

Hunger to Health: Leveling Up Your Dietetic Practice with Food Insecurity Solutions

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Objectives:

- Describe the connection between hunger and health.
- Discover food insecurity resources for your patients.
- Identify ways the RDN can disrupt the cycle of food insecurity and chronic disease.

Outline:

- I. Introductions & Overview
 - a. Hunger to Health
 - b. Cooking Matters Programming
- II. Cooking Matters Demo
 - a. Protein Lesson
 - b. Recipe: Hearty Egg Burritos
- III. Q&A
 - a. Volunteer Recruitment
 - b. Conclusion

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Hunger To Health Strategy



The Idaho Foodbank is an independent, donor-supported, nonprofit organization founded in 1984, and is the largest distributor of free food assistance in Idaho. From warehouses in Meridian, Lewiston and Pocatello, the Foodbank has distributed millions of pounds of food each year to Idaho families through a network of more than 400 community-based partners. The Idaho Foodbank's Hunger to Health Strategy (H2H) is focused on the well-being of individuals, along with the health of communities across our state through access to nutritious food and other resources required for good health. The Idaho Foodbank commits to collaborating and partnering with other organizations and individuals as we undertake the following initiatives:

1. Nutrition Initiative includes an emphasis on providing **healthy** food to the individuals, families and communities in need throughout our statewide network. Driven by the USDA's MyPlate recommendations, our goal is to make the healthy choice the easy choice and to create awareness around our nutrition philosophy.

Measures of success:

Reported by the measure of **healthy** food we distribute as compared to our category targets; categories based on the USDA's MyPlate nutrition guidelines.

2. Education Initiative includes the delivery and promotion of cooking and nutrition education, and the distribution of nutrition/health education materials to our statewide partner network and thousands of food recipients. Additional promotion will be done through various communication channels (social, print, news media) with a central theme of encouraging individuals to make more healthy food choices.

Measures of success:

Reported by the number of people engaged in our education activities, and the number of different educational materials provided to the partner network, through each program, and via public communication channels.

3. Healthy Communities Initiative emphasizes a social determinants of health framework within our Idaho communities. By collaborating with healthcare providers, schools, nonprofits, government, and industry leaders our intent is to provide leadership, subject-matter expertise, and/or solutions to new or existing community needs.

Measures of success:

Reported by the number and locations of engagement activities with new community assessments/projects, and the number of new and existing IFB services/programs in those communities. Reported by the total number of coalitions/work groups IFB is a part of and the impact of projects/services initiated due to coalition/work group involvement. Reported by the number of different audience groups to whom H2H presentations are given.

Nutrition Philosophy

The purpose of this Nutrition Philosophy is to strategically guide The Idaho Foodbank's partnerships, nutrition education methods, and the acquisition and distribution of food. We envision our work in these areas will contribute to improving the health of Idahoans while also alleviating hunger and food insecurity.

Our Nutrition Philosophy communicates to the people we serve, our partner network, donors, and the community-at-large that we are committed to providing healthy food and nutrition education.

The Idaho Foodbank has a history of service to the community, supplying food to help families in hard times. In recent years increasing rates of diabetes, obesity, high blood pressure, and other chronic diet-related diseases and conditions in the community have become alarming to health care providers, our health partners, and The Idaho Foodbank. It is our desire to collaborate with concerned community members to promote healthy communities across our state.

We believe that all types of food can fit into a healthy diet and we understand that every individual we serve has food preferences. Through nutrition education and the distribution of predominantly nutrient-rich foods, we strive to feed the hungry, help them make healthier food choices, and positively impact the health of Idahoans.

We want the people we serve to know that their health and preferences for more healthy foods are among our highest priorities in providing food.

Guiding Principles

- A variety of foods can fit into a balanced diet.
- We honor the individual's ability to exercise choice in food selection.
- We encourage healthy choices.
- IFB will support messaging and behavioral nudges that "Make it easy to make the healthy choice".
- When purchasing food, IFB will strive to acquire the healthiest food available.
- IFB will commit to supporting the health of the people we serve by prioritizing the distribution of the recommended USDA's MyPlate foods and nutrients such as:
 - Fruits and Vegetables
 - Whole Grains
 - Foods and Beverages low in added sugar

Donated Products

The Idaho Foodbank will:

- Communicate with donors to encourage food donations in line with USDA's MyPlate recommendations.
- Actively seek fresh produce donations.
- Accept most donations, while prioritizing healthy options first.
- Continue expanding our outreach and strive to make our state healthier by feeding hope, fighting hunger, and improving health.



COOKING MATTERS DEPENDS ON VOLUNTEERS

- Across the country, volunteers support Cooking Matters programming in many ways
- In Idaho, our volunteers:
 - Teach courses as a culinary or nutrition instructor
 - Assist with single- or multi-lesson courses
 - Grocery shop for courses
 - Lead Cooking Matters at the Store tours
 - Photograph our programming
 - Create props and visual aids for class
 - Support multi-lingual courses as a translator

WE COULDN'T DO IT WITHOUT YOU!

**COOKING
MATTERS®**



ARE YOU READY TO GET INVOLVED?

