



# Applying Family-Centered Care to Food Insecurity During COVID-19

Rachel Kozkowski and Karen Wayman

From the start, the COVID-19 pandemic brought many changes to the day-to-day lives of health care providers, patients, and their surrounding communities. Hospital policies regarding visitors, work environments, and general operations became inextricably linked to heightened public health and safety guidelines. Hospital Incident and Command Centers, referred to as 'Command Centers,' took hold in health care organizations to monitor the progression of the pandemic and guide health care workers through the research and recommendations of leaders like the World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC). Rapid, hierarchical decision-making was the primary operating structure for these leadership teams – limiting opportunities for patient and family input. Established Family-Centered Care programs needed to reframe their services.

The Department of Family-Centered Care (FCC) at Stanford Children's Health has integrated the voice of caregivers into clinical practice for over 20 years. The department utilizes caregiver experience through advisory councils dedicated to service lines and topic areas. FCC also runs a peer-mentor program. Trained caregivers, who have previously had a child treated by providers in the organization, provide emotional support and care coordination, and help build self-management skills of caregivers for existing patients. During the pandemic, FCC services adapted to support the organization's Command Center through several mechanisms – reviewing educational materials, messaging policy changes to caregivers and patients, and direct-

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**Acknowledgments:** The authors would like to acknowledge the volunteers, health care providers, and individuals dedicating time to address the needs of caregivers and children during the pandemic.

Kozkowski, R., & Wayman, K. (2021). Applying family-centered care to food insecurity during COVID-19. *Pediatric Nursing*, 47(3), 145-148.

**Key Words:** COVID-19, pandemic, family-centered care.

ly educating families on health and safety topics, such as hand hygiene, preventing infections, social distancing, and wearing masks. Between March 2020 and July 2020, FCC Peer-Mentors completed over 2,000 calls to caregivers at the bedside. From these calls, it was observed that certain day-to-day changes had an increased impact on the hospital experience – particularly around food. On a typical day, 18% of completed calls included concerns about getting food at home, in the hospital, or both. One FCC Peer-Mentor reported:

I spoke with a mom today. She is here by herself. Her husband usually brings her food, and she gets a voucher from her social worker for the cafeteria. On the days her husband cannot bring her food, she will often go without because she wants to save the vouchers.

Other FCC Peer-Mentors reported similar stories, with a higher frequency among calls placed to caregivers with limited English proficiency. In giving a voice to the experiences of families in the hospital, FCC highlighted an indirect effect of the pandemic – caregivers at their child's bedside were hungry.

## Background

Food insecurity is a term used to describe a social situation where households are not able to access food in a way

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that allows them to live a healthy lifestyle. Hunger is associated with food insecurity, but there are other ways food insecurity presents itself. It can include situations where individuals are uncertain where they can access food or only have access to low-quality food (U.S. Department of Agriculture [USDA] Economic Research Service, 2020). Food insecurity is a public health concern for all because it is connected to health outcomes and medical care (Murthy, 2016). It can have a particularly devastating impact on the health and wellbeing of families and children. Feeding America (2019) reports that food insecurity has an impact on key areas of child development:

- Health – Birthweight, development, anemia, asthma, oral health, hospitalizations.
- Quality of life – Physical, social.
- Academic – Reading and math test scores.
- Behavioral – Hyperactivity, aggression, anxiety (Feeding America, 2019).

Prior to the COVID-19 pandemic, an estimated 37 million people in the United States experience food insecurity. This quickly rose to 54 million by October 2020. The number of children facing food insecurity rose from 11 to 18 million in the same time frame (Balch, 2020). This amounts to an estimated 1 in 6 households with children not having enough food (Center for Budget and Policy Priorities, 2021).

Measures taken to reduce the spread of the COVID-19 virus increased economic pressures that have contributed to a higher prevalence of food insecurity – unemployment, changes to income, increase in food costs, disruption of supply chains, and reduced access to resources (Hetrick et al., 2020). In addition, according to preliminary research, suspension of school lunch programs greatly affected the rate of food insecurity among households with children (Karpman et al., 2020). Early in the pandemic, global leaders, such as the WHO and United Nations Children's Emergency Fund (UNICEF), placed a call to action for relevant stakeholders to ameliorate pediatric health issues like food insecurity. Interventions to offset the short- and long-term effects of the pandemic need to consider local population health needs and available resources (Cornia et al., 2020).

