# A quality improvement approach to improve assessment of and responsiveness to food insecurity

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### Introduction

Access to nutritious food is essential to foster optimal health and development in children. Thus, the American Academy of Pediatrics recommends pediatricians routinely screen for food insecurity (FI). Previous initiatives within the OSU Pediatric Clinic sought to improve FI screening and intervention with varying degrees of success. Notably, rates of FI varied widely as studies used different validated screening tools and methods of assessment. The purpose of this project was to refine workflow, using a multistep quality improvement process, to more accurately assess for and appropriately respond to FI.

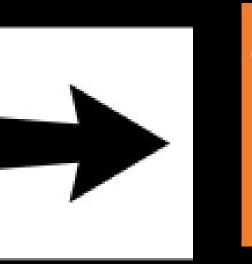
## Method

Dr. Nguyen lead a working group through a series of Plan, Do, Study, Act cycles to assess and then refine existing FI screening and intervention protocol.



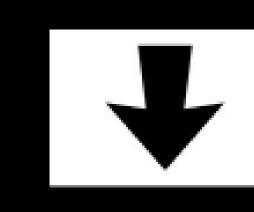
# Results

# Determine if there is a common theme regarding the current food insecurity protocols that may contribute to inaccurate assessments

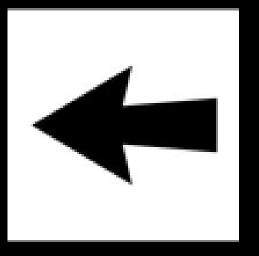


- Conduct semi-structured interviews of key champions within OSU Pediatric Clinic

#### CYCLE 1

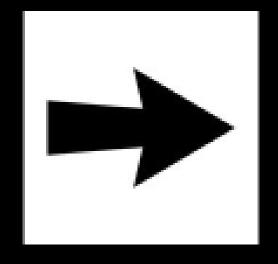


Create anonymous survey regarding current food insecurity protocol based on results from cycle 1



Stigma as a common theme identified in semi-structure interviews

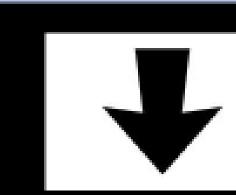
# Determine recipients of and how to administer the anonymous survey created in cycle 1.



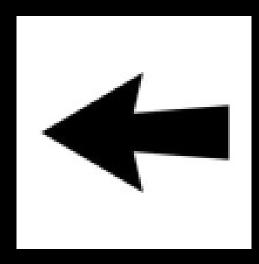
DO

 Administer anonymous survey to assess provider and staff opinions regarding the current food insecurity protocol and opinion for changes

#### CYCLE 2

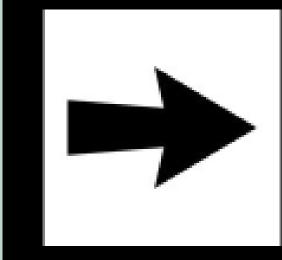


- Revise FI protocols related to assessment and intervention
 - Develop FI in-service training for providers and staff



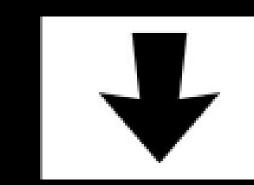
Study
Stigma is a common theme that affects accurate assessment of FI
Ongoing education and training on FI needed

# Determine appropriate mechanism to implement new FI protocol and training designed with information obtained in cycles 1 and 2

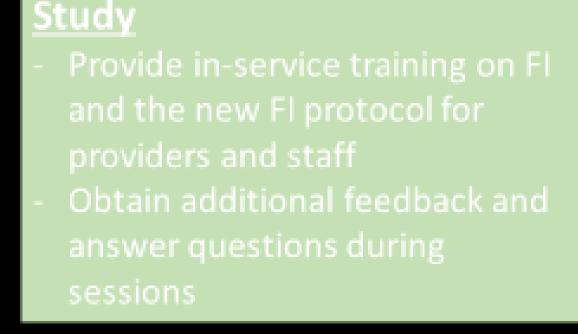


Develop and display posters with facts on FI to destigmatize concern.
 Develop in-service training on FI for providers and staff

#### CYCLE 3







### Conclusion

Results of previous FI studies and QI projects within the OSU Pediatric Clinic noted discrepancies in FI rates depending on the method of screening and tools used. This necessitated further study. It was felt that using a combination of qualitative and quantitative data within a QI framework would better inform needed changes to workflow and training related to FI screening and intervention.

To de-stigmatize the concept of being food insecure, posters with facts regarding the current rate and adverse effects of FI were posted in clinic in hopes of normalizing FI screening for both patients and staff. Further, staff and providers were given fast facts and common scripts to communicate with patients about FI as well as in-service training.

To sustain staff and provider knowledge and comfort with regard to FI assessment and intervention, each member of the healthcare team should have yearly training in FI and all new members should have training upon hire. FI rates should be reassessed in one year to assess consistency with reported norms for this population.

### Acknowledgements:

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<u>References</u>: Council on community pediatrics, Committee on nutrition. Promoting food security for all children. *Pediatrics*. 2015;136(5):e1432-1438. Crockett-Woods H. Assessing food insecurity in the OSU pediatric ambulatory clinic population poster presented at ACOP. 2018; Fort Myers, Fl. Hager E, Quigg A, Black M, et all. Development and validity of a 2-item screen to identify families at risk for food insecurity. *Pediatrics*. 2010;126(1):e26-32. Sorenson C. An evaluation of household food insecurity and chaos in an urban pediatric patient population poster presented at ACOP. 2015; Orlando, FL. Terwey A. Assessing physician knowledge and ability to manage food security in an urban pediatric clinic poster presented at ACOP. 2016; Phoenix, AZ.