

An Innovative Community-Academic Partnership Connects Families Experiencing Food Insecurity with Clinic- Based and Community Resources in New York City

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Disclosure



I have no financial relationships to disclose or Conflicts of Interest (COIs) to resolve.



Background



- Food insecurity is a source of **toxic stress**.
- Food insecurity in children is **linked to worse health outcomes**, including higher rates of:
 - chronic diseases, poor cognitive and developmental outcomes, behavioral and emotional problems, mental health concerns, and hospitalizations.
- Providing onsite food packages and linking families with community-based organizations for continuous support may improve food security.



Mount
Sinai

Kravis Children's Hospital



Objectives



- Describe how our social determinants of health program – KidsThrive – connects patient families who have food insecurity with a community-based food organization as part of an academic-community collaboration.
- Describe the impact of enrollment in our community-based food partner on families' food security.



Timeline of KidsThrive



Partnership with New York
Common Pantry (NYCP).



Launched a longitudinal
study to evaluate outcomes
of NYCP partnership.

2015

2017

2020

2021

KidsThrive Social
Determinants of Health
screening program
launched.

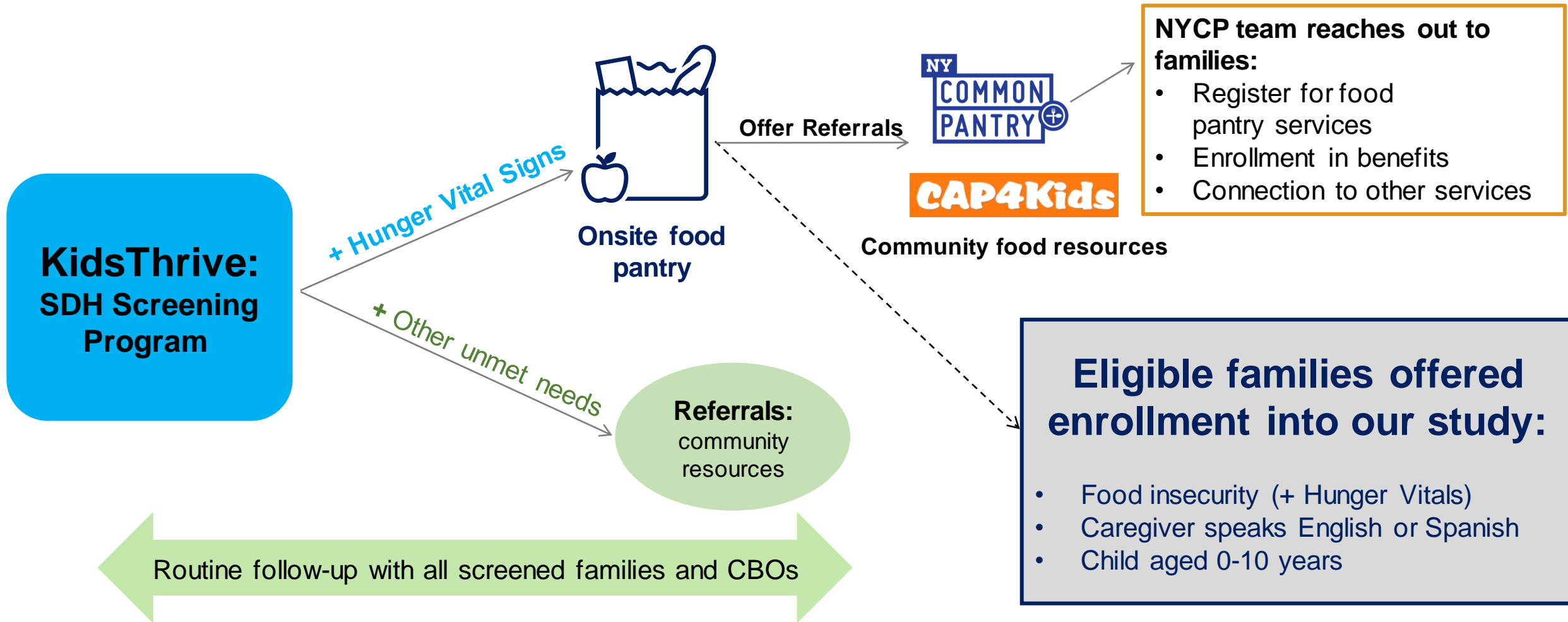
Established onsite food pantry and
direct referral system with NYCP.
Pivoted to remote screening.

