"Yes or No? Within the Past 12 Months ..."

Food Insecurity in San Diego — An Interview With Dr. Patricia Cantrell

BY SAN DIEGO PHYSICIAN

Note: This interview was recorded Feb. 21, 2017. Patricia E. Cantrell, MD, SDCMS-CMA member for 19 years and board-certified in pediatrics, is the current president of the San Diego and Imperial counties chapter of the American Academy of Pediatrics.

SDP: What is food insecurity and how does it differ from hunger?

Dr. Patricia Cantrell: Many people have trouble understanding the difference between the two. Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food. Hunger, on the other hand, is an individual-level physiological condition that may or may not result from food insecurity. For example, you can be hungry right before lunch but have the money to buy food and satisfy your hunger. If you're food insecure, you might not have the resources to satisfy that hunger.

SDP: Are those American Academy of Pediatrics definitions?

Dr. Cantrell: In fact they're from the USDA. In 2006 they introduced new language to describe ranges of the severity of food insecurity. You can be low food security or very low food security. Low food security is defined as reports of reduced quality, variety, or desirability of diet, with little or no indication of reduced food intake. So maybe you're not able to buy that wonderful salmon or fresh salad or things like that, and instead you're buying the Top Ramen, which

What's the Difference Between Food Insecurity and Hunger?

Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food. Hunger, on the other hand, is an individual-level physiological condition that may result from food insecurity.

What's the Difference Between a Food Bank and a Food Pantry?

According to Wikipedia, a food bank is a nonprofit, charitable organization that distributes food to those who have difficulty purchasing enough food to avoid hunger. Food banks usually operate on the "warehouse" model, acting as food storage and distribution depots for smaller frontline agencies — food banks usually do not themselves give out food directly to the hungry. After the food is collected, sorted, and reviewed for quality, these food banks then distribute it to nonprofit community or government agencies, including food pantries, food closets, soup kitchens, homeless shelters, orphanages, schools, etc.

What Is a Food Desert?

According to the USDA: *Limited access to supermarkets, supercenters, grocery stores, or other sources of healthy and affordable food may make it harder for some Americans to eat a healthy diet. There are many ways to measure food store access for individuals and for neighborhoods, and many ways to define which areas are food deserts — neighborhoods that lack healthy food sources. Most measures and definitions take into account at least some of the following indicators of access:*

- *Accessibility to sources of healthy food, as measured by distance to a store or by the number of stores in an area.*
- *Individual-level resources that may affect accessibility, such as family income or vehicle availability.*
- *Neighborhood-level indicators of resources, such as the average income of the neighborhood and the availability of public transportation.*

According to the 2008 Farm Bill: A food desert as an "area in the United States with limited access to affordable and nutritious food, particularly such an area composed of predominantly lower income neighborhoods and communities."

is a lot cheaper; it might not be as healthy, and you may not be going hungry, but it's not necessarily nutritious or good for you.

Very low food security, on the other hand, is defined as reports of multiple indications of disrupted eating patterns and reduced food intake. So you'll often see parents, especially moms, go without eating as much in order to make sure that their children get enough food; they'll actually decrease their food intake in order to take care of their children — that's the very low food security.

SDP: But we're not talking about people who eat too much fast food?

DR. CANTRELL: If you're talking about the low food security group, many times they end up eating fast food, low nutrient-dense food because it's cheaper; they don't eat that nutritious, varied diet. And then there's something called "food deserts" [see www.ers.usda.gov/data-products/food-access-research-atlas]; many people who are food insecure live in areas where they don't have health food stores or grocery stores on every corner. Instead, there are a lot more fast food places or corner minimarts that don't often have nutritious food. It's a vicious cycle because that's what they get used to eating, they like it, and then they buy more of it. A lot of studies have shown that if you get satisfied with high-calorie foods, you end up not eating as much of the other foods.

SDP: Asking your patients where they live might help you determine whether or not they're at risk for food insecurity.

DR. CANTRELL: It's possible, and that does help, but many times doctors don't know exact areas very well. Personally, I find it hard to look at a patient and try to decide whether they're food insecure or not. I have some patients I'm pretty sure are food insecure, but I've been shocked when I've asked food insecurity questions to certain patients and they've said yes, yes we are food insecure. I just assumed they were hooked up with SNAP, the Supplemental Nutrition Assistance Program, but they didn't even know about it. So you can't just look at a person and assume, yes, they're food insecure or not. And I think, as doctors, we think we can. That's why screening for food insecurity for everyone is so important, so that you don't let your personal biases and judgments get in the way.

