The Invisible Epidemic of Childhood Food Insecurity

— We can help ensure our pediatric patients have adequate nutrition to thrive

by Sean Nguyen, Austin Le, MS, Jay Devineni, MPH, Jade Bowers, RN, Nicholas Wilson, and Cailly Howell-McLean, MD
September 10, 2024

Nguyen, Le, Devineni, and Wilson are medical students. Bowers is a pediatric nurse and a medical student. Howell-McLean is an attending physician.

It's Monday at 1 a.m., and a 10-year-old girl comes back from her appendectomy, begging for a snack. After working her way through sips of juice, I grab her a small bowl of cereal. As she scarfs it down, I say, "You must be so hungry since you couldn't eat before surgery!"

"I haven't eaten since school on Friday," she replies.

"You couldn't keep food down since Friday?" I ask.

"No, I just don't usually get to eat on the weekends."

Unfortunately, this was an all-too-common encounter for me (Bowers), as a pediatric nurse.

Across the country, thousands of children walk into hospitals and clinics every day. Pediatricians meticulously probe, test, and diagnose, yet a silent, devastating condition often goes unnoticed: hunger. This invisible crisis hides in plain sight, undermining the health and futures of our youngest patients. It's time for pediatricians to expose this hidden epidemic and ensure no child's cry for help is left unheard.

Food insecurity is broadly defined as lacking regular access to enough safe and nutritious food for normal growth and development for an active and healthy life. It affects one in seven children in the U.S. This gap in food access exposes children to unique and severe risks that jeopardize their growth and cognitive and behavioral development, while increasing their susceptibility to chronic illnesses such as asthma, anemia, developmental delays, and mental health disorders.

What Can Clinicians and Medical Practices Do?

Given the clear connection between food insecurity and poor health outcomes, the American Academy of Pediatrics (AAP) recommends that pediatricians:

1. Screen and identify children at risk for food insecurity.
2. Connect families to community resources.
3. Advocate for policies that support access to healthy and adequate food.

THE ATLANTIC

A Better Fix for Food Allergies

BECKER'S HOSPITAL REVIEW

Northwell cancer institute names new medical director

CNN

Weight loss drug liraglutide shows real promise for younger children with obesity, study finds | CNN

The first part of these recommendations can be achieved using validated screening tools, such as the Hunger Vital Sign, a simple two-question survey that asks if a household ran out of food or was worried about running out of food during the previous 12 months. Despite the availability of such an easy and effective screening tool, one study found only 15% of surveyed pediatricians reported screening for food insecurity, although 80% were willing to screen. A 2024 study similarly found that only 14% of surveyed pediatric gastroenterologists routinely screened for food insecurity even though 53% reported feeling comfortable or somewhat comfortable doing so. The most cited barrier to screening was a lack of readily available patient resources.

For this reason, pediatric offices should become familiar with national, state, and local initiatives that combat childhood food insecurity. These could include: the Supplemental Nutrition Assistance Program (SNAP); the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); school and childcare meal programs; and local food banks and food pantries. Having these resources on hand, while leveraging collaborations with members of the care team who can effectively connect patients with these resources (social workers, case managers, healthcare navigators), is crucial to combating the effects of food insecurity.

Some healthcare organizations have taken this a step further by establishing interventions where physicians can directly provide prescriptions for fresh fruit and vegetables to those who struggle to access them. Early evidence suggests these interventions, called prescription produce programs, can decrease food insecurity and improve health biomarkers related to obesity, hypertension, and diabetes. They have also been shown to increase fruit and vegetable intake among children, which is especially impactful since childhood is a time when lifelong taste preferences are often established. While health insurance companies do not currently cover these programs, the U.S. Department of Agriculture offers a grant to support them, and a validated simulation model suggests that such programs would become cost-effective after 5 years if Medicaid and Medicare provided coverage for them.

