

Why You Should Ask

Food Insecurity in Oregon

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A Place At the Table

<https://www.youtube.com/watch?v=fzEKhYqnPHs>

Economic Impacts of Hunger

- ▶ The cost of hunger to our nation is at least **\$167.5 billion**
- ▶ Healthcare costs alone related to hunger nationwide are **\$130.5 billion** annually
- ▶ The annual cost of hunger to every U.S. citizen is on pace to amount to roughly **\$42,400 per citizen over a lifetime**

Key Definitions

- ▶ Food Security: “Access by all people at all times to enough food for an active, healthy life.”
- ▶ Food Insecurity: “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”
- ▶ Hunger: “The uneasy or painful sensation caused by a lack of food. The recurrent and involuntary lack of access to food.”

Did You Know

- ▶ An Oregon survey found 77% of families worry at least sometimes about where they will get their next meal
- ▶ Over a third of households with children reported cutting or reducing the parent's portion size as a strategy to stretch the food budget
- ▶ Food Stamps alone do not meet the need and often run out 2-3 weeks into the month

- ▶ Families living at 100% of the Federal Poverty Level have a gross annual income of \$19,530
- ▶ Families living at 138% of the Federal Poverty Level have a gross annual income of \$26,950
- ▶ A living wage in Multnomah and Clackamas Counties is considered to be \$50,480

Children in Poverty



- ▶ 1 in 5 children in the US grow up in poverty
- ▶ Nearly 1 in 2 (42%) are poor or near poor (living under 200% of the Federal Poverty Line)
- ▶ Compared to 35 other developed countries, we are second to last - only Romania is worse.

► <http://map.feedingamerica.org/county/2014/overall/oregon>

Effect on Children's Physical Health

Starts with in-utero nutritional status

- ▶ Adequate prenatal nutrition = critical for normal development
- ▶ Food Insecurity in mother is associated with low birthweight (LBW)
 - Increased risk of perinatal and infant mortality
 - Costs \$59,703 on average to care for VLBW infant over the first year of life

Premature Births

Study in Toronto (1996-2001): moms from lowest-income neighborhoods **25%** more likely to have preterm births and **53%** more likely to have LBW baby at full term

- ▶ Maternal folate deficiency  **neural tube defect** (spina bifida and anencephaly)
- ▶ Increased risk of other birth defects
 - Cleft Palate
 - Cardiac Defects
- ▶ Iron deficiency anemia in mom
- ▶ Excess weight gain during pregnancy

Food Insecure Children

Are.....

- ▶ 2x higher odds of having “fair or poor” health
- ▶ 3x higher odds of hospitalizations
- ▶ 1.4x higher odds of having iron deficiency anemia
- ▶ More likely to have other nutritional deficiencies
- ▶ More likely to have developmental delays
- ▶ More likely to be underweight

► More likely to be **overweight or obese**

3.4x higher odds to be obese at 4.5 years if experienced food insecurity at any point as a toddler

27.8x higher odds of overweight/obese at age 4.5 if LBW and family has food insecurity

Higher cholesterol values than food secure peers

Explanation: Food insecure families resort to low cost, low nutrient dense foods, sacrificing quality to avoid pangs of hunger

- ▶ Greater likelihood of experiencing **stomachaches, headaches and colds** among 1-5 year olds
- ▶ In one study, children under 12 years who were hungry or at risk of hunger were **2x** as likely as not-hungry children to be reported as having **impaired functioning**
- ▶ At higher risk of chronic illnesses such as **asthma**
- ▶ More frequent occurrence of **oral health problems**

Effects on Children's Mental Health

- ▶ **Depression**

 - More likely to have thoughts of death, desire to die or attempted suicide

- ▶ **Anxiety**

 - Strong association with food insecurity in children

- ▶ **Aggression**

 - 7x more likely to get into fights frequently

- ▶ **Higher rates of ADHD**

Educational Effects

- ▶ Negative effect on cognitive development and academic performance
 - Impaired concentration and ability to retain information
 - Lower math scores
 - Lower reading scores
 - Learn at a slower rate
 - 2x more likely to receive special ed
 - More likely to repeat a grade
 - Increased absenteeism
 - Earlier dropout rates

Effect on Children's Social Health

- ▶ **Impaired social skills and problems with social adjustment**

 - More difficulty getting along with other children

- ▶ **Increased conduct problems**

 - Stealing: 12x more likely to steal

 - Bullying

 - Destroying other people's property

 - Truancy

Effects on Teens

A report published earlier this month by the Urban Institute and Feeding America found:

