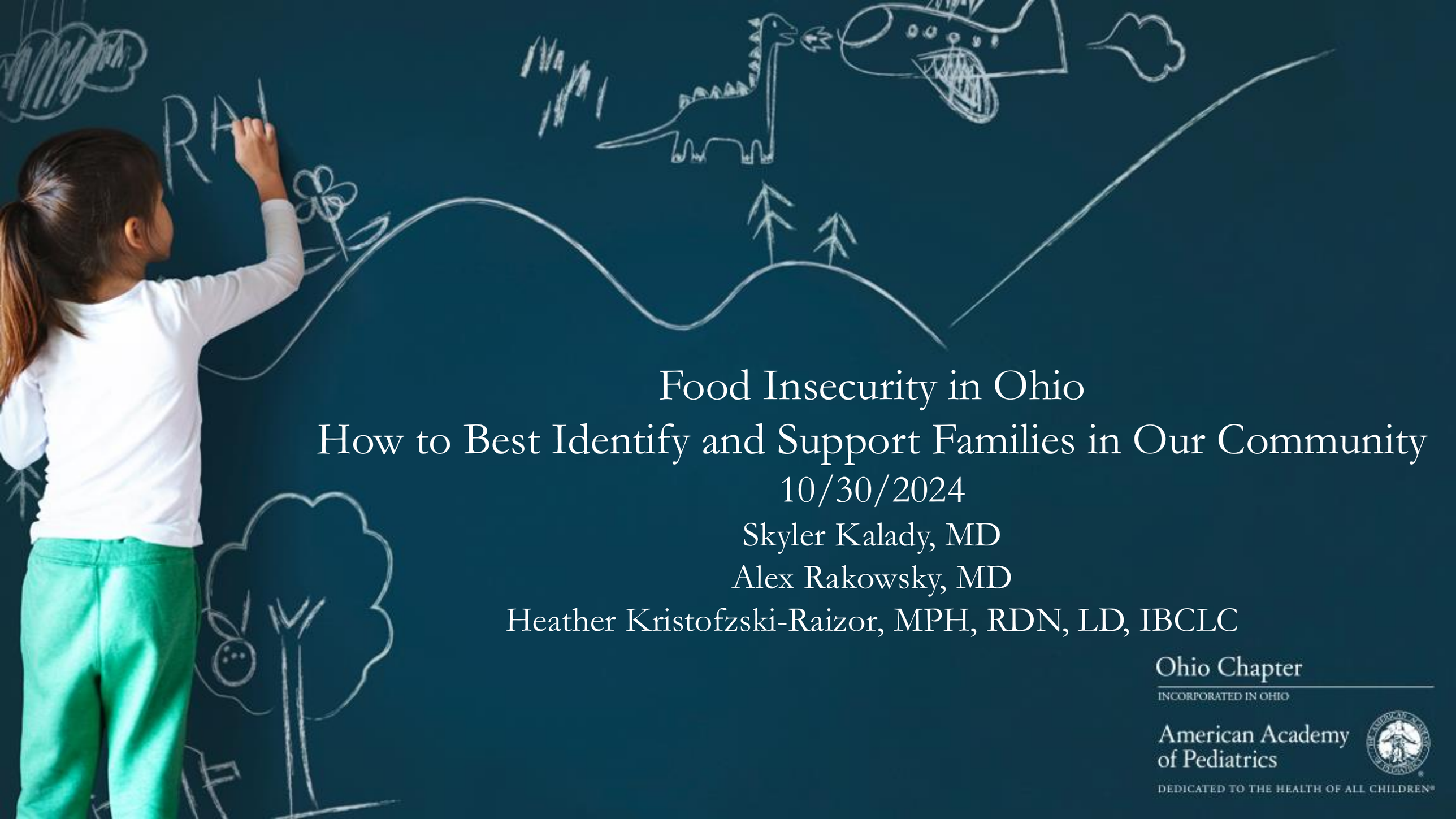

Food Insecurity in Ohio
How to Best Identify and Support Families in Our Community

10/30/2024

Skyler Kalady, MD
Alex Rakowsky, MD
Heather Kristofzski-Raizor, MPH, RDN, LD, IBCLC

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CME Disclosure

Skyler Kalady, MD, Alex Rakowsky, MD, and
Heather Kristofzski-Raizor, MPH, RDN, LD, IBCLC, faculty of this educational activity, have no relevant financial relationship(s) with ineligible companies to disclose."

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DEI Disclosure

- We have considered the Ohio AAP Diversity, Equity, and Inclusion standards in preparing this presentation. We invite your feedback in promoting equity within this learning space. If you have suggestions, please email Christopher Bolling at bolling.cf@gmail.com

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Aims

- Share patient story
- Define food insecurity
- Document prevalence
- Demonstrate impact on children
- Highlight importance of universal screening
- Identify federal, state and local resources
- Discuss practice-based strategies for success

Patient story

- A single mother of three young children presents to clinic for newborn follow up
  - She has routine questions about newborn care
  - Universal screening also identifies her bigger concerns about feeding her family
  - How can we provide support?

What is food insecurity?

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Definitions

- **1. Food *in*security**:
  - Ran out or concern that will run out of food by the end of the month
  - Several times over time frame (usually over 6 months, some studies 1 year)

- **2. At risk for food *in*security**:
  - Approaching food insecurity due to recent changes or inability to keep up
  - Usually, one time in a time frame but several months at risk

- **3. Limited access to quality foods**:
  - Inaccessible food due to price, location of stores, transportation, etc
  - OR inability to prepare quality foods (resource or knowledge)

USDA Classification by Food *Security*

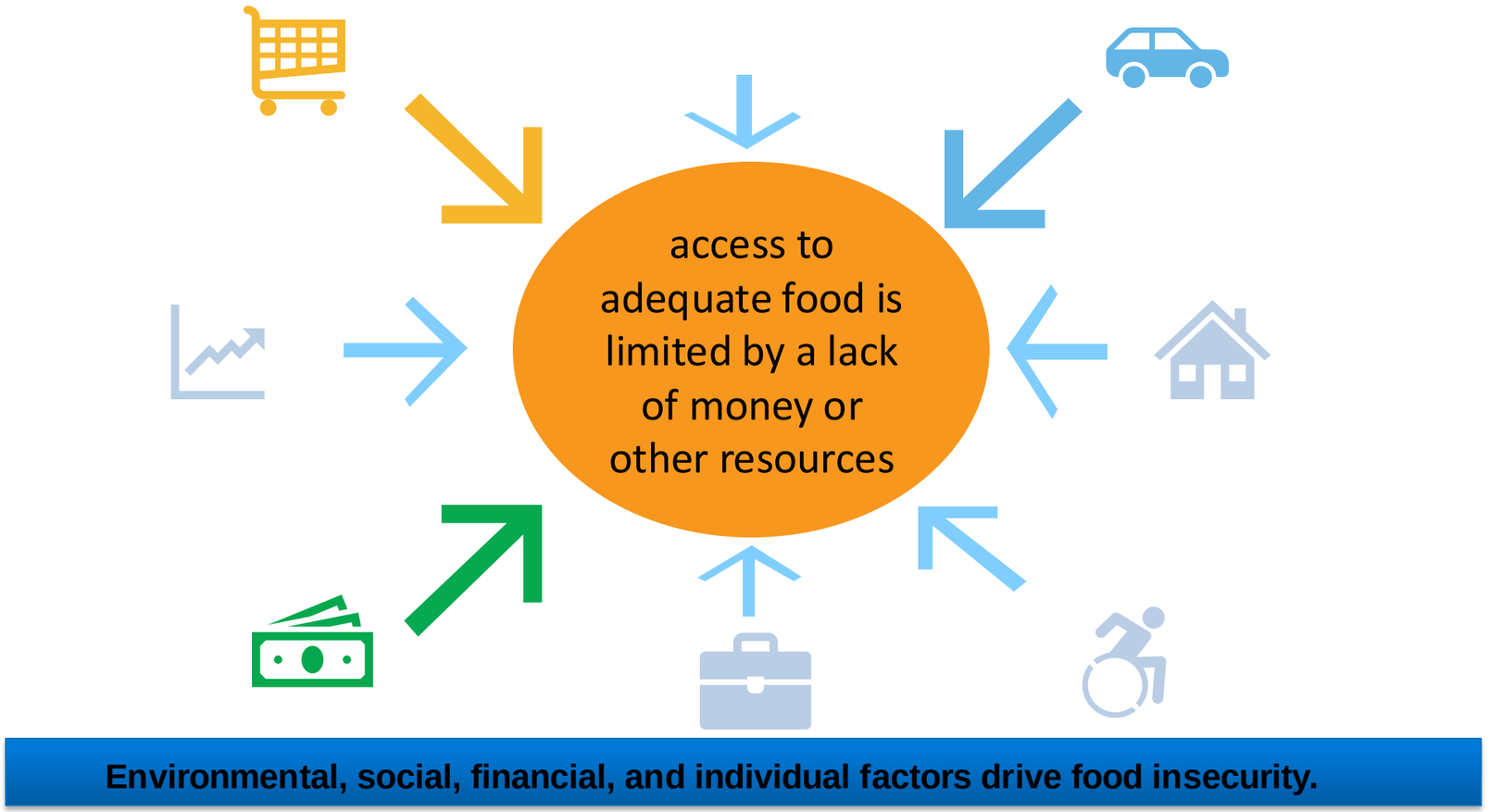
- High Food Security
  - No problems with food access or availability
- Marginal Food Security
  - Concern that food will run out before being able to afford more
- Low Food Security
  - In addition: Reduced quality, variety or desirability of food intake
- Very Low Food Security
  - Disrupted eating patterns resulting in reduced food intake

