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Towards a Prosperous Future for our Children and Nation

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Childhood hunger is an urgent health and education problem, and puts our national prosperity at risk. A lack of resources to provide food for one's family has a profound negative impact on a child's growth, physical and psychological health, cognitive development and academic performance.¹⁻

⁴ A topic traditionally overlooked in the healthcare setting, Drs. Hans Kersten and David Bennett have outlined a clinic-based approach to screening for food insecurity in a multispecialty clinic for children with failure to thrive.

A shift in healthcare from disease management to disease prevention is laudable; screening for food insecurity represents an upstream approach to promoting long-term health. However, research is lacking on how to effectively address food insecurity in the clinical setting. While Drs. Kersten and Bennett raise this issue, there is a need to more clearly identify the current knowledge gap and strategies for action.

Shame, stigma, and fear of child removal from the home can be experienced by families in food insecure households (unpublished data, 2008). Addressing this issue must be done with sensitivity and without blame. During focus groups conducted through the Oregon Food Bank, parents in food insecure households have expressed a willingness to address hunger and food access with a trusted health care provider.

Research showing the reliability and validity of a two-question screener for identifying children at risk for food insecurity offers a promising tool for screening.⁵ However, further research to identify effective interventions in a clinical setting are needed. Challenges including limitations of time and available resources must be addressed. Understanding the specific food resources in one's community is essential, and identification of culturally appropriate interventions represents an additional challenge.

Referral to federal nutrition programs including the Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP), as stated by the authors, has been shown to mitigate the health effects of childhood hunger.⁶⁻⁷ Additional important food resources for children not mentioned include the National School Lunch Program, the School Breakfast Program, the Child and Adult Care Food Program and the Summer Food Service Program. Despite the availability of federal food programs, however, one study found only half of families faced with food insecurity were using one or more of these food resources.⁸

Of paramount importance for eradicating childhood hunger is to ensure a knowledgeable workforce. While performing a dietary recall and counseling on healthy food choices is common education, many health

care providers have not been taught to consider whether a family can afford the recommended food, and how to intervene. Inclusion of this topic in the curricula for medical school, nursing school and dietetic programs is necessary to ensure this topic is addressed. While failure to thrive and obesity are often evident when a child enters a room, hunger is invisible.

The authors' intervention in the case study example using Boost® raises additional considerations when addressing food insecurity. While vitamin D, iron, and other micronutrients may be lacking for children experiencing hunger, specialty formulas or vitamins may not be covered by insurance and may be cost-prohibitive to a family with already limited resources. Families should be screened by a knowledgeable source for additional programs that can help offset financial hardship, including energy assistance, medical insurance and the Temporary Assistance for Needy Families (TANF) program.

The authors' choice in using a child with autism as a case study also signals the need for further research. The relationship between food insecurity, failure to thrive and special health care needs has not been well understood. Autism is known to place a significant amount of stress on families⁹ who may face high out-of-pocket costs to get needed services. Children with autism may have sensory factors contributing to nutritional limitations;¹⁰ they also have a high incidence of co-morbid gastrointestinal symptoms that affect their eating experience.¹² Better defining what factors contribute to food insecurity and failure to thrive for children with special health care needs will help to inform the best opportunities for assessment and intervention.

While the co-existence of failure to thrive and food insecurity offer a compelling case, this article by Drs. Kersten and Bennett should provoke continued exploration of research opportunities to address childhood hunger. Evidence-based, culturally appropriate interventions are needed to ensure a successful future for our children and nation.

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