SIGN UP FOR A VOLUNTEER TRAINING

- Contact nutrition@idahofoodbank.org for more information

CAN'T VOLUNTEER, BUT STILL WANT TO HELP?

- Tell a friend, colleague or student who might be interested in volunteering
- Advocate for Cooking Matters and the families we serve
- Donate to Cooking Matters

THE HUNGER VITAL SIGN:

A NEW STANDARD OF CARE FOR PREVENTIVE HEALTH

Early childhood health depends on consistent access to an adequate and nutritious diet. Unfortunately, one in five U.S. families with children under age six struggles to provide enough food to lead active, healthy lives (are **food insecure**).¹ Research from Children's HealthWatch has shown that young children under age four in food insecure households are at increased risk for hospitalizations, at risk of developmental delays, iron deficiency, and poor health. Among other interventions, governmental nutrition assistance programs, emergency food assistance networks, and hospital-based food pantries can help food-insecure families with young children obtain the food they need.

To identify young children living in households at risk for food insecurity, Children's HealthWatch validated the **Hunger Vital Sign**, a 2-question food insecurity screening tool based on the US Household Food Security Scale. The Hunger Vital Sign measures families' concerns about and access to food, much the way health care providers check other key vital signs, such as pulse and blood pressure. Healthcare providers, social service providers, community-based outreach workers, teachers, and anyone who works with young children can use the Hunger Vital Sign to identify young children and families who may need assistance.

The Children's HealthWatch Hunger Vital Sign

Drs. Erin Hager and Anna Quigg and the Children's HealthWatch team validated the Hunger Vital Sign, a 2-question screening tool, suitable for clinical or community outreach use, that identifies families with young children as being at risk for food insecurity if they answer that either or both of the following two statements³ is 'often true' or 'sometimes true' (vs. 'never true'):

- "Within the past 12 months we worried whether our food would run out before we got money to buy more."
- "Within the past 12 months the food we bought just didn't last and we didn't have money to get more."

Research Summary

Children's HealthWatch has developed the Hunger Vital Sign, a 2-question screening tool to identify young children in households at risk of food insecurity.

Compared to young children in food-secure households, young children in families at risk of food insecurity are more likely to:

- Be in fair or poor health
- Have been hospitalized
- Be at risk for developmental delays

Compared to food-secure mothers, mothers of young children who are at risk of food insecurity are more likely to:

- Be in fair or poor health
- Report depressive symptoms

The Hunger Vital Sign identified young children and mothers at high risk of food insecurity in order to help them obtain assistance if needed.

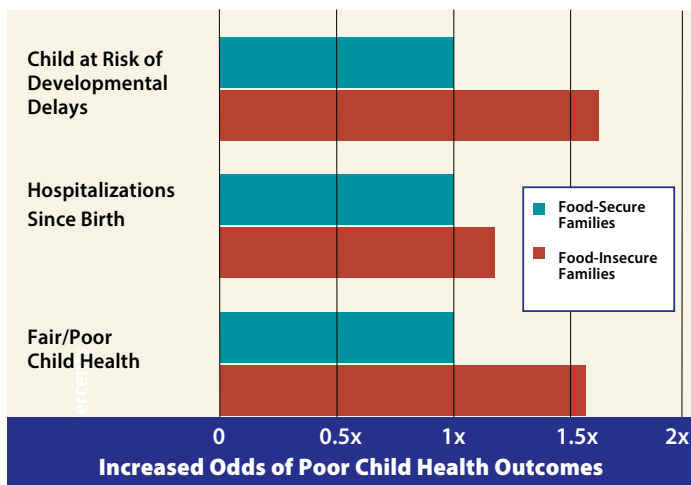


www.childrenshealthwatch.org

Children's HealthWatch is a nonpartisan network of pediatricians, public health researchers, and policy and child health experts that conduct primary research to inform public policies that impact children's health.

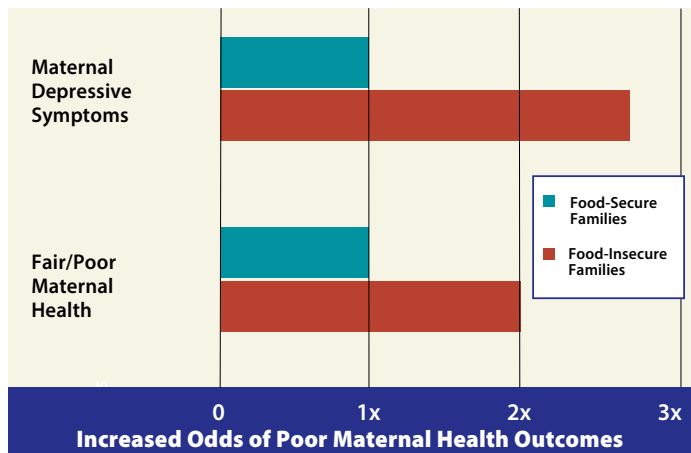
* These two statements are the first two items in the US Food Security Scale.²

Figure 1: Children at risk of food insecurity had worse health outcomes.



Source: Children's HealthWatch Data, 1998-2005. All increases statistically significant at p<0.05.

