

2019

Implementing the Summer Food Service Program within the Healthcare Setting

Laura M. Plencner

Children's Mercy Hospital, lmplencner@cmh.edu

Margo Quiriconi

Children's Mercy Hospital, mlquiriconi@cmh.edu

Sarah Sentmore

Children's Mercy Hospital, sesentmore@cmh.edu

Molly Krager

Children's Mercy Hospital, mkkrager@cmh.edu

Follow this and additional works at: <https://scholarlyexchange.childrensmercy.org/posters>

Part of the [Community Health and Preventive Medicine Commons](#), and the [Pediatrics Commons](#)

Recommended Citation

Plencner, Laura M.; Quiriconi, Margo; Sentmore, Sarah; and Krager, Molly, "Implementing the Summer Food Service Program within the Healthcare Setting" (2019). *Posters*. 79.

<https://scholarlyexchange.childrensmercy.org/posters/79>

Implementing the Summer Food Service Program within the Healthcare Setting

Laura M. Plencner, MD, Margo Quiriconi, RN, MPH, Sarah Sentmore, MHA, and Molly Krager, MD

Children's Mercy Kansas City, Kansas City, MO

Background

- 13 million children in the US live in food insecure households
- The United States Department of Agriculture (USDA) National School Lunch and Breakfast Program serves healthy meals at low or no cost to more than 30 million children annually during the school year
- The Summer Food Service Program (SFSP) was established to ensure that children continue to receive adequate nutrition while school is out; however, this program is underutilized with only 3 million children accessing it each summer

Objectives

- Describe the implementation and utilization of SFSP within a health care system

Methods

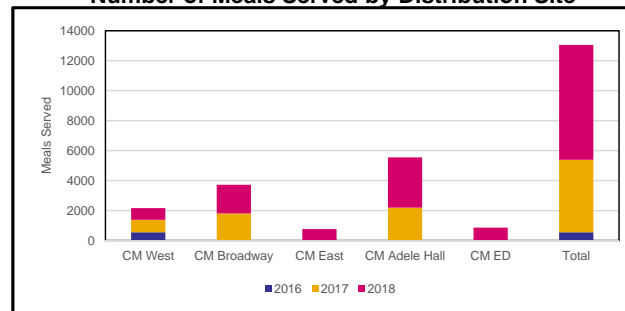
- Multiple sites within the Children's Mercy Kansas City (CM) system were evaluated for feasibility and different models of the SFSP were implemented from 2016 through 2018
- The sponsor, who must supply meals and maintain accreditation with the USDA in order to receive reimbursement, is either CM or a community food bank
- The meals, which must comply with USDA regulations, are either shelf stable sack lunches, fresh sack lunches, or fresh hot meals
- The number of meals served and parent feedback were collected

SFSP Implementation at Children's Mercy Kansas City Sites

	Site	Type	Sponsor	Meal type	Distribution Location
2016	Children's Mercy West	Primary Care Clinic	Food Bank	Shelf Stable Sack Lunch	Waiting Room
	Children's Mercy West	Primary Care Clinic	Food Bank	Shelf Stable Sack Lunch	Waiting Room
2017	Children's Mercy Broadway	Primary Care Clinic	Food Bank	Shelf Stable Sack Lunch	Main Lobby
	Children's Mercy Adele Hall	Main Hospital	CM	Hot Lunch	Cafeteria
2018	Children's Mercy West	Primary Care Clinic	Food Bank	Shelf Stable Sack Lunch	Waiting Room
	Children's Mercy Broadway	Primary Care Clinic	Food Bank	Fresh Sack Lunch	Main Lobby
	Children's Mercy East	Specialty Clinics and Urgent Care Center	Food Bank	Shelf Stable Sack Lunch	Main Lobby
	Children's Mercy Adele Hall	Main Hospital	CM	Hot Lunch	Cafeteria
	Children's Mercy Adele Hall	Emergency Department	CM	Fresh Sack Lunch	Patient Rooms



Number of Meals Served by Distribution Site



Results

- Increases in total number of meals served was mostly achieved by adding distribution sites within the system
- Targeted marketing to staff and families also helped to increase participation at individual sites
- Feedback from over 200 parents was solicited
- Themes included surprise and appreciation that a hospital would offer their children a free meal, stories of children experiencing new fruits and vegetables, and comments that the program helped to alleviate financial strain

Discussion

- Healthcare institutions can play a vital role in combating summer food insecurity by serving as SFSP sites.
- It is feasible for a healthcare institution to serve as its own sponsor or to be sponsored by a community organization.
- USDA regulations allow for the type of meal served to be tailored for each site.
- Parents responded positively to the opportunity to access the SFSP program in a hospital setting.