access to adequate and healthy food.

Take Away: Screening for food insecurity allows pediatric health care professionals to identify children at risk and connect families to the food resources they need to thrive.

Key Resources:

Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, priorities and screening tables: early childhood visits American Academy of Pediatrics PowerPoint presentation. 2017. Accessed July 28, 2022.

https://downloads.aap.org/AAP/PDF/Bright%20Futures/BE_EC_Priorities_Screens.pptx

American Academy of Pediatrics. Bright Futures Previsit Questionnaire: 9 Month Visit. Bright Futures. 2019. Accessed April 18, 2023.

https://downloads.aap.org/AAP/PDF/Bright%20Futures/BFTRK_9Month_Visit_EN.pdf?_ga=2.63560751.1639873260.1682395936-1744427599-1547051414 (for review and reference purposes)

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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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Slide 1-*Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition



Welcome to this Bright Futures mini training learning activity on *Promoting Food Security*.




Slide 2-Author & Disclosure Information








Please read and review the author & disclosure information before you continue.

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Slide 3-Pre-test

-  Please complete the pre-test prior to reviewing the presentation.




Slide 4-Main Objectives

-  Food insecurity is a critical child health issue that impacts millions of infants, children, youth, and families in all communities across the U.S. Children of all ages who live in household with food insecurity are likely to be sick more often, recover from illness more slowly, and be hospitalized more frequently.
-  The main objectives of this module are: 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
-  Develop a comfort level in speaking with families on this topic without creating stigma and providing positive presentation of programs and resources.

Slide 5-Scope of Pediatrics

-  Nutrition is one of the most important factors that affect physical growth and development. Children's diet continue to change as they grow into different age groups. Nutritional needs also changes as well.
-  Food insecurity and lack of healthy nutrition can lead to metabolic and developmental deficiencies. Associated with higher hospitalization rates and behavioral health problems.
-  In 2021, 12.5% of households with children met the USDA definition of food insecure household, one in which “access to adequate food is limited by a lack of money or other resources.”
-  In a policy statement, Promoting Food Security for All Children, the AAP recommends screen and identify children at risk for food insecurity; connect families to needed community resources; and advocate with other key partners and stakeholders 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.







Slide 6-Disparities

-  In the 2022 Map the Meal Gap report, food insecurity among Black or Latino individuals is higher than white individuals. These disparities range as high as 43% for Black individuals and 27% for Hispanic/Latino individuals in some counties.
-  Additional, children in immigrant, Native American, and Alaska Native households experience higher levels of food insecurity as do households with a member who has a disability.
-  In a recent study Adverse Childhood Experiences and Household Food Insecurity: Findings from the 2016 National Survey of Children's Health, US families reporting Adverse Childhood Experiences such




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as domestic violence, neighborhood violence, and family substance abuse, were more likely to also experience household food insecurity.



Slide 7-Equity - Practice Considerations

-  Pediatric health care professionals should keep in mind cultural traditions related to food when providing education to families.
-  Different cultures can have different attitudes on body images. Families may not recognize that their child is overweight based on BMI tables or view excess weight as healthy.
-  Pediatric health care professionals should keep an open mind about different limitations that families have on food due to their culture.
-  The manner that a parent feeds their child is also influenced by how the parent was fed growing up and their current knowledge base.
-  Residents/trainees should engage in reflection aimed at increasing self-awareness, acknowledging privilege, and fighting bias and discrimination.
-  Resident/trainees should honor native languages and respect cultural norms as they relate to food insecurity



Slide 8-Case Study

-  The case study is a 9-month-old infant brought in by mother for a routine health supervision visit. Mother has concerns regarding his feeding and weight.
-  You review the birth history which reveals that infant was born at 38 1/7 gestational age with a birth weight of 2.5 kg which was ~3% on the growth chart. His current age is 9 months and 9 days, and he weighs 5.18 kg which is <2% on the growth chart.
-  Review of family social history reveals that mother is 26 years of age. Both father and mother work full time. Mother reports that they live in a studio apartment. Infant stays at community day care while parent's work.

Slide 9-Case Study

-  Mother reports that she nurses him on demand when she is at home. Mother tries to pump at night so that she can give him EBM when he's a day care. He only breast feeds and takes no infant formula.
-  During your physical examination, you notice he is small for age and appears thin. The belly is soft and non-distended. Developmentally appropriate. Normal exam.

Slide 10-BF Pre-visit Questionnaire

-  Consider giving the mother the Bright Futures Previsit Questionnaire (PVQ) before the visit begins.
-  The PVQ helps set the agenda - what the parent wants to talk about-, look for what's going right with the child and family relationship, and obtain developmental surveillance information. While you are reviewing the PVQ, you note that the parent wrote the "He wants to feed all the time. I'm concerned that he is not growing. He is always fussy and tired all the time."

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- During the visit, you should acknowledge and reinforce positive parent-infant interactions and discuss concerns.

Slide 11-Hunger Vital Sign

- Patient screens positive for insecurity because the response is “often true” or “sometimes true” for both statements.

Slide 12-Self-Assessment

- Having gone through the infant’s history, physical exam, Bright Futures Previsit Questionnaire, Hunger Vital Sign and SWYC responses, what red flags should be considered and why?

