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Background

- In the United States, 10.8% of children live in households that experienced food insecurity (FI) within the last 30 days.
- The prevalence of risk of FI is disparately higher among non-Hispanic Black (15.7%) and Hispanic (18.8%) children, compared to their White counterparts (6.5%).
- Social Determinants of Health (SDOH) and FI are consistently associated with poor health outcomes, including acute and chronic health problems in children.
- Pediatric clinics routinely screen for FI and SDOH; however, clinical-community food assistance and education interventions are understudied.

Objective

The objective of this study was to understand the current landscape and perceptions of clinical-community partnerships to address food insecurity among pediatricians, food assistance program community partners (CPs), and parents/caregivers, to inform the development of a food assistance and education intervention.



Methods

Design, Setting, and Participants

- Mixed-methods study incorporated a cross-sectional survey and semi-structured interviews.
- Pediatricians staffing a teaching primary care clinic in Rhode Island were invited to participate in a survey and subsequent virtual interview
- Food insecure parents and caregivers of children (< 8 years old) were invited to participate in virtual interviews.

- Community partners (CPs) addressing FI or SDOH were invited to participate in virtual interviews.

Measures

- Attending and resident physicians completed a brief 17-item questionnaire assessing demographics and previous nutrition training.
- Virtual interviews were semi-structured and covered: experiences with food insecurity, community food assistance programs,

and nutrition knowledge and education.

Statistical Analyses

- Descriptive statistics were used to characterize demographic characteristics, and pediatrician nutrition knowledge.
- Interviews were recorded, transcribed, and double-coded to identify emerging themes through an inductive approach.

Results

Table. Pediatrician and parent/caregiver demographics

Demographic Characteristic	Pediatricians (n=28)	Parents/Caregivers (n=6)
Female	23 (82%)	5 (83%)
Non-Hispanic White	22 (79%)	0
Non-Hispanic Black	1 (4%)	2 (33%)
Hispanic	0	4 (67%)
Other	5 (18%)	0

Community Partners (n=8) reported:

On a scale of 1 to 10, from “not at all comfortable” to “incredibly comfortable”: pediatricians rated their comfort with explaining food assistance programs to parents/caregivers as **3 out of 10**, on average.



- 38%** Offer nutrition education
- 88%** Serve meals or provide food in some other way
- 38%** Have an existing partnership or communication with Healthcare Providers



Pediatrician and parent perspectives on addressing SDOH and food insecurity in the clinic

... doctors should be equally involved with the child[’s food and nutrition]... I actually do appreciate [when doctors ask me about food and nutrition], yeah, it’s very informative - **Parent 6**

... it’s helpful when they bring it up, and I’m like ‘okay, well you put it out there’... or ‘I actually do need this resource’... It’s not embarrassing for me, but you know [it may be embarrassing] for [other parents] to tell people about their stories or their situation, but I don’t really mind - **Parent 5**

... if somebody’s coming in and they’re talking about depression, and they’re really worried about their kid’s mental health, you end up spending the whole time talking about that and you don’t even know about food insecurity. That might or might not exist because you just don’t have time... - **Pediatrician 2**

And that is a concern that I have... I might be in a community setting where I don’t have a [resource referral program]... And so that is something that I’ve worried about and wished I’ve had training on, to kind of build some of those skillsets... - **Pediatrician 11**



Conclusions

- There appears to be a lack of coordinated clinical-community approaches to addressing food insecurity.
- These results underscore the need for interventions to enhance pediatrician comfort discussing SDOH and nutrition assistance programs.

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References

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