20% food insecurity rate

50% food insecurity rate

pandemic

Methods



Methods

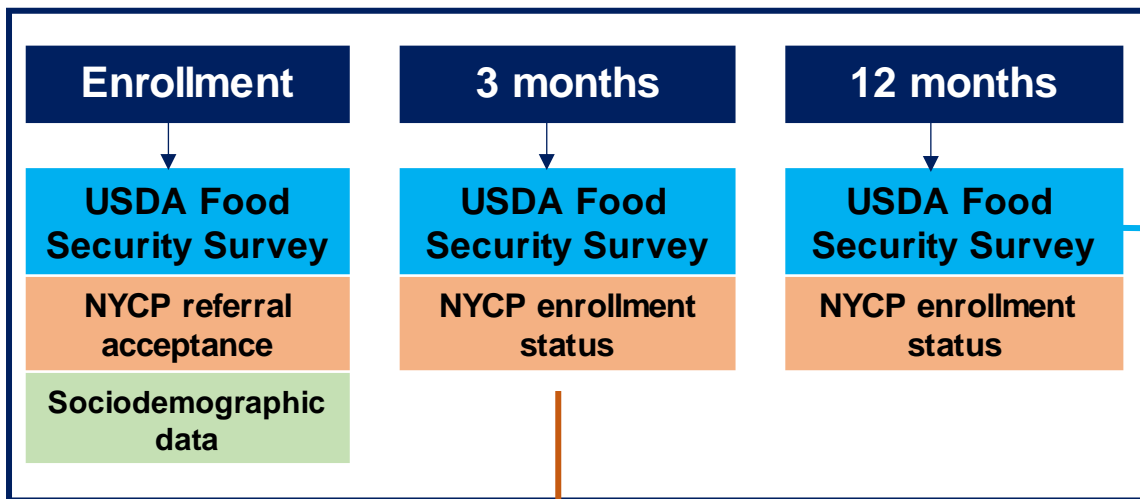


- At baseline, we collected sociodemographic data and family referral status to **New York Common Pantry (NYCP)**.
- At baseline, 3 months and 12 months, caregivers completed the USDA Household 18-item **food security survey**.
- **NYCP referral completion** assessed at 3 months and 12 months.
- **Mixed-effects model** assessed changes in a family's food security score over time and the effects on enrollment status with NYCP.

Methods



Data Collection (2021 – 2024)



New York Common Pantry Enrollment Classification Groups:

- **Never enrolled** (*reference group*)
- **Mixed enrollment** = enrolled at either 3 or 12 months
- **Full enrollment** = enrolled at both 3 and 12 months

USDA 18-item Household Food Security Survey

Higher score = less food security

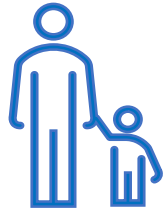
USDA Score	Food Security Level
0	High
1-2	Marginal
3-7	Low
8-18	Very Low

Theme	Sample Item (+ response = 1 point)
Household food situation	"worried whether food run out before...money to buy more."
Affordability and meal size	"...last 12 months...ever cut the size of your meals or skip meals...wasn't enough money..."
Children	"couldn't feed...the children a balanced meal..."

