

FOOD INSECURITY AMONG CHILDREN AGES 0-3



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January 31st, 2011

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Purpose of Today's Presentation

- Broaden understanding of food insecurity as an important and locally-relevant topic
- Discuss findings from food security assessment
- Recommend areas for improvement and suggest possible points of intervention

Intro: Defining Food Security

Food security:

- (1) the ready availability of nutritionally adequate and safe foods
- (2) an assured ability to acquire acceptable foods in socially acceptable ways

(Life Sciences Research Office, 1990)

Community food security:

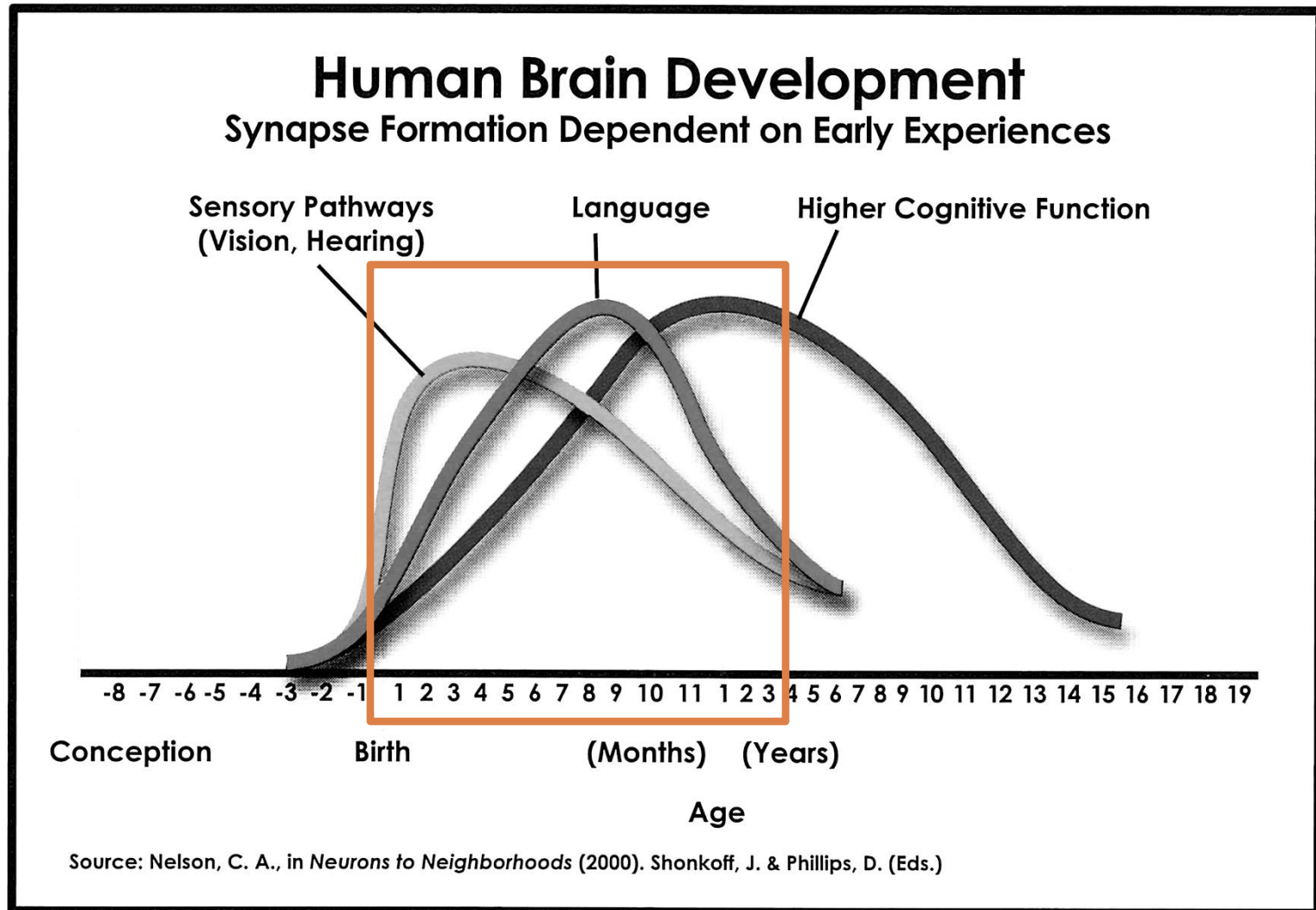
A condition in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance, social justice, and democratic decision-making.
(Hamm & Bellows, 2003)

Intro: Why Study Food Insecurity?

