Establishing a Permanent Food Pantry in a Pediatric Emergency Department

Pediatric Community Health Initiative (PCHI)

* Project Title:
   Establishing a Permanent Food Pantry in a Pediatric Emergency Department

* Project Start Date:
   01/2021

* Project End Date (for this application):
   - This project end date should represent the date the work you have documented for the purposes of this application was complete.
   - If a community initiative is ongoing, you can submit the same overall project for credit again IF the interventions and time periods of data collection are new.
   Project ongoing

* Name of the organization where you work:
   Pediatric Medical Program

* Describe the setting where the project work occurred (<400 characters):
   Pediatric Emergency Department in Norton Children's Hospital in Louisville, KY.

Pediatric Community Health Initiative Description

* Background / Statement describing the rationale for this project (400-2000 characters):

   Evidence-based statement describing the background and rationale for the project in the context of improving infant, child, adolescent, and young adult health.

   Food insecurity has negative health consequences for children and parents, ranging from nutritional deficiencies to difficulty concentrating in school. Unfortunately, food insecurity in households with children is common in the United States. In Jefferson County, Kentucky, where this project was conducted, a Louisville Community Health Assessment published in 2018 found that 22% of families had experienced food insecurity at some point in the past year. While some families are eligible for by income for food assistance from federal programs like Supplemental Nutrition Assistance Program (SNAP) or Special Supplemental Nutrition Program for Women, Infants and Children (WIC), many families may not qualify. For these families, other food sources like community food pantries, may be particularly important. Previous studies have found that many families seen in pediatric emergency departments are food insecure. This represents an important opportunity to connect families to resources and direct food assistance.
Baseline Data:

Quantitative data, obtained either from a local resource or directly collected by the applicant(s), supporting the need for a community-based intervention that benefits the health of infants, children, adolescents, and/or young adults.

In 2018, 22% of families in Jefferson County, KY experienced food insecurity at some point in past year according to the Louisville Metro Community Health Assessment done by Louisville Metro Department of Public Health and Wellness.

According to Feeding America approximately 1/3 of Jefferson County residents who experiences food insecurity in 2019 had income above 200% of the federal poverty level, making them ineligible for some federal food assistance programs.

Objective of the project (250 - 850 characters and must be supported by current evidence):

The objective of our project was to improve child health in our area by providing direct food assistance and food resources to families seen in the pediatric emergency department by establishing a permanent food pantry. Particular attention to front line provider time and respect for the dignity of families was paid during the iterative process.

Community Partners:

List the community partners or stakeholders that you partnered with for this project.

Dare to Care (local food bank)
Norton Children's Hospital Foundation
Norton Children's Prevention and Wellness

Interventions / Approach to addressing the identified gap (200 - 850 characters; bullets acceptable):

Describe the work done in the community to address the gap identified with the baseline data.

- We opened the food pantry in the pediatric emergency department in January 2021 by working with local food bank and hospital foundation, started with pilot during low volume times in fast-track area. In order to design our process, we had multiple meetings with the food bank staff and clinical staff from outpatient clinics where food was already offered in the system.

- We offered food to families seen in fast track and tracked number offered, number accepted/ declined and family size. Bags of shelf-stable food were provided with an opaque, reusable bag along with information on community resources (SNAP, WIC, school lunch program, local food pantries).

- Volumes were low during the pandemic and as volumes increased, we added a volunteer program to help with stocking shelves, packing bags, and distributing food during high volume times.

- A multidisciplinary food council was formed including nurses, physicians, nurse practitioners, residents, social workers to help solve challenges with the process.

- Signs were placed in all rooms to notify families of resources available in addition of directly offering as much as possible.
**Impact (400 - 2000 characters):**

* Share quantitative data demonstrating your accomplishments and describe how the work impacted the community. *

From January 2021 through April 2022, approximately 12000 patients were seen in fast track and 31% of these families were offered food. Fifty-five percent of those who were offered food, accepted. Food and resources were distributed to more than 8800 people including nearly 4700 children under the age of 18 years. The pantry distributed approximately 35000 pounds of food. Feedback provided informally to staff was anecdotally positive. A survey of families who accept food is currently underway to describe their satisfaction with the process and utility of the food and resources.

**Lessons learned and future direction:**

* Describe at least 1 lesson learned, how you plan on sustaining the gains, and any future plans. If there were any opponents to the work or barriers to success, please describe those here, as well. *

This project really underscored the importance of multidisciplinary, collaborative work. When we initiated the project, we did not have buy-in from all the staff in the fast-track area where the pilot was done. We learned quickly of some dissatisfaction with additional steps in their already busy workflow. Based on this feedback, we developed the multidisciplinary council which included heavy representation from nursing. Using their input, educational programs were designed to teach about the impact of food insecurity and how they could directly help families. Additionally, we started the volunteer program and added signs to rooms to offload work during particularly busy times.

We plan to continue the food pantry and would like to learn more about the perceptions that families have of the process. With ongoing volunteer effort, dedicated nursing representation and successful community partners with the food bank, we hope to offer this service to families for many years to come.