

# Childhood Nutrition Security in the Capital

**Illinois partnership for childhood nutrition security**

Increasing Screening, Referrals and Resource Delivery

**Enas Shanshen MD**

**Meredith Volle MD, MPH**

Illinois Chapter

INCORPORATED IN ILLINOIS

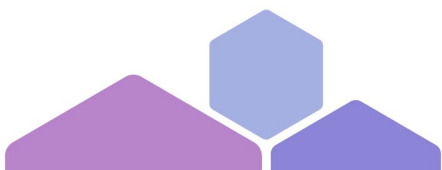
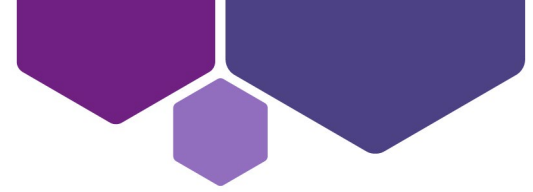
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



**SIU MEDICINE**  
FORWARD. FOR YOU.

- No disclosures

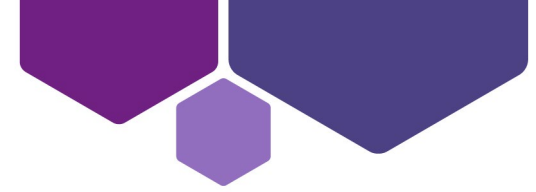


# OBJECTIVES

- Inspire pediatricians to increase screening and referrals for food insecurity on the different clinical settings and integrate it into practice
- Identify and provide food resources for families
- Describe recent AAP efforts to address food insecurity

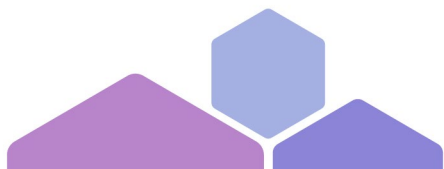


# WHAT'S FOOD INSECURITY!

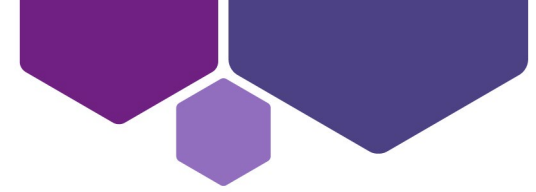


- Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways

(Definition is from the Life Sciences Research Office, S.A. Andersen, ed., "Core Indicators of Nutritional State for Difficult to Sample Populations," *The Journal of Nutrition* 120:1557S-1600S, 1990.)

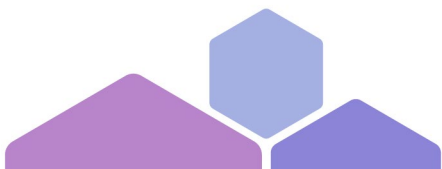


# WHAT'S FOOD INSECURITY!

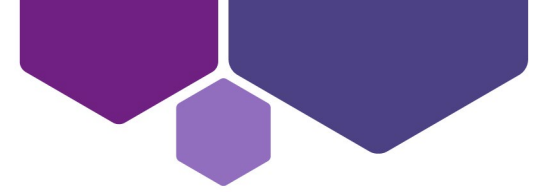


- Is a house hold level economic and social condition of limited or uncertain access to nutritionally healthy food to live an active, healthy life
- 10.2% US households
- 12.5% US household with children

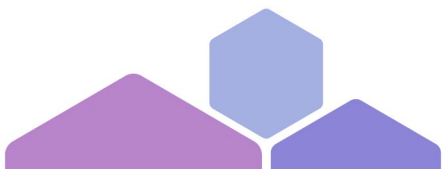
<https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-u-s/survey-tools/#guide>



# LEVELS OF SEVERITY

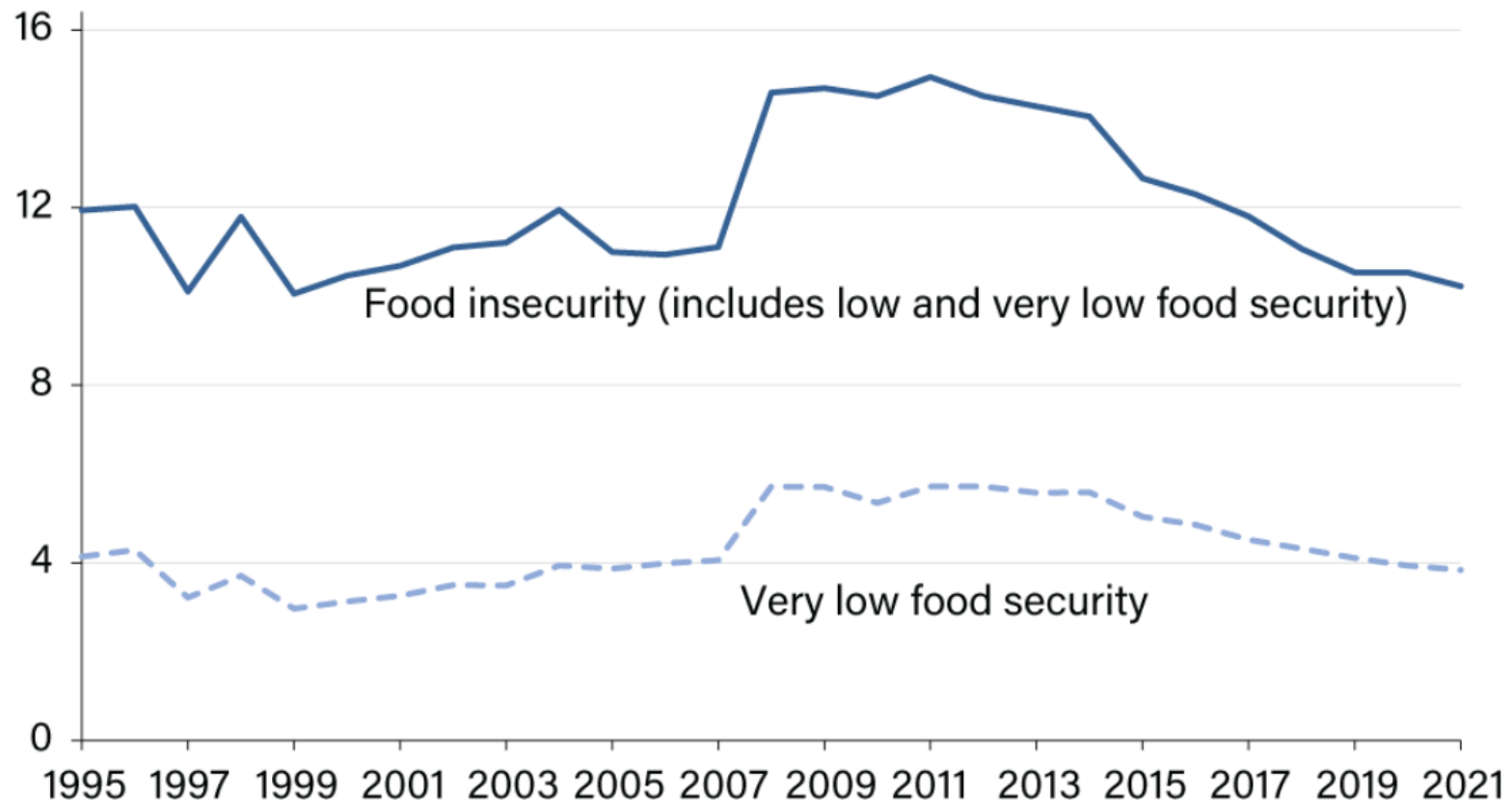


- In households with low food security, the hardships experienced are primarily reductions in dietary quality and variety.
- In households with very low food security, the hardships experienced are reduced food intake and skipped meals.



## Trends in prevalence rates of food insecurity and very low food security in U.S. households, 1995–2021

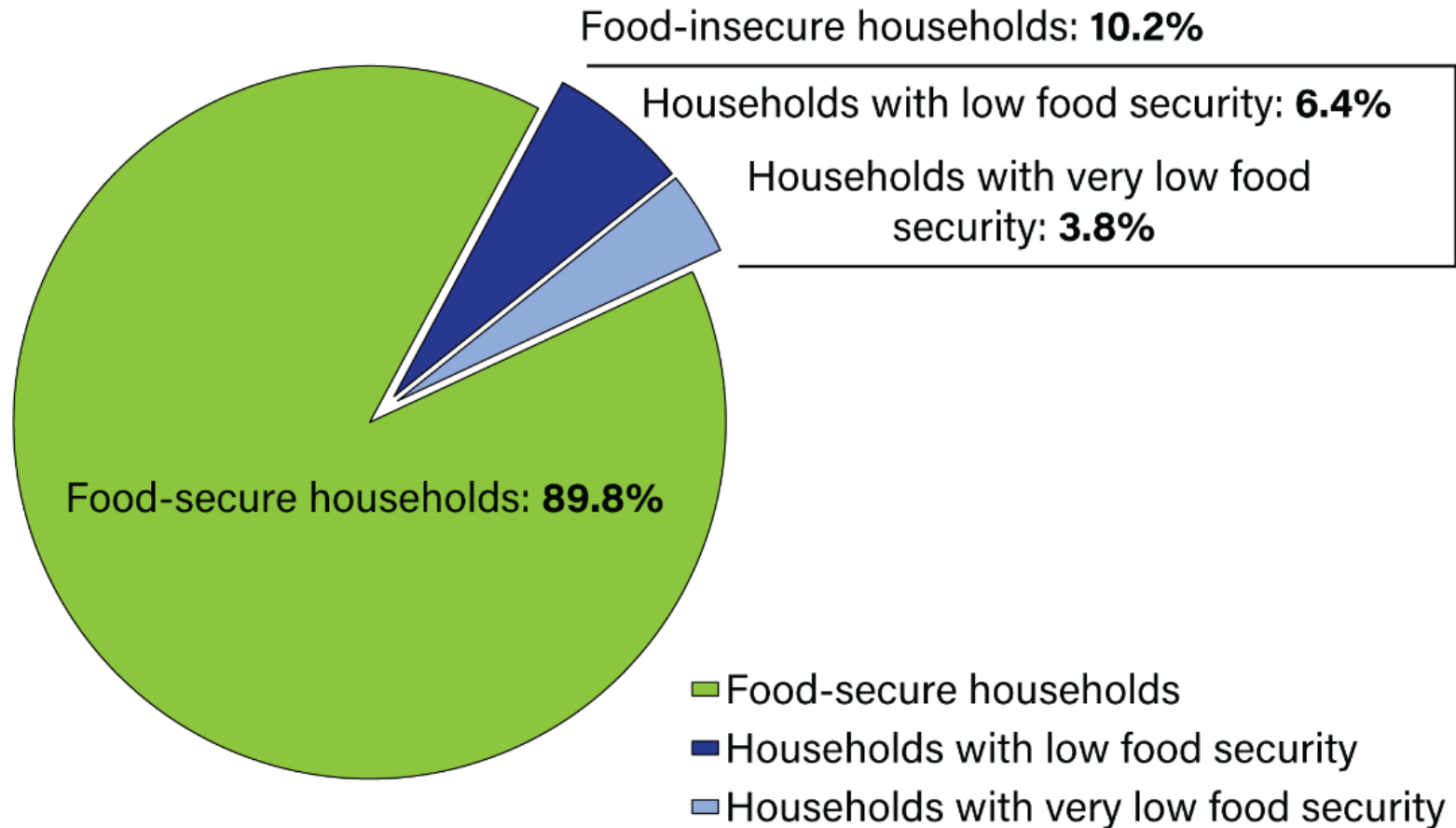
Percent of U.S. households



Note: Prevalence rates for 1996 and 1997 were adjusted for the estimated effects of differences in data collection screening protocols used in those years.

Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, Current Population Survey Food Security Supplements.