- Food insecurity is associated with negative health outcomes for children
- Food insecurity is connected to poverty, racial disparities, and other social inequities



Why Focus on Early Childhood?

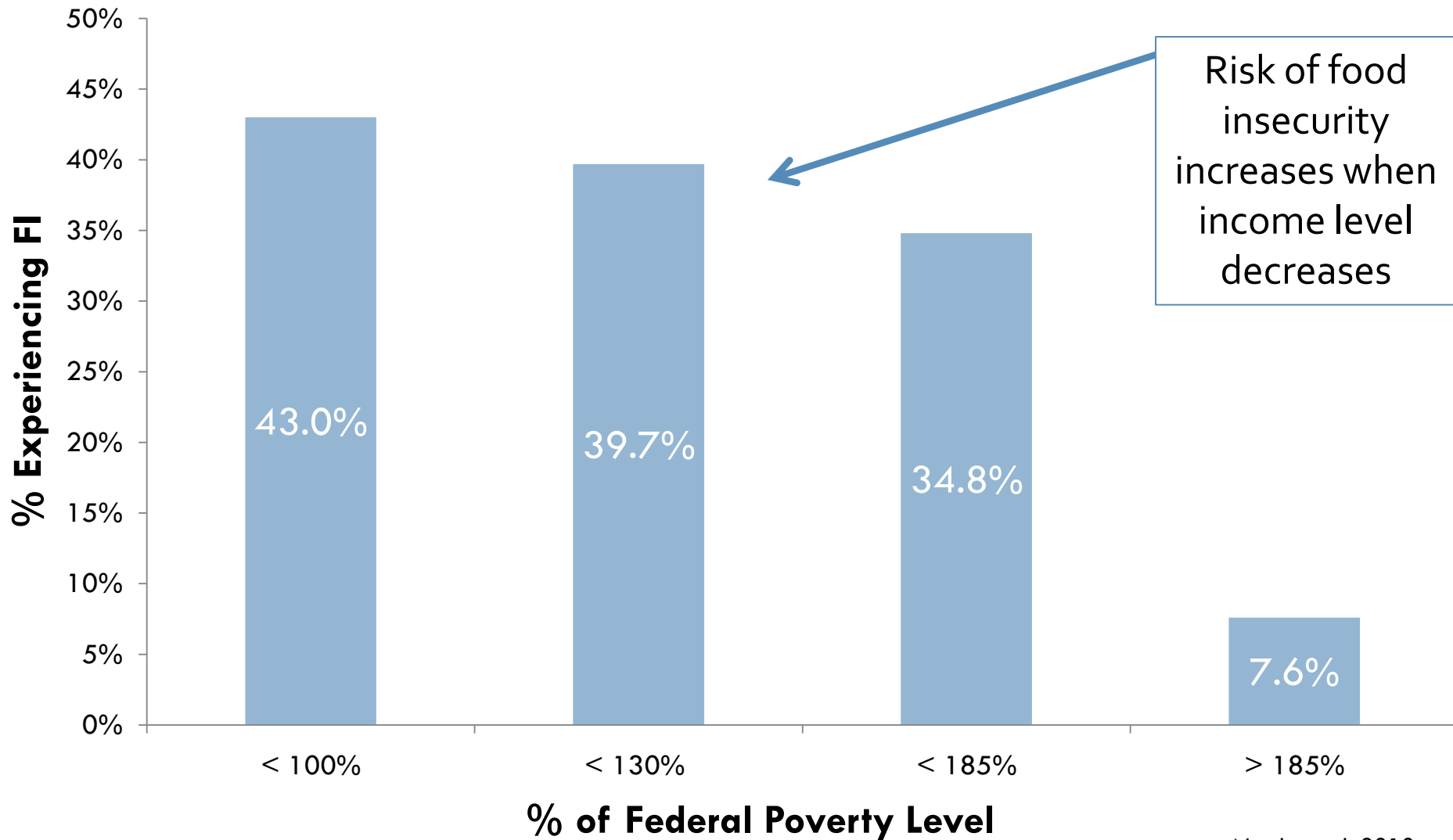


The Impact on Infants and Toddlers

- Children's HealthWatch: a six-city research study documenting the impact of social and economic policy on children's health
- Findings: Children ages 0-3 living in food insecure homes are more likely to:
 - Be hospitalized
 - Be in fair or poor health
 - Experience developmental problems



Food Insecurity and Poverty



At-Risk Families in Baltimore

- **28.4%** of children live below the poverty level
- **40.5%** of families with children 0-5 and a single mother are in poverty
- **35.4%** of children live in families receiving SNAP or cash assistance
- **43%** of predominantly black neighborhoods had low healthy food availability compared with just 4% of predominantly white neighborhoods



Barriers to Food Security

- Lack of Access
 - ▣ Food environment
 - ▣ Inadequate transportation
- Lack of Awareness
 - ▣ Eligibility guidelines
- Poverty-Related Issues
 - ▣ Concerns about housing, energy, employment, medical expenses, etc.
- Programmatic Limitations
 - ▣ Sustainability of programs
 - ▣ Staffing and funding constraints
 - ▣ Building community trust



Perspectives from the Community

- 12 supplemental interviews with low-income families with children under age 3 in Baltimore
 - ▣ 6 are at risk for food insecurity according to the two-item FI screen
 - ▣ 11 are currently enrolled in WIC
 - ▣ 9 use the bus as their primary mode of transportation
 - ▣ 1 has access to a car
- Participants expressed overall positive feelings about both WIC and SNAP, but many felt that the benefits were insufficient in helping them adequately feed their families

What can be done?

- Screen for food insecurity to understand the scope of the problem in Baltimore among different populations
 - Within the past 12 months we worried whether our food would run out before we got money to buy more.
