



take five

(actions that take five minutes or less)

Action:

On October 25, the Senate agriculture committee voted out its version of the farm bill. The bill provides solid funding for The Emergency Food Assistance Program (TEFAP)—the USDA commodities that are a cornerstone of the Oregon Food Bank Network's food supply. The food stamp improvements are also similar to the House version of the farm bill. The committee's bill will go to the Senate floor the week of Nov. 5. Call Senators Wyden and Smith today at 1(800) 826-9624 to say:

Message:

- ✓ Please keep TEFAP at \$250 million a year and index it for inflation like the House version.
- ✓ Ensure new investments in food stamps are comparable to the House version of the farm bill. Please match the House food stamp increase in the minimum benefit, which hasn't been raised in 30 years (currently \$10; House would increase to \$16).

Legislative Yellow Pages

State Legislative Information
1-800-332-2313 (outside Salem)
(503) 986-1000 (in Salem)
www.leg.state.or.us/citizenguide

Members of Congress

- Senator Smith
(503) 326-3386
- Senator Wyden
(503) 326-7525
- Rep. Wu (District 1)
(503) 326-2901
- Rep. Walden (District 2)
(541) 776-4646
- Rep. Blumenauer (District 3)
(503) 231-2300
- Rep. DeFazio (District 4)
(541) 465-6732
- Rep. Hooley (District 5)
(503) 588-9100

Childhood hunger, a public health problem

Imagine your child is sick for the third time this month. Her teacher says that she's struggling with her grades and has stopped paying attention in class. What's more, she's been moody and lethargic at home; not the sweet, energetic little girl you know so well. So you're back at the doctor's office again because of an ear infection, only this time, the doctor surprises you with an unusual prescription. Food.

The beginning of this scenario is all too familiar for thousands of parents in Oregon who struggle to put food on the table. These families experience food insecurity, or in other words they do not know

where their next meal will come from. Households with children, especially children less than six years old, experience a greater share of food insecurity than households with no children. In 2005, more than 16 percent of households with young children were food insecure, nearly double the 8.5 percent of families without children.

For children, hunger is much more than an uncomfortable experience. A lack of enough nutritious food early in their development may impact their physical and mental health for life. In their earliest years, from fetal development to age three, children experience the

most rapid body and brain development. Even moderate undernutrition during this period can lead to long-term health consequences including heart disease, type 2 diabetes, hypertension, and obesity. In addition, children from food-insecure households are more likely to be hospitalized than other children. Their compromised immune systems mean that they are more likely to become sick and less able to recover from serious illnesses.

If a child is sick frequently, he or she will miss more days at school. Even when they do attend, they are likely to have trouble focusing and

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Governor focuses on hunger, health and nutrition

Governor Kulongoski recognized the link between hunger and health when he announced the Hunger, Health and Nutrition Initiative during Oregon Harvest Week, which began October 12.

The new initiative will focus on improving access to nutritious foods and educating medical providers on the health consequences of food insecurity and hunger.

In his news release announcing the initiative,

Governor Kulongoski acknowledged his experience living on a food stamp budget during the Food Stamp Challenge in April. While his experience only lasted a week, the governor recognized the dilemma many families face daily as they feed themselves and their families on a limited budget, a dilemma that often leaves out good nutrition.

With funding from the governor's initiative, the Childhood Hunger Initia-

tive will develop educational tools for health care providers on the health consequences of food insecurity and hunger and introduce food stamp outreach in the clinical setting.

The \$1.7 million bonus award was given to Oregon in September from the federal Food and Nutrition Service of the Department of Agriculture. Oregon Hunger Relief Task Force and Oregon Food Bank will partner in the governor's initiative.

Childhood hunger – concern for all Oregonians *(continued from page 1)*

learning. Hunger puts children at risk, jeopardizing their ability to develop normally and placing them at a disadvantage in school and for their future as an adult.

Childhood hunger is not only a concern for children and parents, but for all Oregonians. The compounded risks of childhood hunger lead to significant public health costs. Hunger and food insecurity create an unstable foundation of health and education that will extend into adulthood. When this happens, entire communities are negatively impacted. Clearly, childhood hunger in Oregon is an issue that we can not afford to ignore. The health of our children, and the health of our communities, is at risk.

To address this important issue, a group of health care

providers, advocates, and educators have joined to form the Childhood Hunger Initiative.

The Childhood Hunger Initiative formed in response to the workshop, Medical and Social Impacts of Childhood Hunger held at Oregon Food Bank in 2004. This workshop set out to alert the medical community about the scope of hunger in Oregon and to find ways that health care providers can join the fight against childhood hunger.

Medical providers are in a prime position to address childhood hunger. For many young children, a pediatrician provides much of the regular contact they have outside of the home. When doctors are knowledgeable about the indicators of hunger,

they will be able to identify children at risk of hunger. In response, health providers can provide families with adequate resources and education to prevent undernutrition in their children.

The Childhood Hunger Initiative is currently working to educate health care providers on the impacts and indicators of childhood hunger. The initiative is also developing a screening instrument doctors and nurses could incorporate into patient visits. These two valuable resources will allow doctors to effectively identify children at risk of hunger in the clinical setting. Most importantly, doctors can provide families with the available resources that increase access to nutri-

tion for their children, like an application for food stamps or information about emergency food. These tools provide the link between access to food and improved health.

Eliminating childhood hunger will improve the health of our children and our communities. Our children are indeed our future and we must ensure they have a healthy foundation, and a healthy foundation begins with enough food. The old adage may just be true. An apple a day keeps the doctor away, or at least it's a good start.

To learn more about the Childhood Hunger Initiative and to join the listserv, email chi@oregonfoodbank.org.

The Advocacy Alert is published jointly by Oregon Food Bank (OFB) and the Oregon Hunger Relief Task Force (OHRTF).

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Advocates pursue general assistance

House Bill 3139, known as the bridge program, was designed to provide support and assistance for Oregon seniors and people with disabilities pursuing Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). The bridge program bill did not pass Oregon's 2007 Legislative Session.

Until 2005, Oregon had a general assistance program that provided income support and guidance through the complicated SSI/SSDI applica-

tion process. Elder applicants and people with disabilities are currently pursuing benefits with very little assistance. House Bill 3139 would have provided funding for SSI/SSDI case managers, across the state of Oregon, to help applicants navigate the application process and help clients gather medical documentation. Additionally, the legislation would have provided income support, in the form of monthly cash assistance, so that applicants could meet the most basic of needs. The

bill would have helped applicants cover expenses such as housing, utility bills, transportation and the cost of medical visits for documentation.

We are pleased to report that advocates are actively planning to keep the need for general assistance a priority issue for upcoming legislative sessions. A hearing will likely take place in front of the Joint Interim Committee on Seniors and People with Disabilities in the coming months.