"To eliminate public health problems arising from childhood hunger"

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Letter from the steering committee

Instead of the usual letter from Coalition Chair, Molly Haynes, I was asked to introduce myself and tell you a little about the Screen and Intervene activities I have undertaken since starting my job as coordinator on March 12. My name is Lynn Knox. I started my career many years ago in health education and public information with the Massachusetts Department of Public Health. My boss, Dr. Jonathan Fielding, was working with the World Health Organization at the time to establish the Social Determinants of Health. From there I moved on to design and implement a wide range of poverty reduction and health promotion programs in government, non-profits, and health care organizations. It is exciting to have this opportunity to combine my interests in poverty reduction and health promotion by implementing the Screen and Intervene Program for the Childhood Hunger Coalition and Oregon Food Bank.

During these first few months, I have focused on developing simple tools for use in a health care clinic and on implementation of screen and intervene at various organizations with a focus on those serving Medicaid clients. Due to massive changes wrought by healthcare reform, many providers I speak to are overwhelmed at the moment. When I make contact there are two basic types of response; either, "we are so swamped right now that I cannot even think about one more new thing" or, "thank you, we need all the help we can get right now". Luckily, I hear the second response more often so our screening and intervention model is being shared widely and used already by some. I’ve quickly learned that each clinic will adopt screening and intervention differently. In future editions of the digest I look forward to sharing some of these different models.

Childhood Hunger Coalition update

Screen and intervene update

CHC is excited to announce the continued expansion of our screen and...
In December of 2013, we received funding from Regence BlueCross BlueShield of Oregon to fund a full-time staff position focused on expanding CHC’s screen and intervene model throughout Oregon.

In March 2014, we hired Lynn Knox to be our Clinical Outreach and Training Coordinator and she’s hit the ground running. She's had positive and productive meetings with healthcare professionals across Oregon to talk about the implementation of screen and intervene in their clinic or health system. Many people she's spoken with are interested in screen and intervene and eager to discuss implementation.

You can read more about Lynn in the above letter from her, but we are excited to have her on board!

Preliminary findings from the OHSU/OFB Screen and Intervene Pilot Project

We are excited to announce that after hard work by the pilot project research team, CHC, Doerenbecher providers, and participating families, preliminary results from the OHSU & Oregon Food Bank screen and intervene pilot project are available!

The pilot tested the feasibility of implementing food security screening and intervention ("screen and intervene" model) in a busy clinic setting as part of routine clinical care, and assessed acceptability to families and providers of "screen and intervene" implementation. Using a validated two-question screening tool, providers screened for hunger risk at well child clinic visits at OHSU Doernbecher Children’s Hospital and Doernbecher Pediatrics - Westside. For those families that screened positive, providers offered information about community food resources and programs like food stamps and emergency food. At risk families were invited to enroll in this pilot study. Those choosing to participate filled out a survey with questions about family demographic characteristics as well as the US Department of Agriculture's 18-question Core Food Security Module at initial screening and then six months later.

Of the 1,314 well child visits during the enrollment period, 143 families screened positive for food insecurity during routine well child care visits (10.9%). Of these, 37 families elected to enroll in the study and completed the baseline and follow-up surveys. Food security status of our sample changed over the study period, with 78.4% of households identified as food insecure (low or very low food security) initially and 70.3% food insecure at follow-up (p < 0.035). Overall, parents and guardians accepted the screening questions and many recognized food insecurity as an important issue for families. Providers found the "screen and intervene" model easy to use and appreciated having a tool to ask about this issue within the clinic visit.

Results of this study show that it is feasible and acceptable to carry out food security screening and intervention in a busy clinical setting. Future studies with a larger sample size and of longer duration are needed to evaluate the impact of "screen and intervene" on children's food security status and health outcomes.

For more information, visit www.childhoodhunger.org.

News and notes

Health Leads receives $16 million grant to expand their services

In April, Health Leads, a Boston-based organization that enables health careproviders to prescribe basic resources such as food and housing for their low income patients, received a $16 million grant from the Robert Wood Johnson Foundation to expand their services. The grant will allow Health Leads
Leads to place more service desks at health care facilities and build a culture that further supports addressing social determinants of health. Health Leads currently works with 20 clinical partners in six cities and reports serving 23,000 patients since 2010. Read more about the project here.

American Academy of Pediatrics article urges pediatricians to address social determinants of health
The spring issue of American Academy of Pediatrics contained an article urging pediatricians to connect families experiencing food insecurity to local resources and to advocate for policy solutions to address the connection between income and health. The article described the negative health ramifications for hunger and argued that pediatricians can play an important role in linking low-income families to services such as food and energy assistance. It also argued that pediatricians are uniquely situated to advocate for the connection between health and income.

Recent research

New study notes relationship between exhaustion of food budgets and hypoglycemia
HealthAffairs published a study that looked at the connection between food insecurity and risk for hypoglycemia. The study examined hospital admission data for low income and high income patients and found that admission for hypoglycemia was more common for low income patients. The study also found that admission rates for low income patients increased 27 percent in the last week of the month compared to the first week of the month. There was no variation for high income patients. The study, noting that food budgets are often tightest at the end of the month, suggests that there is a relationship between food budget exhaustion and health inequalities.

USDA study looks at the relationship between food insecurity and food prices
A May USDA study examined the relationship different food price levels have on food insecurity rates. In particular, while SNAP benefits are the same for a given type of household, food prices vary across the country. The USDA looked at whether higher food prices resulted in a greater likelihood of food insecurity in SNAP households. They found that higher food prices were associated with a higher prevalence of food insecurity. Specifically, a $10 higher cost of the food basket for two adults and two children per week meant a 2.7 percentage point higher prevalence of food insecurity.

Study shows that SNAP participation reduces food insecurity for children
A study published in Pediatrics looks at the relationship between SNAP participation and food insecurity in children. Specifically, the study examines the food security status of children just entering the SNAP program and then those same children six months later as well as children just entering the program and different children who had been in the program for six months. The authors found that SNAP participation was linked to an almost one-third decrease in the chances of the child being food insecure in both samples.

Stories from the field: addressing hunger in the clinical setting

Minnesota clinics are offering food for patients experiencing food insecurity
Some clinics in Minnesota have started to offer food onsite or to be delivered for their patients experiencing food insecurity. Understanding the strong connection to health, in 2010 Hennepin County Medical Center started a food
pantry, providing 7,000 to 8,000 meals a week to patients. More recently, they have tailored their food to the needs of elderly and diabetic patients. This summer, Lakewood Health System in Staples will partner with HungerFree Minnesota to offer free community supported agriculture shares to families experiencing food insecurity. The families will also receive nutrition and cooking education. Read more about the project here.

Arkansas Children’s Hospital expands free children’s meal program

Last year, Arkansas Children’s Hospital partnered with the USDA summer food service program to offer free lunch to children visiting the hospital. The hospital distributed more than 1700 meals during the summer. They are now planning to expand the program to offer it year-round. In addition to providing meals for children, the hospital also helps eligible families sign up for food stamps.

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