USDA survey

1. In the last 6 months, is the following statement often, sometimes, or never true for you:
"*The food that I bought just didn't last, and I didn't have the money to get more.*"
   - Often True (1 point)
   - Sometimes True (1 point)
   - Never True (0 points)
2. In the last 6 months, is the following statement often, sometimes, or never true for you:
"*I couldn't afford to eat balanced meals*."
   - Often True (1 point)
   - Sometimes True (1 point)
   - Never True (0 points)
3. In the last 6 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?
   - Yes (1 point)
   - No (0 points)
4. If you answered "Yes" to the previous question, how often did this happen?
   - Almost every month (1 points)
   - Some months but not every month (1 points)
   - Only 1 or 2 months (0 points)
5. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?
   - Yes (1 points)
   - No (0 points)
6. In the last 12 months, were you every hungry but didn't eat because there wasn't enough money for food?
   - Yes (1 points)
   - No (0 points)

Score 0: High food security
Score 1: Marginal food security
Score 2-4: Low food security
Score 5-6: Very low food security

Summary USDA Definition of Food Insecurity



Prevalence

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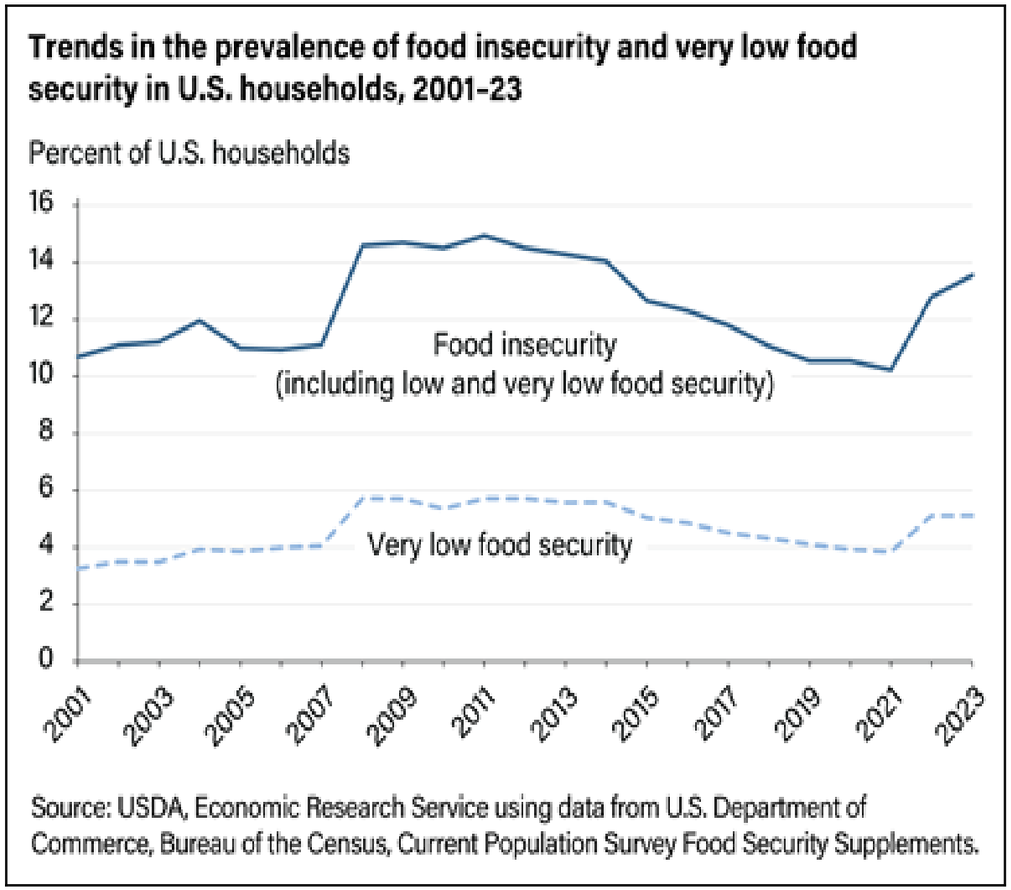
2023 National Food Insecurity Data