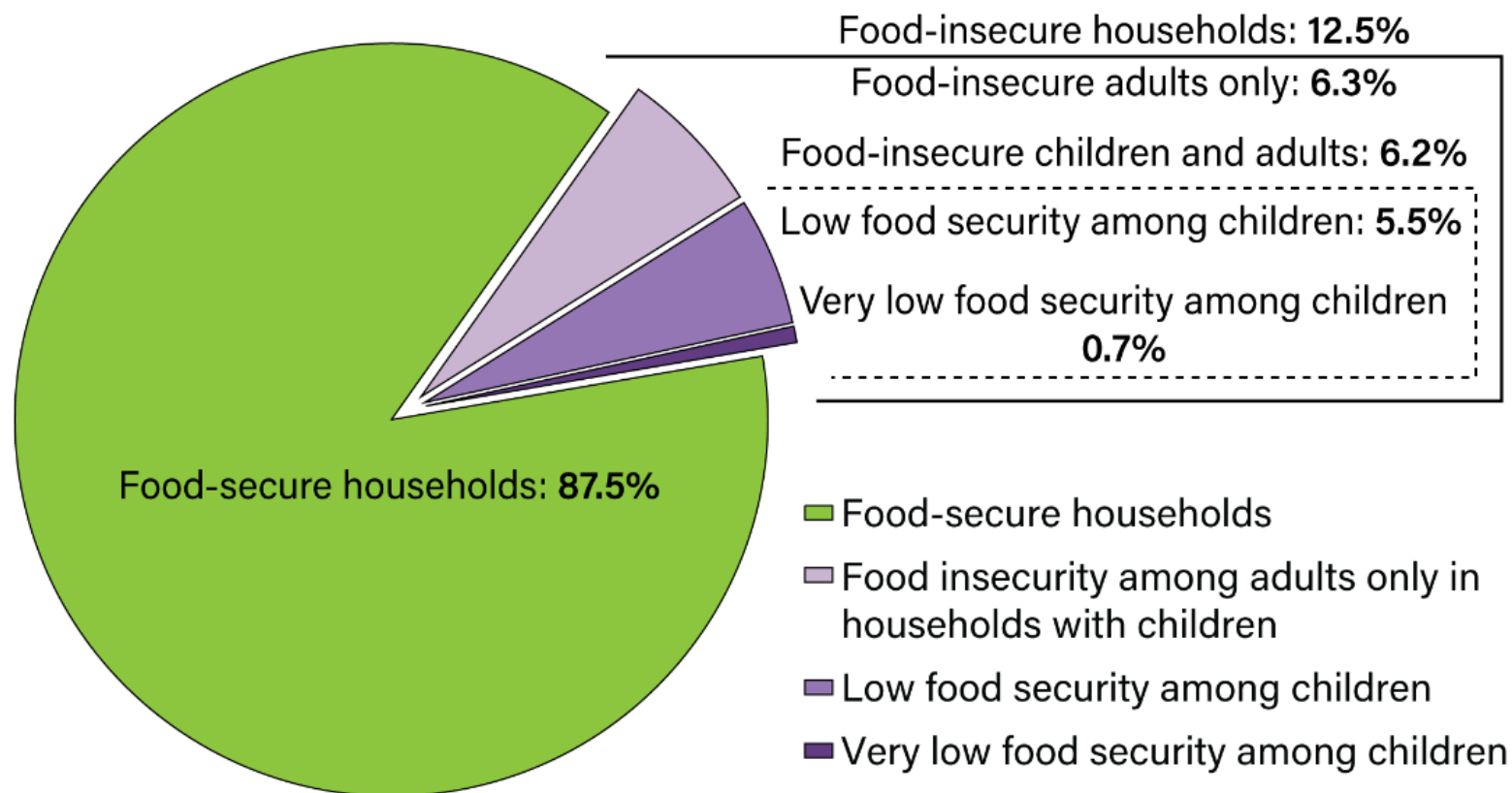
## U.S. households by food security status, 2021



Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021 Current Population Survey Food Security Supplement.



## U.S. households with children by food security status of adults and children, 2021

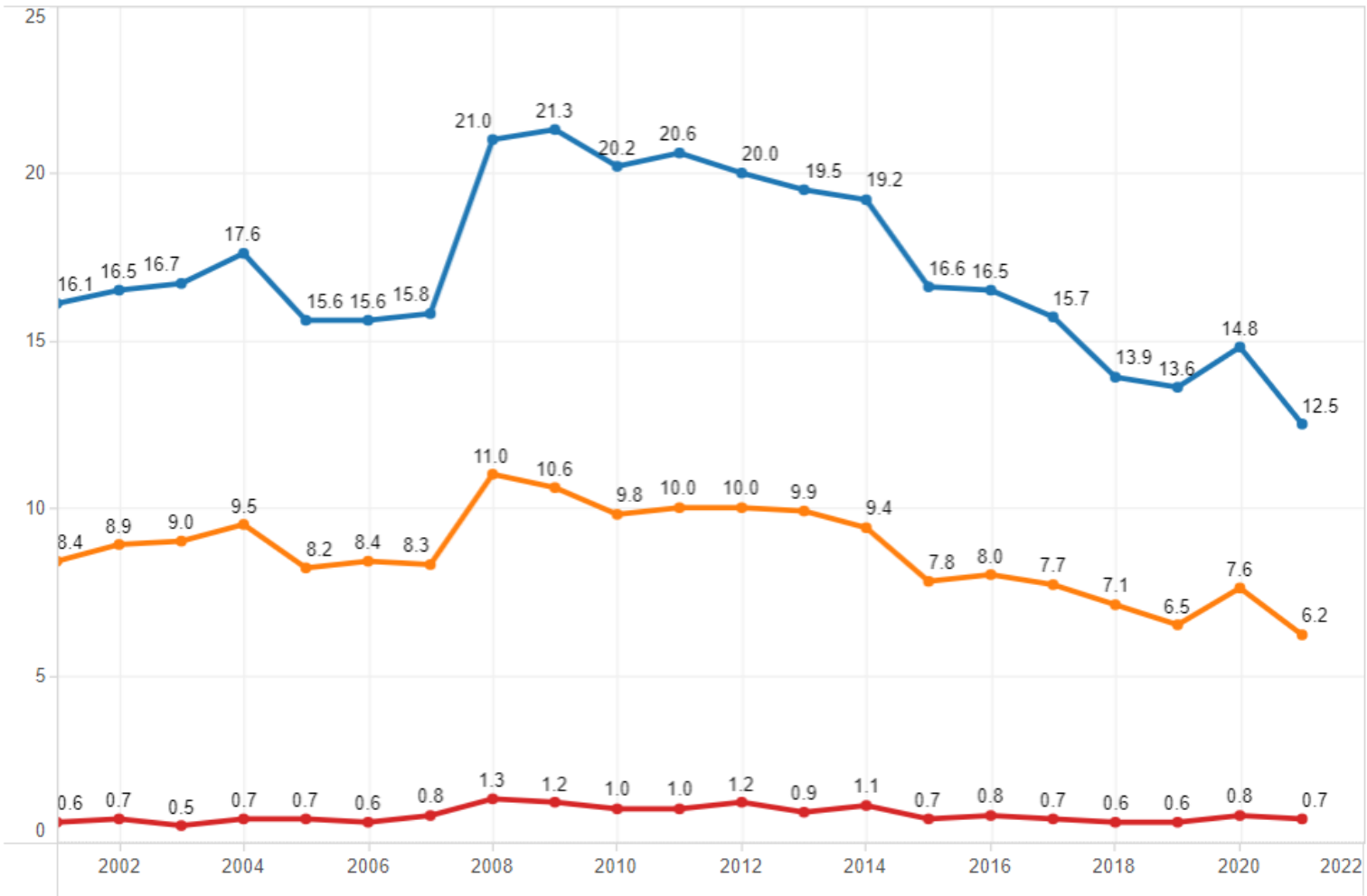


Note: In most instances, when children are food insecure, the adults in the household are also food insecure.

Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2021 Current Population Survey Food Security Supplement.

## Trends in food insecurity in U.S. households with children, 2001–21

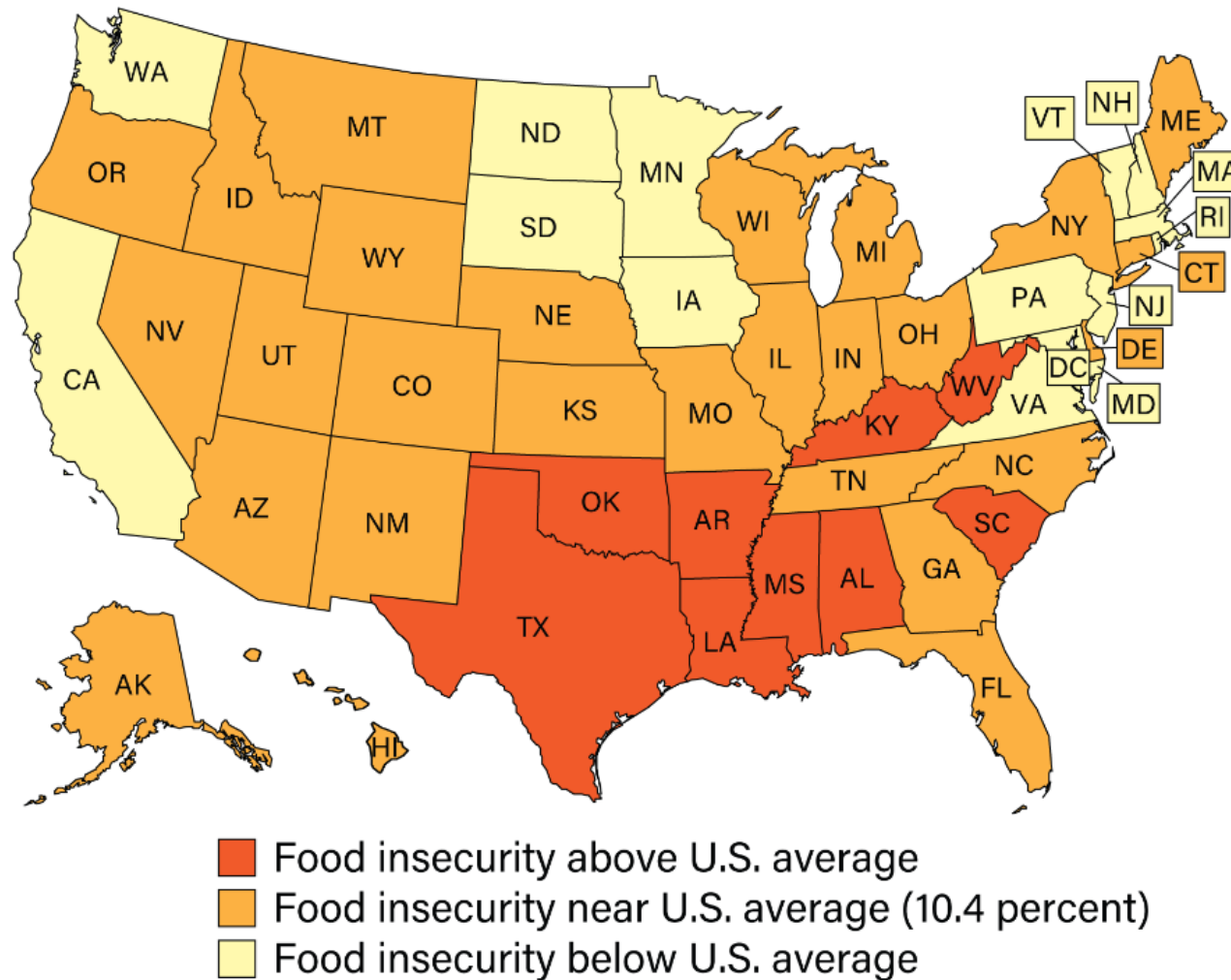
Percent of households with children



Source: Calculated by USDA, Economic Research Service, using Current Population Survey Food Security Supplement data.