Results



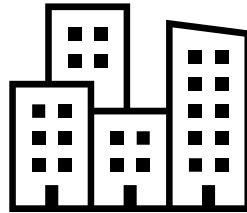
Baseline Demographics (N=125)



66% Hispanic
38% Black



92% public
insurance



33% public
housing



58% of caregivers
unemployed



59% of caregivers completed
high school/some college

**Average # of
additional unmet
social needs: 3**

Most Common Additional Social Needs in Families with Food Insecurity

Home Environmental Concerns (Mold/Pests/Secondhand Smoke)	54%
Lack of Affordable Childcare	29%
Housing Instability	15%

Results



Families participating in the study (N=125)

Mean USDA score = 4.5
(Low Food Security)

Referred to NYCP
81 (65%)

Mean USDA score = 5
(Low Food Security)



Declined referral to NYCP
44 (35%)

Mean USDA score = 3.6
(Low Food Security)

Not included in this specific analysis

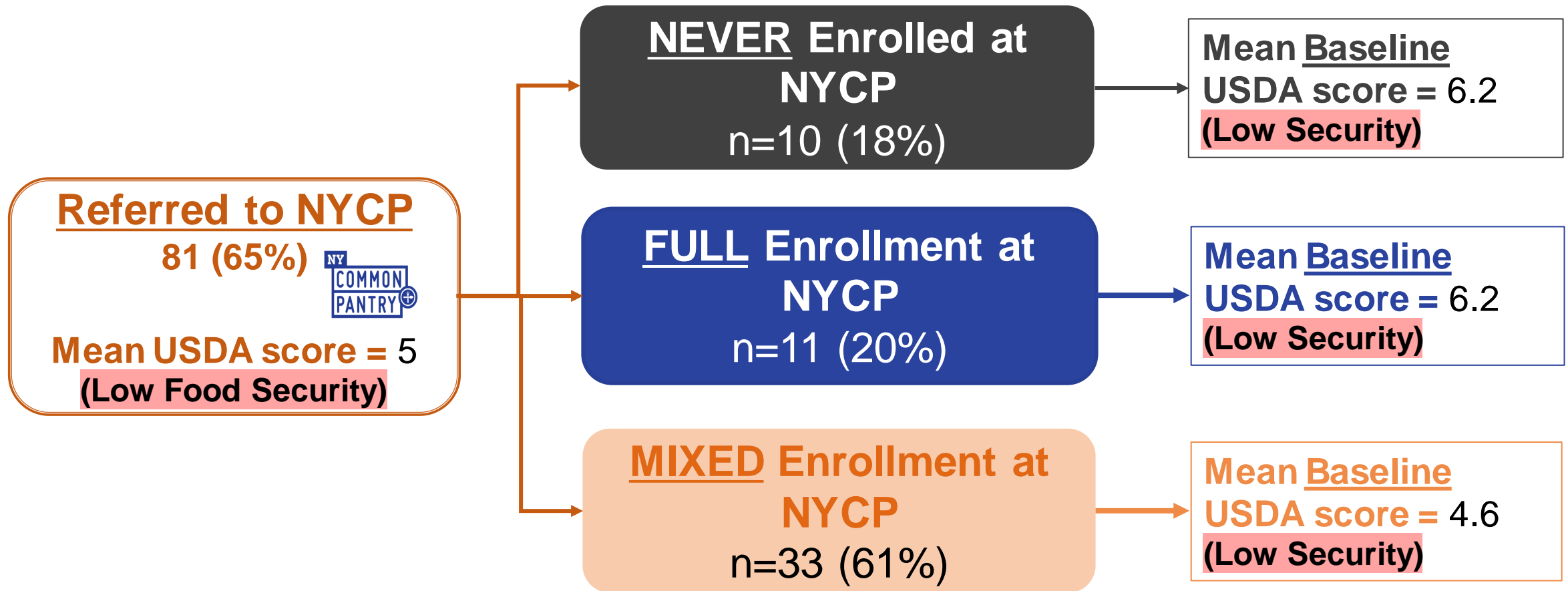
USDA Score	Food Security Level
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Results



Baseline (N=125)

Mixed-Effects Analysis (N=54)



