

## **Food Insecurity Screening Amongst Pediatric Residents**

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**Background:** Food insecurity (FI) impacts a large number of children cared for by pediatricians and affects many aspects of health. The AAP recommends screening for FI at routine health maintenance visits. Prior studies find that many pediatricians report very low rates of screening.

**Objectives:** To assess Lurie pediatric resident attitudes and opinions on FI screening in their practice and to identify barriers to FI screening. To compare between resident primary care clinic sites (Uptown & Lincoln Park) and across training levels.

**Design/Methods:** We developed an IRB approved anonymous electronic questionnaire of 17 questions including questions about training level, resident clinic site, frequency of screening for FI, comfort with screening for FI, and barriers to FI screening. This was sent to all 99 pediatric resident trainees at Lurie Children's. Data were analyzed with GraphPad Prism8. We analyzed the data to compare responses according to resident clinic site and residency training level. When comparing between two groups a two-tailed Mann-Whitney test was used. When comparing between three groups the Kruskal-Wallis test was used.

**Results:** We received 61 responses (62%). Most residents feel FI screening is very important (67%). The majority (54%) screen in less than 25% of routine health maintenance visits. Many residents (38%) feel not at all prepared to respond to a positive FI screen. Most commonly identified barriers include insufficient time (90%), discomfort with FI screening (72%), uncertainty in handling a positive screen (72%). We used the Mann-Whitney U test to determine whether the clinic sites differed. There was a significant difference in frequency of FI screening between the UPT and LP residents ( $U=25.50$ ,  $p<0.001$ ). The majority of UPT residents (61%) reported FI screening in more than 75% of routine health maintenance visits, the majority of LP residents (76%) reported FI screening in less than 25% of routine health maintenance visits. More UPT residents reported feeling very comfortable performing FI screening compared to LP ( $U=213$ ,  $P<0.0020$ ). More UPT residents felt very comfortable responding to a positive screen compared to LP residents ( $U=203$ ,  $p<0.00012$ ). Both clinic site groups viewed FI screening as within resident scope of practice ( $U=373$ ,  $p=0.7624$ ). Both clinic site groups reported they would be comfortable asking validated FI screening questions ( $U=293$ ,  $p=0.0931$ ;  $U=302$ ,  $p=0.1252$ ). Using the Kruskal-Wallis test we found no significant differences between frequency of FI screening, comfort with screening, confidence in ability to handle a positive screen or any other measure between the PL1, PL2 and PL3 level residents.

**Conclusions:** Our study confirmed that Lurie residents report low rates of FI screening. The most common barriers reported were time, discomfort with FI screening, and uncertainty in handling a positive screen. Uptown clinic residents reported higher screening and comfort compared to Lincoln Park residents. We found no significant difference in FI screening based on year of residency training.