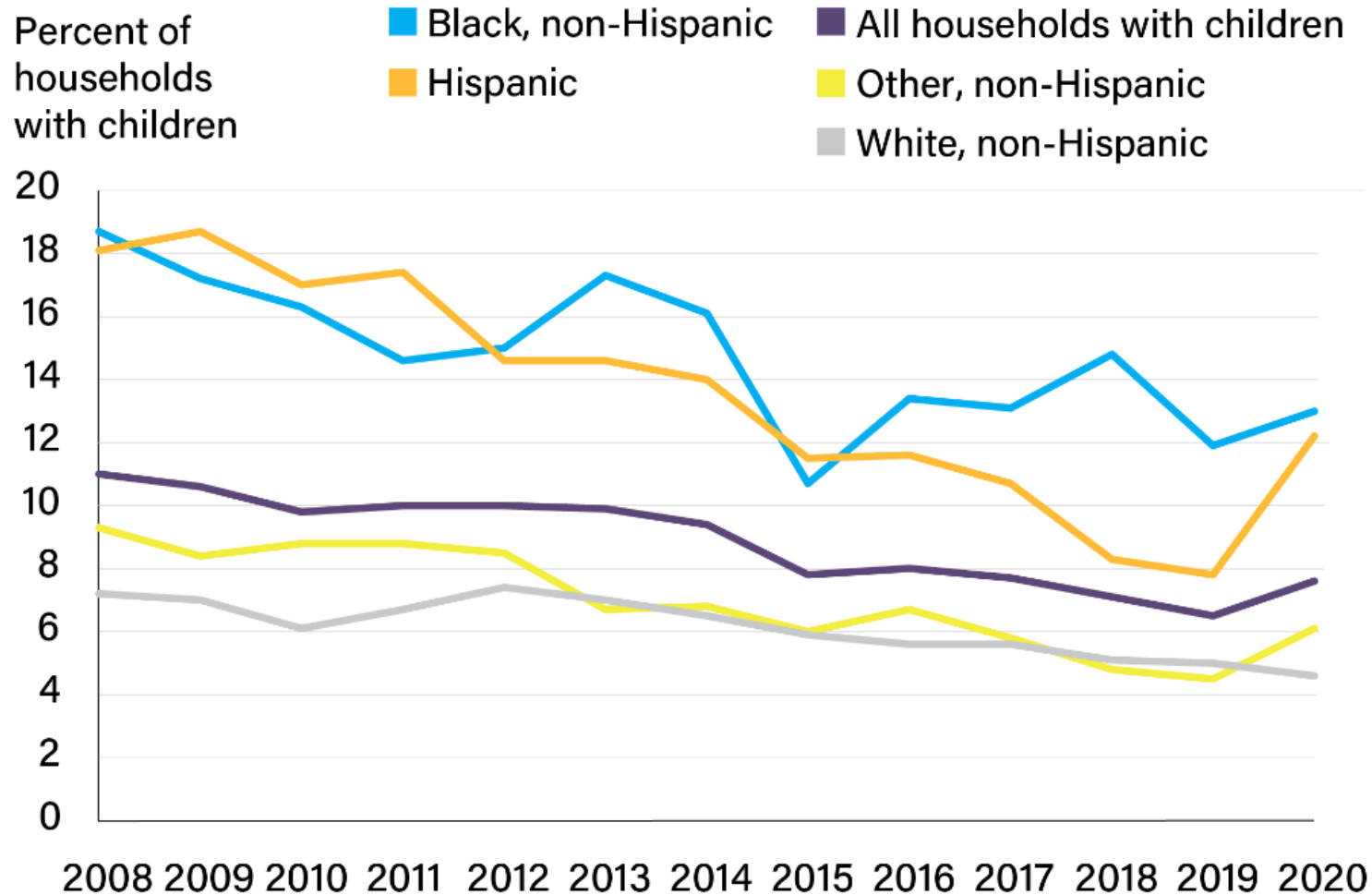
- Food insecurity in households with children
- Food insecurity among children
- Very low food security among children

## Prevalence of food insecurity, average 2019-21



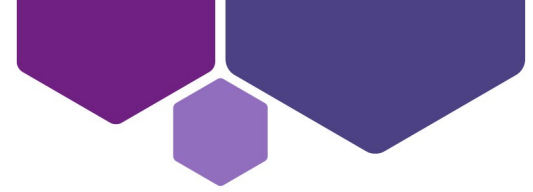
Source: USDA, Economic Research Service using data from U.S. Department of Commerce, Bureau of the Census, 2019, 2020, and 2021 Current Population Survey Food Security Supplements.

## The prevalence of child food insecurity among Hispanic households with children increased significantly in 2020

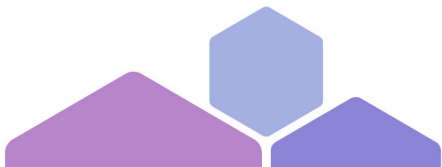


Source: USDA, Economic Research Service using data from the December 2020 Current Population Survey Food Security Supplement, U.S. Census Bureau.

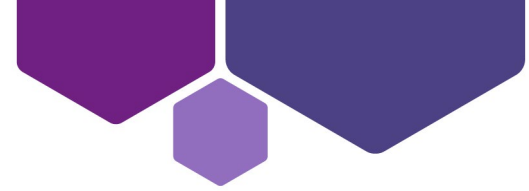
# WHO IS AFFECTED?



- Households with children
- Black, Hispanic and indigenous
- Low- income
- Single parent
- Southern states



# WHY SHOULD WE CARE?



**FOOD INSECURITY** = Inadequate access to food because of financial constraints

## Health impacts of food insecurity



Inadequate intake of nutrients



Increase risk for various chronic diseases



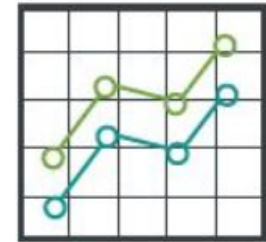
Increased risk for negative pregnancy outcomes



Long-term deficits in children's socio-emotional, cognitive and motor functioning

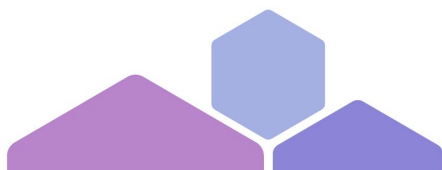


Increase risk for negative mental health impacts (including depression, suicide, substance misuse, etc)



Total healthcare costs increase steadily with increased severity of household food insecurity

*Food insecurity infographic (Wellington-Dufferin-Guelph Public Health)*



**TABLE 1.** School-Aged Child and Maternal Characteristics by Child Hunger Status

Characteristic					P Value
	All (n = 203)	No Hunger (n = 68)	Moderate Child Hunger 1–5 (n = 103)	Severe Child Hunger 6+ (n = 32)	
Child age	10.1	6.01	10.5	10.3	.14*
Percentage 9 years old+	60.6%	50.0%	67.0%	62.5%	.08†
Race/ethnicity					.01†
White	32.0%	22.1%	39.8%	28.1%	
Black	15.8%	43.1%	21.4%	6.2%	
Puerto Rican	43.8%	34.2%	33.0%	56.2%	
Other	8.4%	28.1%	5.8%	9.4%	
Male	50.2%	52.9%	49.5%	46.9%	.83†
Family size	3.3	3.4	3.2	3.7	.09*
Mother high school graduate	42%	42.6%	46.6%	25.0%	.09†
Mean family income	\$11 338	\$10 560	\$11 685	\$11 859	.60*
Homeless	35.0%	29.4%	32.0%	56.2%	.02†
Moves in past year	1.77	1.37	1.77	2.71	.005*
Low birth weight	12.2%	6.1%	13.0%	23.3%	.05†
Pregnancy substance abuse	6.4%	4.4%	8.7%	3.1%	.38†
Health conditions (0–35)‡	2.2	1.8	2.2	3.4	.002*
Symptoms count (0–16)§	0.63	0.6	0.5	0.9	.13*
Excellent/Good Health	68.5%	69.1%	69.9%	62.5%	.73†
Out-of-home placement	20.2%	14.7%	20.4%	31.2%	.16†
Physical or sexual abuse	17.7%	14.7%	19.4%	18.8%	.72†
Care and protection order	33.0%	26.5%	36.9%	34.4%	.36†
Mean child life events	7.2	6.01	7.5	8.8	.009*
Quality of Life	8.3	8.0	8.4	8.4	.52*
Parent report CBCL scores					
Total problems	29.3	24.9	29.0	40.1	.04*
Internalizing problems	52.1	49.7	51.8	58.4	.006*
Externalizing problems	52.2	51.0	51.9	55.7	.22*
Anxiety	3.9	2.8	3.9	6.3	.002*
WIAT					
Composite	92.1	91.0	91.8	93.6	.79*
Math	91.7	91.2	91.2	94.8	.48*
Reading	94.0	92.4	93.6	96.1	.62*
Spelling	93.0	91.4	92.9	93.1	.80*
Developmental delay	11.8%	4.4%	15.5%	15.6%	.07†
Emotional problem	24.1%	19.1%	25.2%	31.2%	.39†
Learning disability	22.7%	16.2%	26.2%	25.0%	.29†
Repeat grade	34.5%	30.9%	32.0%	50.0%	.13†
Suspended	19.7%	17.7%	18.4%	28.1%	.42†
Attend special classes	22.3%	29.4%	21.6%	9.4%	.08†
Mean school days missed in the past year	9.4	8.3	8.4	13.3	.09*
Mother's distress (GSI)	0.78	0.71	0.76	0.98	.14*
Lifetime PTSD	37.3%	26.5%	38.6%	56.2%	.02†
Lifetime major depression	44.6%	41.8%	43.7%	53.1%	.55†
Lifetime substance abuse	40.4%	25.0%	52.4%	34.4%	.001†

GSI indicates Global Severity Index; PTSD, posttraumatic stress disorder.

\* P value based on 1-way analysis of variance.

† P value based on a  $\chi^2$  test.

‡ Lifetime health conditions.

§ Symptoms in the past month.

|| Child-reported item/direct assessment.

**TABLE 2.** Preschool-Aged Child and Maternal Characteristics by Child Hunger Status

Characteristic	All ( <i>n</i> = 152)	No Hunger ( <i>n</i> = 62)	Moderate Child Hunger 1-5 ( <i>n</i> = 78)	Severe Child Hunger 6+ ( <i>n</i> = 12)	<i>P</i> Value
Child age	4.2	4.1	4.1	4.8	.17*
Race/ethnicity					.12†
White	34.9%	32.3%	39.7%	16.7%	
Black	11.2%	9.7%	12.8%	8.3%	
Puerto Rican	40.1%	45.2%	30.8%	75.0%	
Other	13.8%	12.9%	16.7%	0	
Male	60.5%	59.7%	62.8%	50.0%	.69†
Family size	2.7	2.7	2.6	3.2	.27*
Mother high school graduate	45.4%	43.6%	48.7%	33.3%	.57†
Mean family income	\$10 587	\$10 957	\$10 217	\$11 166	.37*
Homeless	48.0%	48.4%	43.6%	75.0%	.13†
Moves in past year	2.3	1.8	2.8	2.2	.21*
Low birth weight	6.1%	5.1%	3.9%	25.0%	.02†
Health conditions (0-35)‡	2.4	1.9	2.6	2.8	.004*
Symptoms count (0-16)§	1.6	1.3	1.6	2.5	.26*
Excellent/good health	66.4%	72.6%	64.1%	50.0%	.26†
Out-of-home placement	11.8%	9.7%	14.1%	8.3%	.67†
Physical or sexual abuse	9.2%	8.1%	10.3%	8.3%	.90†
Care and protection order	31.6%	22.6%	38.5%	33.3%	.13†
Mean child life events	7.2	6.0	8.0	8.5	.02*
Parent report CBCL scores					
Total problems	33.1	28.2	36.8	34.4	.04*
Internalizing problems	51.1	48.4	52.9	53.2	.06*
Externalizing problems	52.4	50.7	53.8	52.4	.28*
Developmental delay	21.7%	21.0%	20.5%	33.3%	.59†
Emotional problem	18.4%	11.3%	21.8%	33.3%	.11†
Learning disability	9.0%	9.4%	9.5%	0	.73†
Ever in early intervention	16.5%	13.5%	21.3%	0	.30†
Ever in healthy start	42.3%	51.9%	35.8%	36.4%	.19†
Ever in preschool	27.4%	20.9%	31.8%	27.3%	.47†
Mother's distress (GSI)	0.74	0.65	0.80	0.79	.15*
Lifetime PTSD	42.7%	29.5%	52.0%	50.0%	.03†
Lifetime major depression	34.9%	21.3%	40.8%	66.7%	.003†
Lifetime substance abuse	36.4%	29.0%	42.9%	33.3%	.23†
Lifetime anxiety disorder	22.4%	12.9%	21.8%	75.0%	.0001†

\* *P* value based on 1-way analysis of variance.