SDP: Are there screens out there doctors can access?

DR. CANTRELL: Yes, there is a screen for food insecurity; it's a two-question screening that has been validated and used by many physicians and is now being recommended by the American Academy of Pediatrics (AAP). They have a policy statement on screening for food insecurity, and they're recommending that all pediatricians ask their families these two screening questions, and to do it in a standardized way so that you're not missing those people that are food insecure.

21% of children live in food insecure households in the United States, and San Diego is about that same number; that's about one in five families, and, I have to tell you, I think we're missing them. So by having this standardized and validated screening, and teaching physicians how important it is to use it, we'll be able to pick up a lot more families.

SDP: You're recommending it for all pediatricians, but your cardiologist or surgeon, for example, probably isn't going to screen for food insecurity, correct?

DR. CANTRELL: We may eventually go there. The

policy statement did indeed come out of the American Academy of Pediatrics, but what we're trying to do with our San Diego Food Insecurity Coalition is to get all primary care physicians involved. We also want to get the hospitals asking these questions because hospitalized patients are often food insecure at higher rates than non-hospitalized patients. On discharge we're looking at asking those two questions, and if they screen positive — and a positive screen is a yes on either of the two questions — then it's recommended that you refer them to services.

SDP: Can you talk about food insecurity in San Diego beyond the 21% of children in food insecure households? Are we pretty reflective of the country as a whole?

LOW FOOD SECURITY IS DEFINED AS REPORTS OF REDUCED QUALITY, VARIETY, OR DESIRABILITY OF DIET, WITH LITTLE OR NO INDICATION OF REDUCED FOOD INTAKE.

DR. CANTRELL: Well, we're close to the border, and we have a big migrant population from Mexico, but we also have a lot of refugee populations here. I have many patients from Somalia [and] Iraq that are food insecure because they come over here with nothing. Maybe they're getting some help, but it's usually not enough to feed everybody.

SDP: Do you find that people are food insecure over long periods of time or that it's more an episodic problem?

DR. CANTRELL: It often is episodic. When you have a big life change such as the loss of a job or a divorce, then all of a sudden a family who was food secure can become food insecure. You can flow in and out of food security.

SDP: So these are questions you should be asking your patients every time you see them?

DR. CANTRELL: Yes, that's what we recommend. Kind of like when the doctor asks, "Do you smoke? Do you exercise? How much do you exercise?" We actually want this to be a part of that routine questioning because we feel that it's that important.

SDP: Is there any data that looks at long-term effects of being food insecure as a child?

DR. CANTRELL: We know that children who come from food insecure households have higher rates of obesity, higher rates of depression, poorer school performance, and many other chronic illnesses, like asthma, in the future. Some of that makes sense, like obesity, for example, because if you're going to be eating those junkier foods, the fast foods, the high-calorie-dense foods, they're addictive and then you end up eating more of it, and that ends up being a part of your diet.

As well, when you're in a food insecure household, there's just often a lot more stress. Parents are stressed. Maybe they're working two jobs to make ends meet, and they can't be there for the child. Luckily, if you're under a certain income threshold, you can have breakfast and lunch provided during the school year, and then the family just has to worry about taking care of dinner. The weekends, those can

What Is CalFresh, SNAP?
CalFresh (federally known as the Supplemental Nutrition Assistance Program or SNAP, itself formerly known as the Food Stamp Program) is a federally mandated, state-supervised, and county-operated government entitlement program that provides monthly food benefits to assist low-income households in purchasing the food they need to maintain adequate nutritional levels.

be tough. There are certain situations where the kid's main meal is Friday lunch, and then they really don't get another good meal until breakfast on Monday. The summers can be a problem too.

SDP: Do you ever suspect that your patients are too ashamed to tell you?

DR. CANTRELL: Yes, I think so. Many are proud. I recently had one family where the father was diagnosed with cancer and he couldn't work, and the mother was also not working so that she could help take care of him; they were having trouble making ends meet. They admitted it to me, and I told them how to get hooked up with CalFresh, and they said, "But we've never needed that before, we've always worked." I think they didn't want to have that stigma. I tried to explain it to them, that things happen in life, and that we didn't expect your husband to have cancer right now, but what we need to do is make sure that you have — even if it's just a little extra help here and there — that you have maybe a little more money to go toward buying very nutritious food because your family needs to eat very well right now. When I explained it to her like that, that I don't want you to just buy the cheapest food right now, I want you to eat as healthy as you can, she understood it. But I think it was still hard for her because she and her husband always worked — they didn't just live off of the government.