### Hospital's Role in Food Insecurity

The American Hospital Association advocates that hospitals and health care providers have a role in addressing food insecurity, a key social determinant of health. Their 2017 report advocated for hospitals to adopt policies and practices that address food insecurity through screening, education, and connecting families to community resources (Health Research & Educational Trust, 2017). Feeding America adds a recommendation for health care organizations to create food distribution programs that provide food items, such as coupons, bags, and boxes, to patients and families (Feeding America, 2021). Barnidge and colleagues (2020) conducted a qualitative study to examine caregiver perspectives regarding food insecurity in clinical settings. Preferences of caregivers echo the recommendations for best practice. The research found that "in addition to information about resources, caregivers noted wanting resources such as 'vouchers' or 'coupons' from HCPS to offset food costs" (Barnidge et al., 2020, p. 105).

### Food Insecurity at a Regional Level

In October 2020, The Silicon Valley Institute for Regional Studies published a research brief outlining

changes to food insecurity and resource distribution for the San Francisco Bay Area (Joint Venture Silicon Valley & Institute for Regional Studies, 2020). The report found that food insecurity and insufficiency in California doubled in the early months of the pandemic. By July 2020, it was estimated that one in five residents in the region was seeking food support services. Rates were significantly higher for households with African American or Hispanic respondents. There were also higher rates of food insecurity among households with children when compared to the general population (Joint Venture Silicon Valley & Institute for Regional Studies, 2020). Second Harvest Food Bank, a local food bank, reported an exponential increase in calls to request services, and that operational spending quadrupled to match supply with demand (Joint Venture Silicon Valley & Institute for Regional Studies, 2020). With the shift in local population needs and available resources, health care providers at Stanford Children's Health in Palo Alto, California, observed that food challenges in the community contributed to increased food insecurity for hospitalized families. In parallel with changes in the larger community, the measures taken to reduce the spread of the COVID-19 virus increased factors that contribute to higher food insecurity in clinical settings – reduced visitor access, increased anxiety in public spaces, and greater need for isolation.

### Stanford Children's Food Support Program

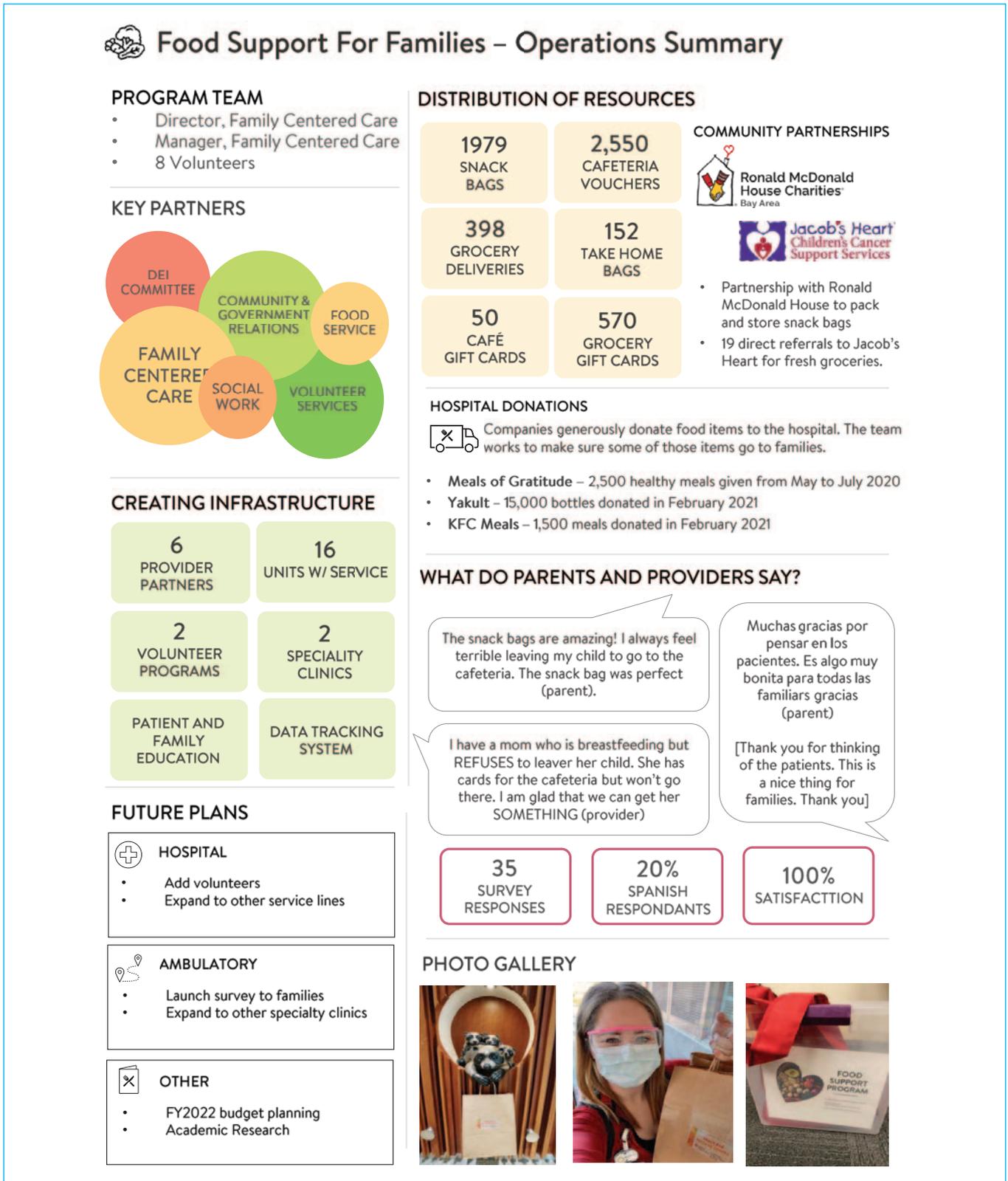
Prior to the pandemic, Stanford Children's Health had embedded many of the recommended practices to address food insecurity into its policies and operating procedures. Food insecurity screening was integrated into the workflow of health care providers and a dedicated auxiliary program provided supplemental food items. Social workers provided food vouchers, helped families claim food benefits, and referred families to community food banks. Changes in health care organizations and the community as a result of the pandemic increased pressure on families accessing these resources and increased the number of families in need of support. Volunteer programs were suspended to reduce the number of individuals and groups in the clinical space, and added quality measures for infection prevention and control limited items stemming from community contributions. Due to these alterations, fewer food resources were available for families, which placed greater responsibility on health care providers and community resources to address growing needs. These circumstances signaled a call to action.