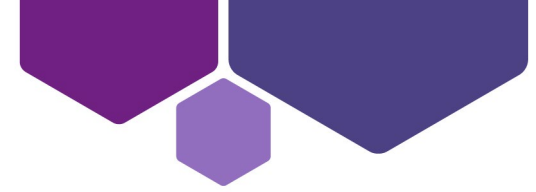
† *P* value based on  $\chi^2$  test.

‡ Lifetime health conditions.

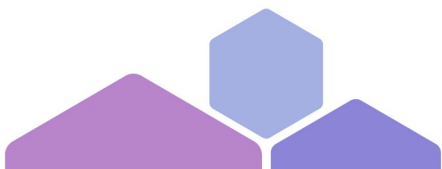
§ Symptoms in the past month.



# FOOD INSECURITY



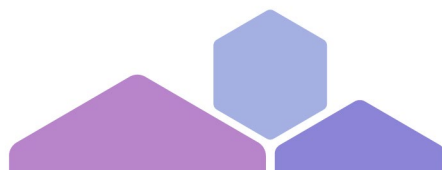
- Mask underlying health conditions
- Cause misdiagnosis
- Prolong hospital stays
- Affect medication adherence
- Contribute to greater use of emergency department and higher health care costs



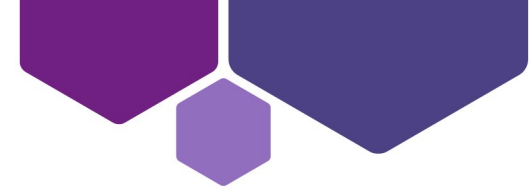
# SCREENING FOR FOOD INSECURITY



- Help overcome the stigma of food insecurity
- Tailor clinical care to real patient needs
- Identify a vulnerable target population
- Help reduce the prevalence of food insecurity and its effects on the community
- Potentially reduce health care costs by reducing preventable emergency department and provider visits



# FOOD INSECURITY



*“One in 7 children experiences food insecurity and hunger. Unless you ask, you won’t be able to tell which child is going to bed hungry, and you won’t be able to connect their families to resources, like SNAP, WIC, or food pantries, that will help them get the nutrition they need.”*

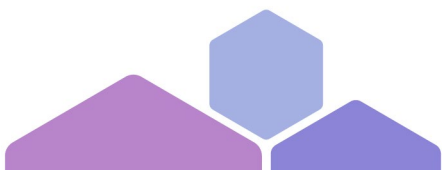
**LEE BEERS, MD, FAAP**

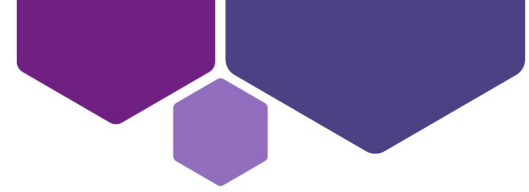
President, American Academy of Pediatrics (2021)

American Academy  
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™





## ‘I Know You’re Angry With Me Right Now Because You’re Hungry’

How parents in food-insecure households are stretching meals and struggling to nourish their kids during the pandemic.

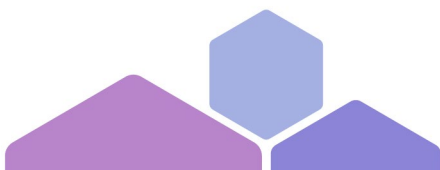
## Coronavirus and Poverty: A Mother Skips Meals So Her Children Can Eat

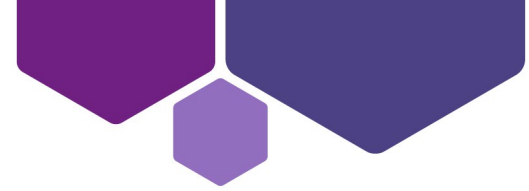
Americans with tight financial resources have fewer options as they navigate coronavirus closures and layoffs.

## The Challenge of Feeding Kids During Coronavirus

It’s OK to let children indulge in their favorite foods while riding out the crisis. Plus: resources for food-insecure families.

**The New York Times**





**69%**

Had to choose between food and utilities



**67%**

Had to choose between food and transportation



**66%**

Had to choose between food and medical care



**57%**

Had to choose between food and housing



**31%**

Had to choose between food and education

They also told us about the many ways they stretch their food budget or work to supplement it:



**79%**

Purchase inexpensive, unhealthy food



**53%**

Receive help from friends or family



**40%**

Water down food or drinks



**35%**

Sell or pawn personal property

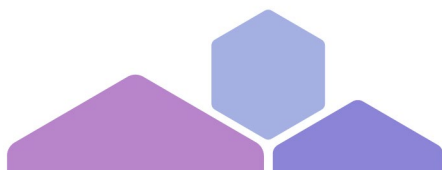


**23%**

Grow food in a garden

**FEEDING  
AMERICA**

 **SIU MEDICINE**

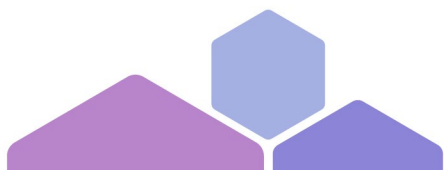
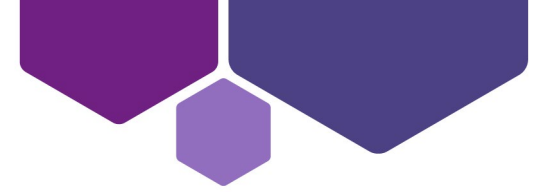


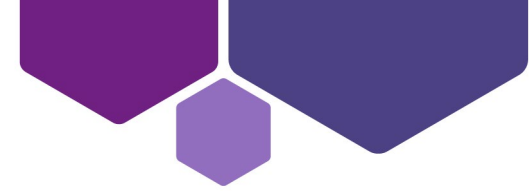


## Short-Term Effects of Tax Credits on Rates of Child Maltreatment Reports in the United States

- Examined state reports of child abuse related to timed distribution of Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)
- “...tax refunds to alleviate forms of material hardship that can increase maltreatment risk, such as food insecurity or problems paying for utilities or rent”
- Findings: “For each additional \$1000 in per-child EITC and CTC tax refunds, state-level rates of reported child maltreatment declined in the week of and 4 weeks following refund payments by an overall estimated 5.0% (95% confidence interval = 2.3%–7.7%).”

# STATE AND LOCAL RESOURCES





MEMBER OF  
**FEEDING  
AMERICA**

[NEWS & EVENTS](#)

[ABOUT US](#)

[FIND FOOD](#)

[GIVE HELP](#)

[AGENCIES](#)

[DONATE](#)

## How can I find food?

- Use our Food Locator, instructions listed below.
- TEXT the word FINDFOOD to (855) 536-6320 to find a pantry or soup kitchen in your area.\*

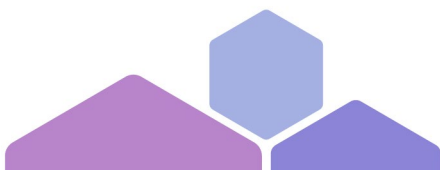
## How to use the Food Locator

- Type the name of the county in the "Search for a county" box on the left-hand side of the screen
- Click "Search"
- Scroll down the page and you will find a list of agencies (including contact information and hours of operations)

## Additional Food Assistance Resources

If you are in need of additional assistance, please visit the links below

- [SNAP \(formerly the Food Stamps Program\), Illinois Department of Human Services](#)
- [Women, Infant and Children \(WIC\) Program, Illinois Department of Human Services](#)
- [Rise & Shine Illinois Summer Meals](#)





# CENTRAL ILLINOIS FOODBANK



MEMBER OF  
**FEEDING  
AMERICA**

[NEWS & EVENTS](#)

[ABOUT US](#)

[FIND FOOD](#)

[GIVE HELP](#)

[AGENCIES](#)

[DONATE NOW](#)

SEARCH FOR A COUNTY

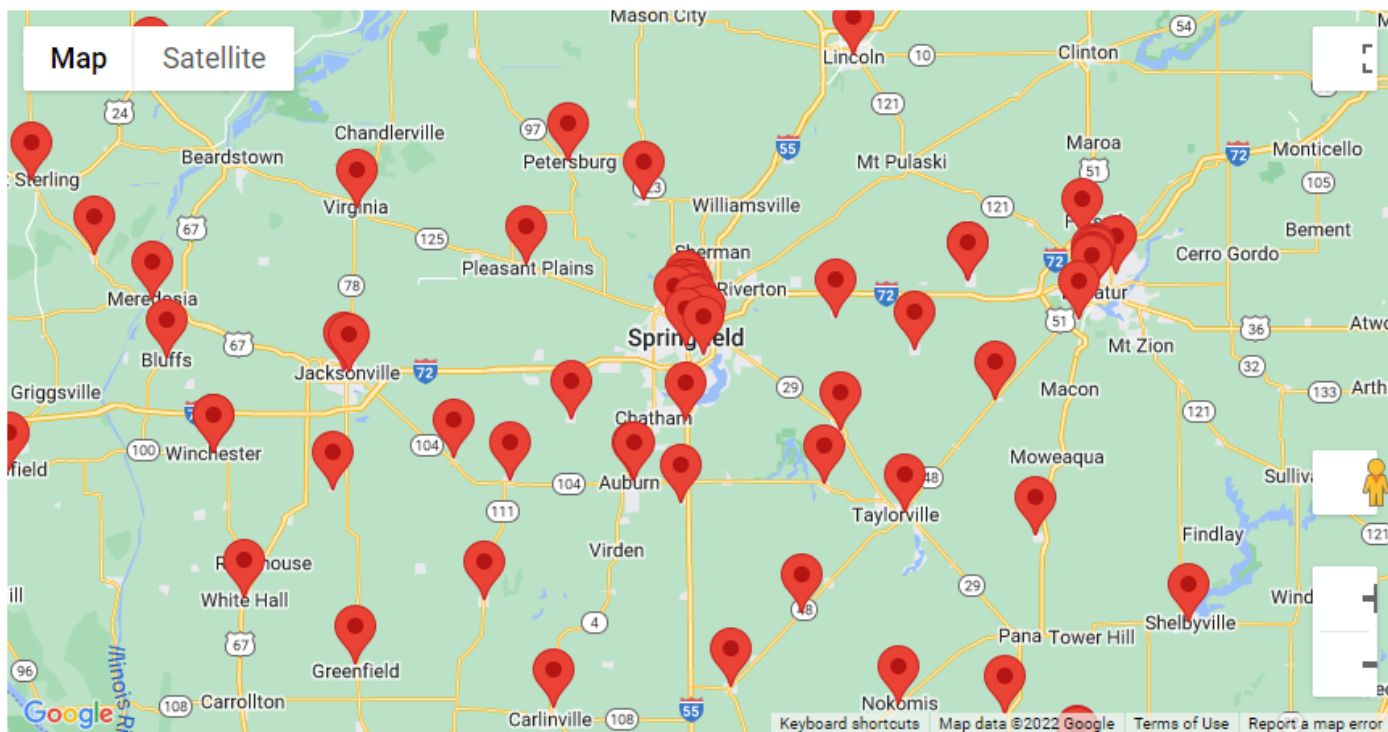
sangamon county

Search

## Give Help

Central Illinois Foodbank depends on generous donors to continue operation. Every bit helps. Please donate today!