2023

12.2%

4.7%

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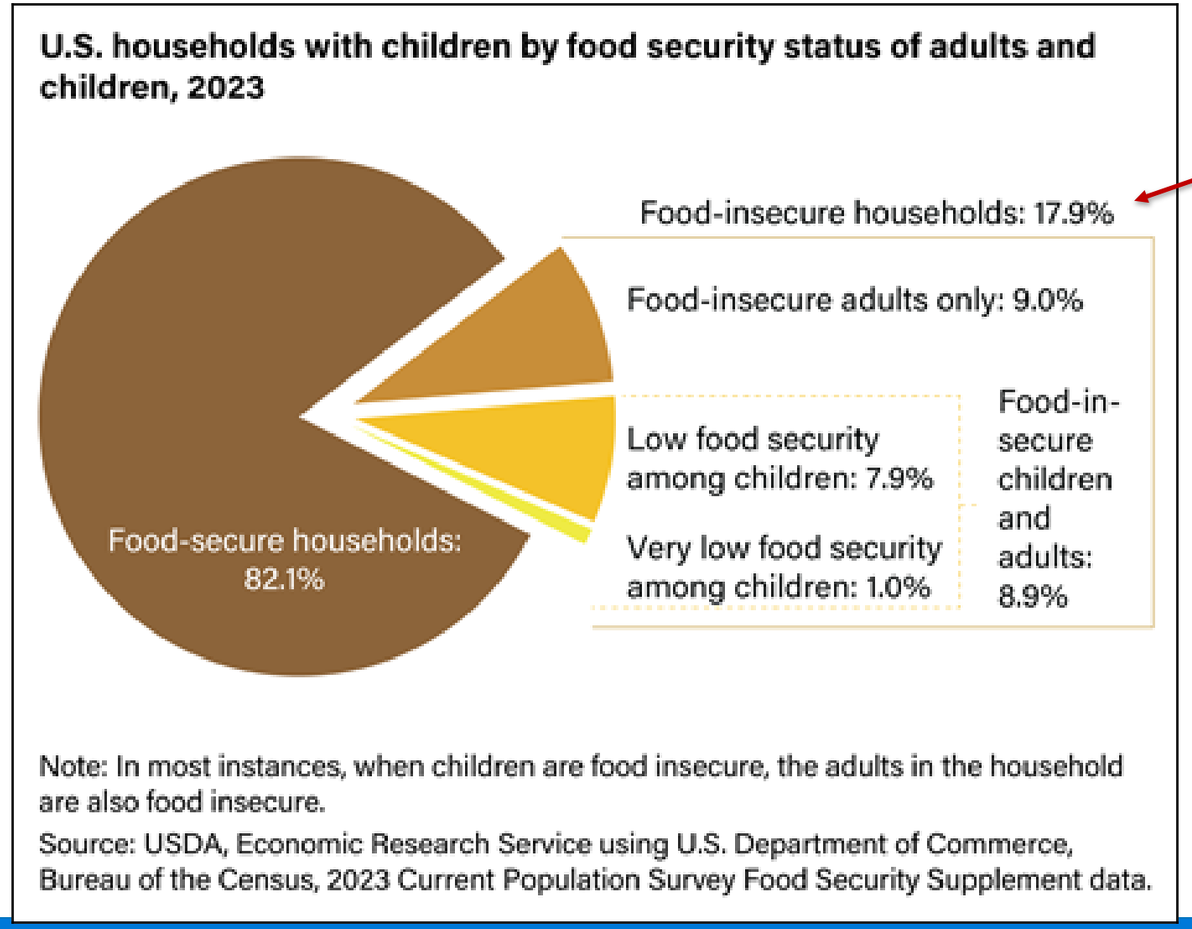
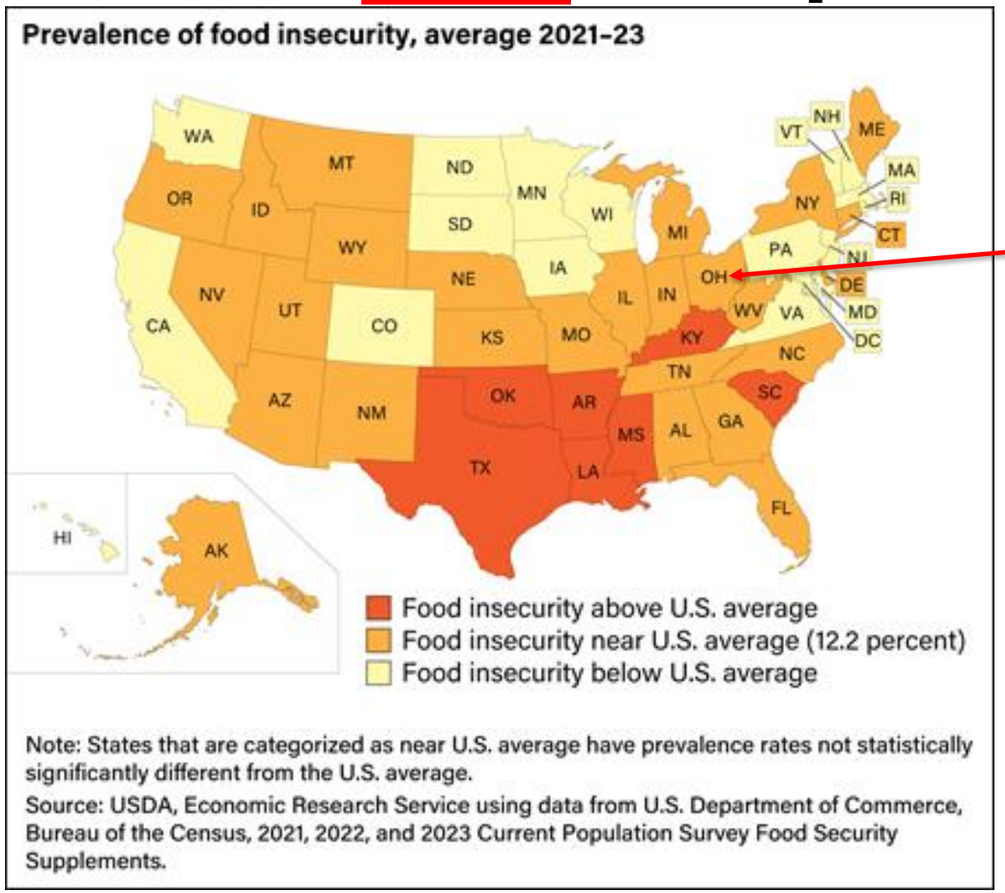
2023 Food Insecurity Among US *Households*



Though often shielded from food insecurity, children are experiencing it at high rates.

Source: USDA, Economic Research Service using data from US Census Bureau, 2023 Current Population Survey Food Security Supplement

2021-23 National Food Insecurity Data: How does Ohio Compare?



Ohio
12.8% overall (vs 12.2)
5.3% very low (vs 4.7)

Rates of food insecurity are rising. Ohio has a prevalence now just above national average.

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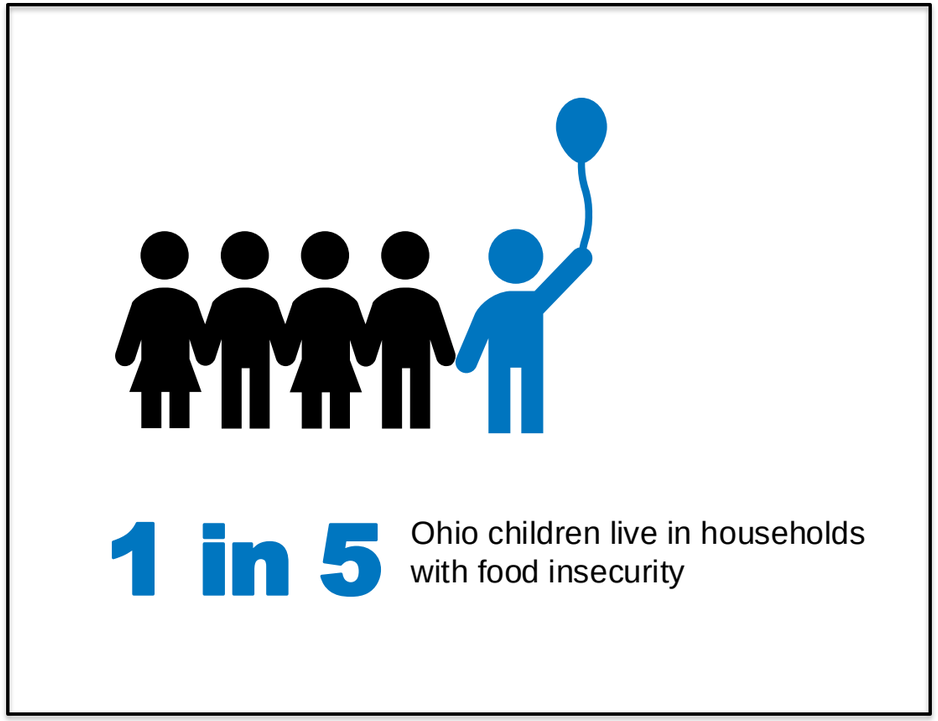
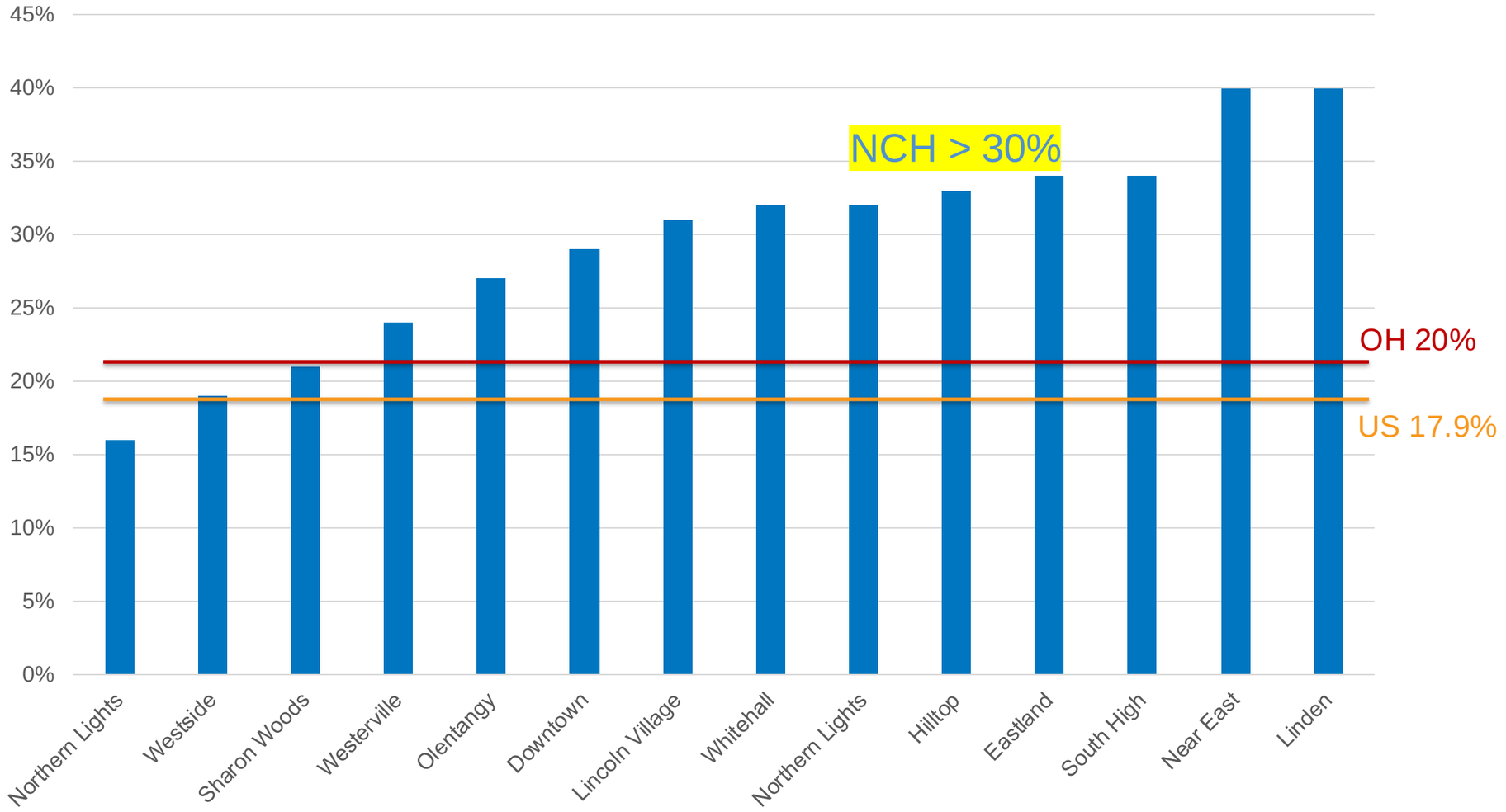
Current estimates in Ohio