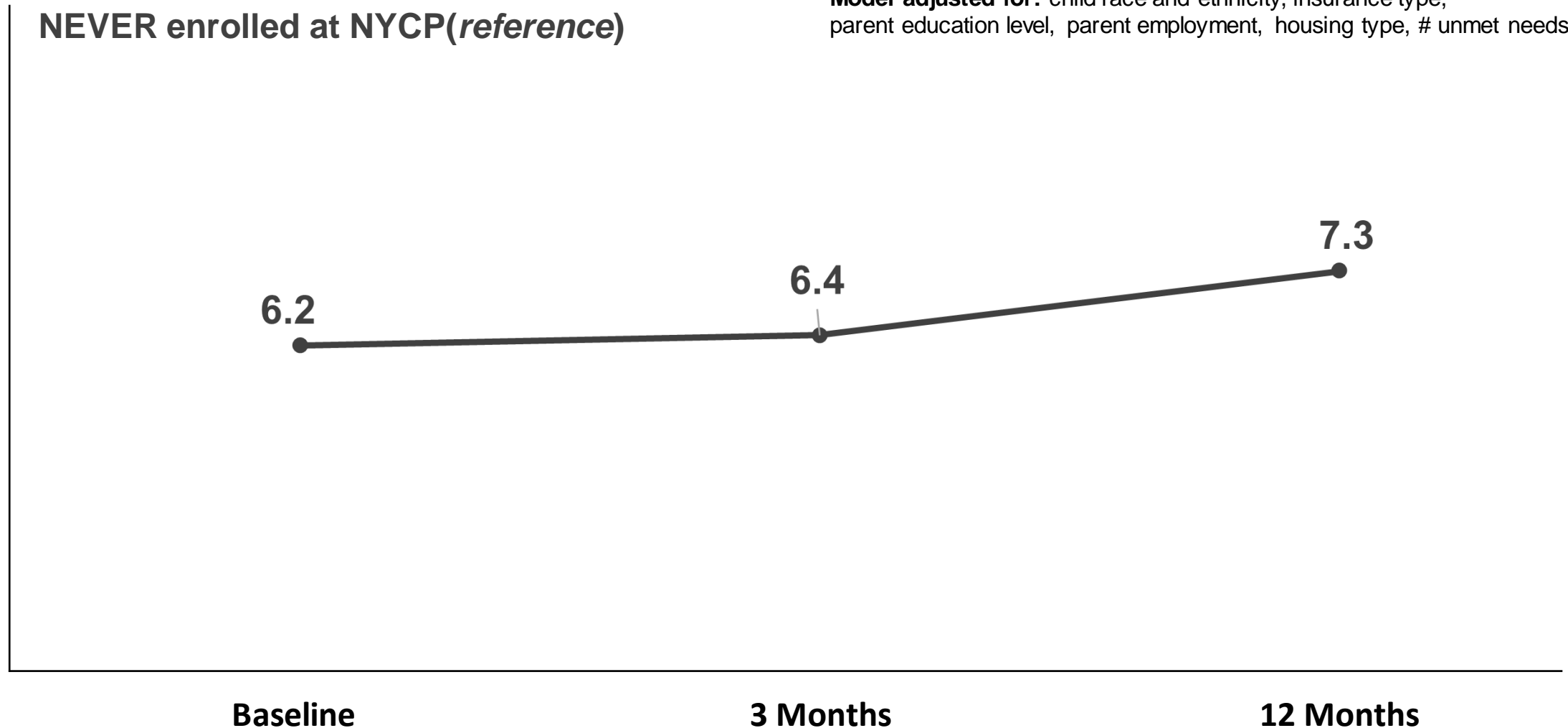
Results: Mixed Effects Model



USDA Household Food Security Score
(0-18)

NEVER enrolled at NYCP (*reference*)

Model adjusted for: child race and ethnicity, insurance type, parent education level, parent employment, housing type, # unmet needs