[DONATE NOW](#)



Central Illinois Foodbank is a regional distribution point for donated food. The Foodbank does not distribute food directly to the public from our warehouse. Food is distributed through our 160 partner agencies across 21 counties in central and southern Illinois. To find an agency

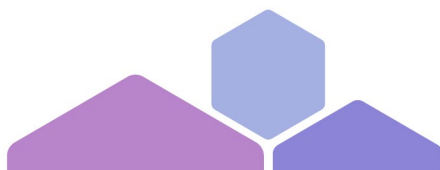


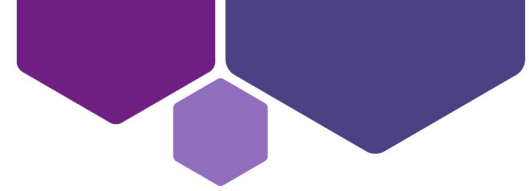
The Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) helps low-income people and families buy the food they need for good health.

- Benefits are provided on the [Illinois Link Card](#) - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service (FNS) of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.

## Qualifications:

- Most households with low income can get SNAP benefits. The rules are complex, so all of the details are not here. The most important factors which determine the amount of, and eligibility for, SNAP benefits are:
  - income and expenses
  - the number of persons who live and eat together





## Supplemental Nutrition Assistance Program Effective October 2021 Maximum Monthly Income Allowable

The guidelines below show the highest gross income your household can have in a month to receive SNAP benefits. Gross income is your total monthly income from all sources before any deductions.

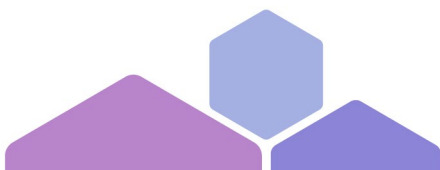
Number of People in Your Household	Maximum Gross Monthly Income	Maximum Gross Monthly Income (Age 60 and Over or Disabled)
1	\$ 1,771	\$ 2,147
2	\$ 2,396	\$ 2,903
3	\$ 3,020	\$ 3,660
4	\$ 3,644	\$ 4,417
5	\$ 4,268	\$ 5,173
6	\$ 4,893	\$ 5,930
7	\$ 5,517	\$ 6,687
8	\$ 6,141	\$ 7,443
9	\$ 6,766	\$ 8,200
10	\$ 7,391	\$ 8,957
Each additional person add	\$ 625	\$ 757

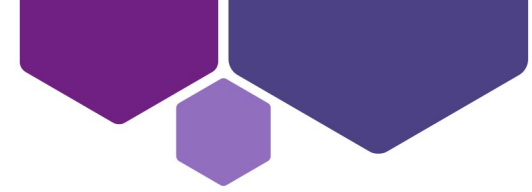
## Supplemental Nutrition Assistance Program Effective October 2021 Maximum Monthly SNAP Amounts

The chart below shows the maximum dollar amount of SNAP benefits your household can receive based on the number of people in your household, your income and your expenses. You could receive any amount up to the maximum.

Number of People in Your Household	Maximum Gross Monthly Benefits
1	\$ 250
2	\$ 459
3	\$ 658
4	\$ 835
5	\$ 992
6	\$ 1,190
7	\$ 1,316
8	\$ 1,504
9	\$ 1,692
10	\$ 1,880

*For households with more than 10 persons, add \$188 for each additional person.*





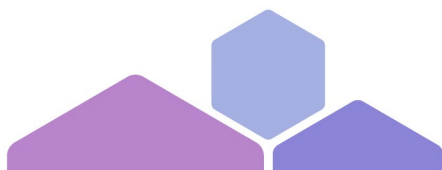
## What services are offered?

SNAP benefits can be used to buy:

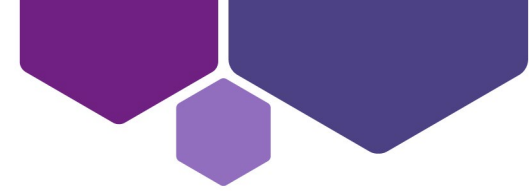
- any food or food product for human consumption,
- seeds and plants for use in home gardens to produce food.

SNAP benefits cannot be used to buy:

- Hot foods ready to eat,
- Food intended to be heated in the store,
- Lunch counter items or foods to be eaten in the store,
- Vitamins or medicines,
- Pet foods,
- Any nonfood items (except seeds and plants),
- Alcoholic beverages,
- Tobacco
- Menstrual products and diapers. The USDA does not currently have a waiver for states to allow customers to purchase menstrual products or diapers with SNAP/WIC benefits.



# WIC



WIC is a food assistance program for Women, Infants, and Children.

It helps pregnant women, new mothers and young children eat well and stay healthy.

## Qualifications:

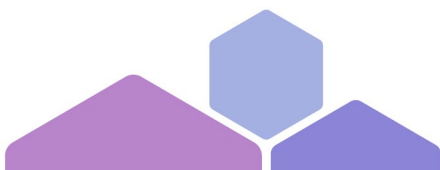
Women and their children who are

- Pregnant, breastfeeding or just had a baby
- Infants and Children under 5 years old (including foster children)
- Families with a low to medium income



## Services:

- A WIC EBT card to purchase special healthy foods - like fruits & vegetables, milk, juice, eggs, cheese, cereal, whole grains, dry beans or peas, and peanut butter
- Information about nutrition to help you and your family eat well and be healthy
- Information and help about breastfeeding
- Help in finding health care and other services in your area



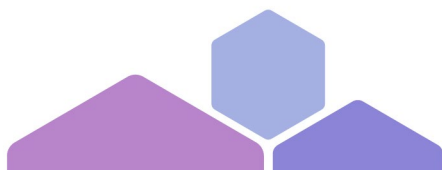


## State of Illinois WIC Program

### WIC INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2022 to June 30, 2023)

Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
<b>Each Additional family member add</b>	<b>+\$8,732</b>	<b>+\$728</b>	<b>+\$364</b>	<b>+\$336</b>	<b>+\$168</b>





SANGAMON COUNTY  
DEPARTMENT OF PUBLIC HEALTH

*Our clinic offers both walk-in and advance scheduling.*

**Advance appointments are available:**

Monday from 8:10 a.m. to 7:00 p.m.

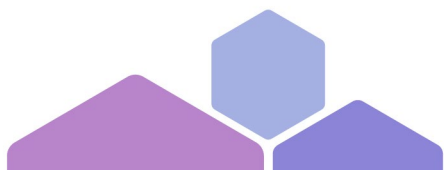
**Walk-in appointments are available:**

Monday through Friday from

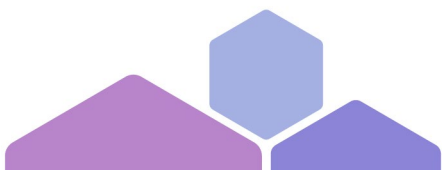
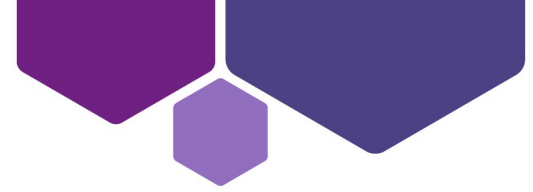
8:10 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00 p.m.

**\*Note:** We are closed the second Wednesday of every month for training.

Call 217-535-3102 to schedule an appointment or come in for a walk-in. **Not sure what to bring? Call ahead.**

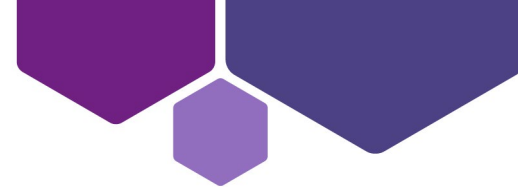


# HOW CAN YOU REFER?





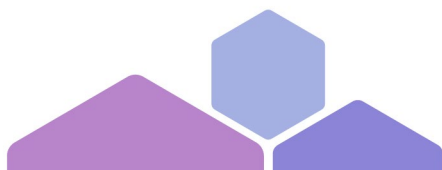
# SANGAMON HEART - IRIS



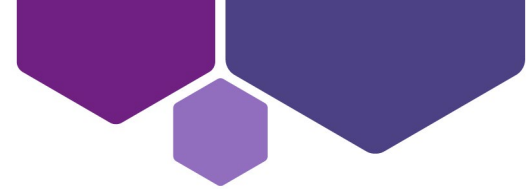
The screenshot shows the IRIS web application interface. On the left is a dark sidebar with navigation options: Hi Meredith, Sangamons HEART System & Data Manager, Switch Access, My Home, Reports, All Referrals, All Families, Partner Organizations, Community Documents, My Profile, Team Members, My Community, Log Out, and Help. The main content area is titled 'Partner Organization' and lists several organizations. A modal window is open over the 'Sangamons County Department of Public Health, WIC/Family Case Management/Better Birth Outcomes' entry. The modal contains the following information:

- Name:** Sangamons County Department of Public Health, WIC/Family Case Management/Better Birth Outcomes
- Waitlist:** "no waitlist" (indicated by a red box)
- Primary Contact:** Debra Tiskos 217-535-3102 ext. 3770, debra.tiskos@sangamonil.gov
- Eligibility Criteria Purpose:** Providing food and nutrition services and education as well as case management services to income eligible families.
- Service Areas:** Food/Housing Insecurity
- Counties Served:** Sangamon, Menard

The modal also features a circular logo with 'SCDP' and a 'Close' button at the bottom.



# SANGAMON HEART - TOUCHWORKS



History Builder **Orders**

Problem - based Rx Med Admin Immun Lab Rad Procs Findings FU/Ref

To Be Done: [ ] [ ]

[ ] My Favorites [ ] OFF [ ] Record w/o Order

- (SIU Only) Consult Only
- (SIU Only) Consult/Initiate Treatment
- (SIU Only) Consult/Transfer of Care
- (SIU only) Occupational Therapy Evaluation
- Sangamon County HEART Referral SIU Peds
- Speech Therapy Evaluation and Treatment

### Sangamon County HEART Referral SIU Peds

For: [0]

Status: Active [Details]

To Be Done: 14Oct2022 [ ] [ ]  
Overdue: 13Nov2022 03:37PM

Recipient: [ ] [ ]

First Available Provider

Order  Specialist Response Received  Record w/o Ordering

[Details](#) | [Attachments](#) | [Add'l Details](#) | [Charging](#) | [Encounters](#) | [History](#) | [Annotations](#)

**Details**

Reason: [ ]  Insert Problem

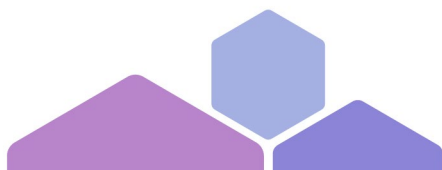
77 chars remaining

What service(s) does your patient need?

What partner would you like to refer to?

