

## FROM HARDSHIP TO HEALTH

IMPROVING FOOD SECURITY IS LINKED TO

MANY FORMS OF ECONOMIC STABILITY



Family economic well-being — the ability to afford enough food, a safe and stable home, home energy, medical care, and prescription medicines — ebbs and flows with economic changes.

Children’s healthy growth and development depend on having a warm, safe home, and the food and medical care they need, when they need it. All of these needs can be met when we are able to identify families experiencing hardships, rapidly respond to their particular needs, and work to ensure that public health policies and programs remain strong.

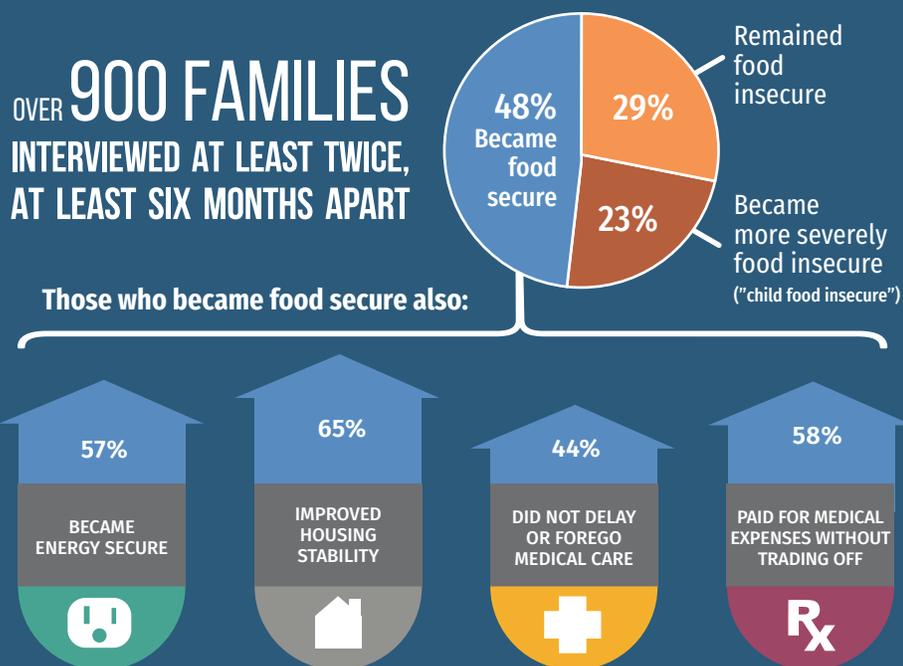
Recent Children’s HealthWatch research shows that many families are experiencing economic stress, resulting in multiple economic hardships. Despite challenges, some of our families who were interviewed more than once have reported decreases in the hardships they face. **This report card examines changes in food security status among 913 families who participated in the Children’s HealthWatch survey at least twice, at least six months apart (on average a 12**

month interval) and who reported being food insecure in their first visit.<sup>†</sup>

In this sample of families facing hardship at a first visit, nearly half of the families surveyed became food secure by the second visit. Twenty-nine percent remained food insecure and another 23% reported child food insecurity - a more severe level of food insecurity-during the second visit. In this report card, we wanted to understand more about the families whose circumstances had improved. Families who experienced improved food security over time were also more likely to report being able to afford a stable home, home energy, and prescription medicine and medical care at their subsequent visit than those who were persistently food insecure at both visits.

Simply put, reducing food insecurity is associated with the ability to afford other basic necessities without sacrificing stable housing, access to energy, and needed medical care. Our data show its possible to move from hardship to health, giving families the economic stability they need to thrive.

<sup>†</sup> Children’s HealthWatch is a repeat cross-sectional study. Caregivers are eligible to repeat the survey if at least six months have passed since their most recent survey.



**Food Insecurity:** When families lack access to enough food for all members to lead active, healthy lives because of insufficient family resources.

**Housing Instability:** When families experience at least one of the following: moved twice or more in the past year, were behind on rent in the past year, or were ever homeless.

**Energy Insecurity:** When families have limited or uncertain access to enough home energy to sustain a healthy and safe life.

**Foregone care:** When families delay or forgo receiving medical care or filling prescriptions because of cost.

**Basic needs trade-offs for health care:** When families are unable to pay for basic needs because of the cost of medical care or prescription medicines.