- ▶ Many take an active role in feeding their families by taking jobs or selling possessions
- ▶ In 13 out of 20 focus groups, teens mentioned “sex for money” as a viable strategy to get food
- ▶ Many go hungry so younger siblings can eat
- ▶ Typically exercise less and eat more poorly
- ▶ Higher risk for anxiety, depression and substance abuse

Teens

Often don't know resources that are available to them:

- ▶ Stigma attached to using food banks
- ▶ Don't believe food pantries are accessible to them or feel unwelcome in them
- ▶ Believe summer food programs are for children, not teens

Moms

- ▶ Women are more vulnerable than men to both food insecurity and depression: Food Insecurity 17.3% vs 14% and Depression 20.6% vs 13.9%
- ▶ Moderate to severe maternal depression increases likelihood of food insecurity in the household by between 50 and 80%
- ▶ Maternal depression more likely in food insecure households 
impaired parenting and negative effect on child's mental development and attachment

Long Term Effects of Hunger in Children and Teens

National Cancer Institute and University of Calgary completed a long term study of effects of hunger on general health, tracking children from birth to 21 years.

Likelihood to have overall poor health 10- 15 years later:

One episode hunger: 2.5 x more likely

Two episodes hunger: 4 x more likely

- ▶ More likely to be poor when adults with lower productivity and low earnings
- ▶ More chronic disease (diabetes, high blood pressure, high cholesterol, heart disease)
- ▶ More likely to be overweight or obese with associated morbidity and mortality

Childhood Hunger Coalition

- ▶ Representatives from Kaiser, OHSU, Providence, WIC, OSU Extension, Oregon Food Bank, Hunger Free America, Head Start
- ▶ Goals:
 1. Screen children for food insecurity in a variety of settings.
 2. Standardize the coding process so data can be retrieved to guide policy
 3. Educate health care providers: Free On-line CME

<https://pace.oregonstate.edu/catalog/childhood-food-insecurity>

Oregon Food Bank

- ▶ Screen and Intervene in Healthcare Settings Across the State (ALL AGES)
- ▶ Over 230 clinics have been trained using a standardized coding process
- ▶ Influence policy: Food Insecurity to be the first social determinant of health adopted as a Performance Improvement Project by the OHA and CCO's statewide in 2017

Providence Health: Screen and Intervene in Childhood Food Insecurity

- ▶ Funded by the Providence Milwaukie Hospital Foundation and the Meyer Memorial Trust
- ▶ 2 Family Medicine Residency Program Clinics
- ▶ Screen for Food Insecurity at every Well Child Check appointment
- ▶ Use validated screening questions
- ▶ Offer resources: Food Banks and other Food Resources in the After Visit Summary  referral to a community agency based patient navigator to assess for additional basic needs and connect to resources
- ▶ Document positive screens in the electronic health record

Screen and Intervene

The Childhood Hunger Coalition's Screen for Food Security includes 2 questions.

1.) “Within the past 12 months we worried whether our food would run out before we got money to buy more.”

2.) “Within the past 12 months the food we bought just didn't last and we didn't have money to get more.”

If Screen is Positive

- ▶ Assess for growth and development, health consequences.
- ▶ Connect with Nutrition Resources
 - SNAP
 - WIC
 - Meal Programs (School, after school, summer)
 - Emergency Food Resources
- ▶ Referrals: Dietician, Social Worker, Patient Navigator

Here's What Our Process Looks Like

- ▶ <http://www.providenceoregon.org/video/?view=3c6108358fb00x480x293>

Initial Outcomes

- ▶ 1800 children screened over 18 months of pilot
- ▶ Screening rates increased from 20% to over 80% each month
- ▶ Average positive screen rate of 12-17% across 2 clinics
- ▶ 100 families completed services with a patient navigator (average household size = 5)
- ▶ EMR optimization: Place to document the screening in Peds flowsheet. ICD 10 code for Food Insecurity in the Problem List
- ▶ Increased provider satisfaction and comfort in talking about food insecurity and offering referrals
- ▶ Families overwhelmingly agree that food insecurity is a health issue and did feel comfortable being screened and discussing needs with MA and provider

So, Why Wouldn't You Screen?