Source: CHA data

2024 Q2 Food Insecurity: NCH Primary Care Network



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What is the impact?

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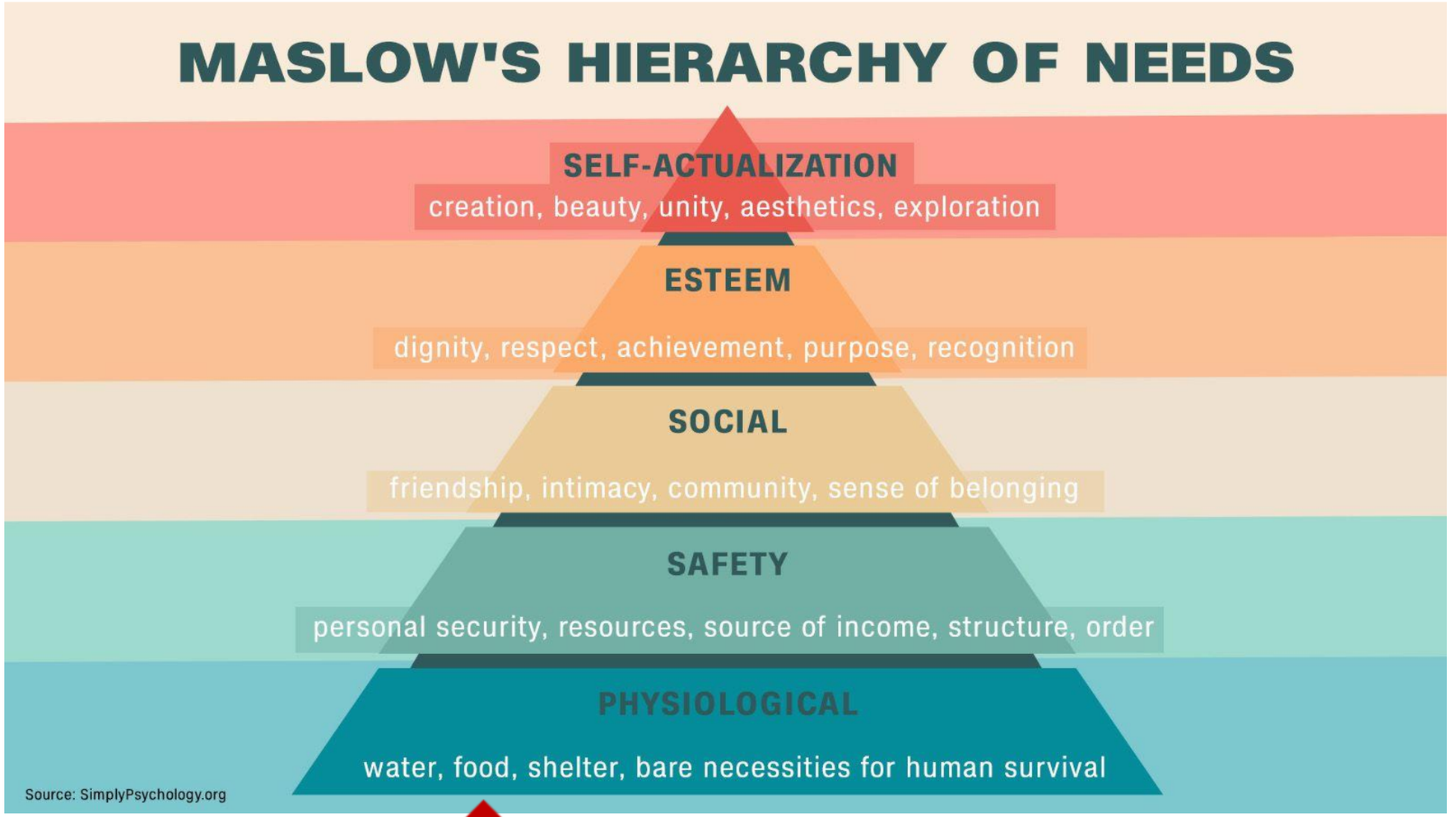

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Effects of Food Insecurity in Childhood

Signs of food insecurity may not be obvious in clinic.

Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Food Research and Action Center (FRAC)

- Improves the nutrition, health, and well-being of people struggling against poverty-related hunger in the United States through advocacy, partnerships, and by advancing bold and equitable policy solutions
- https://frac.org/wp-content/uploads/FRAC_AAP_Toolkit_2021.pdf

Poor Health Status

- Slow growth (all three parameters)
- Under or overweight
- Nutritional deficiencies (protein, iron, magnesium)
- Dental Caries
- Increased emergency department utilization, higher rates of care gaps
- Childhood malnutrition is linked to adult disease
  - Diabetes, hyperlipidemia, cardiovascular disease

Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Developmental Concerns

- Newborns born to mothers with food insecurity more likely to have low birth weight, birth defects and birth complications
- In low-income families, children 4-36 months with FI (vs those without) had higher rates of developmental delays
- Early developmental research show importance of brain development and emotional regulation in first 3 years (up to 5 years).
- All ages: lower cognitive indicators, dysregulated behavior and emotional distress

Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Poor Educational Outcomes

- Food insecure children in Kindergarten predicts lower math and reading outcomes for next 4 years

- Performance in elementary school very predictive of higher education attainment

Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Mental Health Problems

- Inability to consistently provide food creates toxic stress in families
- Develop preoccupation and maladaptive behaviors associated with food
- Children in FI families have higher rates of behavioral outbursts and trouble focusing as well as ADHD
- Teens in FI families have higher rates of depression, anxiety and suicidal ideations

Source: Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Dr. Alex Rakowsky- quoted in FRAC Toolkit

“The lack of adequate food not only has important physical impacts on our patients (such as not focusing in school, fatigue) but more importantly has emotional impacts.

