Food Insecurity = Child Hunger

Michelle Futrell, MS, RD, LDN
Nutrition Consultant
School Health Unit
Children & Youth Branch
Women's and Children's Health Section
NC Division of Public Health
http://www.ncdhhs.gov/ncdhhs
(919) 707-5669

Due to lack of:
- Resources
- Access
- Information

A family is “food insecure” if it faces “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”
(Bickel et al. 2000).

Learning Objective
Participants will be able to reinforce access to balanced and nutritious diets for children and families experiencing food insecurity.

Underlying Causes of Food Insecurity
- Low income
- No supermarkets within one mile in urban areas
- No supermarkets within 10 miles in rural areas

Communities that lack access to healthy foods are disproportionately impacted by obesity and diet-related diseases such as diabetes, cardiovascular diseases and cancer.

Data is from “Hunger in America Study,” by Feeding America and the Food Hardship in America 2012 Report from the Food Research and Action Center.
Food Insecurity

Most children in families using food assistance are food insecure and poor

Higher shares of Hispanic and black children use emergency food assistance than white children, reflecting their higher rates of poverty

In the Latino American community

Latino households are more than twice as likely to be food insecure as white, non-Hispanic households

Nearly one in four (24%) Latino households are food insecure as compared to just one in ten (10%) white, non-Hispanic households and one in seven (14%) households overall

More than one in four Latino children (30%) live in food insecure households as compared to one in seven (15%) white, non-Hispanic children

In the African American community:

One in four (25 percent) African American households are food insecure as compared with one in ten (11 percent) of Caucasian households and one in seven (15 percent) households overall

In 2013, African Americans were approximately twice as likely to be unemployed (14 percent) as their white, non-Hispanic counterparts (7 percent)

Data is from *2014 Hunger in America Study*, by Feeding America and the Food Hardship in America 2012 Report from the Food Research and Action Center.
In Rural Areas

- Employment is concentrated in low-wage industries
- Greater unemployment and underemployment
- Education levels are lower
- Work-support services, such as flexible and affordable child care and public transportation, are less available
- Less access to communication and transportation
- Companies have less access to activities that foster administration, research and development

Food Insecurity

Nearly one in five children in America lives in households that struggle to put food on the table

Between 2010-15 North Carolina ranked among the top ten states with over one in four (26.7%) of citizens experiencing food shortages

In North Carolina

86% of NC households receiving food assistance don’t know where their next meal is coming from

46% of food pantries in NC have had to turn people away for a lack of food to give them

75% of the NC households we serve have had to choose between paying for food or paying for health care or medicine

Data is from 2014 Hunger in America Study by Feeding America and the Food Hardship in America 2012 Report from the Food Research and Action Center.
In North Carolina

75% of households served by food banks have had to choose between buying food and heating their homes.

61% of families served by food banks have been forced to choose between paying for food or paying for housing.

Data is from *2014 Hunger in America Study* by Feeding America and the *Food Hardship in America 2012 Report* from the Food Research and Action Center.

Food Insecurity

Food insecure children:

- Are 3.4 times more likely to be obese
- Are 31% more likely to be hospitalized
- Averages @ $12,000 per hospitalization

Often linked with:

- Impaired cognitive development in children (ages 0-3)
- Lower academic achievement across children of all ages

Data is from *2014 Hunger in America Study* by Feeding America and the *Food Hardship in America 2012 Report* from the Food Research and Action Center.

Health Concerns

Prenatal

- Birth complications
- Increase risk of low birth weight in babies

Infancy & Childhood

- Stunted development
- Poorer attachment
- Learning difficulties

Data is from *2014 Hunger in America Study* by Feeding America and the *Food Hardship in America 2012 Report* from the Food Research and Action Center.
Behavioral Challenges

Children who experience food insecurity may be at higher risk for behavioral issues and social difficulties such as:

- Truancy and school tardiness
- Fighting
- Hyperactivity
- Aggression
- Anxiety
- Mood swings
- Bullying

Health Providers

Can Help End Childhood Hunger By....

- Offering access to fresh fruits and vegetables through on site gardens and farmers’ markets
- Teaching nutrition education and hold cooking demonstrations
- Collecting data to inform programming and public policy regarding the health impacts of food insecurity

Health Providers

Can Help End Childhood Hunger By....

- Screen patients for hunger and food insecurity
- Conducting outreach and eligibility screening for federal nutrition programs
- Collaborating with WIC offices
- Operating federal nutrition programs and emergency food assistance programs

Health Providers

Can Help End Childhood Hunger By....

- Becoming a program sponsor or vendor and provide food to meal sites
  - Sponsors get reimbursed for their costs
- Helping start a new meal site at a location where children spend time during the summer
- Helping get the word out about the meal locations to parents and students


---

Health Providers

Can Help End Childhood Hunger By....

Understanding the linkages between hunger and health......doctors, nurses, and the entire health care community can promote health by:

- Approaching child hunger in a proactive manner
- Offering access to adequate quality and quantity of food as preventative medicine


---

Health Providers

Can Help End Childhood Hunger By....

- Serve as a WIC Co-location Site
- Operate a Free Summer Meals Program
- Provide Nutrition Education
- Operate a Food Pantry
- Introduce Farmers Markets or Edible Gardens to the Grounds

Health Providers

Can Help End Childhood Hunger By...
Screening for food insecurity and referring patients to available resources can be incorporated into routine paperwork with a few additional questions
- Intake
- Discharge
- Financial Services
- On-site SNAP Screening


Supplemental Nutrition Assistance Program (SNAP)

A family of four supported by a full-time, year-round minimum wage worker will fall short of the poverty line by 25 percent

SNAP participation increases the typical monthly purchasing power of such a family by 39 percent

Center on Budget and Policy Priorities 2001a, p. 4

SNAP Participants

49% of all participant households have children (17 or younger), and 55% of those are single-parent households

The average gross monthly income per food stamp household is $731; The average net income is $336

37% of participants are white, 22% are African-American, 10% are Hispanic, 2% are Asian, 4% are Native American, and 19% are of unknown race or ethnicity

Data source: United States Department of Agriculture (based on a study of data gathered in Fiscal Year 2001), statistics for the food stamp program
Did You Know.....