Does your patient or their family meet any of the following criteria?  
\*please indicate all that apply; if unknown, leave blank

[TT] [Clear]



# FOOD INSECURITY

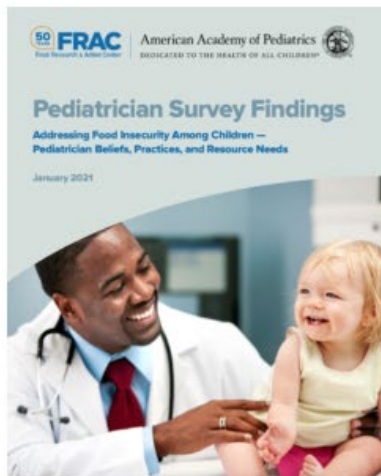


## A Toolkit for Pediatricians to Address Food Insecurity

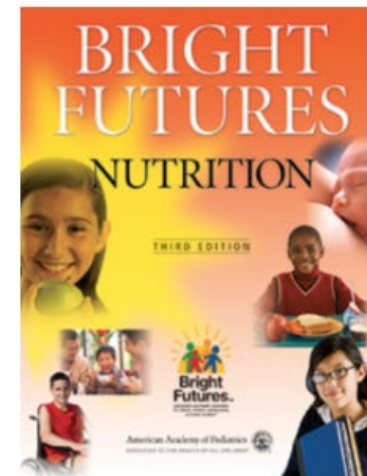
Click here to download the toolkit



Click here to download the Pediatrician Survey Findings



To access resources from Bright Futures, click here.



<https://illinoisAAP.org/childhood-nutrition-security/>

Illinois Chapter

INCORPORATED IN ILLINOIS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®



American Academy of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN®



# SCREEN AND INTERVENE:

A Toolkit for Pediatricians to Address Food Insecurity

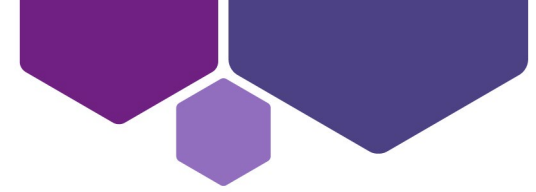
JANUARY 2021 | [WWW.AAP.ORG](http://WWW.AAP.ORG) | [WWW.FRAC.ORG](http://WWW.FRAC.ORG)

American Academy  
of Pediatrics

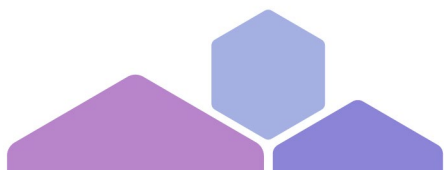


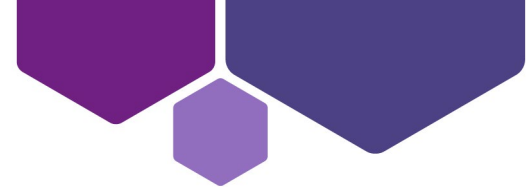
DEDICATED TO THE HEALTH OF ALL CHILDREN™

# PEDIATRICIANS ROLE



- Prepare
  - Screen
  - Intervene
- 
- Document, track, educate and advocate





## THREE STEPS FOR SUCCESS

### PREPARE

- ▶ **Educate and train** staff on food insecurity, federal nutrition programs, and local food and income resources
- ▶ **Follow AAP's recommendation** of universal screening at scheduled check-ups or sooner, if indicated
- ▶ **Incorporate efforts** to address food insecurity into the institutional workflow
- ▶ **Practice** having empathetic and sensitive conversations when addressing food insecurity

### SCREEN

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."

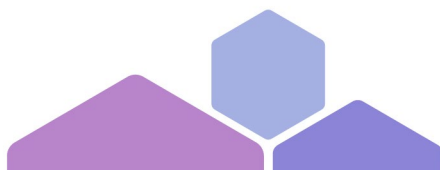
OFTEN TRUE    SOMETIMES TRUE    NEVER TRUE    DON'T KNOW/REFUSED

*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.*

### INTERVENE

- ▶ **Administer** appropriate medical interventions per your protocols
- ▶ **Connect patients** and their families to the federal nutrition programs and other food resources
- ▶ **Document and track** interventions in medical records
- ▶ **Advocate and educate** to address food insecurity and its root causes, e.g., poverty, inadequate wages, housing insecurity, and structural racism



# PREPARE!



## PREPARE

- ▶ **Educate and train** staff on food insecurity, federal nutrition programs, and local food and income resources
- ▶ **Follow AAP's recommendation** of universal screening at scheduled check-ups or sooner, if indicated
- ▶ **Incorporate efforts** to address food insecurity into the institutional workflow
- ▶ **Practice** having empathetic and sensitive conversations when addressing food insecurity



# SCREEN!

## SCREEN

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

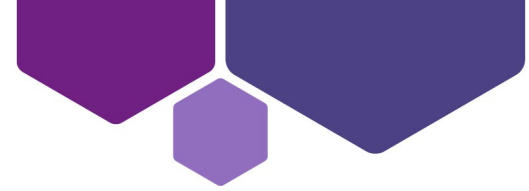
*Patients screen positive for food insecurity if the response is “often true” or “sometimes true” for either or both statements.*

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



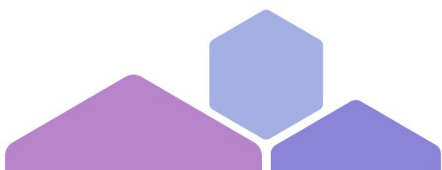


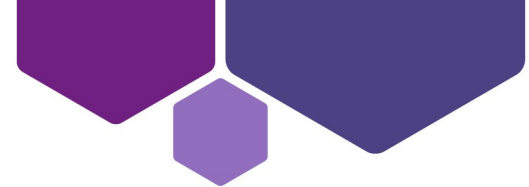
# INTERVENE!



## INTERVENE

- ▶ **Administer** appropriate medical interventions per your protocols
- ▶ **Connect patients** and their families to the federal nutrition programs and other food resources
- ▶ **Document and track** interventions in medical records
- ▶ **Advocate and educate** to address food insecurity and its root causes, e.g., poverty, inadequate wages, housing insecurity, and structural racism





**THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN**



Supplemental Nutrition Assistance Program (SNAP)



Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)



Child Care Meals



School Breakfast and Lunch



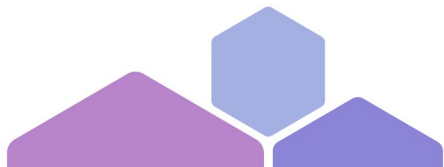
Afterschool Meals



Summer Nutrition Programs



Pandemic-EBT (available during COVID-19 school closures)

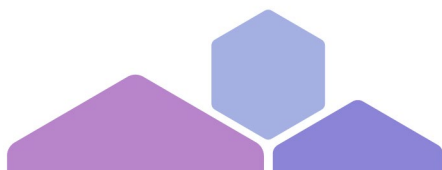


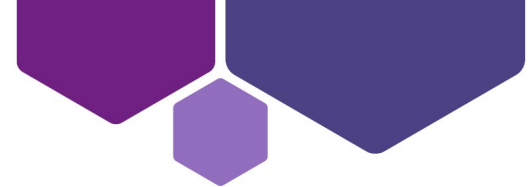


Program Name	General Program Eligibility <sup>‡</sup>	Program Description
Supplemental Nutrition Assistance Program (SNAP) <i>The program may be called something else in your state.</i>	Low-income individuals of all ages who meet income and asset tests (that can vary by state)	Monthly benefits are provided on an Electronic Benefit Transfer (EBT) card to purchase food at grocery stores, farmers' markets, and other food retail outlets across the country that accept SNAP
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	Low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five deemed nutritionally at risk by a health care professional	Nutritionally tailored monthly food packages are provided to families and redeemed in grocery stores and food retailers that accept WIC; additional services include breastfeeding support, nutrition education and counseling, and health referrals
National School Lunch Program and School Breakfast Program	School-aged children of families at low or moderate income levels can qualify for free or reduced-price meals	Breakfasts and lunches meeting federal nutrition standards are provided in participating schools
Child and Adult Care Food Program (CACFP)	Children, typically up to age five, attending eligible child care centers and homes, Head Start, and Early Head Start	Up to two free meals and a snack meeting federal nutrition standards are provided to infants and young children at participating centers
Summer Nutrition Programs (available through the Summer Food Service Program or the National School Lunch Program)	Children 18 years of age and under visiting participating sites	Up to two free meals meeting federal nutrition standards are provided at approved school and community sites during summer vacation
Afterschool Nutrition Programs (available through CACFP or the National School Lunch Program)	Children 18 years of age and under visiting participating sites	Free, healthy snacks and/or meals meeting federal nutrition standards are provided in participating enrichment programs running afterschool, on weekends, or during school holidays

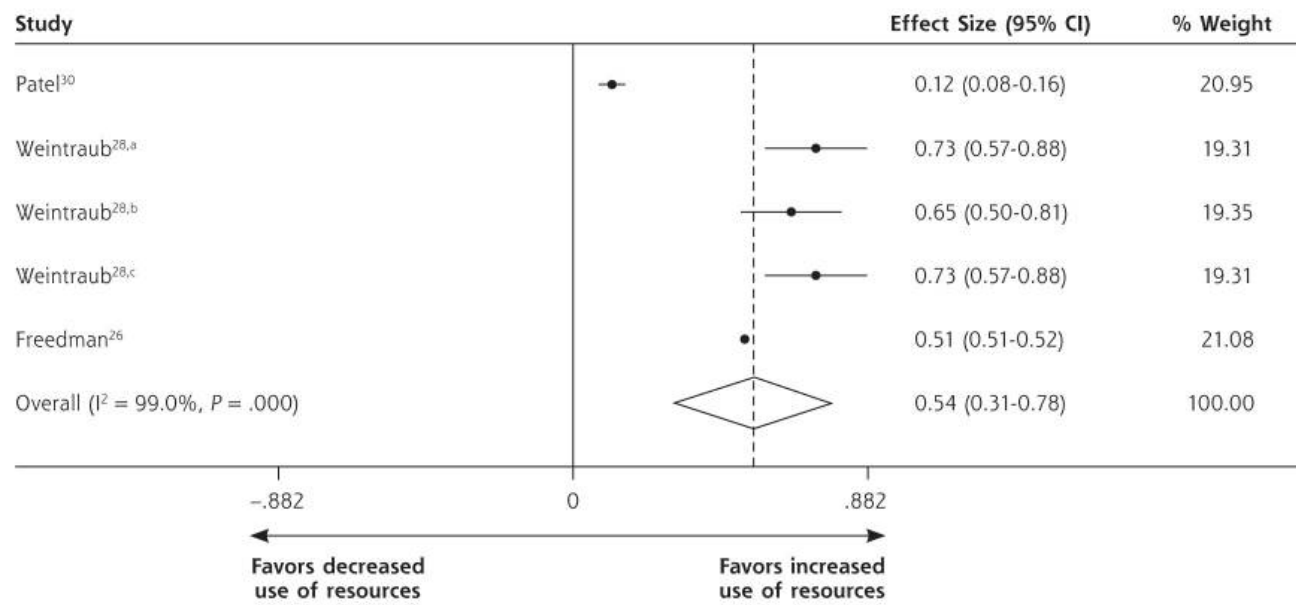
<sup>\*</sup>Adapted with permission from the AAP and FRAC *Federal Nutrition Programs and Emergency Food Referral Chart* (available at: <https://frac.org/aaptoolkit>). Primarily for use in healthcare settings, the referral chart includes key information on nutrition programs available to children and their families.