As humans, we love to feed those we love. Parents that do not have the resources to feed their children adequately definitely feel that they are not showing this love and the children may, with time, feel let down, not only by their families but by society in general.

Thus, we are screening for this to both help solve acute issues but also longer-term human development issues.”

Source: Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Universal Screening

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Hunger Could Be Hiding in Plain Sight

YOU CAN'T TELL IF YOU DON'T SCREEN

Millions of U.S. children live in a household struggling with food insecurity

Join AAP in universally screening for food insecurity

Source: Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

AAP Recommended Screening
Food Insecurity Measures: 2 questions

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

Often true = + response
Sometimes true = + response
Never True
Don't Know/Refused

Source: Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers A. F., Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Pediatrics, 126(1), 26-32. doi:10.1542/peds.2009-3146.

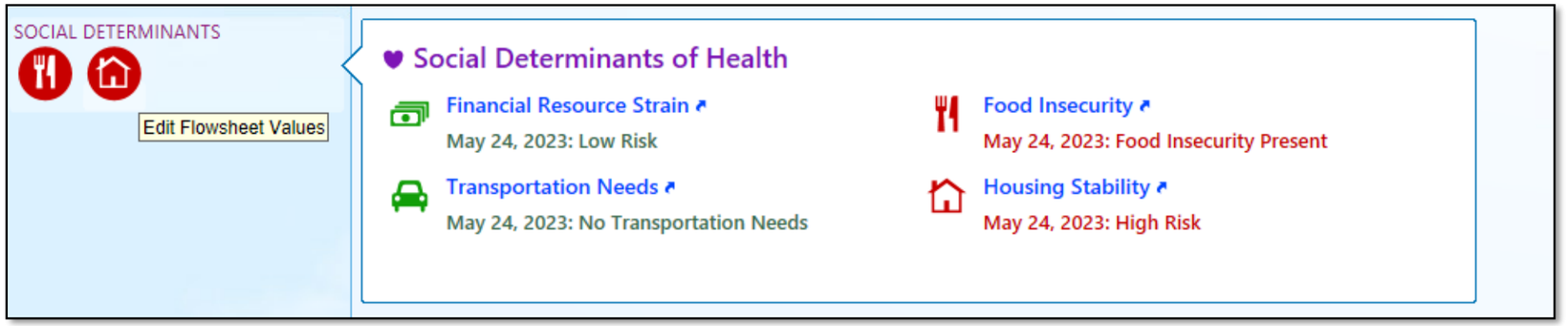
How to implement UNIVERSAL screening: the process

- What questions?
  - Two stand alone or part of broader SDoH screens
- When?
  - Annually at well visits or more often
- How?
  - Who gives out and when? Pre-visit/Registration at check in/ Rooming team/ Provider
  - Paper vs electronic
- Outcomes?
  - How will you track your data and know you are doing a great job?

Consider what would work best in your specific setting

NCH Experience

- Incorporated into annual SDoH screening
- Electronic tablet provided with questionnaire at check in by registration team annually
- Responses appear in EHR



- During rooming MA/RN confirms done, if not attempts to complete then
- Provider reviews responses

Challenges to consider

- Sensitive subject, create environment where families comfortable disclosing
- Respect family wishes if they decline to answer
- Offer in multiple languages
- Accept that this adds time to check in/registration and rooming process
- Know responses can change in a day- prior data may not be accurate
- If using paper, plan how to document in the EHR
- In a busy clinic setting, consider responses could get missed

How do we support families?

Start with Federal Programs

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Government Food Resources

Replaced Summer 2024 with summer EBT program

Source: Screen and Intervene: A Toolkit for Pediatricians to Address Food Insecurity. Developed by American Academy of Pediatrics (AAP) and the Food Research & Action Center (FRAC)

Supplemental Nutrition Assistance Program (SNAP)

- Largest federal nutrition program
- Previously known as “food stamps”
- All ages
- Some limitations regarding stores and food choices

NAME OF PROGRAM & AGE OF PATIENT (CLICK FOR MORE INFO)	HOW IT WORKS	WHO CAN APPLY
Supplemental Nutrition Assistance Program (SNAP) Note: Program may be called something else in your state **AGE: All ages**	**Monthly benefits** to purchase food at grocery stores, farmers’ markets, and food retail outlets across the country that accept SNAP Benefits loaded onto an **EBT card** (much like a debit card) **The average benefit is about $29 for the week per person – or about $1.39 per person, per meal.**	Gross income typically at 130% of the federal poverty level but can be higher in some states (SNAP income eligibility guidelines at: https://www.fns.usda.gov/snap/eligibility) Asset tests may apply in some states (check state and local regulations for details). Many low-income employed individuals SNAP has restrictions on which non-citizens are eligible.

SNAP

PROGRAM	PROS	CONS
Supplemental Nutrition Assistance Program (SNAP) SNAP is the foundation of the food security safety net and helps low-income individuals and families buy food at supermarkets, farmers' markets, and other food retail outlets. Health providers can help patients apply for SNAP, often in conjunction with an application for Medicaid, or connect patients to a community partner.	Benefits are 100 percent federally funded and are available for all who qualify. SNAP is effective in reducing food insecurity and improving health outcomes. SNAP is available in every state and the District of Columbia. Some communities have programs that double SNAP benefits at participating farmers' markets and food retailers. Learn more about Double Up and SNAP Doubling.	Not every patient will be eligible for SNAP (e.g., may be over-income, may not have requisite immigrant status). Benefits for these programs are not issued in a single day. Many families already are benefitting from SNAP, but may run out of benefits before the end of the month.

SNAP- do immigrants qualify?

- https://www.fns.usda.gov/snap/eligibility/citizen/non-citizen-policy

- You CAN apply for/receive SNAP without immigration consequences
  - You don’t become a public charge

- Some non-citizens qualify for SNAP (must also meet income etc requirements)
  - Immediately eligible includes:
    - refugees, individuals granted asylum, victims of trafficking
  - Others are only eligible after a 5-year waiting period

- **Children under age 18 in most groups are eligible immediately without waiting period**

- SNAP is not available for undocumented non-citizens

What is WIC?

Department of Health

Women, Infants, and Children Program (WIC)

Official name: Special Supplemental Nutrition Program for Women, Infants, and Children.

WIC is a preventative nutrition program.

WIC provides:

- Nutrition education and counseling.
- Breastfeeding education and support.
- Supplemental, nutritious foods.
- Referral services.

Who Does WIC Serve?

Department of Health
Women, Infants, and Children Program (WIC)

Women

- Who are pregnant.
- Who are postpartum up to 6 months after birth.
- Who are breastfeeding an infant up to 12 months of age.
- Who have an infant under 6 months of age.

Infants

- From birth to 12 months of age.

Children

- From 1 to 5 years of age.

Eligibility

Department of Health
Women, Infants, and Children Program (WIC)

1. Identification.
   - Provide personal identifying info to the local WIC clinic.
2. Categorical.
   - Pregnant, postpartum, or breastfeeding women; infant; child (up to age 5).
3. Residential.
   - Lives in the state of Ohio.
4. Medical/Nutritional Risk.
   - Determined by local WIC Health Professional.
5. Physical Presence.
   - Applicant/participant must be present at the local WIC clinic for the appointment.
6. Income.
   - 185% of the Federal Poverty Guidelines
     - Ex. A family of 4 grossing up to $55,500 annually is income-eligible.
   - Adjunctive eligibility (Medicaid, SNAP, TANF).

*Eligibility is based on WIC Program Federal Requirements.

