

# Tool Screens Families at Risk for Food Insecurity

BY DENISE NAPOLI

BALTIMORE — A highly accurate two-question screening tool for food insecurity can be administered easily and quickly in the primary care setting, according to its developers.

Answers of “sometimes true” or “often true” to either or both of the tool’s two questions—“We worried whether our food would run out before we got

money to buy more,” and “the food we bought just didn’t last and we didn’t have money to get more”—indicate that a family is likely experiencing food insecurity and should be referred to social workers, local food banks, or food stamp programs. Two answers of “never true” indicate food security.

Food insecurity is not the same as hunger, although they are often confused, Dr. Erin R. Hager said in a pre-

sentation at the annual meeting of the Pediatric Academic Societies. Hunger is a physiological response to a lack of food, but food insecurity is a psychological response to a perceived future lack of food for all household members because of financial issues, explained Dr. Hager of the pediatrics department at the University of Maryland, Baltimore.

“There’s a lot of evidence to suggest

that food insecurity increases young children’s risk for poor health and development,” said Dr. Hager. Food-insecure households also have an increased risk of the caregiver being in poor health and a greater number of lifetime hospitalizations for young children. There also is an increased likelihood that young children will have developmental and behavioral problems, she added, including aggression, anxiety, depression, inattention, and hyperactivity.

In addition, there is evidence that caregivers in food-insecure households are at an increased risk for depression, said Dr. Hager.

The researchers assessed low-income families with children aged 3 years or younger. The families were recruited

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from emergency departments at seven urban hospitals through the Children’s HealthWatch program, formerly known as the Children’s Sentinel Nutrition Assessment Program.

Food security was initially assessed using an 18-question survey from the U.S. Department of Agriculture. Scores positive for food insecurity on that longer survey were considered to be true positives; negative food insecurity scores were considered to be true negatives.

A total of 26,350 families were assessed across the country; 23% were found to be experiencing food insecurity. The national average is 11%, said Dr. Hager, reflecting the higher prevalence of food insecurity among the lower-income families surveyed.

The researchers then determined that among families with food insecurity, the two questions were the most frequently endorsed—92% of families answered yes to the first question, and 82% of families answered yes to the second. The two questions together identified food insecurity with 97% sensitivity and 83% specificity.

Since the two-question tool’s development this year, the Baltimore city health commissioner has called for all pediatricians to use the screening method with all families, said Dr. Hager. Since January 2009, the Minnesota Department of Health has screened more than 10,000 families with it.

The food-insecurity screen could be used outside of the clinical setting, suggested session moderator Dr. Ian Paul, of the Penn State Hershey Children’s Hospital. “Put this up in the supermarket and say, ‘If you answer “yes” to either of these questions, here’s a number to call,’” he said.

Dr. Hager reported having no conflicts of interest in regard to her study. ■



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