Food insecurity in Oregon

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The Childhood Hunger Coalition works to eliminate public health problems arising from childhood hunger.

Our interdisciplinary collaborative educates, conducts research and advocates to link food security and health outcomes.

www.childhoodhunger.org
Food security spectrum

Food secure  Low food security  Very low food security

Enough of the right kinds of food...............................hungry

food quality  food sufficiency
Research Questions 2007, 2009

- To what extent do Oregon physicians and nurse practitioners monitor food insecurity?
- What factors influence monitoring of the condition?

Study partners:
OSU Extension
Oregon Food Bank
Providence Health System
OHSU
Kaiser Permanente
Oregon Hunger Task Force (2007)
Continuing Education

“Childhood Food Insecurity: Hunger Impacts, Screening and Intervention”: http://ecampus.oregonstate.edu/hunger/ 

- Prevalence and predictors
- Food access and food choices
- Relationship to health/development
- Intervention strategies
3,000 Clinic Toolkits

- Review of literature
- Screening and referral algorithm
- Patient outreach materials

**Childhood Hunger Screening & Intervention Algorithm**

1. **Assess Growth**
   - Anthropometric Assessment: age, weight, length, head circumference, internal growth, BMI

2. **Assess for Health Consequences**
   - LABS: CBC, CO2, Creatinine, ALT, AST, LDH, Peg Insulin, C-peptide, Carbohydrate Tolerance Test, TSH, T4, T3
   - SCREENING: Developmental, Mental Health

3. **Provide Resources**
   - NUTRITION RESOURCES: SNAP, WIC, School Meals, Food Stamps

4. **Referrals & Other Considerations**
   - POSSIBLE REFERRALS: Nutrition, Social Worker, Health Care Provider
   - MOTHERS: Social Services, Women, Infants, and Children (WIC), Oregon Health Plan
   - NURSES: School nurses, YWCA, Oregon Health Plan

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**FOOD & NUTRITION PROGRAMS**

- Oregon Food Program
- Oregon WIC
- Oregon School Meals Program
- Oregon Senior Nutrition Program

**HEALTH & WELFARE PROGRAMS**

- Oregon Health Plan
- Oregon Health Care Connection
- Oregon Healthy Kids

**DEVELOPMENTAL SERVICES**

- Oregon Department of Human Services
- Oregon Department of Education
- Oregon Department of Health and Human Services

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**Need help getting food?**

Food and nutrition programs help food kids and keep them healthy. Talk to your health care provider for more information on programs that can help you and your family.

**Find out more**

1. Oregon Hunger Coalition, a statewide hunger resource, is here to help: 800-327-610 (800-327-610) or www.oregonfeeds.org
2. Oregon Department of Human Services, 1-800-869-6789
3. Oregon Health Plan, 1-800-352-5050
4. Oregon School Meals Program, 1-800-352-5050

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**Do it yourself**

You can help, too: 1. Contact your local food bank and request an information packet about hunger in your community.
2. Contact your local school and ask about their nutrition program.
3. Contact your local government office and ask about their food assistance programs.
4. Contact your local community center and ask about their nutrition program.
5. Contact your local non-profit organization and ask about their food assistance programs.

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**Sources:**

Website, CHC formalized relationship with Oregon Food Bank
Screening and Intervention: pilot study
Doernbecher Children’s Hospital 2012-13

• Train practitioners to screen
• Clinic algorithm (screening, referrals)
• Full food security screen, program participation
• Follow up in 6 months
Screen and Intervene 2014

- Oregon Food Bank (OFB) received funding from Regence to increase number of clinics screening for food insecurity
- To date, over 80 clinics are screening
- Oregon Child Development Coalition (OCDC) is screening in head start/early head start clinics
- WIC is piloting in Washington County and soon Malheur County
Why are Oregon’s children so hungry?
New report says state’s kids face the nation’s highest rate of food insecurity as groups try to fill empty plates

BY PETER KORN
The Portland Tribune, Sep 8, 2011, Updated Sep 8, 2011 (14 Reader comments)

A new national report shows just how much Oregonians have suffered in the depths of the national recession.

The report by Chicago’s nonprofit Feeding America reveals that in 2009, Oregon had the highest rate of childhood hunger among the 50 states. Only Washington, D.C., had a higher rate.

The report says that 29 percent of Oregon (and Multnomah County) children faced “food insecurity” in 2009, compared to a national average of 23 percent.

Those numbers won’t shock most who deal with...
Impact of food insecurity on children and adolescents

- Nearly 1 in 4 children in Oregon live in poverty
- 27.3% of children experience food insecurity
- 50% of Oregon children qualify for free/reduced meals
- Approximately 1/3 of eligible people are not accessing SNAP
Children in food insecure households

- poor health
- frequent stomach aches and head aches
- increased risk of iron deficiency anemia
- impaired academic proficiency
- psychosocial difficulties
Risk factors that predict children’s food insecurity

- Mother’s health
- Mother’s substance abuse
- Residential instability
- Living in a household without both parents present
- Inconsistent or no child support payments
- Summertime
- Immigrant parents

Source: The Future of Children, Fall 2014
Screening questions

- Multnomah County:
  - Are there times when your family does not get enough to eat? Yes/no

- Bright Futures Nutrition, Adolescent 11-21:
  - Were there any days last month when your family didn’t have enough food to eat or enough money to buy food? Yes/no
CHC recommended screening questions

- For each statement, please tell me whether the statement was “often true, sometimes true, or never true” for your household:

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

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

Source: Hager ER, et al 2010
Models of asking the question

- Connection, trust & respect are critical, regardless of how the questions are asked.

- Various models being tested
  - Basic: adding questions to check-in process
  - Supported: step beyond basic with clinic staff assisting with resource access
  - Comprehensive: questions are asked by staff and various levels of resources access and staff follow-up
Possible next steps for your clinic

- Increase awareness
- Dedicate time to discuss
- Consult with others screening
- Identify pilot sites
- Provide additional training
- Assess data
- Implement further
CHC is available for TA, guidance

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