



Oregon State University

Extension Service



The Childhood Hunger Initiative is a network of health care professionals, anti-hunger advocates and other interested Oregonians, working together to educate the health care community, policy makers and the general public about the medical and developmental impacts of childhood food insecurity and hunger.

Food security: assured access to enough food for an active, healthy life.

Food insecurity (low food security): occurs whenever the availability of nutritionally adequate food or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain due to insufficient money and other resources.

Hunger (very low food security): a situation where household members unwillingly go without food for an intermittent or extended period of time. (USDA Economic Research Service)

Almost 12 percent of Oregon's households are food-insecure. Households with children experience food insecurity at more than double the rate of households without children. Children facing hunger are at risk for life-long health problems. Identifying risk of food insecurity is an important step in preventing hunger and reducing risk of physical, psychological, cognitive and social impacts associated with household food insecurity.

The Childhood Hunger Initiative (CHI) of Oregon recently initiated a project to develop screening and intervention tools for Oregon health providers. To gauge interest, CHI surveyed a random sample of about 600 physicians and nurse practitioners working in pediatric and family practice settings in the Portland metro area.

Survey of Oregon providers CHI conducted a survey during the summer of 2007 to assess need for education, training and other resources needed by clinics that serve food-insecure households with children.

Funding for the survey was provided by Oregon State University Extension, Oregon Food Bank, Oregon Health & Science University and Providence Health System.

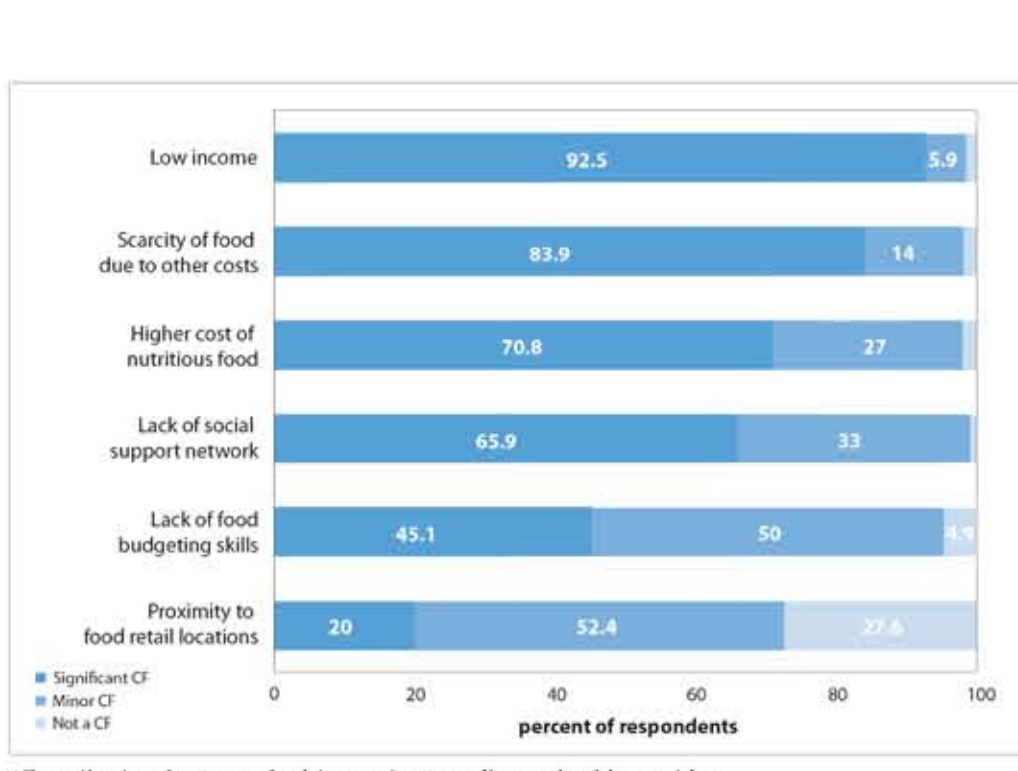
CHI conducted focus groups and pre-tested the survey, then developed online and paper versions of the survey tool. Oregon State University satisfied institutional review board approval. We sent surveys to 599 randomly selected providers from lists purchased from the Oregon Board of Medical Examiners and Oregon State Board of Nursing. We received 186 surveys during an eight-week period (31 percent return).

"This questionnaire prompted me to think about some of the most basic aspects of health care."

- Thank you!

Who responded?