Results: Mixed Effects Model

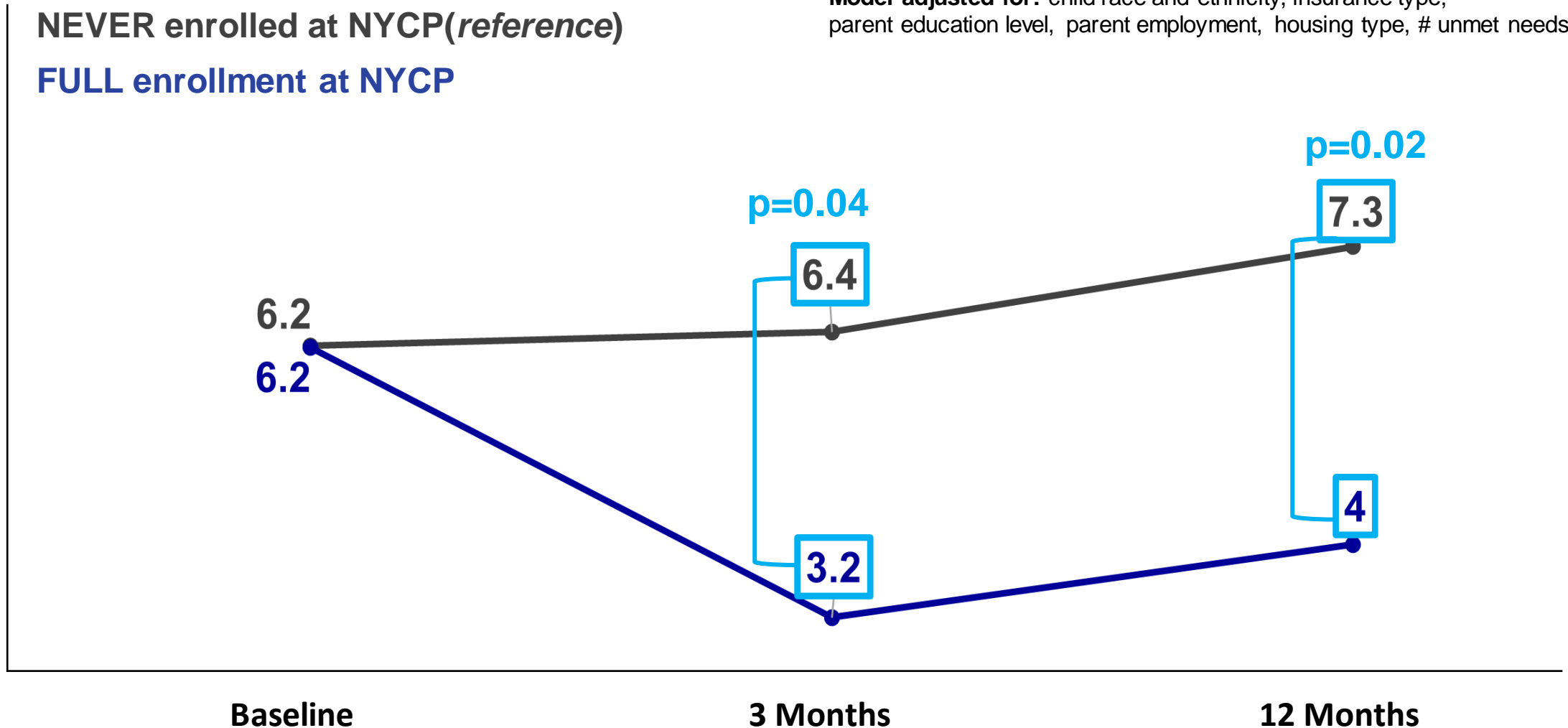


USDA Household Food Security Score
(0-18)

NEVER enrolled at NYCP (*reference*)

FULL enrollment at NYCP

Model adjusted for: child race and ethnicity, insurance type, parent education level, parent employment, housing type, # unmet needs