WIC Food Benefits

Department of Health
Women, Infants, and Children Program (WIC)

- Milk
- Yogurt
- Cheese
- Eggs
- Breakfast cereals (whole grain)
- Juice
- Canned Fish
- Fruits and vegetables
- Peanut butter
- Canned and dry beans
- Whole grains (e.g. wheat bread)
- Infant Cereal
- Commercially prepared infant fruits, vegetables and meats

Breastfeeding Education and Support

- Integrated into the education of all pregnant and postpartum WIC participants.

- Support is provided by local staff:
  - International Board-Certified Lactation Consultant (IBCLC).
  - Certified Lactation Counselor (CLC) or similar.
  - Breastfeeding Peer Helpers.

WIC questions?
Contact Heather Kristofzski-Raizor
Heather-Kristofzski.Raizor@odh.ohio.gov
614-644-8062

School/Daycare/After School Programs

- Largest benefit for families: potentially 2 meals per day per child
- Schools/centers can get designated as “total eligible” where every child gets meals. No need to prove eligibility
- Can be supported with private/public relationship
  - *Mid-Ohio Food Bank for example*

Encouraging school attendance is especially critical for children with food insecurity

Summer Benefits

- Summer- Electronic Benefit Transfer (Summer EBT or SUN Bucks)
  - Starting Summer 2024, eligible families will receive money on an EBT card to purchase groceries during summer months through new, permanent federal Summer EBT program
  - Ohio adopted
  - Replaced Pandemic- EBT
  - $120/child/summer

- Summer Nutrition Programs (meals)
  - Summer meals programs provided at sites in low-income communities
  - Often combine education, enrichment and recreational activities

How do we support families?

Other State and Local Programs

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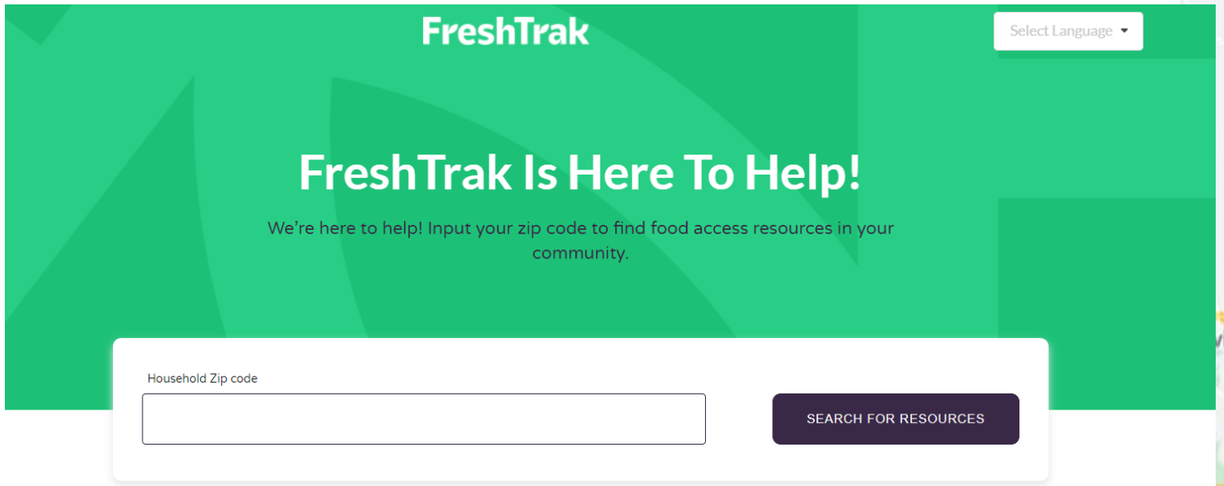
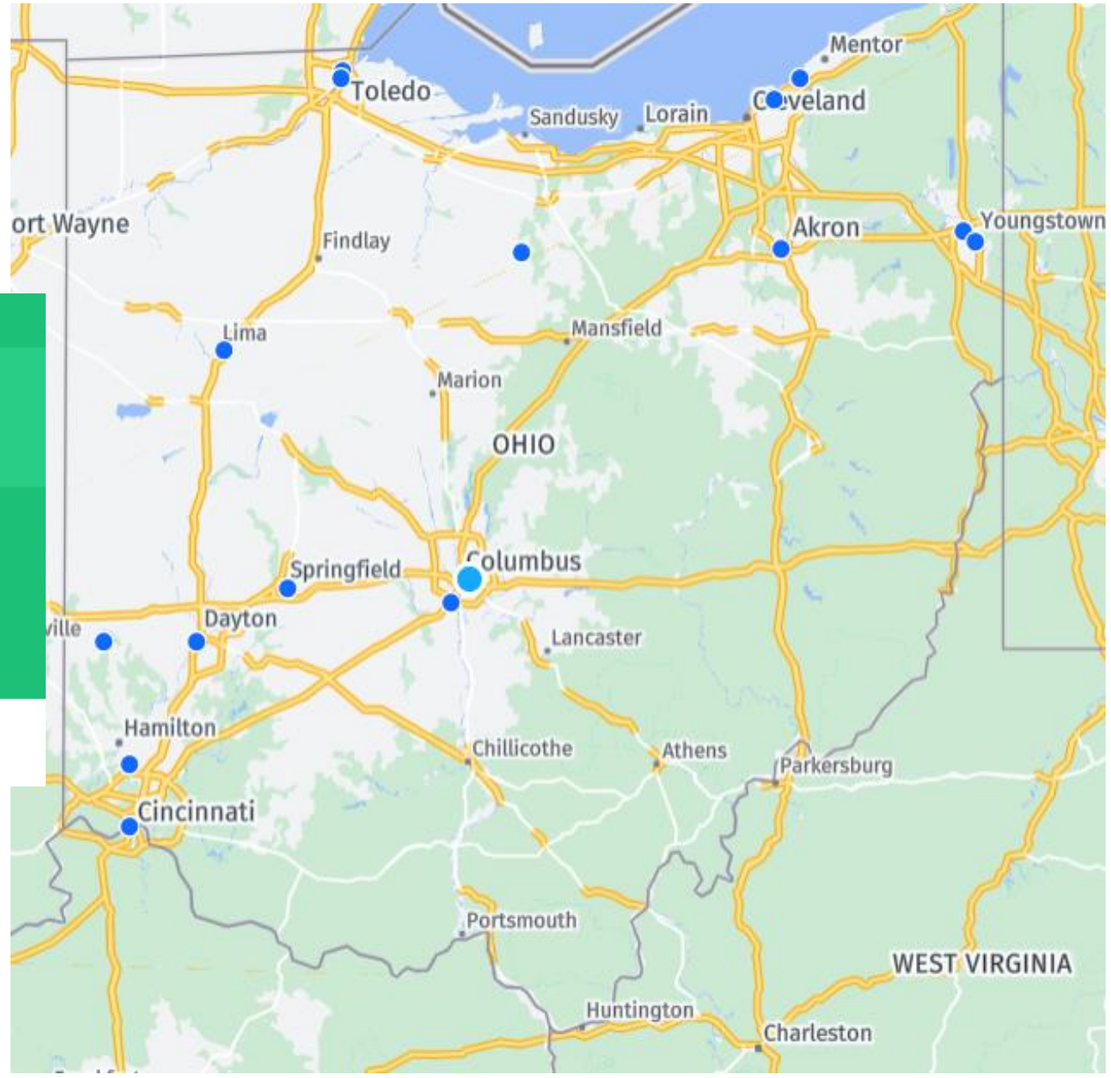
State and Local Programs (to augment federal programs)

- Several approaches:
  - Food Banks
    - Most require proof of citizenship
  - Food distribution focused
    - Weekend Meals
    - Meals to families in clinic
  - Meal Sites
    - Primarily lunch and dinner based
    - Variable schedules
  - Seasonal
    - Veggies in the summer
    - Thanksgiving/Christmas season food distribution programs
  - Emergency Food (call 211- services most counties)

Ohio Food Banks

- Visit **FreshTrak.com** to enter your zip code and find food bank near you (blue dots)





Local Resources (for communities throughout Ohio)

