

## Encouraging Parental Trust and Honesty to Promote Food Security for All Children

I commend the American Academy of Pediatrics (AAP) for its policy statement encouraging pediatricians to work toward reducing food insecurity. As the statement notes, food insecurity carries serious implications for health and well-being, and pediatricians are well-positioned to address this critical issue. I share the AAP's commitment to identifying families experiencing food insecurity and connecting them to community resources. Doing so can make an important difference for children and families.

However, to benefit from a conversation with and referrals from pediatricians, families must be forthcoming about their food insecurity. In my doctoral research, I have conducted in-depth interviews with nearly 60 low-income, racially diverse mothers in Providence, Rhode Island, about their perceptions of social and health care services. In interviews, mothers described carefully managing information shared with authorities, concerned about revealing vulnerabilities that might lead to scrutiny and potentially a child welfare report. Indeed, failure to provide a child with adequate food constitutes child neglect.<sup>1</sup>

Parents often do not share information about parenting concerns and stresses with pediatricians.<sup>2,3</sup> Sometimes they do not realize pediatricians can help, or they feel embarrassed. Around sensitive issues, my research finds these omissions can be strategic: parents see honesty with their pediatricians as risky. Parents feel particularly vulnerable around material hardships, like food insecurity, that they worry might prompt child welfare involvement. Some mothers interpreted questions about material hardship not as efforts

to help in related domains, but as unnecessary and potentially risky intrusions.

These vulnerable families will not benefit from food insecurity screenings, and such questions may unintentionally increase distrust and anxiety if parents interpret these questions as threats to their privacy. I therefore encourage pediatricians to consider how screening for food insecurity and other sensitive issues might be best implemented to reduce apprehension and facilitate honesty. Pediatricians screen for food insecurity to connect families to resources rather than turn them in, and in many states, child neglect specifically excludes neglect resulting from poverty, but parents may not know or trust that. Pediatricians might clarify that they ask the food insecurity questions solely to connect parents to resources and answer questions. Normalizing statements, like "I know it's hard for many families these days to make ends meet," may help parents feel more comfortable sharing hardships. Such an approach can help parents interpret food insecurity screening as helpful outreach rather than a threatening intrusion, ultimately increasing opportunities for support.

Kelley Fong, PhD

Student in Sociology and Social Policy, Harvard University

E-mail: kelleetyfong@fas.harvard.edu

### Conflict of Interest:

None declared

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## Author's Response

### Re: Encouraging Parental Trust and Honesty to Promote Food Security for All Children

The AAP Council on Community Pediatrics and Committee on Nutrition appreciate Ms Fong's comments. Her letter serves as a good reminder that these new questions may create some anxiety in our families until they become accustomed to them. We also appreciate the findings from her research that demonstrate that this issue must be handled with sensitivity, to obtain reliable responses from families.

However, we ask many sensitive questions of our families and of our adolescent patients and we have learned both the importance of asking these questions to help families and patients as well as the need to ask them in a nonstigmatizing way. We ask about maternal depression, family violence, adolescent sexuality, and adolescent drug use. We can and need to do the same for questions of food insecurity.

We value the suggestion that when pediatricians implement these screening questions, it is essential to contextualize the questions to attempt to allay this anxiety. Among the vulnerable groups highlighted by Ms Fong, we also recognize that families who are undocumented may be particularly reluctant either to reveal a food insecurity issue or to seek services. As the recommendation to screen for food insecurity is implemented, it may be done through questionnaires, electronic medical records, or verbally. Many health care

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