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## Grow Clinic and Food Pantry See Too Many

Tough economy drives more people to the steep edge of hunger

BY CHRIS BERDIK



Deborah Frank, director of the Grow Clinic at Boston Medical Center. Photo by Vernon Doucette.

Hiralall Latchman (below) is the manager of BMC's Preventive Food Pantry. Photos by Chris Berdik

On the fifth floor of Boston Medical Center's Menino Pavilion, signs on gray double doors warn the unauthorized not to enter. But above the doors, in red letters, is a different message: Any Child Is Welcome Here.

This is the [Grow Clinic](#), where malnourished kids and their families are helped by a team of doctors, social workers, and nutritionists led by Deborah Frank, a School of Medicine professor of pediatrics. And that sentiment means more than ever in this down economy.

"We're seeing more and more working families," says Frank. "These families are increasingly stressed economically; you need an intensive, multidisciplinary approach if you want to get these kids better."

The recession has crowded the clinic's toy-and-book-filled waiting room with small patients. As breadwinners lose jobs and unemployment benefits expire, Frank and her team are seeing more children, more homeless children, and younger children, referred here by primary care doctors who have diagnosed them with failure to thrive (FTT). The growth and development of children with FTT are not keeping pace with those of other kids their age, a sign that they might not be getting enough nutritious food.

The repercussions can play out for years. Malnourished kids have weaker immune systems, increasing their risk of serious illness and costly hospitalization. They have more language and learning difficulties, which lead to problems in school and an increased need for special education.

Frank and the Grow Clinic staff know that battling FTT isn't a simple matter of more food. It's about finding gaps in a family's daily or weekly diet and figuring out how to fill them. Hooking families into food stamp programs or referring them to the hospital's food bank are two ways. Helping families solve other problems (such as housing) that have been draining resources away from nutrition is another.

Every child who comes to the clinic gets treatment by a team — a doctor, a social worker, and a nutritionist — who come up with a plan, including home visits, coordination with

primary care physicians, and regular evaluation at the clinic.



Children at the Grow Clinic average 18 months from intake to “graduation.” More than 1,700 kids have been treated since the clinic was founded in 1984, with very few relapses.

This is early intervention at its best, but much of it is not medicine, at least not in the eyes of insurance companies and Medicare.

“Because a lot of the care that makes our work successful is outside the medical model, about three-quarters of our work is funded by philanthropy,” says Frank. That includes prepaid grocery store cards and the salaries of multilingual outreach workers.

In 2007, more than 35.5 million people in the United States, including 12.6 million children, were “food insecure,” according to the U.S. Department of Agriculture. A five-city survey of about 15,000 low-income families with young children by [Children’s HealthWatch](#), a pediatric health research institute affiliated with Boston Medical Center, found that food insecurity among families increased from 18.5 percent to 22.6 percent between 2007 and 2008, the biggest increase since 2001.

In 2008, the Grow Clinic took on 242 children, 12 percent more than the previous year. Compared with last year, about twice the percentage of new patients in 2009 are, or have been, homeless.

Children and their caretakers can come to the Grow Clinic on Tuesday afternoons, Wednesdays, and one evening a month. The clinic also tries to visit the home of referred children before they first arrive. “It’s basically triage,” says Frank. “The more malnourished and the younger the kid, the faster we see them.”

New patients are weighed and measured. Then, says clinic social worker Mary Clemons, “they meet the team.” A social worker asks what social services the family is using and looks into other resources. A nutritionist asks about what the child eats in a typical day and about everything the child has eaten in the past 24 hours. A doctor may order any number of routine diagnostic tests, such as blood work or an X-ray.

When Frank and her colleagues aren’t seeing children at the clinic, they’re making follow-up phone calls, tracking down families that have missed appointments, or visiting patients at their homes. Clinic dietician Julie Garvin says she averages about 20 home visits a month.

“That’s really where you learn the most,” she says, when you discover the family has no working stove, or the electricity was shut off, or that a teen mom is not in charge of food decisions or cooking.

Garvin writes out a meal plan for each FTT patient. Finding and affording that healthy food is the next challenge; nutrient-rich foods are often pricier than junk food, she says. The social worker makes sure that families are taking advantage of government services such as the food stamp supplement and WIC (Women, Infants, and Children), sometimes supplemented by prepaid supermarket cards.

Finally, a number of families receive what amounts to a food prescription that they can take to BMC's [Preventive Food Pantry](#) as often as every two weeks. Each visit to the food pantry is meant to supply about three to four days' worth of free food.

"This is a therapeutic food pantry. It's like medicine," says pantry manager Hiralall Latchman. "They initially wanted to call this place the food pharmacy."

The pantry started in 2001 and gets the bulk of its food (about 10,000 pounds a week) from the [Greater Boston Food Bank](#). Three rooms are crammed with palettes and stainless steel shelves filled with fruits, vegetables, dairy products, canned goods, cereals,

pasta, and baby formula. It's not just the Grow Clinic that sends patients here. Every department at BMC can write a referral.



"The pantry helps stretch out

what I earn, helps me get through the next week or month," says Maria Rivera, a single mother of three and a foster mom, who works part-time as a teacher's aid. She's been

coming to the pantry once or twice a month for six years, on doctor's orders. One of her children has sickle cell anemia, making it extremely important for her to eat healthy foods and stay hydrated.

The pantry's customers have more than tripled since it opened. August set a record — nearly 7,000 people came for food, including some returning after several years of managing on their own.

In Massachusetts, the number of people on food stamp rolls increased from 493,498 to 607,512 between February 2008 and February 2009. These families got some good news last spring when the federal stimulus plan increased food stamp funding by about 14 percent. But, Frank says, the food stamp allotment has failed to keep pace with inflation.

“It's not just the nutrition programs,” she says. “Housing and energy issues also strongly affect kids' nutritional status. It sounds silly or stupid to say it's poverty, but that's what we're up against.”

<http://www.bu.edu/today/2009/09/24/grow-clinic-and-food-pantry-see-too-many>