Gender: Female: 137 (74.5%), Male: 47 (25.5%)
Average age: 48 yr (range: 26 - 78)
Practice: MD: 80 (43%), NP: 106 (57%)
Years in clinical practice: Resident - 11 years: 90 (48.9%), >11 years: 94 (51.1%)
Specialty: Family Practice: 92 (49.5%), Pediatrics: 61 (32.8%), Other: 33 (17.7%)
Primary county of practice: Clackamas: 20 (10.9%), Multnomah: 114 (62.3%), Washington: 35 (19.1%), Other: 14 (7.7%)
Caseload: % uninsured/insured through Medicaid/Oregon Health Plan: 0-50%: 114 (63%), 51-100%: 67 (37%)



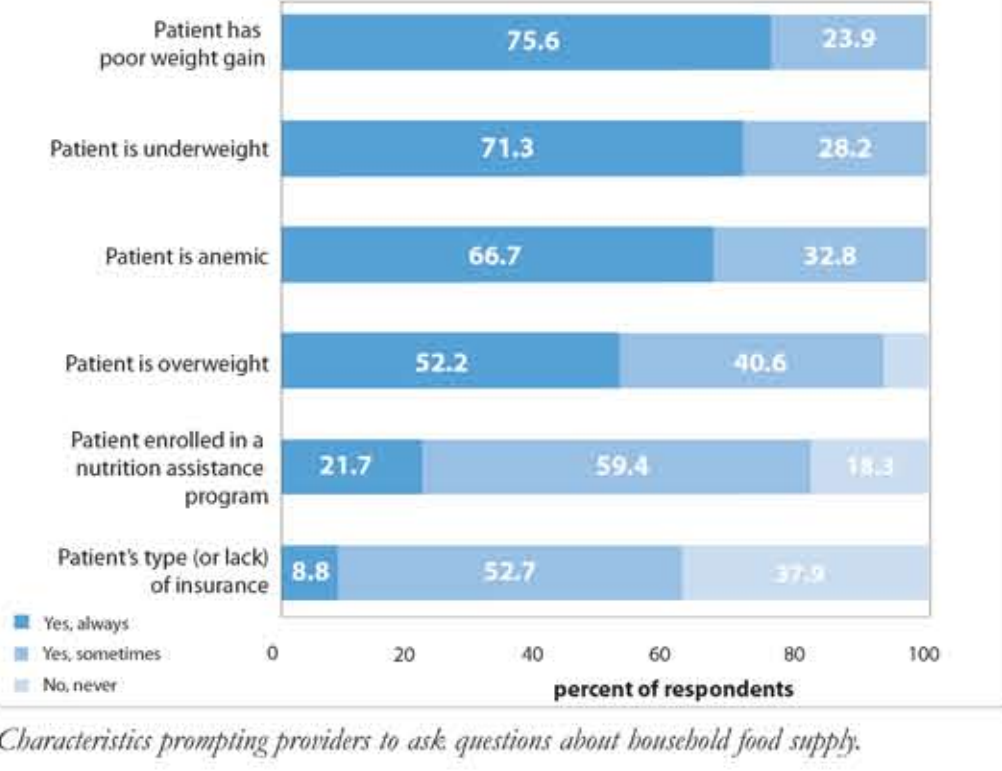
Contributing factors to food insecurity according to health providers.

Hunger is an income issue

Hunger is not an isolated issue. When a family experiences hunger, it is often because its income cannot keep up with the rising cost of living. While household income is a major predictor of household food insecurity, research shows it is not the only predictor. Housing and medical costs, transportation, child care and other basic necessities compete with money once designated for food. In contrast, families with a strong network of social supports may have a buffer against food insecurity.

Survey results indicate that Oregon health providers understand the complex factors that can make a household more or less likely to experience some level of food insecurity.

Food-insecure children are at risk for lifelong health problems



Children living in food-insecure households are at higher risk for developmental and academic problems, frequent illness and poor nutrition resulting in underweight and, paradoxically, overweight.

- Household food insecurity impacts developmental milestones, starting in the womb and continuing throughout childhood.
For infants and toddlers, food insecurity is associated with 'fair/poor' health and hospitalization from birth.
Food insecurity may lead to behavioral problems, poor academic achievement and depressive disorder among school-aged children.

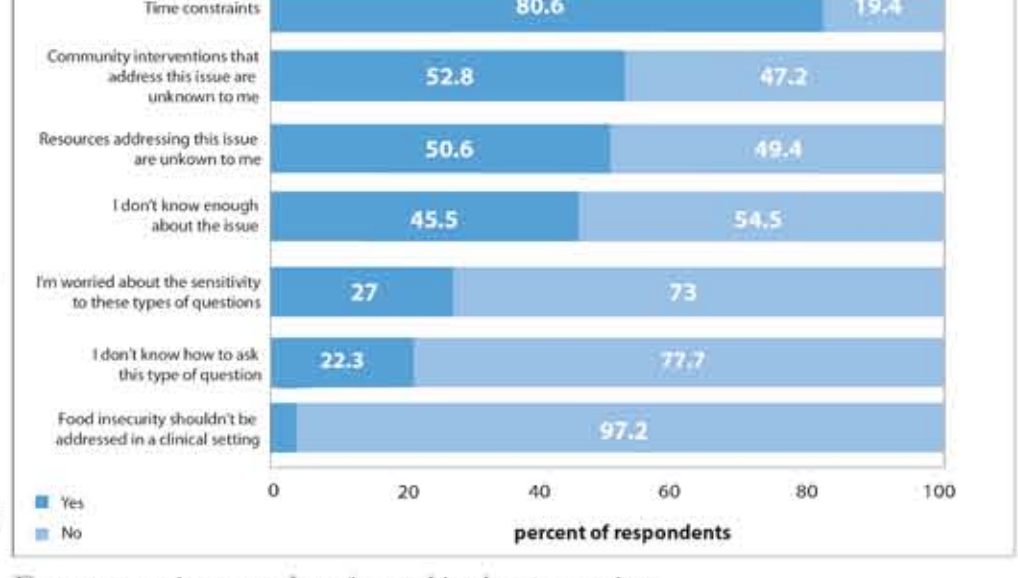
Characteristics prompting providers to ask questions about household food supply.

