

# Connecting Families to Benefit Programs Through a Standardized Nutrition Screener

Aditi Vasan, MD, MSHP<sup>1,2</sup>

Benicio Beatty<sup>1</sup>

Gabrielle DiFiore, MPH<sup>2</sup>

Maura Powell, MPH, MBA<sup>2</sup>

Kate Morrow, MSS, LSW<sup>1</sup>

Katie Gwynn, BSW<sup>1</sup>

Katie McPeak, MD<sup>1,2</sup>

Alexander Fiks, MD, MSCE<sup>1,2</sup>

George Dalembert, MD, MSHP<sup>1,2</sup>

<sup>1</sup>Department of Pediatrics, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania

<sup>2</sup>The Possibilities Project and Clinical Futures, Children's Hospital of Philadelphia, Philadelphia, Pennsylvania

Ann Fam Med 2024;22:259. <https://doi.org/10.1370/afm.3095>

## THE INNOVATION

The federally funded Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) are key sources of nutrition support for low-income families.<sup>1</sup> WIC and SNAP participation have been associated with improved health outcomes and decreased health care costs.<sup>2,3</sup> Many eligible families, however, do not receive these benefits, often because they have difficulty navigating these programs' complex application and enrollment processes.<sup>4,5</sup> We designed and tested a standardized process for linking families to WIC and SNAP in the pediatric primary care setting using a standardized nutrition screener and subsequent telephone-based resource navigation.

## WHO & WHERE

We focused on caregivers of infants aged 0-6 months seen for preventive care visits at 2 primary care clinics in West Philadelphia. These clinics serve a predominantly non-Hispanic Black (81%), Medicaid-insured (86%), and English-speaking (95%) population, with 3% of patients speaking Spanish, and 2% speaking other languages. Our project team included primary care clinicians, researchers, social workers employed by our clinic's Medical-Financial Partnership,<sup>6</sup> and experts in clinical informatics, innovation, and quality improvement.

## HOW

We developed a standardized tablet-based nutrition questionnaire embedded within the electronic health record (EHR) and iteratively

refined it through usability testing. The questionnaire was provided to families in their child's patient portal or in the waiting room before a visit. It was offered in both English and Spanish, took less than 5 minutes to complete, and included a total of 9 questions in 3 sections: diet, nutritional risk assessment, and interest in food resources.

In the third section, caregivers were asked whether they were interested in (1) help applying for WIC, (2) help applying for SNAP, and/or (3) information about local food banks. Instead of asking about food resources in the context of a dedicated social needs screener, a widely used approach, we embedded these questions in the context of nutritional assessment.

All caregivers who requested food resources received a link to a website with information about WIC, SNAP, and local food pantries, both on a paper handout clinicians could print directly from their visit progress note and within their child's patient portal. Families who requested help applying for WIC or SNAP also received a telephone call from our resource navigator within 1 week, offering them targeted benefits enrollment assistance.

This pilot was implemented in November 2022. In the first month of the pilot, 433 families completed the screener (74% in person and 26% via patient portal), and 73 (17%) requested nutrition resources, including 17 who requested information about local food banks, and 56 families who requested benefits application support. Of these 56 families, 25 (45%) were reached by telephone and 21 (38%) were successfully connected to WIC and/or SNAP or given the information they requested. Many families (55%) could not be reached as they either had incorrect contact information listed in the EHR (12%) or did not respond to telephone calls from our resource navigator (43%).

## LEARNING

We successfully connected several families to WIC and SNAP by using a nutrition screener to assess interest in food resources and providing subsequent telephone-based resource navigation. This approach may be a way to normalize social needs assessment and provide families with additional support. Because many families were unable to be reached via a telephone call, however, and to ensure all families in need receive appropriate support, clinics should consider priming caregivers to expect follow-up from a resource navigator, asking about preferred contact method, incorporating additional outreach approaches (eg, text messaging), and providing direct referrals to WIC and SNAP, when feasible.<sup>7</sup>



Read or post commentaries in response to this article.

**Key words:** nutrition; food insecurity; social needs; Medicaid; primary care  
Submitted October 27, 2023; submitted, revised, January 9, 2024; accepted January 24, 2024.

**Funding support:** This work was supported by AHRQ grant no. K08HS029396 (AV). The funders had no role in the design and conduct of the study.



Supplemental materials (references)

Conflicts of interest: authors report none.

### Corresponding author

Aditi Vasan  
Roberts Center for Pediatric Research  
2716 South Street  
Philadelphia, PA 19146  
[vasana@chop.edu](mailto:vasana@chop.edu)

