Food As Medicine: Breaking down the silos between health and social service sectors

Background

The COVID-19 pandemic has exacerbated food insecurity (FI) and hunger in the United States, with the nation experiencing unprecedented levels of food insecurity among households with children.

Pediatricians are uniquely suited to identify children living in FI households. They are the only part of the early childhood system to have regular contact with ALL children aged 0 to 5, a period of rapid growth incorporating critical windows of development. Professional guidelines recommend that doctors address health and social needs within the context of regular primary care visits.

In 2007, the California Pediatrics Training Collaborative ("The Collaborative") was founded to change pediatric faculty practice to address the social determinants of health across the State's pediatric programs. The Collaborative is made up of 14 California pediatric residency programs (see sidebar) that unites 373 general pediatric faculty across California who care for diverse Medi-Cal populations and together train 860 pediatric residents each year. The Collaborative's established model has been replicated nationally,[1] representing a rare opportunity to provide national leadership in the development of systems to promote *Food as Medicine*.

The California Pediatrics Training Collaborative

- Benioff Children's Hospital, Oakland
- Children's Hospital Los Angeles / USC
- Harbor UCLA Medical Center
- Kaiser Permanente Southern California
- Kaiser Permanente Oakland
- Loma Linda University
- Naval Medical Center, San Diego
- Stanford University
- University California, Davis
- University California, Fresno
- University California, Irvine / Children's Hospital Orange County
- University California, Los Angeles
- University California, San Diego

Collaborative partner institutions are located in urban and suburban areas, and faculty and residents take care of approximately 82,600 families every 6 months. These institutions are a significant part of the safety net system and care for primarily low-income families. With 27% of children in California living in food insecure households, we know that pediatricians hold an important key in connecting these families to appropriate resources (kidsdata.org).

Collaborative Aim: Promoting Food as Medicine Statewide through new partnerships

Our goal is to bridge the silos between the pediatric and food safety net sector, creating a new *Food As Medicine* model to reduce FI and hunger among children and families in California. The Collaborative will collectively implement a replicable, primary care based protocol of FI screening that bridges to community partners for a standardized referral process. We will accomplish this through the following strategies:

1. Build institutional capacity: Lead pediatric training faculty at 14 institutions will work with hospital administrators to gain buy-in and approval to integrate a validated, two-item FI screen into clinical workstreams, leveraging new electronic health record based screening and GIS mapped resource linkages.
2. Develop community partnerships: Each lead pediatric training faculty will connect with their local food bank and community agencies and organizations that provide food assistance and social service resources (i.e. SNAP enrollment, food pantries, emergency meals, early intervention, legal assistance for public benefits enrollment). Partnerships will be established to ensure that pediatricians can

1 Chamberlain LJ, Wu S, Lewis G, Graff N, Javier JR, Park JS, Johnson CL, Woods SD, Patel M, Wong D, Blaschke GS, Lerner M, Kuo AK. A multi-institutional medical educational collaborative: advocacy training in California pediatric residency programs. Acad Med. 2013 Mar; 88(3):314-21. PMID: 23348081

seamlessly make appropriate referrals. These strong community partnerships will be critical for sustainability.

3. Training pediatricians: To ensure sustainability, residents and faculty will undergo training to learn the scope and impact of FI and hunger among children; how to screen for FI; and to refer patients during routine well-child visits. The curricula will address the known lack of knowledge and self-efficacy well documented in the medical literature.
4. Evaluation and data integration: Evaluation measures include: implementation lessons learned; demonstrated integration of the 2-item screen into existing clinical processes; number of partnerships and type of community agencies; and number of faculty and residents trained. We will assess the following measures at baseline and 6 months: percent of faculty and residents screening for FI; number of families screened positive for FI; and number of families referred for benefits enrollment and/or food assistance. Each pediatric partner will explore the opportunity to track community-level food insecurity data through informal discussions with city and county agencies (e.g., public health, county government) to determine community impact.

Impact

If successful, The Collaborative will reduce child food insecurity and hunger statewide. The *Food As Medicine* model developed in pediatrics will serve as a model of cross-disciplinary engagement for health care providers and food security agencies nationally, training the next generation of providers to work across silos to address FI and hunger and ultimately sustain these practices throughout their careers.

Budget

This statewide initiative will approximately cost $903,000 across two years. This initiative includes 15 California pediatric residency programs (proposed addition of one new program) that will unite approximately 400 general pediatric faculty across California and who together train approximately 900 pediatric residents each year.

- The budget will include funding for two program leads and one program coordinator.
- Each pediatric training site will receive $20,000 per year to lead program implementation. The budget includes funding for 15 community partners at $5,000 each/year.
- Additional funding requested for travel to one statewide meeting/year, evaluation costs, and requited indirect costs to each institution (estimated 15%).