

Hunger & Food Insecurity

Clinical Expert Survey

3-20-20

SURVEY REQUEST: As a professional in the field of Child Health and Development, please help the Cabarrus County Hunger Task Force establish a clear understanding of these conditions among our community's children.

Q & A: answers from pediatric experts (a) (b) and (c)

#1 Please provide, in your words, a “working definition” of both hunger and food insecurity that helps the lay person understand how it presents itself in the lives of children?

(a) Hunger- when a child suffers from a lack of food required to allow potential growth in weight per height in a growing child or maintain energy requirement in a fully grown child.

Food Insecurity-worry that food will run out for their household before there is money to buy more, or there is no access to food that is needed for the household with the resources they have.

A diagram below of progression that I thought was helpful:



(b) I believe the definitions you've included are solid. In lay terms, you could say hunger in children means they aren't getting the calories and/or nutrients that allow their bodies (including brains) to grow and develop as they should. This affects all body systems and can affect learning and behavior. Food insecurity has similar consequences with the added harm of stress in the household which spills over into many aspects of children's lives.

(c) Hunger is when a person does not have enough to eat or nothing to eat that fulfills their hunger needs.

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Food insecurity – when food is not readily available to meet a person’s nutritional needs

#2 Please share insights as to how food insecurity affects children in the home.

(a) Food Insecurity can manifest itself in children in many ways;

- Behavioral/Developmental -sense of anxiety, irritability, high-stress
- Social-due to the anxiety can be defensive, unengaged with peers
- Physical- there is a greater risk of chronic diseases in these children. The choice of nutrients when food insecure is often off- balance from what is healthy. Increased risk of underweight and or obesity, diabetes, high blood pressure, anemia, higher risk of illness and hospitalization.

(b) As I just stated, food insecurity becomes a significant part of the toxic stress that families are trying to cope with.

(c) Please see #3 below.

When children are not able to account with secure food supply and experience hunger on a regular basis, not only are their growth affected but psychologically and mentally they are worrying about if they would have food to eat and can’t concentrate at school therefore their performance and learning is greatly impacted on a negative way as well.

#3 Do you believe hunger exists in Cabarrus County? Please share your insights regarding hunger in Cabarrus County and an anecdote to help our Task Force members understand.

(a) Absolutely. I have worked in Cabarrus County for 13 years as a general pediatrician at Suburban Pediatrics. I have seen children that are not growing due to lack of nutrition in the home intermittently during these years. However, more often, I have been concerned about the nutrients in those calories rather than the absolute amount of calories a child takes in in order to grow. (common example – calories from only milk and ramen noodles versus protein, vegetables and fruit).

But more astonishing for me, recently, I have begun working in our Healthy Futures Clinic (child weight management) for my first 8 weeks. Typically, we identify at least 1 family on my one day per week that are food insecure with the two questions we screen with on every intake exam. This is usually one of only 5- 7 new families I will

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see in that day. I did not foresee this magnitude of response when we planned for this clinic. We need an embedded social worker in our clinic for this reason (as well as many others such as childhood anxiety, depression, bullying, toxic environments, etc.

(b) I do believe hunger exists in Cabarrus County.

(c) Yes, it does exist in Cabarrus County. Since 2015 we have had the honor and opportunity to work closely with multiple schools (elementary/middle and some high schools) and witnessed first-hand the hunger and food insecurity that these children undergo when they are out of school. For some of them, their secure food is offer thru school attendance for breakfast and lunch. Dinner and weekend food are a struggle for a lot of these children. On average, about 30-40% of the schools' children experience food insecurity and therefore hunger on a regular basis.

#4 Any comments you wish to share regarding addressing these issues in our community?

(a) The irony of starting a childhood obesity clinic and becoming more aware of childhood food insecurity in our community is tremendous. I am torn at times with investigating/screening for food insecurity in my patients. I struggle with asking anyone a question for which I don't have a great answer. Raising the awareness is important. Connecting the families to the services or their options is even more important. Breaking the cycle of negative events that led to a child being food insecure is the harder challenge. It would be a wonderful option to have a number to call/or resource to refer all families that are food insecure.

(b) Look at the percentages of subsidized breakfast and lunch recipients in our school system. Also, there are many "backpack buddies" programs initiated by others to ensure children go home with some food on weekends.

(c) Yes, Hunger and food insecurity is a problem that belongs to all of us, it affects all of us in one way or another therefore is a problem that we all need to work together in order to be able to achieve a solution.