Results: Mixed Effects Model

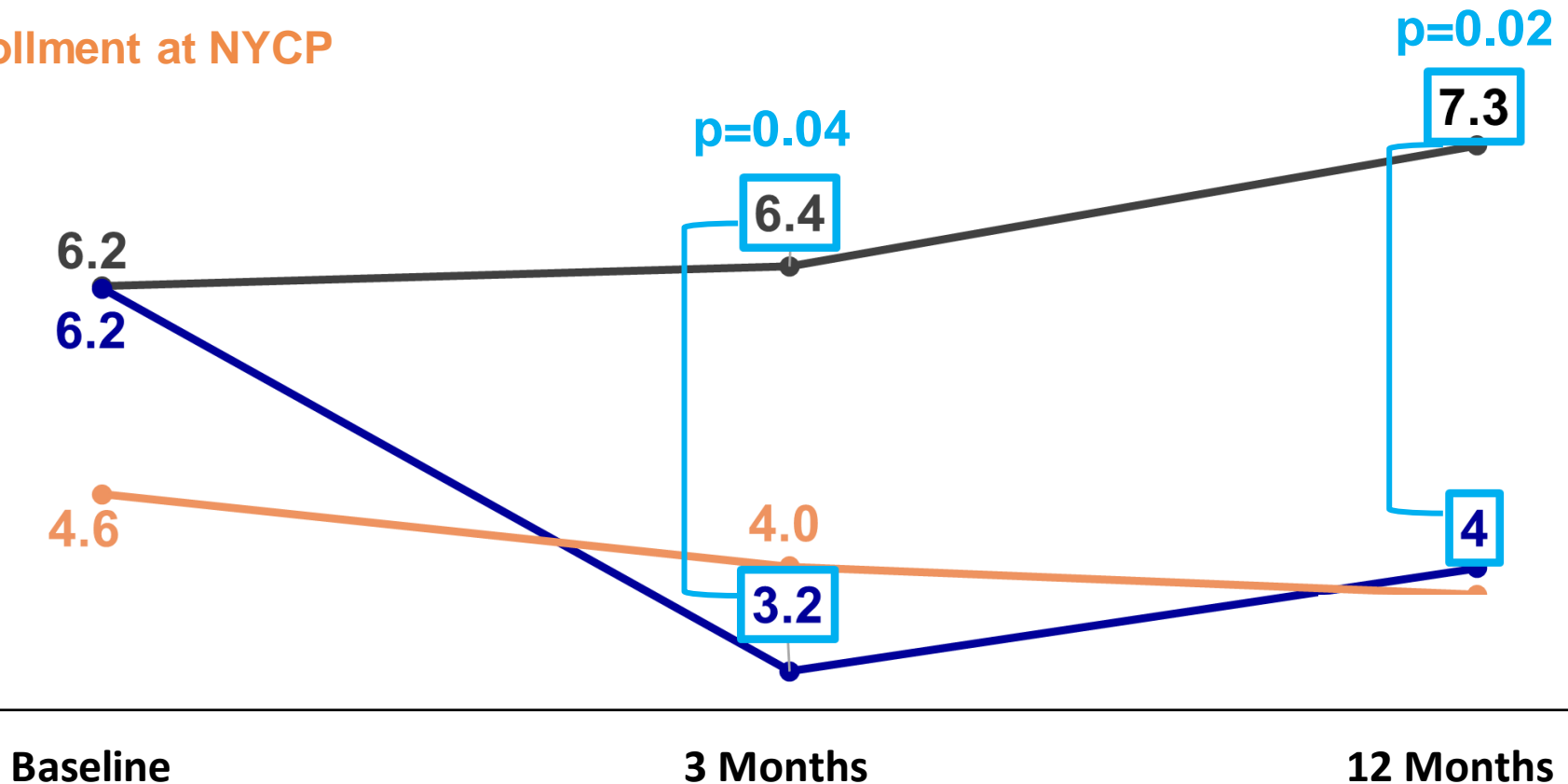


NEVER enrolled at NYCP (*reference*)

Model adjusted for: child race and ethnicity, insurance type, parent education level, parent employment, housing type, # unmet needs

FULL enrollment at NYC

MIXED enrollment at NYCP



Conclusions



- An academic-community partnership, whose goal was to connect food insecure families with needed resources both on-site and in the community was **feasible and well-received by all stakeholders**.
- Families with food insecurity who successfully enrolled in NYCP had a significant **improvement in USDA food security scores** over a 12-month period.
- Limitations of our study included small sample size, loss-to-follow up, and the absence of a control group.

Conclusions



- A clinic-based SDH screening program that includes an onsite food pantry and a **strong partnership** with a community-based organization may promote successful enrollment in long-term social services and **improve food security**.
- Future research will explore how this collaboration impacts other outcomes including parental stress, parental empowerment, financial worries and child healthcare utilization.



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