<sup>†</sup>WIC, school meals, and the other Child Nutrition Programs are not included in a public charge determination. Receipt of traditional, federally-funded SNAP benefits by the immigrant for themselves may be included in a public charge determination, pursuant to a new federal rule change that, at press time, was subject to litigation. Nonetheless, the scope of public charge has limits. For example, receipt of SNAP for dependents eligible for SNAP benefits, such as a US citizen, does not affect a public charge determination. Public charge is also not a factor for green card holders seeking US citizenship or renewing their green card documents. For additional information and updates, visit <https://frac.org/hunger-poverty-america/hunger-among-immigrants>.

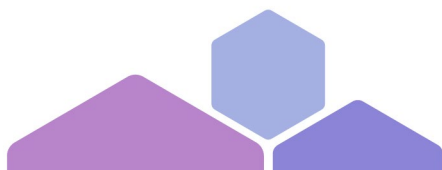
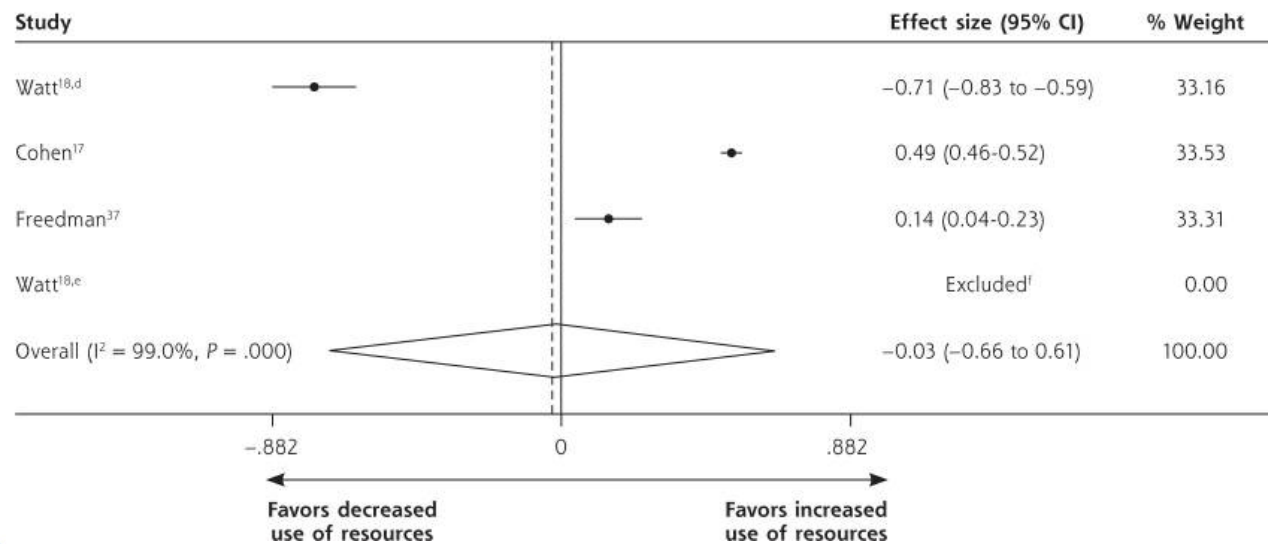




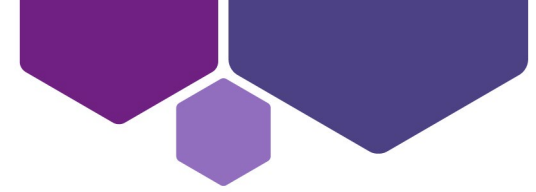
### Change in use of food resources



### Change in fruit/vegetable consumption



# FOOD INSECURITY



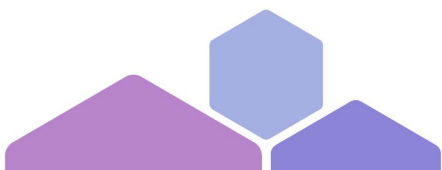
- Goal: foster collaboration between pediatricians, state food delivery, and family support partners to improve pediatrician's food insecurity screening, referral mechanism, and resource delivery to families through a collective impact plan
- More than 35 project partners including government agencies, health care organizations, local food initiatives, food bank, food pantries, and public health organizations

Illinois Chapter

INCORPORATED IN ILLINOIS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®





# ILLINOIS PARTNERSHIP FOR CHILDHOOD NUTRITION SECURITY

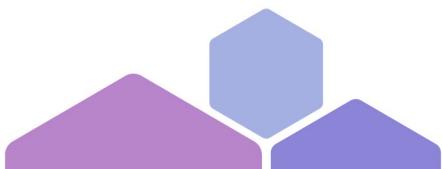
- Goal 1: Build Collaboration and Consensus to Address Food Insecurity in Illinois
- Goal 2: Build Chapter Capacity to Promote Training and Resources and Pediatrician Efficacy to Address Food Insecurity and Connection to Local Food Resources
- Goal 3: Implement Collective Impact Plan to Improve Screening and Family Connections to Food Resources

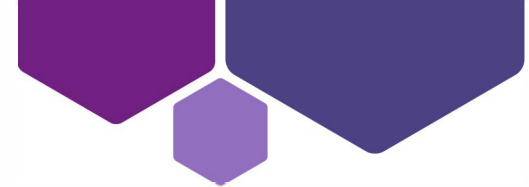
Illinois Chapter

INCORPORATED IN ILLINOIS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®





American Academy  
of Pediatrics



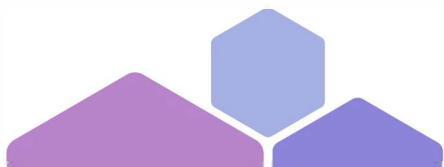
DEDICATED TO THE HEALTH OF ALL CHILDREN™

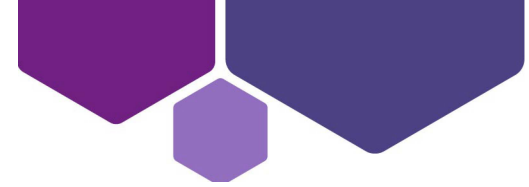
Illinois Chapter

INCORPORATED IN ILLINOIS

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™





## Childhood Nutrition Security Project Partners

### Government Agency

Chicago Department of Public Health  
Chicago Public Schools  
Cook County Health  
Illinois Department of Human Services  
Illinois State Board of Education  
Southern 7 Health Department  
SNAP Education, University of Illinois Extension  
Tazewell County Health Department

### Public Health

Illinois Public Health Association  
Illinois Public Health Institute

### Home Visiting / Daycare

Start Early  
Illinois Network of Child Care Resource and Referral Agencies

### Healthcare System

Healthcare System  
ACCESS Community Health Network  
American Heart Association  
Ann and Robert H. Lurie Children's Hospital of Chicago  
Erie Family Health Centers  
Esperanza Health Centers  
Heartland Health Services  
Illinois Academy of Nutrition and Dietetics  
OSF Healthcare Children's Hospital of Illinois  
PCC Community Wellness Center  
Prenso Partners for Health: veggie Rx  
Southern Illinois University School of Medicine  
UIC Office of Community Engagement and Neighborhood Health Partnership

### Local Food Initiative

Chicago Food Policy Action Counsel  
Experimental Station  
Illinois 4-H Food Security Communities  
Peoria Grown

### Food Bank / Pantry

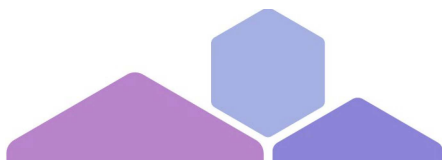
Beyond Hunger  
Catholic Charities of Archdiocese of Chicago  
Feeding Illinois  
Greater Chicago Food Depository  
Marillac St. Vincent Family Services Midwest  
Food Bank  
Northern Illinois Food Bank

# Illinois Chapter

INCORPORATED IN ILLINOIS

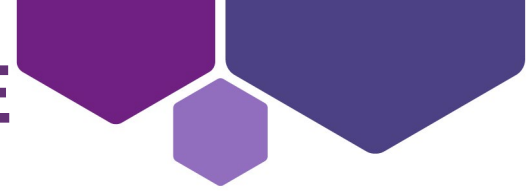
American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

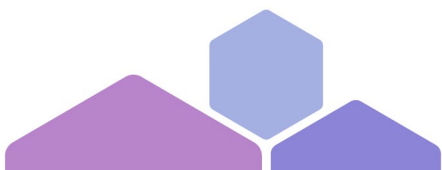




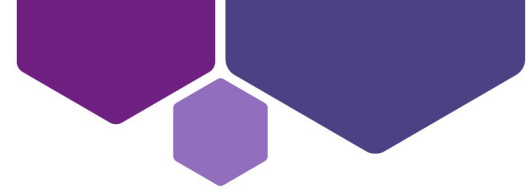
# ICAAP- NUTRITION SECURITY IN THE CAPITAL



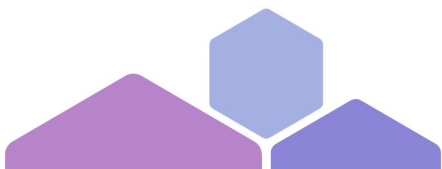
- State of Illinois is the 6<sup>th</sup> state in the descending order of total population according to online resources.
- Black and Hispanic families make up about one-fifth of the Springfield, Illinois population.
- In Sangamon County (including Springfield), 23% of children live below the Federal Poverty Level, but for Black children that number is 54.4%.



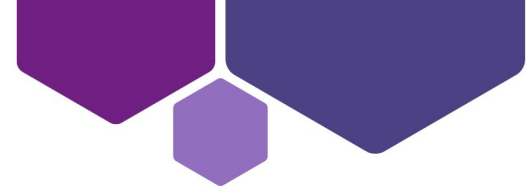
# ICAAP- NUTRITION SECURITY IN THE CAPITAL



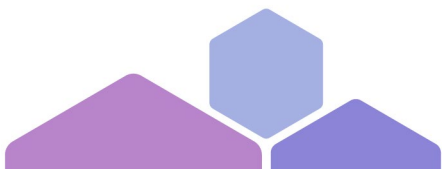
- Children in the area within previously mentioned racial and ethnic groups experience an increased risk of food insecurity given their parents' socio-economic status
- By screening those families in need, we can identify the causes of food insecurity and we will provide resources and education



# OUR HUNGER CHAMPIONS



- Enas Shanshen MD
- Meredith Volle MD, MPH
- Shreep Tripathy MD MBA
- Kerby Ingram BSN, RN, CPHQ
- Stephen Troop MS3

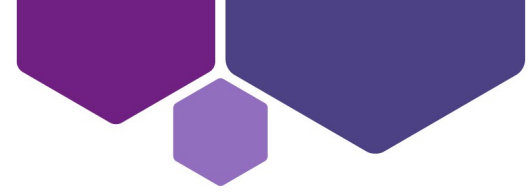


# ICAAP- NUTRITION SECURITY IN THE CAPITAL-OUR AIM

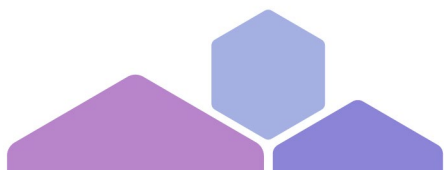
- Get the pediatricians educated and more involved to improve food security and make sure that children will not be left hungry in Springfield and nearby cities in Southern Illinois



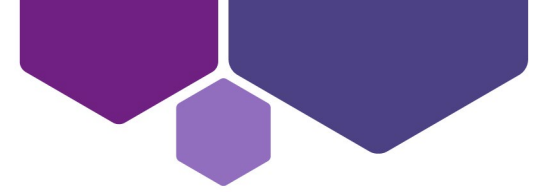
# ICAAP- NUTRITION SECURITY IN THE CAPITAL - OUR PLAN



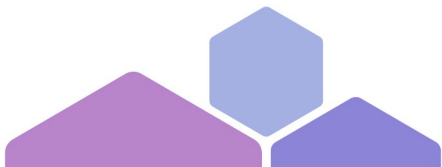
- Educate the participating pediatricians to implement a two-question food security screening tool in their clinic visits (hunger vital signs).
- Provide local free food resources and brochures to the families who need them
- To investigate if there were any barriers to use the resources



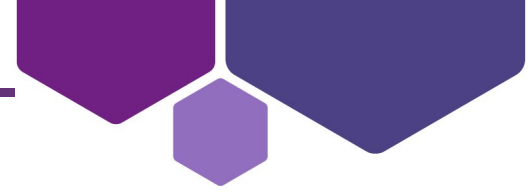
# ICAAP- NUTRITION SECURITY IN THE CAPITAL



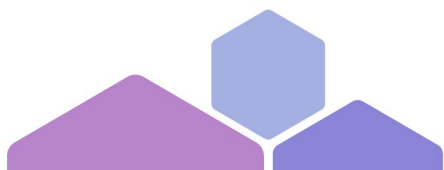
- Quality improvement project is now getting ready to start in Springfield
- Submitted to the IRB
- Started collecting resources and applying for grants to support the process for the coming stages.