Federal nutrition programs, help ensure that children have access to healthy, affordable food

Unfortunately, many parents are unaware of these programs, may not know that they qualify for benefits, or may be unsure how to access programs

Healthy, Hunger-Free Kids Act of 2010

Reauthorizes funding for federal nutrition programs:
- National School Lunch Program (NSLP)
- School Breakfast Program (SBP)
- Special Supplemental Nutrition Program for Women, Infants, and Children; the Summer Food Service Program (WIC)
- Child and Adult Care Food Program (CACFP)
- Expires on September 30, 2015

Children with family incomes < 185 percent of the federal income poverty guidelines are eligible to receive free or reduced-price meals at school

- Children who receive free or reduced-price meals at school are more likely to have their nutritional needs met than those who do not participate
- Children who are well nourished have better school attendance and show improved attention spans and behavior in the classroom

Participation is moderate among eligible households, with room to increase participation among those in need.

The share of eligible households participating in the lunch program is close to three in five.

The share receiving school breakfast is only one in two even though the programs have the same eligibility requirements.

Participation Challenges

National School Lunch Program (NSLP):
- Possible stigma associated with eating school meals
- Food meeting nutritional standards may not be appealing

School Breakfast Program (SBP):
- Later-arriving buses & students with long commutes not arriving early enough to eat breakfast before the school day begins.

Percent of Eligible School Age Children Participating in School Meals Programs

SBP Benefits

Students who participate in the SBP
- Have fewer vitamin deficiencies
- Are less likely to experience chronic illnesses
- Are more likely to maintain a healthy BMI
- Attend 1.5 more days of school annually, score
  17.5% higher on math tests
- Are less likely to have disciplinary issues


Bright Futures

Indicator of Nutrition Risk
- Inadequate financial resources to buy food
- Insufficient access to food
- Lack of access to cooking facilities

Relevance
- Poverty can result in hunger and compromised food quality and nutrition status
- Inadequate dietary intake interferes with learning

Criteria
- Assess for low family income, homelessness, cooking facilities, etc.


Bright Futures

Do you have a working stove, oven and refrigerator where you live?

Where there any days last month when you family didn’t have enough food to eat or enough money to buy food?

Hunger Screening

Health care providers should ask families one simple question....

"Have there been times in the past twelve months when you did not have enough money to buy food that you or your family needed?"

Food Research and Action Center (2012) Food Hardship in America 2011

Hunger in America -2013 Report

The Feeding America network and their partner agencies:
• Operate 58,000 food programs and more than 35,000 non-food programs nationwide.
• Reach 46.5 million clients...389 million times per year

Food programs are categorized into:
- Meal Programs
- Grocery Programs


Feeding America, Inc.

Nearly 89 percent of Feeding America’s client households with children face classify as food insecure

Among those households with school-aged children there is near full participation in free or reduced price school lunch (94%) However, less than half of the same households participate in free or reduced price school breakfast (46%)

<table>
<thead>
<tr>
<th>Program Types</th>
<th>Grocery</th>
<th>Meal</th>
<th>Food Related Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed Age Group</td>
<td>• Community Garden</td>
<td>• Community Kitchen</td>
<td>• Nutrition Education</td>
</tr>
<tr>
<td></td>
<td>• Food Bank-Operated Pantry Program</td>
<td>• Food Bank-Operated Meal Program</td>
<td>• Special</td>
</tr>
<tr>
<td></td>
<td>• Food Pantry</td>
<td>• Group Home</td>
<td>• Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
</tr>
<tr>
<td></td>
<td>• Home-Delivered Grocery Program</td>
<td>• Rehabilitation Program</td>
<td>• Supplemental Nutrition Assistance Program (SNAP)</td>
</tr>
<tr>
<td></td>
<td>• Mobile Market/Mobile Pantry</td>
<td>• Residential Program</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• School Pantry Program</td>
<td>• Shelter</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Soup Kitchen</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Transitional Housing</td>
<td></td>
</tr>
<tr>
<td>Children</td>
<td>BackPack Program</td>
<td>After School Snack</td>
<td>National School Lunch Program (NSLP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child Congregate Feeding Program</td>
<td>School Breakfast Program (SBP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Summer Food Service Program</td>
<td></td>
</tr>
</tbody>
</table>

Lessons Learned & Shared

Successful programs require stakeholder buy-in and participation

Empowering staff to take action on behalf of their patients is crucial

Train staff to screen for SNAP and WIC eligibility and provide application assistance


LESSONS LEARNED AND SHARED

• Health center staff should be armed with the resources to assist patients

• Health centers have the infrastructure to provide immediate access to emergency food programs and opportunities for nutrition education and cooking demonstrations

• Community partnerships are integral to successful program implementation

LEARN ABOUT HUNGER IN YOUR COMMUNITY

By understanding the population in need, public health agencies can best identify strategies for reaching the people who most need food assistance.


To learn more about hunger in your community, please visit

- [www.feedingamerica.org/mapthegap](http://www.feedingamerica.org/mapthegap)

Check out PBS: Child Hunger In North Carolina
- [http://www.unctv.org/content/childhunger](http://www.unctv.org/content/childhunger)

Remember:

- Resources
- Access
- Information

Thank You!