

Food Insecurity Screening

Description

Food insecurity (FI) screening quickly identifies households with young children at risk for limited or uncertain access to food.¹ Screening enables providers to target services that improve the health and developmental conditions associated with food insecurity.² Pediatric offices or community-based organizations can provide this service.

Evidence

- Identifying FI and referring patients to appropriate nutrition and support services can help treat and prevent illness.³
- FI screening supports patients in chronic disease management.³
- FI screening is the least expensive and least invasive treatment with the fewest side effects in most cases.³
- Food insecurity experienced during the first five years of life, widely recognized as a key period of development during which the foundations for later cognitive and social functioning are laid, may be especially damaging because of possible indirect effects – through its influence on parental well-being and direct effects – through disruption of children’s brain growth and physical development.⁴
- Many studies have found links between food insecurity in the kindergarten or elementary school years and subsequent behavioral and self-regulatory competence.⁴
- According to one estimate, the direct and indirect health-related costs of hunger and food insecurity in the U.S. are more than \$160 billion a year.⁵

Implementation

The American Academy of Pediatrics (AAP) and Food Research and Action Center (FRAC) recommend the following steps for implementation.

1. To prepare for FI screening, educate and train leaders and staff on food insecurity and the importance of universal screening. Collaborate with the practice team to identify ways to screen for food insecurity.
2. Follow AAP’s recommendation and screen at scheduled health maintenance visits or sooner, if indicated.
3. Incorporate FI screening into the institutional workflow. For example, add a screening tool into existing registration or intake procedures, or into the electronic health record.
4. Show sensitivity when screening for food insecurity (e.g., inform patients that the practice screens all patients, normalize the screening tool questions).¹

By familiarizing themselves with community resources, pediatricians can quickly identify FI and refer patients to resources, including Women, Infants and Children (WIC); Supplemental Nutrition Assistance Program (SNAP); school nutrition programs; local food pantries; and summer and child care feeding programs.⁶

Billing and Reimbursement

The following diagnosis code can be used for positive screens: ICD-10-CM Diagnosis Code Z59.4 (lack of adequate food and safe drinking water).¹

Resources

Nutrition Programs:

FeedNYC: FeedNYC.org

USDA National Hunger Hotline
866-3-HUNGRY, 877-8-HAMBRE
Monday to Friday, 8 a.m. to 8 p.m.

Supplemental Nutrition Assistance Program (SNAP)
HRA info line: 718-557-1399
HRA website: nyc.gov/hra
Access NYC website: access.nyc.gov/
Centers are open Monday to Friday, 8:30 a.m. to 5:00 p.m.
SNAP brochure: www1.nyc.gov/assets/hra/downloads/pdf/services/snap/snap_need_to_know.pdf.

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)
WIC Info line: 800-522-5006
New York State Department of Health website: Go to health.ny.gov and search for **WIC program**.

WIC Participant Handbook: Go to health.ny.gov and search for **WIC handbook**.

WIC brochure: Go to health.ny.gov and search for **WIC ready set grow**.

The National School Breakfast and Lunch Program
Info line: 518-486-1086
Website: Go to usda.gov and search for **national school lunch program**.

Summer Food Service Program
Find nearby sites: 866-348-6479
Info line: 518-473-8781
Website: Go to usda.gov and search for **find summer meals** or **summer food**.

FoodFinder
Website: foodfinder.us
Download the FoodFinder app from the Apple (iOS) or Google Play (Android) store.

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1. Ashbrook A, Hartline-Grafton H, Dolins J, Davis J, Watson C. Addressing Food Insecurity: A Toolkit for Pediatricians. *American Academy of Pediatrics and Food Research and Action Center*. 2017; 1-39.
 2. Hager ER, Quigg AM, Black MM, Coleman SM, Heeren, T, Rose-Jacobs R, Cook JT, Ettinger de Cuba SA, Casey PH, Chilton M, Cutts DB, Meyers AF, Frank DA. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. *Pediatrics* 126:e26-e32.
 3. Feeding America - Health Care Provider Training: Screening for and Addressing Food Insecurity in Clinical Settings. Retrieved from: https://hungerandhealth.feedingamerica.org/wp-content/uploads/2014/05/FA_Clinical-Training_2017.pdf.
 4. Johnson AD, Marokowitz AJ. (2018) Associations Between Household Insecurity in Early Childhood Children's Kindergarten Skills. *Child Development*. Volume 89, Number 2, pages e1-e17.
 5. Cook JT, Poblacion AP. Estimating the Health-Related Costs of Food Insecurity and Hunger. *2016 Hunger Report* (2016).
 6. Schwarzenberg SJ, Kuo AA, Linton JM, and Flanagan P. Promoting Food Security for All Children. *Pediatrics*. 2015; 136(5): e1435-e1436.