- Very new resource from NCH:
  - https://nationwidechildrens.findhelp.com/

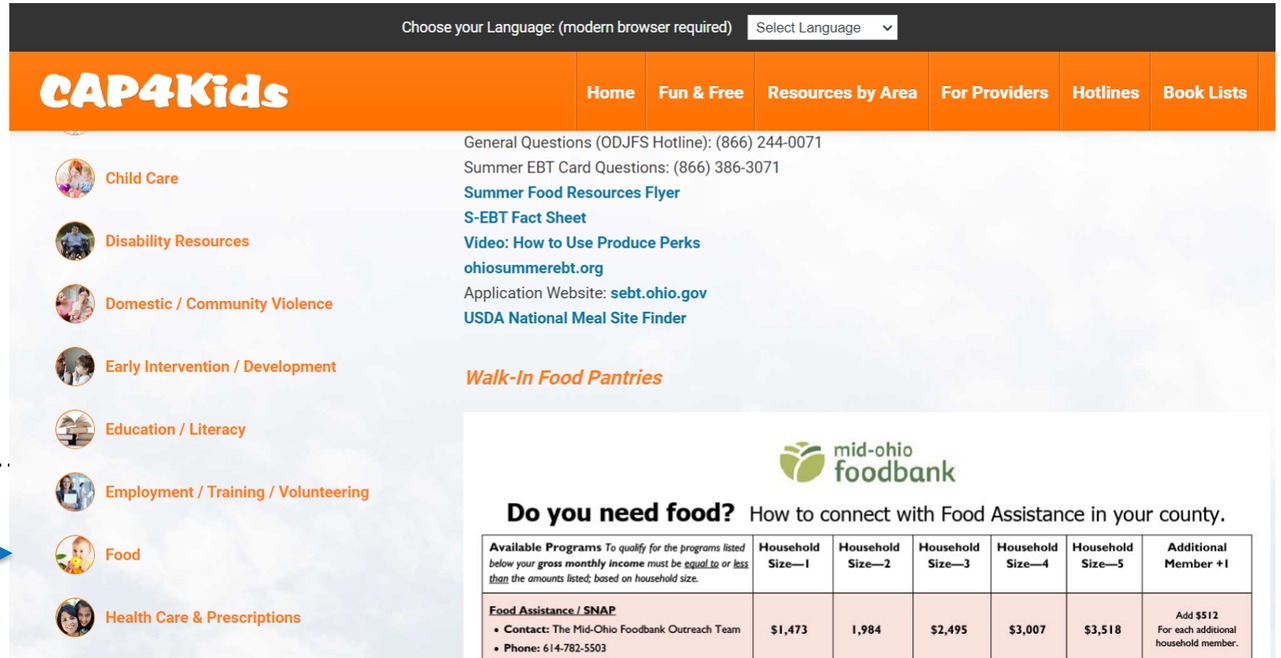
- Enter Zip Code- identifies extensive local resources including food resources
  - Emergency Food, Food Delivery, Food Pantry, Help Pay for Food, Meals, Nutrition Education

CAP4Kids (cap4kids.org/columbus)

- The Children's Advocacy Project of Columbus

- Up to date information about resources in Columbus for children and families in multiple languages

- Many food resources
  - Emergency walk in, free meals, fresh food/farmers market, helping paying for food, helping to fight hunger, school and summer lunches



Children's Hunger Alliance

Ohio-based nonprofit organization dedicated to ending childhood hunger

- Sponsors meals and snacks to in-home childcare providers, Child and Head Start Centers, afterschool programs, summer programs and directly to school children for weekend meal boxes
- Partnered with Nationwide Children's to provide "Snack Packs" to all 14 primary care clinics
  - Each clinic receives/disperses 200-300 snack packs per month, representing a potential 36,000 children served annually

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Connecting families to resources

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Strategies for your clinical environment

Universal education

- Posters, written handouts, QR codes in the waiting room, on clinics walls
- Audio recording while patients on hold via phone given local numbers

Patients screening positive

- Paper handouts with written information or QR code
- Embed resources in EMR
  - Work with IT to automatically print resources with positive screen
  - Manually add a dot phrase/QR code as needed

Team based care- who can help at that time or follow up later?

- LISW, Community Health Worker, Parent peer advisor, Care Coordinator or Navigator, Outreach Specialist, Community Program, WIC liaison

Referrals

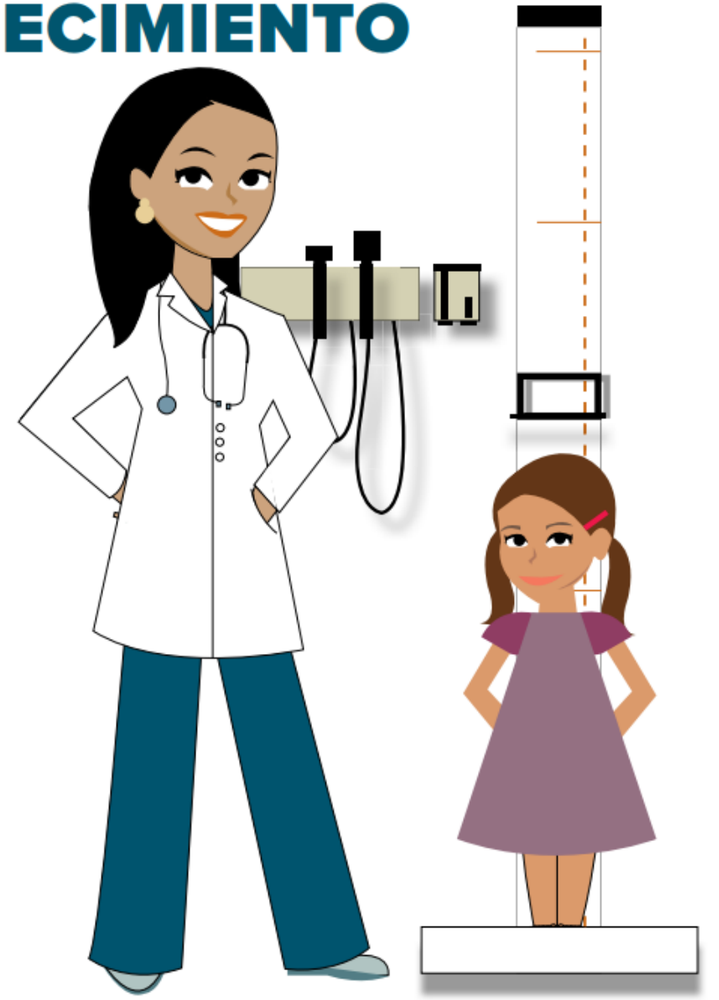
- Identify community-based resources near you- how can you partner/access?
- Paper vs electronic, family vs clinical team, closed loop communication?

The solutions for your practice will be individualized

ALIMENTOS SALUDABLES GRATIS PARA SU HIJO EN CRECIMIENTO

PROGRAMAS DE NUTRICIÓN

- **SNAP / Estampillas de alimentos** (todas las edades)
- **WIC** (menos de 5 años)
- **Alimentos Escolares** (18 años y menos)
- **Alimentos para después de la escuela** (18 años y menos)
- **Alimentos de verano** (18 años y menos)



APRENDA MÁS SOBRE LOS PROGRAMAS DE NUTRICIÓN

LLAME A LA LÍNEA NACIONAL CONTRA EL HAMBRE

1-866-3-HUNGRY/866-348-6479 or
1-877-8-HAMBRE/877-842-6273
Horas: lunes a viernes

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FRAC Food Research & Action Center

NCH Helping Hands Handout

Helping Hand™ *Health Education for Patients and Families*

Applying for WIC for Infants and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) is a food program. Federal grant money for WIC helps low-income parents and their babies get:

- Healthy food or formula
- Health care referrals
- Nutrition education

Congress grants a set amount of money each year for WIC. It is not a confirmed benefit, so the amount can vary each year. The program helps:

- When you are pregnant.
- When you are breastfeeding your baby until they turn 1 year old.
- Up to 6 months after your baby's birth.
- Babies until they turn 1 year old.
- Children with a nutrition risk until they turn 5 years old.