Slide 13-Self-Assessment

- Red flags should include: the infant “always wants to eat,” growth history, only breast feeding for nutrition, and positive screen on Hunger Vital Sign.

Slide 14-Priorities for the 9 Month Visit

- Bright Futures Priorities for the 9-month visit include discussions on **nutrition and feeding**.

Slide 15-Risk Factors for Food Insecurity

- Rates 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 yrs old, households headed by single parent or caregiver, Black and Hispanic/Latino households, and households with incomes below 185% of the federal poverty line.

Slide 16-Adverse Health Outcomes

- Food insecurity is especially detrimental to the health and development of children.:
- Studies have shown that newborns with food insecurity are more likely to experience birth defects, birth complications, or low birth weight.
- Children between four and 36 months who live in low-income households with food insecurity may have higher rates of developmental delays when compared with children of the same age living without insecurity.
- Among children of all ages, 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.

Slide 17- Nutritional Deficiencies

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- ☒ 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**, and/or dental caries.

Slide 18-Anticipatory Guidance

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

Slide 19-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

Slide 20- Plans for Weaning

- ☒ Using sample questions listed in the *Bright Futures Guidelines* to invite discussion, gather information, address the needs, and build partnership.
- ☒ Anticipatory guidance geared to this case study should include:
- ☒ Weaning ages vary considerably from child to child. He may be ready to wean and will show this by decreasing his interest in breastfeeding as he increases his interest in food he sees you eating
- ☒ The best source of nutrition at this age is still breastmilk with solid food.
- ☒ As you begin to wean him, consider starting with the least interesting bottle time. Gradually substitute the cup for other bottles.
- ☒ If he is used to being held during feeding, hold him while feeding with a cup.

Slide 21-Transition to Solids

- ☒ Anticipatory guidance on transition to solids should include:
- ☒ Try to be patient as he tries new foods and learns to feed himself. Removing distractions, like TV, will help him stay focused on eating. Remember, it may take 10-15 tries before he will accept a new food.
- ☒ As he becomes more independent in feeding himself, remember that you are responsible for providing a variety of sufficient nutritious foods, but he is responsible for deciding how much to eat.
- ☒ He can be on the same eating schedule as the family. He should have mid-morning, afternoon, and bedtime snacks. The amount of food taken at a single feeding may vary and may not be a large amount, but the 3 meals and 2-3 snacks help ensure he is exposed to variety of foods and receive adequate nutrition.

Slide 22-Food Insecurity

- ☒ Anticipatory guidance regarding food insecurity should include:

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- ☒ Inform the mother that assistance is available, and everyone needs assistance at some point in their lives. This will help take away the 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.

Slide 23-Food Insecurity (continued)

- ☒ Anticipatory guidance regarding food insecurity should include:
- ☒ 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 programs such as WIC, or complete applications for SNAP while the family is present.
- ☒ Consider developing partnerships with community organizations or local SNAP or WIC agencies to help ease patients' access to programs.

Slide 24-Emergency Food Assistance

- ☒ Connecting patients to emergency food sources is an important option in many communities, especially for addressing immediate needs.
- ☒ Some practices collect non-perishable food staples that are stored on site. Others, through partnership with local food banks, distribute bags of groceries to patients periodically. Pediatric health care practitioners can also distribute gift cards to local supermarkets to families in need of immediate food assistance.

Slide 25-Community Agencies and Programs

- ☒ According to the AAP, the federal nutrition programs “serve as a critical support for the physical and mental health and academic competence of children” for tens of millions of children. The key federal nutrition programs include SNAP, WIC, childcare meals, school meals, afterschool snacks and meal, and summer food.
- ☒ **WIC** provides nutritious foods, nutrition education and counseling, and access to health care for low-income pregnant and postpartum women, new mothers, infants, and children up to 5 years old who are at nutritional risk.

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- ☰ **SNAP**, previously known as food stamps, is the largest federal nutrition program. SNAP benefits are loaded onto an EBT card so that participants can purchase food at supermarkets, farmer's market, and other food stores.

Slide 26-Community Agencies and Programs (Continued)

- ☰ School Meals boost children's nutrition, health, and education achievement by reimbursing public and nonprofit private schools that provide school meals and snacks to children. Federally funded school meals must comply with national nutrition standards. Through community eligibility, high-poverty schools can offer all students free breakfast and lunch.
- ☰ **The National School Lunch Program** makes it possible for all school children to receive a nutritious lunch every school day.
- ☰ **The School Breakfast Program** offers a nutritious meal to start the school day. The program works best when schools offer free breakfast to all students and make it part of the school day through alternative delivery models (eg, breakfast in the classroom, "grab and go," second chance breakfast).
- ☰ **CACFP** funds free nutritious meals and snacks for young children in childcare centers, family childcare homes, and Head Start or Early Head Start programs.

Slide 27-Reinforce Anticipatory Guidance

- ☰ Consider giving the parent the Bright Futures Parent Educational Handout to reinforce anticipatory guidance topics pertinent to this case.

Slide 28-Teaching Points

- ☰ Teaching points for this mini module include:
- ☰ 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

Slide 29-Post-test

- ☰ Please complete the post-test to check your knowledge before exiting the program.

Slide 30-Resources

Slide 30-Resources (Continued)

Slide 32-References

Slide 33-References (Continued)

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