___ Often true ___ Sometimes true ___ Never true
 - Within the past 12 months the food we bought just didn't last and we didn't have money to get more.
___ Often true ___ Sometimes true ___ Never true

Federal Nutrition Assistance Programs

- Supplemental Nutrition for Women, Infants, and Children (WIC)
- Supplemental Nutrition Assistance Program (SNAP), formerly Food Stamps
- Child and Adult Care Food Program (CACFP)



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These programs can be particularly beneficial to struggling families with infants and toddlers, but may still be insufficient in helping families eliminate food insecurity.

WIC: Improving Child Health

Program Benefits

- Families receive vouchers for specific food items such as milk, cheese, fruits, vegetables, and cereal
- Nutrition education
- Breastfeeding support
- Referrals to other services

Outcomes/Effectiveness

- Reduces odds of household food insecurity
- Improves birth outcomes
- Young children who receive WIC are more likely to be in good health than those who are eligible but do not receive it due to access barriers

What else can be done locally?

- Short Term: refer families to programs and services in their neighborhoods that help alleviate food insecurity or other poverty-related issues



Recommendations

- Improve accessibility to programs with increased attention to transit barriers
 - ▣ Identify areas underserved by existing bus routes
 - ▣ Investigate ways to make the bus more “baby-friendly”



Recommendations, cont.

- Increase outreach about assistance programs
 - “Benefits Specialists”: people familiar with different programs, application requirements, eligibility guidelines, who can refer families to the appropriate office or walk them through the online application (Maryland SAIL)
 - Potential sites: Hospitals, doctors’ offices, libraries, farmers’ markets, food pantries/kitchens, WIC/SNAP-authorized food stores
 - Post eligibility guidelines in public places

Thank you!



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Photo: Northeast Market, Parking Lot Mural

E Monument St, 2 blocks east of Johns Hopkins Bloomberg School of Public Health