

#276 Danielle Akinsanmi

Advisor(s): Saema Khandakar

### **Addressing Food Insecurity during the COVID-19 Pandemic: A Quality Improvement Project**

Food insecurity(FI) is defined as limited or uncertain access to food. In New York City, nearly one in four children experiences food insecurity, and Brooklyn possesses the highest FI rate of all NYC boroughs. This problem has only worsened during the COVID-19 pandemic as families struggle to afford food due to employment, economic and housing instability. To increase the percent of patients screened for FI at pediatric well-child visits from 0% to 50% and improve the percent of screen-positive patients connected to food services from 0% to 70% over a six month period. Our multidisciplinary team (pediatric attendings, residents, food navigators, and social workers) used the model for improvement and a key driver diagram to guide quality improvement (QI) efforts. We collected baseline data from 04/2020 to 09/2020. In 10/2020 we implemented a screening process in which providers screened patients for FI with a two-question survey at well-child visits. Patients who screened positive were referred to social work and connected to resources (food navigators, federal nutrition programs and food pantries). Families were also offered emergency food boxes at time of visit. We implemented the following tests of change: developing a FI clinical workflow with universal screening tools, implementation of standardized note templates for EMR documentation, and monthly multidisciplinary meetings. Our outcome measures include proportion of patients screened for FI at the well-child visit and proportion of screen-positive patients connected to food services. Our process measures were social work referrals for screen-positive patients. The percent of patients screened for FI increased from 0% to 68% after QI interventions. We saw an increase in social work referrals for screen-positive patients from 0% to 78% and screen-positive patients referred to food services also increased from 0% to 84%. Preliminary data supports a multidisciplinary approach to identifying food-insecure families.