



Resident education on food insecurity:

Partnering with the community to improve resident comfort, screening, and referrals

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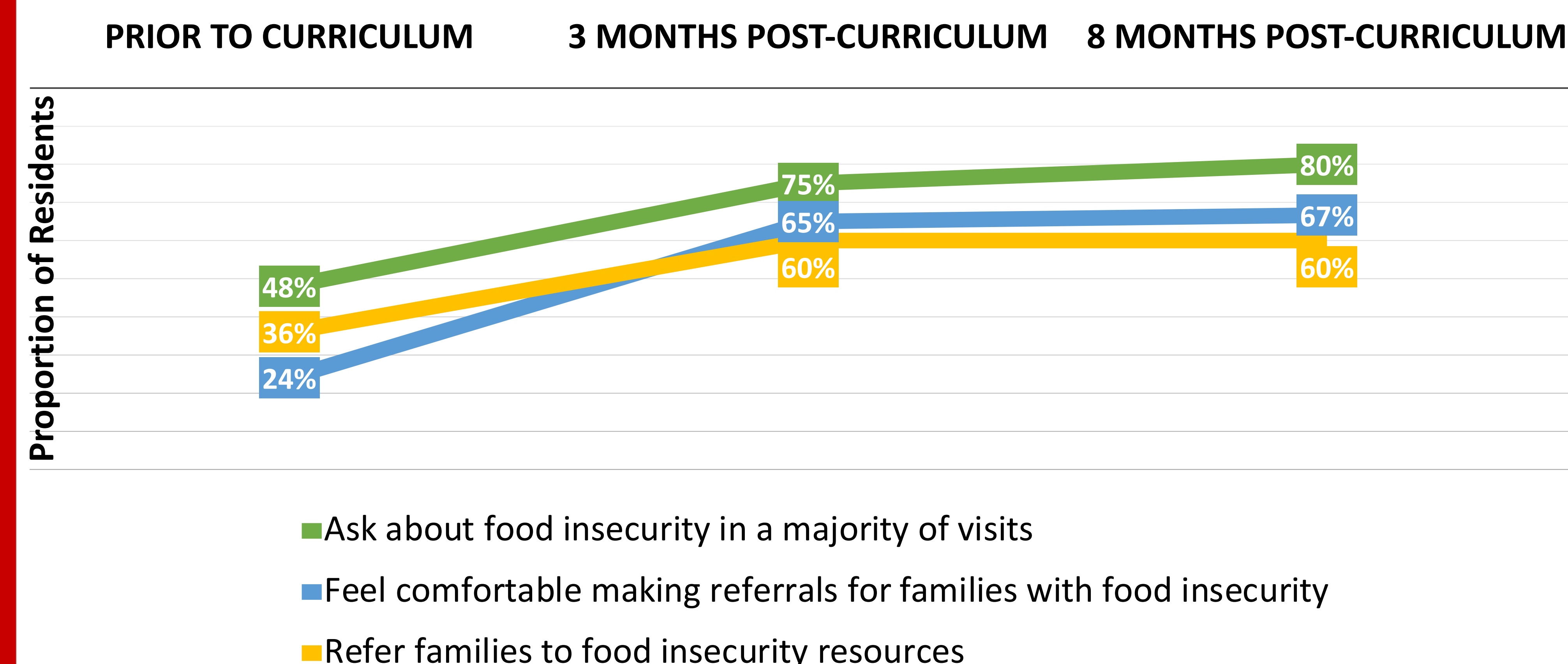
INTRODUCTION

- In light of the Covid-19 pandemic, as many as 1 in 4 US children lives in a household with food insecurity (FI)
- Few pediatrics residents receive training to identify and reduce the burden of FI
- In this QI initiative, we partnered with community organizations to develop a FI curriculum for pediatrics residents

METHODS

- Created an educational curriculum using evidence-based national and local resources
- Partnered with local community organizations to deliver this curriculum during resident educational conferences
- Curriculum consisted of one-hour sessions over a consecutive three-day period:
 - **DAY 1:** Intro to FI, River Food Pantry presentation
 - **DAY 2:** FoodWise and Healthy Kids Collaborative presentations
 - **DAY 3:** FI cases and provider Q&A
- Compared pre-curriculum surveys to those completed at 3 and 8 months post-curriculum, using Fisher's exact test given small sample sizes (n = 55)

Resident Report of Food Insecurity Screening, Comfort, and Referrals



RESULTS

3 MONTHS POST-CURRICULUM:

- Increased proportion of residents reported they asked about FI in a majority of clinic visits (48% to 75% of residents, $p = 0.026$)
- Increased proportion of residents reported they were comfortable making referrals for FI (24% to 65% of residents, $p = 0.037$)
- Increased proportion of residents reported they placed referrals in a majority of visits after identifying a FI need (36% to 65% of residents, $p = 0.049$)

8 MONTHS POST-CURRICULUM:

- Residents sustained increased comfort placing referrals and this difference remained statistically significant (24% to 67% of residents, $p = 0.013$)
- Reported rates of screening and referrals remained higher than pre-curriculum, though this difference was not statistically significant

DISCUSSION

- FI is associated with poor health status, developmental delay, mental health problems, and poor educational outcomes
- As pediatricians, we have an opportunity to identify children at risk for FI, connect families with resources, and advocate for our patients facing FI
- This study demonstrated that an FI curriculum was effective in increasing resident comfort in placing referrals for FI
- Next steps include integrating longitudinal FI curriculum into existing resident education
- Limitations of this study include small sample size and resident self-report; data on clinic screening rates and referrals would further inform results

CONCLUSION

Partnering with community organizations to provide a FI curriculum led to increased reported screening rates, comfort placing referrals, and referral rates among pediatrics residents