Figure 2: Mothers at risk of food insecurity were in worse mental and physical health.



Source: Children's HealthWatch Data, 1998-2005. All increases statistically significant at p<0.05.

How Does the Hunger Vital Sign Work?

The US Household Food Security Scale (HFSS) serves as the 'gold standard' in assessment and identification of food security. The Hunger Vital Sign is based on two questions from the HFSS. The Hunger Vital Sign was validated with a sample of 30,000 caregivers who sought pediatric care for their young children at one of five urban hospitals. It has a sensitivity of 97% (meaning that 97% of families identified as food insecure using the Hunger Vital Sign were identified as food insecure using the HFSS) and a specificity of 83% (meaning that 83% of families identified as food secure using the Hunger Vital Sign were identified as food secure using the HFSS). These rates of sensitivity and specificity are considered excellent in scientific publications.

What Does the Hunger Vital Sign Tell Us?

When compared to children under the age of four who screened as food secure using the Hunger Vital Sign, young children screening as at risk of food insecurity using the Hunger Vital Sign were:

- 56 percent more likely to be in fair or poor health
- 17 percent more likely to have been hospitalized
- 60 percent more likely to be at risk for developmental delays

Compared to mothers screened as food-secure, mothers screening as at risk of food insecurity were:

- Almost twice as likely to be in fair or poor health
- Almost three times as likely to report depressive symptoms

Apart from the harm to mothers themselves, poor maternal mental health affects mothers' ability to provide care for their children, and can impede children's development.³

Putting the Hunger Vital Sign Into Action – Health Care Settings and Beyond

Health care providers can use the Hunger Vital Sign during routine primary or acute care visits as well as visits to the emergency room, treating food security as a vital sign just like temperature, blood pressure or pulse, all essential measurements for understanding a child's health and prognosis. The screening tool is also very useful when incorporated into electronic medical records, so that it becomes part of the child's medical history. The Hunger Vital Sign may also be used by emergency food assistance programs, community outreach workers, advocates, and social workers, among others.

Hospitals and other health care institutions can improve the food security, and ultimately the health, of the children they serve through a variety of interventions, including:

- Referring families to nutrition assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Assistance Program for Women, Infants, and Children (WIC)
- Some hospitals provide application assistance through their financial assistance departments (or the departments where patients register for health insurance)
- Collaborating with partner food pantries to provide onsite food pantries and/or WIC offices in health care facilities
- Using hospital facilities as sites for community-based summer and after-school feeding programs

Conclusion

The validated Children’s HealthWatch Hunger Vital Sign is a 2-item screening tool that provides a straightforward means of identifying families who struggle to access food and whose children are therefore at greater risk of fair or poor health, hospitalizations and developmental delays, and whose mothers are at greater risk of fair or poor health and depression. By routinely screening for food insecurity as a vital sign, healthcare providers and others who work directly with families of young children can connect families at risk of food insecurity with effective resources to sustain and improve their mental and physical health, reducing health care costs for the families and society as a whole.

Using the Hunger Vital Sign to Address Hunger: Examples from the Field

- The Minnesota Department of Health Family Home Visiting Program has incorporated the Hunger Vital Sign into their protocol along with referrals to financial and food resources.³
- The Baltimore City Health Department has advocated for widespread use of the Hunger Vital Sign and developed a website that provides information on its usage as well as identifying available resources for those who are food insecure.⁴
- In Vermont, the Hunger Vital Sign is now part of intake forms at the Community Health Center of Burlington and pediatric admissions at Fletcher Allen Health Care.⁵ Hunger-Free Vermont has also created an online tutorial on childhood hunger for health professionals which teaches them how to identify hunger, talk about it with patients and parents, and connect families with nutrition resources. The tutorial, which is accredited for continuing medical education credits, includes instruction on the use of the Hunger Vital Sign.⁶
- Boston Medical Center has educated healthcare providers about the Hunger Vital Sign and uses its electronic health records to provide food assistance resources by renewable prescription through the Nutrition Resource Center, which hosts the Preventive Food Pantry and Demonstration Kitchen, and an onsite WIC office
- In coordination with Addison Gilbert and Beverly Hospitals, from Lahey Health, The Open Door and Beverly Bootstraps food pantries in Massachusetts offer a Prescription Food Bag program, which screens emergency room patients for food insecurity. Patients who have been identified as food insecure are given a bag of carefully-selected nutritious foods along with details on how to access SNAP benefits and food pantry services.⁷
- Orange County, California’s Health Officer has developed a set of three standard practices for community clinics to address the issue of food insecurity: screen patients for food insecurity (using the Hunger Vital Sign), connect patients with resources to address hunger, and provide on-site emergency food for food insecure clients.⁸
- Massachusetts General Hospital (MGH) screens its senior and youth patients for food insecurity, and helps sign qualified individuals up for SNAP and WIC. Clinicians also screen all patients for food insecurity at the MGH primary care clinics in Revere and Chelsea; the Chelsea clinic also has a food pantry and offers a healthy cooking course. (MGH uses a different screening tool that captures more severe food insecurity.)

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