

# Food insecurity screening works, but social stigma stands in its way

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Screening for food insecurity at the pediatrician's office can be quite effective, but fear of Child Protective Services and a complicated referral process could be barriers to food insecure families getting the help they need, a new study shows.

A two-question food [insecurity](#) screening was added to the visits of more than 7,000 families at the Children's Hospital of Philadelphia (CHOP) over a two-year period to find out how useful it was. The evaluation of the effort—run by the Center for Hunger-Free Communities of Drexel University's Dornsife School of Public Health in collaboration with CHOP and Benefits Data Trust—sought to determine what barriers there might be to implementing such screening and how it could be made most successful.

"The screening itself worked very well: Providers could incorporate it into their workflow, and many parents and caregivers responded," said Molly Knowles, research and communications manager for the Center, who served the lead author of the study published in the *Journal of Health Care for the Poor and Underserved*.

More than 1,000 families—roughly 15 percent—of the families involved reported food insecurity (meaning that they did not have enough money for consistent access to food). Of that group, more than half were referred to Benefits Data Trust for further services and resources.

But the challenge came after these initial interactions. It was then that

connections were dropped.

"Because of patient privacy and confidentiality protections, there were several steps in between being able to identify a food insecure [family](#) and connecting them with resources," Knowles explained. "That meant that parents—more than 60 percent—weren't able to connect with the referral agency."

Red tape wasn't the only major barrier discovered by the study. Parents were also initially reluctant to say that they were struggling to feed their families, for fear that they'd be reported as unfit caregivers.

"Parents know that healthcare providers are mandatory reporters of child abuse and neglect, and although food insecurity is not a form of neglect, many parents described feelings of shame and fear of Child Protective Services involvement," Knowles explained. "They talked about how important it was for pediatricians and other providers to clarify the purpose of the screening, and connect with parents in a respectful, collaborative, and caring way."

The study showed that medical professionals were eager to implement the hunger screening and parents reported interest in being asked about food needs: everything just came down to better communication. With that, any unfounded fears from parents might be alleviated, and other obstacles could be solved by health providers from the outset.

Something that the researchers didn't expect to find was that of those who reported being food insecure and referred for help, 79 percent already participated in the Supplemental Nutrition Assistance Program (SNAP, also known as food stamps).

"Parents recommended connecting families with immediate resources—not only food resources, but other resources that could free

up household budgets for food—to supplement any public benefits they may already receive," Knowles said.

So that fewer families are lost between their screening and being referred to an assisting agency, Knowles recommended getting families' consent to share contact info right away at the first screening.

"Our study shows that the process of following up is just as important as the screening itself," said Mariana Chilton, PhD, Drexel professor, director of the Center for Hunger Free Communities, and study co-author. "We need better, more coordinated systems and processes to assist families."

Although this study only took place at CHOP in Philadelphia, its results fall in line with others. The interest is certainly there for screening.

"It's widely known that food insecurity is bad for child health and costs health systems more money," Chilton explained. "This is why every big health system in the Philadelphia and Camden areas are currently implementing—or attempting to implement—food insecurity screening. If our region's health systems could screen and refer successfully, while also finding meaningful ways to prevent [food insecurity](#), then these efforts could serve as a model for the rest of the country."

**More information:** *Journal of Health Care for the Poor and Underserved* (2018). [muse.jhu.edu/article/686959](https://muse.jhu.edu/article/686959)

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