Through grant funding from the Lucile Packard Foundation for Children's Health, and Stanford Children's Community Partnerships Program, the Department of Family-Centered Care launched a Family Food Support Program in May 2020. The program aimed to:

- Provide immediate resources to address acute food insecurity in clinical settings through food items and vouchers.
- Establish pathways of distribution with health care providers to provide caregivers with multiple points of access to resources.
- Partner with community groups and organizations to support families outside the clinical setting.

To support the long-term efficacy of services, FCC partnered with other internal stakeholders – Social Work, Food Service, and Volunteer Services. This collective rapidly focused its attention and resources on the immediate needs

**Figure 1.**  
**Food Support for Families – Operations Summary**



*Note:* This dashboard is a tool to communicate program progress between the FCC team and internal partners. In addition to reporting resource allocation, this figure includes sections to highlight ways the team established an infrastructure for long-term sustainability, feedback from providers and families, plans for the future, and other food-related opportunities.

in the hospital setting. FCC added funds to increase the number of vouchers in circulation. It also re-established and expanded the supplemental food program, now commonly called “The Snack Bag Program.” The re-establishment and expansion of this program were made possible by engaging with Infection Prevention and Control to establish a safety protocol and partnering with internal teams to add more distribution channels for greater access. Given the high need for food resources, the FCC team also increase the number of items given to each family. Two later initiatives of the Food Support Program expanded the scope to provide resources to specialty clinics and vulnerable families at home. This was done in two ways:

1. Families with children of the highest medical complexity were referred to a community organization to receive weekly or bi-weekly grocery deliveries.
2. Families coming to the clinic were provided food items to take home from their appointments.

Today, the FCC team sustains these services and pathways, intending to set up a long-term program to remain in place after the pandemic. Based on an ongoing program evaluation, feedback suggests the Stanford Children’s Food Support Program is having a positive impact on caregiver experience and added benefits for health care providers. A summary of program operations at the time of this publication is represented in Figure 1.

## Conclusion

The Family Food Support Program is in its first year of operation, and Stanford Children’s Health continues to lean on key principles of FCC to inform and guide planning and implementation. Caregiver feedback on pathways to access food, their preferred food preferences, and recommendations for improvement are essential. FCC Peer-Mentors continue to contact families at the bedside and escalate their experiences to the leadership team, and health care providers also share comments, amplifying family voices in the clinical space. From the start, the COVID-19 pandemic brought many changes to health care providers, patients, and their surrounding communities. The long-term effects of the pandemic on health and day-to-day life are unknown, but they will vary depending on local needs and available resources (Corinia et al., 2020). Through a partnership with an established FCC program, pediatric health care organizations have a unique opportunity to uncover the specific needs of their caregivers and patients, implement robust changes to address some of the indirect effects of COVID-19 on patient care, and provide support beyond the pandemic. ■■■

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