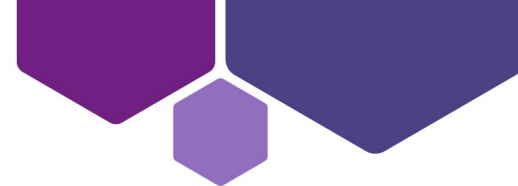
# ICAAP- NUTRITION SECURITY IN THE CAPITAL- OUR AIM



- Assess food security of patients through screening in the clinical settings
- Provide resources & Financial support
- Secure healthy food for children served by the pediatricians in the Springfield and surrounding areas



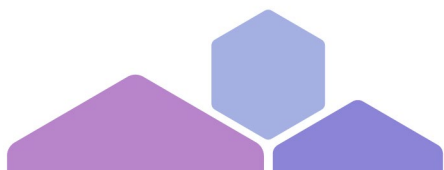
# ICAAP- NUTRITION SECURITY IN THE CAPITAL - OUR AIM



- The data available will be analyzed according to the geographical location

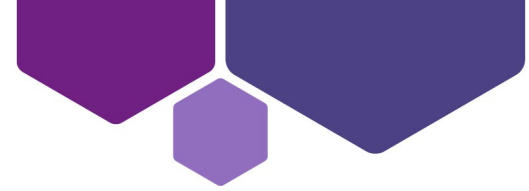
## **Intervention:**

- Our hunger champions will act based on the results and will reach out to the community
- There will be more education and barriers investigation according to the geographic areas through schools, daycares, etc

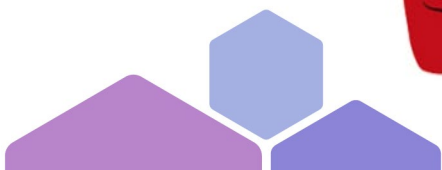




# NUTRITION SECURITY IN THE CAPITAL- PREPARE



- Train staff on food insecurity, federal nutrition programs, and local food and income resources
- Incorporate efforts to address food insecurity into the institutional culture and work flow
- Practice having empathetic, sensitive, and culturally effective conversations when addressing food insecurity

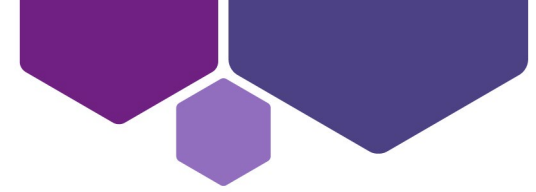


# NUTRITION SECURITY IN THE CAPITAL-SCREEN

- Use the validated and AAP-Recommended Hunger vital signs to screen for food insecurity
- Use of alternative food insecurity screeners



# HUNGER VITAL SIGNS



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.”**

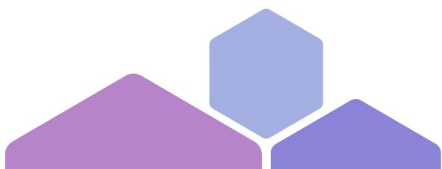
OFTEN TRUE     SOMETIMES TRUE     NEVER TRUE     DON'T KNOW/REFUSED

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

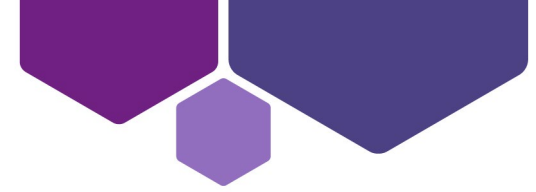
OFTEN TRUE     SOMETIMES TRUE     NEVER TRUE     DON'T KNOW/REFUSED

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

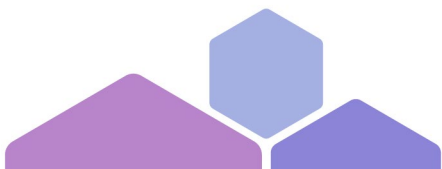
*Document and code the administration and results of screening in medical records.*



# INTERVENE- ONLINE RESOURCES



- Aunt Bertha
- Pieces Iris
- Reach
- TAVconnect
- Unite US
- One Degree
- CharityTracker
- CrossTx
- Healthify




# ONLINE RESOURCES



ZIP or keyword or program name



Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:

Select Language 



FOOD



HOUSING



GOODS



TRANSIT



HEALTH



MONEY



CARE



EDUCATION



WORK




LEGAL



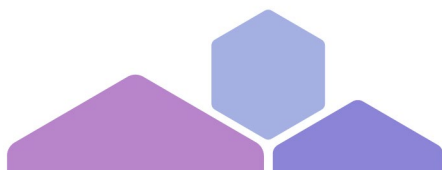
## 1,847 programs

in the Springfield, IL 62711 area

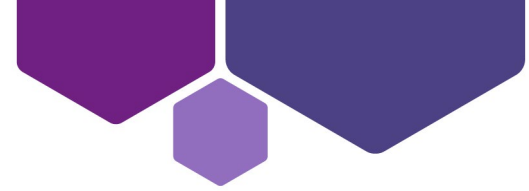
Choose from the categories above and browse local programs, or search for any service. Select Language  to translate the site.

This curated database of resources is provided by **findhelp, a Public Benefit Corporation.**


Activate Windows  
Go to Settings to activate Windows.



# ONLINE RESOURCES



Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:

Select Language 

-  **FOOD**
-  HOUSING
-  GOODS
-  TRANSIT
-  HEALTH
-  MONEY
-  CARE
-  EDUCATION
-  WORK
-  LEGAL

## Emergency Food

Emergency Food - All (8)


Food Delivery

Food Pantry

Help Pay For Food 

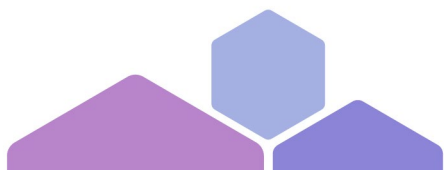
Meals

Nutrition Education

Choose from the categories above and browse local programs, or search for any service. Select Language  to translate the site.

This curated database of resources is provided by **findhelp, a Public Benefit Corporation.**

Activate Windows  
Go to Settings to activate Windows.



# RESOURCES



## DIRECTORY OF FOOD PROGRAMS FOR SANGAMON COUNTY

Abundant Faith Ministries Manna Store (Tues. 5pm-7pm).....	527-1006
Asbury Children's Supper Hour (M-Th 2pm-4pm) After School Program .....	522-8147
Auburn IL Food Pantry (M 12:30pm-2:30pm).....	971-7557
Ball-Chatham Food Pantry (Call for appointment).....	697-4663
Catholic Charities (Holy Family Food Pantry) (M, W & F 9am-12pm) .....	523-4551
Contact Ministries (Gives Referrals only Not a food pantry).....	753-3939
Daily Bread Program for seniors (8am-5pm M-F, Lunch at 12pm daily).....	528-4035
Divernon UMC Food Pantry (M 5pm-7pm).....	416-1612
Family Service Center "Compass" After-School and Summer Programs.....	528-8406
5th Street Renaissance (Wed 11am-1pm).....	544-5040
First Presbyterian- (M, T, & Th 9am-11am) .....	Ext 207...528-4311
Freedom in Holiness Mission (3rd Wed 10am-11:30am).....	522-2527
(During Summer 2nd and 4th Wed 2:30pm-3:30pm)	
Good Shepherd Luthern in Sherman (Call for appointment).....	496-3149
Grace Lutheran (M, Tues, & Th 11am-2:30pm and Wed 11am-1pm).....	522-9707
Helping Hands of Pleasant Plains 2 <sup>nd</sup> Saturday 7am-10am.....	414-4175 or 4176
Hunger Hotline.....	800-359-2163
Kumler Outreach Ministries (M thru F 9am-12pm & 3rd Thurs 5:30pm-6:30pm).....	523-2269
Lawrence Ave Church of Christ Food Pantry (Saturdays 10am-12pm).....	525-6156
Loami Area Pantry (1st & 3rd M 12pm-2pm & 2nd & 4th Tues 10am-12pm) .....	624-9900
Meals on Wheels (Senior Services of Central Illinois).....	528-4035
Pregnancy Care Center of Springfield "Food for Two" (Tues-Thurs 9am-4:30pm).....	525-5630
Real Life Church (Tuesdays 5:30pm-7:30pm) .....	528-2299
Riverton Pantry (Thurs 4pm-6pm).....	391-6590
Salvation Army (M, W & F 9am-12pm & 1pm-3pm).....	525-2196
Serving Jesus Willingly (4th Mon. of each month) .....	753-0430
Seventh Day Adventist Church (2pm-4pm every Sunday).....	720-2568
Sherman Church of the Nazarene (Call for appointment) .....	496-3255
Springfield Township-(Referrals Only) .....	525-1464
St. John's Bread Line (M-Sat 8am-10am & 2pm-4pm and Sun 10:30am-1:30pm).....	528-6098
St Martin DePorres (W & Th & Sat 9am-11am) .....	528-2851
Table of Life Ministries (3 <sup>rd</sup> Fri. of each month 4pm-7pm) .....	720-5100
Triumph Community Outreach Ministries (2nd & 4th Sat 9am-11am) .....	522-5957
WIC (Food for Women & Children).....	535-3102

# REFERENCE

- Weinreb L, Wehler C, Perloff J, Scott R, Hosmer D, Sagor L, Gundersen C. Hunger: its impact on children's health and mental health. *Pediatrics*. 2002 Oct;110(4):e41. doi: 10.1542/peds.110.4.e41. PMID: 12359814.
- De Marchis EH, Torres JM, Benesch T, Fichtenberg C, Allen IE, Whitaker EM, Gottlieb LM. Interventions Addressing Food Insecurity in Health Care Settings: A Systematic Review. *Ann Fam Med*. 2019 Sep;17(5):436-447. doi: 10.1370/afm.2412. PMID: 31501207; PMCID: PMC7032918.
- Gundersen C, Ziliak JP. Food Insecurity And Health Outcomes. *Health Aff (Millwood)*. 2015 Nov;34(11):1830-9. doi: 10.1377/hlthaff.2015.0645. PMID: 26526240.
- Leung CW, Epel ES, Willett WC, Rimm EB, Laraia BA. Household food insecurity is positively associated with depression among low-income supplemental nutrition assistance program participants and income-eligible nonparticipants. *J Nutr*. 2015 Mar;145(3):622-7. doi: 10.3945/jn.114.199414. Epub 2014 Dec 31. PMID: 25733480.
- Hartline-Grafton H, Hassink SG. Food Insecurity and Health: Practices and Policies to Address Food Insecurity among Children. *Acad Pediatr*. 2021 Mar;21(2):205-210. doi: 10.1016/j.acap.2020.07.006. Epub 2020 Jul 9. PMID: 32653691; PMCID: PMC7347342.