Applying for WIC

The following must **all** be met to qualify for WIC :

- **Category:** pregnant woman, or breast or bottle-feeding an infant or child under 5 years of age.
- **Residence:** must live in Ohio if applying for WIC in Ohio.
- **Income:** see the Ohio WIC Program Income Guidelines chart on page 2.
- **Nutrition Risk:** a doctor, health care provider, or dietitian will decide the need.
- If you need to schedule an appointment or have questions, call the WIC Clinic first thing in the morning (page 2). If no one answers, leave a message.

Nationwide Children's Hospital
380 Butterfly Gardens Drive
Columbus, OH 43215
(614) 722-2685

Eastland Primary Care
2599 S. Hamilton Rd.
Columbus, OH 43232
(614) 355-9608

Northland Primary Care
4650 Morse Center Rd.
Columbus, OH 43229
(614) 355-9406

Whitehall Primary Care
561 S. Yearling Rd.
Whitehall, OH 43213
(614) 355-9816

Westside Primary Care
411 Industrial Mile Rd.
Columbus, OH 43228
(614) 355-9719

Changing Your WIC Location

If you want to change your WIC location, call your WIC office. They can help you find WIC contact information for an office closer to your home.

After Your Baby Is Born

After your baby is born, call your WIC clinic to schedule an appointment for **both you and your baby**. You can only keep going to the Nationwide Children's WIC office if your child is seen at their Primary Care, or in one of the specialty clinics.

What You Need to Apply for WIC for Your Baby

- **WIC prescription** – if your baby needs special formula, you can get this from a dietitian or your baby's doctor or health care provider.
- **Baby's health insurance card** – if you do not have Medicaid, Molina®, CareSource®, Buckeye®, or United Health Care® Community plan, you will need a current month of pay stubs for your household.
- **Income record** – statement showing your household income for the last 30 days.
- **Proof of current address** – a bill or other piece of mail that contains your current address.
- **Proof of baby's birth** – the "crib card" from the birth hospital **or** baby's birth certificate.

Ohio WIC Program Income Guidelines

WIC income guidelines are updated each year. For updates, visit:
www.fns.usda.gov/wic/wic-income-eligibility-guidelines

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NCH dot phrase (.pccsdhresourcesfood)

- **FOOD RESOURCES**
- Use this link to find healthy food for you and your family.
- cap4kids.org/columbus/food

- Here are a few of our favorite resources.

- WIC (Women, Infants & Children) Program
  - www.fns.usda.gov/wic
  - (614) 722-2685
  - Free food & nutrition for women & children up to age 5

- 211 Food Line
  - www.lssfoodpantries.org
  - Call (614) 341-2282 or text 'FOOD' to (614) 702-7772
  - Register online, place an order and pick up food at a local food pantry

- FreshTrak Food Resources
  - freshtrak.com
  - Search for food pantries by zip code and get help signing up for SNAP

- SNAP (Food Stamps)
  - www.mrelief.com
  - Text 'FOOD' to 74544
  - Find out if you are eligible & sign up for SNAP

- Apply for Ohio Food Benefits
  - benefits.ohio.gov
  - (844) 640-6446
  - Food (SNAP/EBT cards), child care, cash & medical assistance in Ohio

- USDA Summer & School Meal Programs
  - www.fns.usda.gov/programs
  - Text 'FOOD' or 'COMIDA' to 304304
  - Summer meal sites & local school meals (including for virtual students)

NCH Team support

- Warm hand off in clinic
  - Prioritize for families without English Proficiency, SDoH risk factors
  - LISW
  - For the future: Parent Coach, Community Health Worker

- Asynchronous/after visit follow up preferred
  - No one available in clinic? Family prefers not to wait? Forgot to address during busy visit? Planned follow up from caregivers above?
  - Refer to Care Navigation through Partners for Kids to follow up by phone
  - Connect with a specific resource or address multiple concerns

Engage outside your clinic walls

- Align with a community program
- Find your local Food Bank and WIC offices
- Teach others
  - Embed in learner education, design a formal QI project
- Volunteer
- Advocate
  - Write letters to legislators
  - Think bigger than food insecurity- any way to increase financial support to families will improve food insecurity

- What interests you most?

Let’s end food insecurity in Ohio!

Thank you

- Local leaders: Dr. Akua Amponsah, Dr. Emily Decker, Dr. Belinda Mills
- Primary Care Research Network, including Laura Gwin, Katie DiCostanzo, Dr. Dane Synder, Dr. Dr. Alex Kemper
- Nationwide Children’s Current/Prior Pediatric Residents including Dr. Jessie Flowers, Dr. Melissa Cregan, Dr. Kari Vanevery
- Clinical leads and champions at all Nationwide Children’s Primary Care Clinics
- Local community partners- Dianne Miller Ryan and staff at Children’s Hunger Alliance

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Discussion

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Future Preventive Health Webinars

- Duchenne Muscular Dystrophy – January 8th
- Cystic Fibrosis – January 21
- Diabetes Discovery Project – April 17th

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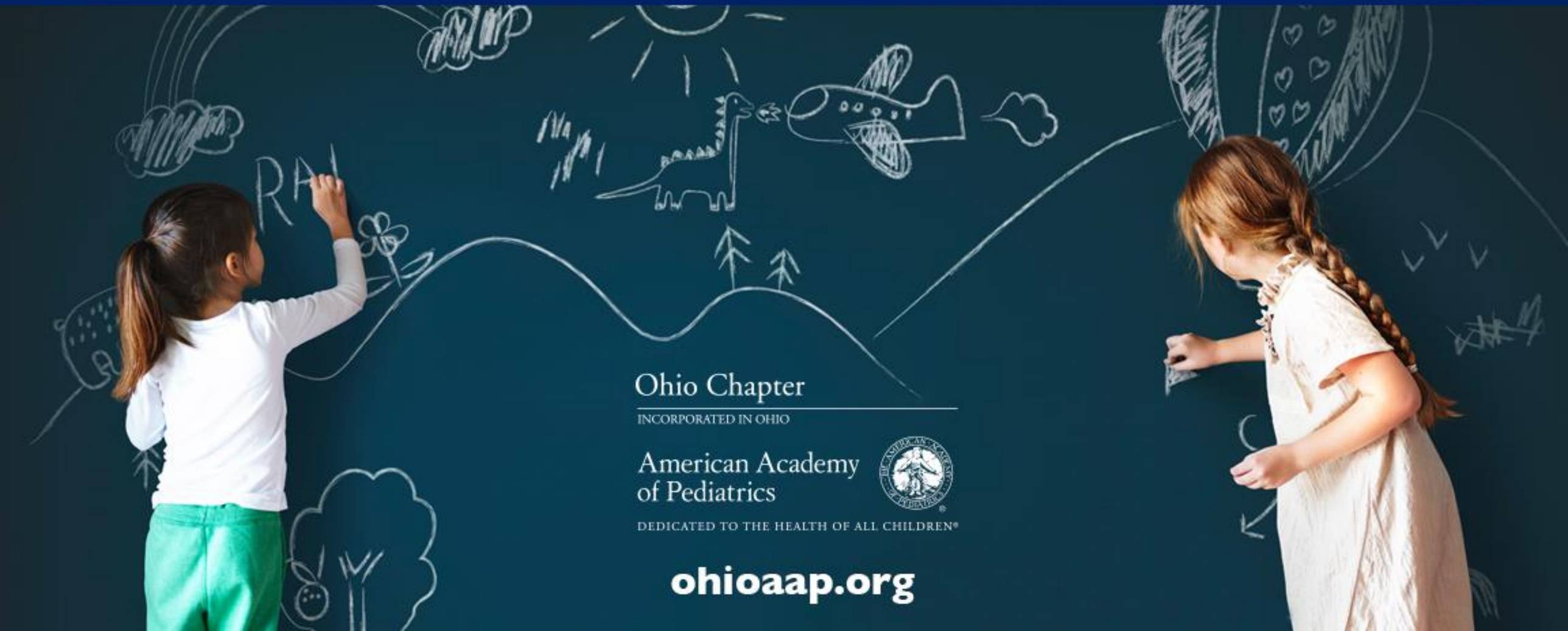
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