SDP: That should be an easy discussion for doctors to have with their patients because it's about doing everything they can to get better, starting with getting the right nutrition. Is there anything else physicians can do?

DR. CANTRELL: Physicians can, first of all, refer their patients to services. I think sometimes that might be very daunting for physicians because, to be honest with you, I don't think we're taught to do that. I think they might think that that's a job for a social worker, but most physician offices don't have social workers. Once doctors realize the connection of health and food security, they'll understand that by

making sure that their patients are food secure, they're taking care of their health.

Doctors are burdened with a lot to do already, so we want to make it as easy as possible. Trying to have physicians keep up with where the food pantries are, what area of town their patients live in, it's overwhelming, and I think it's very difficult for everyday physicians to feel that they are on top of that. So what we are trying to do is take away that burden and just make it as easy as possible. Just refer your patients to 2-1-1, and they'll take it from there. 2-1-1 will screen your patients, they'll see if they qualify, they'll get them hooked up in their neighborhoods, and they can help them apply for CalFresh. It's wonderful because 2-1-1 will do all the work for the physician. The main thing is that the physician just has to screen the patients and then refer them to 2-1-1.

The nice thing about this screening process is that the physicians actually don't even have to be involved. They can have their nurse or medical assistant screen when the patient checks in, and if they screen positive, they can just refer right there, say hey, we see that you tested positive, why don't you call 2-1-1 and they can help? If the physician wants to deal with it and talk about it, absolutely, the physician can do that, but it could be an automatic referral, or the physician could be notified, either way. We created a food prescription pad so that all the physician or medical assistant or nurse has to do is just tear off a piece of paper, give it to the patient, one side's English, one side's Spanish, and just let them know that because you screened positive here, why don't you give these guys a call? It's free, it's safe, just call 2-1-1, and they can help.

SDP: Talk about the San Diego Food Insecurity Coalition a little bit.

DR. CANTRELL: When the American Academy of Pediatrics policy statement came out recommending that all pediatricians screen for food insecurity, I realized, as the president of the local chapter, that we were in a unique position to rally all of the pediatricians in San Diego around this issue because we transcend all medical groups. We're not just a single medical group, and this isn't just a single medical group issue; we can help every single medical group, whether you're Sharp, or UCSD, Scripps, Kaiser, all of our patients will benefit from it, so it's a win-win in my mind.

The AAP in San Diego has gone out to different pediatric offices in the county and taught providers about, for example, WIC, so we thought why not do this with food insecurity as well? And then we started thinking, who could help us with this? Who knows about food insecurity? Initially we met with the Food Bank and the Hunger Coalition, and they were excellent. And then we thought, why don't we move this out to all physicians, which is how SDCMS became involved. The more physicians we can teach about the connection between health and food insecurity, the better for all our patients.

SDP: Are you thinking something long-term with the coalition?

DR. CANTRELL: I envision this growing. I think initially we're doing a passive referral, which is just handing the information to the patient, but what has been shown to be more effective is an active referral where you take the patient right then and there and actively sign them up for CalFresh before they even leave the office. We know that when they leave the office, they might not call.

I think this is a very new topic for physicians. Many don't understand that connection between food insecurity and health, and I don't think they feel it's their responsibility. I think in order for them to have their patients be the healthiest they can be, if they understand that connection, they'll help their food insecure patients become food secure.

Two-question Screening Tool Identifies 97% of Food Insecurity

According to AAP's "Promoting Food Security for All Children" policy statement (http://pediatrics.aappublications.org/content/136/5/e1431), answering yes to either of the following two statements indicates that a family is struggling with food insecurity:

1. "Within the past 12 months, we worried whether our food would run out before we got money to buy more."
2. "Within the past 12 months, the food we bought just didn't last and we didn't have money to get more."

USDA Definitions

Food Security

- High food security = no reported indications of food-access problems or limitations.
- Marginal food security = one or two reported indications — typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.

Food Insecurity

- Low food security = reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low food security = reports of multiple indications of disrupted eating patterns and reduced food intake.

In the future we might actually ask health plans, if this grows, to do a more active referral, then we'll get even more people hooked up.

SDP: But right now, two questions for the screening, 2-1-1, the prescription pad, it's all pretty simple.

DR. CANTRELL: It is pretty simple, but unless physicians have that prompt with the two questions, they're not going to ask. They've got their busy day. The doctor might know what to do if the patient said, hey, I'm having trouble with food, but even then, honestly, I think some physicians would have no idea. At least now we can tell them, have your patient call 2-1-1; it makes it really simple.

SDP: Thank you for your time, Dr. Cantrell. SDP