

## Study finds lack of food plaguing more families

BY NANCY COLE

LITTLE ROCK — The number of families with young children who lack enough food for an active, healthy life doubled between 2007 and 2008 - putting more infants and toddlers at greater risk for growth and learning problems, a study of Arkansas Children's Hospital patients has found.

"We have found a striking doubling in the prevalence of what we call 'food insecurity,'" said Dr. Patrick Casey, a developmental pediatrician with the University of Arkansas for Medical Sciences.

"Food insecurity" is a federal designation that means a family lacks a regular or steady supply of nutrition.

The study was based on more than 700 surveys conducted annually since 1999 of families who took children ages 3 or younger to the emergency department at Arkansas Children's Hospital in Little Rock.

The share of households reporting a lack of enough food jumped from 10.7 percent in 2007 to 22.2 percent in 2008.

The more than 107 percent increase is especially noteworthy, Casey said, because families' access to food had been relatively stable from 1999 through 2007.

The recession and record 2008 increases in fuel and food prices clearly were tough on Arkansas families, Casey said.

However, scrimping on children's food can lead to poor health, hospitalization, behavioral problems, developmental delays and poor performance in school and the workplace, he said.

Malnutrition in children under 3, when they're in a critical period for brain growth, can have lifelong implications, Casey said.

A lack of access to food for some families in Arkansas comes as no surprise to Rhonda Sanders, executive director of Arkansas Hunger Relief Alliance, a statewide association of six food banks.

Food pantries in the alliance have seen substantially increased demand for their services, up as much as 20 percent during the past year, Sanders said.

"And they're reporting different folks coming, folks who've never used the food-pantry system before," she said.

Families with younger children typically have fewer resources, so they are among those hardest hit by job losses, Sanders said.

Access to food in the United States was first measured in 1995, said Mark Nord, a sociologist in the food assistance branch of the U.S. Department of Agriculture's Economic Research Service.



Dr. Patrick Casey, a developmental pediatrician, said there is a marked rise in the number of Arkansas families with young children who lack access to adequate food.

“We’ve had annual measurements since then,” said Nord, lead author of the most recent report, “Household Food Security in the United States, 2007,” which was released last November.

Since 1999, U.S. families’ access to food has never fluctuated by more than 1 percent in a single year, he said.

From 2005 through 2007, 11 percent of U.S. households lacked enough food at some point. During that period, Arkansas ranked fourth in “food insecurity” - behind Mississippi, New Mexico and Texas - with an average of 14.4 percent of the state’s households classified as “food insecure.”

The 2008 report is scheduled for release in November, Nord said.

The research at Arkansas Children’s Hospital is part of a collaborative, multisite project known as Children’s Health-Watch. Based in Boston, the project seeks to improve child health by collecting evidence and analysis from the frontlines of pediatric care to policymakers and the public.

Children’s Health Watch studies not only nutrition but also housing, energy, immigration and other issues that affect children’s health and learning potential.

Data are collected in emergency rooms and clinics at five sites: Arkansas Children’s Hospital, Boston Medical Center, the University of Maryland School of Medicine in Baltimore, Hennepin County Medical Center in Minneapolis and St. Christopher’s Hospital for Children in Philadelphia.

Primary adult caregivers accompanying children up to age 3 are invited to participate in the survey. They are asked the same 18 questions used by the federal government, 10 of which apply to all households and eight of which apply only to households with children.

Two questions refer to uncertainty about having enough food and the experience of running out of food. The remaining 16 questions address reduced quality, variety or desirability of diets; increasingly severe disruptions of normal eating patterns; and reductions in food intake.

Three or more affirmative responses are required for a household to be classified as lacking access to food.

“We’re quite confident that between 2007 and 2008 something very significant happened in the Little Rock area,” said Elizabeth March, executive director of Children’s HealthWatch.

“We saw increases everywhere,” up 22.8 percent overall at the group’s five research sites, March said.

“Most of the other sites are in that kind of range,” she said, well below Arkansas’ increase of more than 107 percent.

March and Casey stressed that Arkansas’ figures have been adjusted to statistically account for a number of factors.

“We wanted to be really sure that what we were seeing was something that was really happening and not a phenomenon of a different population coming into the emergency room,” March said.

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