

## Food Insecurity

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### Expanded Commentary from the Faculty

In 2012, according to data from the United States Department of Agriculture (USDA), approximately 14.5% of American households were food insecure, meaning they lacked access to enough food for all family members of the home to lead healthy, active lives.

At the very least, being food secure means families have nutritional and safe foods readily available to them and can acquire these foods in a socially acceptable manner, without having to rely on emergency food supplies, stealing, or scavenging.

Food-insecure parents will be almost impervious to nutrition education. They are likely to maximize intake of low-cost, high-energy, and low-micronutrient foods—predominantly fats, starches, and sugar-fortified foods—because that is all they can afford. By taking steps to identify food-insecure families, clinicians can help these families reduce their intake of foods with low nutritional value, and avoid caloric overload, malnutrition, and all of their consequences, in pediatric patients. Pediatricians and other clinicians can give families guidance, taking into consideration the realities of the economic status of their patients.

Food insecurity can be measured using an 18-item questionnaire developed by the USDA and the National Center for Health Statistics (NCHS). This questionnaire evaluates food insecurity at both a household level and a child level. Results of the questionnaire place families into one of 4 categories:

- Food secure
- Food insecure without hunger
- Food insecure with hunger
- Food insecure with severe hunger

The first step in addressing the issue of food insecurity is to identify those patients for whom an intervention may be appropriate. The USDA/NCHS questionnaire can be used if time permits. Often, though, food insecurity can be determined simply by asking a parent the first and most sensitive of the questions during an office visit: “In the past 6 months, have you worried that you can’t afford the foods you want to feed your family?” In a project we are conducting, an “often” or “sometimes” response has led to an intervention. It’s difficult to show changes in the nutrient composition of the diet itself, however, because food insecurity generally occurs within the cluster effect of poverty. Nevertheless, referring a patient for nutrition counseling and/or to a nutrition assistance program can help to address the issue of malnutrition and its potential outcomes.

Food insecurity is an indirect measure of the public health of a community—that is, where the prevalence of food insecurity is high, you can be certain that poverty is common. Food insecurity cannot be addressed as if it were a problem in isolation of other community issues. Nevertheless, a pediatrician or other health care provider can use food insecurity as an indicator of a need for help, and respond.

## Group Discussion Items

1. How relevant is food insecurity for our hospital - or for our patients?
2. Discuss if/how we are currently assessing families for food insecurity.
3. Has anyone in the group had a recent conversation with a patient's family about food insecurity?
  - If so, ask the person(s) describe the encounter(s).
4. In what ways does probing for food insecurity reinforce our current practices?
5. If we wanted to better assess patients for food insecurity, what would we do first?
6. What other approaches could be used?
7. Discuss the internal barriers we might expect to see.
8. Are there related problems we haven't talked about?

## Suggested Readings and Resources

1. Coleman-Jensen A, Nord M, Singh A. **Household Food Security in the United States in 2012**. USDA, Economic Research Report No. 155, 2013.
2. Feld LG, Hyams JS, eds. *Optimizing Infant Nutrition: The How, When and Why of Breastfeeding, Complementary Foods, and Fortifiers*. Available at [www.PediatricNutritionCE.org](http://www.PediatricNutritionCE.org)
3. Children's HealthWatch.org has over 43 publications on food insecurity available at [www.ChildrensHealthWatch.org](http://www.ChildrensHealthWatch.org). These include:
  - Feeding Our Human Capital: Food Insecurity and Tomorrow's Workforce
  - Too Hungry to Learn: Food Insecurity and School Readiness
  - Are Food Insecurity's Health Impacts Underestimated in the U.S. Population? Marginal Food Insecurity Also Predicts Adverse Health Outcomes in U.S. Children and Mothers.
  - Household Hardships, Public Programs, and Their Association with the Health and Development of Very Young Children: Insights from Children's HealthWatch
  - Real Cost of a Healthy Diet: 2011
5. Centers for Disease Control. Food Security Questionnaire. Available at: [www.cdc.gov](http://www.cdc.gov)
6. The US Department of Agriculture has published, *Food Insecurity in the US: Key Statistics and Graphs*. Available at: [www.ers.usda.gov](http://www.ers.usda.gov).