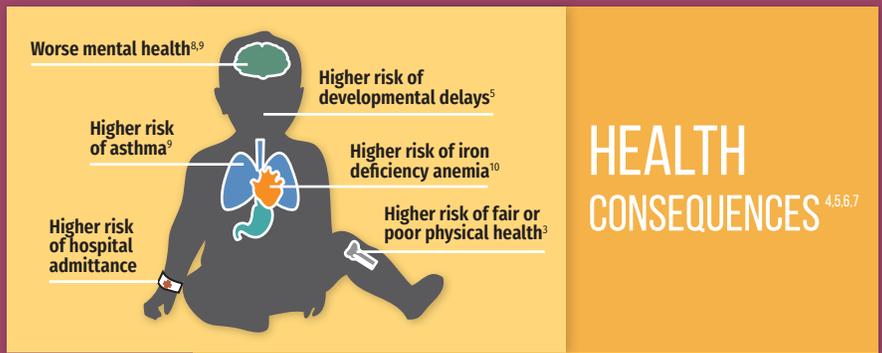
Families experiencing food insecurity reported stress around having insufficient resources to afford basic needs.

One caregiver reported, “I got a shut off bill from everybody. So it’s hard because I don’t like to live like that. I hate being scared. I hate getting up in the morning and hearing that drilling noise (from the utility company). I’m like,

**Oh my God, that’s for me out there! They’re gonna shut this off.”<sup>3</sup>**

Another said, “My other kids are asthmatic and they need nebulizers and they need the albuterol. This is not something to play around with. [...That’s why I said,]

**Do you wanna breathe or eat?”**



**HEALTH CONSEQUENCES** <sup>4,5,6,7</sup>



**ECONOMIC CONSEQUENCES**

**Children’s HealthWatch has developed a research tool called the Hunger Vital Sign.™**

It identifies individuals and families as being at risk for food insecurity if they answer that either or both of the following two statements is ‘often true,’ ‘sometimes true,’ or ‘never true’: (1) “Within the past 12 months we worried whether our food would run out before we got money to buy more” and (2) “Within the past 12 months the food we bought just didn’t last and we didn’t have money to get more.” An affirmative response to either question indicates a positive screen result.

## DOCTOR-APPROVED POLICY RECOMMENDATIONS

Alleviating economic hardships for families requires a comprehensive approach that provides resources necessary for stabilizing families in multiple dimensions – not only to assure the health of parents and children but to improve the health of the US population as a whole.

**1. Identify and Address Food Insecurity in Clinical Settings.** Families’ food security is dynamic. Like many health risks, food insecurity may either improve or deteriorate as family circumstances and program participation change. Children’s HealthWatch, along with the American Academy of Pediatrics and others, recommend health care providers use the 2-question Hunger Vital Sign™ food insecurity screening tool (HVS) at routine medical exams to identify families at risk of food insecurity and coordinate efforts with community partners to link families to resources tailored to address their specific needs. Successfully connecting food-insecure families with resources can reduce the odds of not only of food insecurity but other family hardships, improving health by breaking one link in the toxic cycle of unmet needs for food, utilities, health care, and a safe, affordable home.

**2. Ensure Enrollment for Families Eligible for Assistance Programs.** Research has repeatedly found that participation in programs including the Supplemental

Nutrition Assistance Program (SNAP), the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), subsidized housing, energy assistance, and Medicaid reduce family economic hardships.

One opportunity for implementing comprehensive approaches that support families facing food insecurity and other economic hardships is adopting co-enrollment strategies that efficiently help families experiencing multiple hardships access the assistance they need. For example, the overlapping eligibility criteria between SNAP and Medicaid offer the opportunity to combine enrollment in SNAP and Medicaid, helping low-income families simultaneously access multiple supports for health for which they are eligible. Therefore, we recommend states implement co-enrollment strategies to ensure eligible families are able to access SNAP and Medicaid without having to process separate applications. Previous research by Children’s HealthWatch shows co-enrollment in programs also improves housing stability.

A coordinated approach that streamlines enrollment in nutrition assistance programs for eligible families not only improves food security, but is shown to sustain and enhance health by enabling greater housing and energy stability.

### Sources

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