Of course, there are many places in the U.S. where food access programs and resources are limited, which is why advocacy for policies that would expand such programs is an essential component of the AAP's recommendation. The AAP also provides a toolkit for addressing food insecurity, which includes guidance on internal capacity building and effective food access promotion in resource-limited settings.

How Effective Is Screening, Really?

Critics of food insecurity screenings may point to the fact that the U.S. Preventive Services Task Force (USPSTF) found insufficient evidence to support the implementation of screenings in the primary care setting. However, the task force still recommends clinicians have discussions with patients about food insecurity and connect them with available resources when possible.

One previously cited reason for the USPSTF's decision is that food insecurity is fundamentally intertwined with other social determinants of health (SDOH) that may also limit access to food. For example, the construction of a supermarket in a food desert might not mean much to a child whose family has no access to transportation to get to that supermarket. To that end, CMS began requiring healthcare organizations to screen all adults admitted to the hospital across five SDOH domains, including food and transportation insecurity. However, this requirement does not apply to pediatric patients.

Ensuring Youth Grow Up Healthy

Given the current landscape of food insecurity among children, there are several things that must be done to ensure that kids have the resources needed to grow up healthy. First, we believe universal food insecurity screenings should be provided annually to all pediatric patients during their wellness visits. These could be coupled with other SDOH screenings to ensure feasible solutions are offered.

Second, pediatric offices should assign at least one employee or volunteer to oversee the process of connecting food insecure patients to food access programs and community resources. Third, the public should encourage their political representatives to support the expansion of food access programs to communities where such programs are lacking. Finally, the CMS rule requiring SDOH screenings for hospital admissions should be expanded to include the pediatric population.

The future health and well-being of our children depends on our commitment to addressing food insecurity. Through regular food insecurity screenings, timely referral to community resources, and advocacy for innovative

food access programs, pediatricians can mitigate the immediate and long-term health impacts of inadequate nutrition. Together, we can ensure every child has the nutrition they need to thrive.

Sean Nguyen is a third-year medical student at the University of Missouri – Kansas City School of Medicine. Austin Le, MS, is a second-year medical student at the University of Illinois College of Medicine. Jay Devineni, MPH, is a fourth-year medical student at the University of Missouri -- Columbia School of Medicine. Jade Bowers, RN, is a second-year medical student at Florida State University College of Medicine and a pediatric nurse at Tallahassee Memorial Healthcare. Nicholas Wilson is a fourth-year medical student at the Morehouse School of Medicine. Cailly Howell-McLean, MD, is an attending physician at Nationwide Children's Hospital.

2 Comments

Recommended For You

Second Opinions

What Can We Learn From Blood Culture Bottle Shortage?

Second Opinions

Project 2025: Assessing the Impact on the Healthcare Workforce

Building the Patient-Centered Medical Home

The Goldilocks Dilemma: Too Much, Too Little, Just Right

What We Heard This Week

'Residents Are the Horses That Make This Place Run': What We Heard This Week

---

Second Opinions

The Emotional Toll of Chronic Illness in Childhood

Second Opinions

Should We Attribute Patients' Conditions to 'Old Age'?

Medical News From Around the Web

THE ATLANTIC

A Better Fix for Food Allergies

BECKER'S HOSPITAL REVIEW

Northwell cancer institute names new medical director

CNN

Weight loss drug liraglutide shows real promise for younger children with obesity, study finds | CNN

CBS NEWS

The best new health and fitness features in the Apple Watch 10, including sleep apnea detection

JOURNAL OF CLINICAL ONCOLOGY

Naldemedine for Opioid-Induced Constipation in Patients With Cancer: A Multicenter, Double-Blind, Randomized, Placebo-Controlled Trial.

CIRCULATION

Glucosamine-Mediated Hexosamine Biosynthesis Pathway Activation Uses ATF4 to Promote "Exercise-Like" Angiogenesis and Perfusion Recovery in PAD.