Despite a good understanding of the risk of health problems among children in food insecure households among survey respondents, certain indicators of health that may suggest household food insecurity are not routinely prompting further probes about household food status.

Addressing hunger in the clinic

Health providers are well-positioned to address childhood hunger. For many young children, the doctor's office is a place of regular contact outside the home. Knowledge of indicators and impacts of childhood hunger allows health providers to identify patients at risk and to provide an appropriate intervention. Although survey respondents said they respond to many indicators of hunger risk, barriers to asking risk questions about household food status exist.

Despite these barriers, the majority of respondents (78 percent, n=142) are comfortable addressing household food status in clinical setting. Further, most respondents (89 percent, n = 159) are willing to use a standardized screening question to identify risk for household food insecurity.



Factors preventing respondents from asking hunger questions.

Next Steps: Understanding the complexities of food choices

Identifying families at risk for food insecurity opens the door for further assessment and interventions. A large majority of survey respondents agreed that cultural values, economic ability and taste preferences heavily influence food choices. Likewise, most respondents agree that caregivers of children might purchase food with low nutrient content because of taste preferences, reduced cost and limited access to high-quality foods in some geographic areas.

household. Food insecurity is progressive in nature: families may experience anxiety and reductions in food quality for extended periods of time. More severe situations may result in adults (and less often, children) skipping meals due to lack of resources.

eral safety net programs such as WIC and food stamps. Health care providers can support food-insecure households by gaining awareness of food-assistance programs and helping to connect families with available resources.

Families strategize to stretch food supply Family caregivers, often mothers, tend to protect children by reducing quality and quantity of food for adults in the

Federal food-assistance programs can help families get the foods they need. However, when caregivers can no longer buffer their children from hunger, they often turn to food pantries and other sources of emergency foods.

"I think many parents are reluctant to share this, so I'd welcome a standard questionnaire. I think it would open doors to conversation..."

More survey respondents identified emergency food boxes as the resource that food-insecure families use than fed-

References: 1. Nord M, Prell M. Struggling to feed the family: What does it mean to be food insecure? Alexandria, VA: Economic Research Service; US Department of Agriculture, Amber Waves. 2007;5(3). 2. Oregon Food Bank State of Hunger: Annual Statistics of the Oregon Food Bank Network (2007). http://oregonfoodbank.org/ accessed on 3/07. 3. Martin K et al. Social capital is associated with decreased risk of hunger. Soc Sci Med. 2008;58: 2645-2654. 4. Rose-Jacobs R et al. Household food-insecurity: associations with at-risk infant and toddler development. Pediatrics. 2008;121(1): 65-72. 5. Cook J et al. Food insecurity is associated with adverse health outcomes among human infants and toddlers. J Nutr. 2004;134(6): 1432-1438. 6. Murphy J et al. Relationship between hunger and psychosocial functioning in low-income American children. J Am Acad Child Adolesc Psychiatry. 1998;37:163-170. 7. Kleinman R et al. Hunger in children in the United States: potential behavioral and emotional correlates. Pediatrics. 1998;101:e3.

Take Action!

Childhood Food Insecurity: Health Impacts, Screening and Intervention.

The coexistence of poverty and overweight is exacerbated by the rising cost of nutrient-dense foods. Families often resort to low-cost, nutrient-poor foods to stretch the family food supply. This is a common but detrimental strategy. Children living in these households are at higher risk for developmental and academic problems, frequent illness and poor nutrition. Knowledge of indicators and impacts of childhood hunger allows health providers to identify patients at risk and to provide an appropriate intervention. Further awareness and education among those who monitor health and development of children is an urgent need.

"I may be missing problems like food insecurity since I only ask food recall information. Continuing education would brighten my awareness."

Based on survey results and the interest expressed among health care providers in Oregon, The Childhood Hunger Initiative will provide an online and paper-based continuing education (CE) course "Childhood Food Insecurity: Health Impacts, Screening and Intervention." Expected date of course availability: Fall 2008.