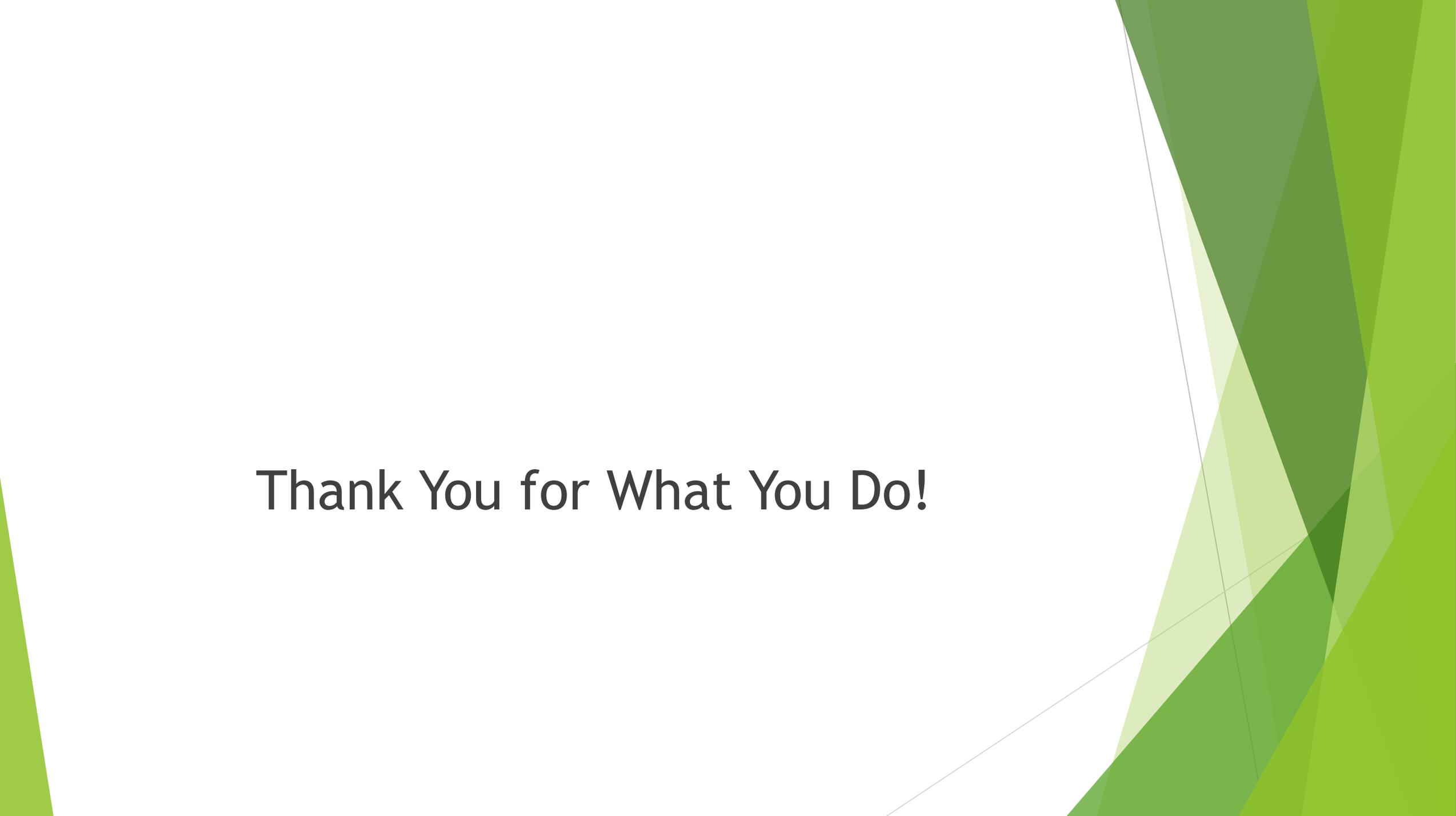
- ▶ Stigma? Routinely screening everyone normalizes this epidemic of food insecurity and removes the shame factor. Use a laminated card and a grease pen for the client to answer the questions.
- ▶ Resources? Questions and resources in multiple languages and specific to county available from the Oregon Food Bank. Warm handoff to other community agencies to assist with basic needs.

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- ▶ Documentation? Documenting positive screen rates can help communities plan for interventions and additional services
 - ▶ Overwhelmed? Develop relationships with the client's primary care provider. Many clinics offer behavioral health, social work, and medication assistance programs. Let them know what you have discovered so they can help.

Ideas for Partnering with Primary Care?
Ideas for Implementing Screening?

The slide features a white background with two lines of text in a green, sans-serif font. On the right side, there is a decorative graphic consisting of several overlapping, semi-transparent green triangles and polygons of various shades, creating a modern, abstract design.

Thank You for What You Do!

The background features abstract, overlapping geometric shapes in various shades of green, ranging from light lime to dark forest green. These shapes are primarily located on the right side of the frame, creating a modern, layered effect against the white background.

