Pediatricians group calls for screening all US children for hunger

By Patrick Martin  
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The American Academy of Pediatrics (AAP) has issued a formal recommendation that its members begin screening all their patients—in effect, every child in America—for food insecurity. The extraordinary action, the first of its kind for the medical group, testifies to the spread of hunger and destitution throughout the United States.

The new policy statement, “Promoting Food Security for all Children,” will be presented at the AAP’s National Conference & Exhibition in Washington, DC today and published in the academy’s journal Pediatrics.

The AAP is recommending that its 64,000 members, including primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists, take action to raise the issue of adequate nutrition through direct questioning of their child patients.

Every child old enough to give an answer should be asked to respond “yes” or “no” to two simple statements:

* Within the past 12 months, we worried whether our food would run out before we got money to buy more.
* Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.

Field trials showed that asking children these two questions was nearly as effective as the 18-question Household Food Security Survey used by the US Department of Agriculture (which administers the food stamp program) and other government agencies to determine food insecurity.

Dr. Sarah Jane Schwarzenberg, a pediatric gastroenterologist and hepatologist at the University of Minnesota Masonic Children’s Hospital, is the lead author of the new policy statement. “It is important that everyone knows how to screen so that at every available opportunity they can do it,” she explained.

“We can’t tell just by looking who is food insecure or not—they look just like you and me.”

Moreover, many parents are too embarrassed to admit to problems of food insecurity in discussions with pediatricians. In many cases, they cut back on their own meals to give more to their children, affecting their own health.

“Some never expected to need that kind of help,” Dr. Schwarzenberg told the Guardian. “They often look OK; they may even be obese. But they may not know where their next meal is coming from.”

She told the Los Angeles Times, “These are people who are sometimes hungry and sometimes not, but they can’t predict what they are going to be on any given day. Hunger is bad, but the toxic stress of not knowing each day whether you are going to be hungry or not adds another layer of psychological stress, and children feel it.”

According to the AAP statement, in 2013 one-fifth of all US children lived in households that were food insecure. “The demographic of food-insecure Americans extends beyond the areas of concentrated urban poverty and into suburbs and rural America, areas often mistakenly thought to be immune to this problem,” the authors write.

More than 30 percent of families who reported food insecurity said they had to choose between paying for food and paying for medicine or medical care.

While the levels of food insecurity dropped slightly in 2014 compared to 2013, they remain at historically high levels that have persisted for nearly a decade, due to the combined effect of the deep recession that followed the 2008 financial crash and cutbacks in funding for food programs such as SNAP (food stamps); Women, Infants and Children (WIC); and school breakfasts and lunches.
There is little precedent in recent American history for the current impact of food insecurity and outright malnutrition, not merely for a year or two, but for a period that corresponds to the entire childhood or adolescence of millions of children.

“As time progresses, the weight of the number of health consequences related to food insecurities has become so profound that the academy felt they had to be educating pediatricians on this and offering them tools to help their patients,” Dr. Schwarzenberg said.

According to the AAP policy statement, the health consequences of prolonged food insecurity include the following:

* Children get sick more often, recover more slowly from illness, have poorer overall health and are hospitalized more frequently;
* Children and adolescents are more likely to be iron deficient;
* Lower bone density for preadolescent boys;
* Greater propensity to suffer conditions like diabetes, obesity and cardiovascular disease later in life;
* Impairments in concentration and performance in school;
* Higher levels of behavioral and emotional problems from preschool through adolescence.

The president of the AAP, Dr. Sandra Hassink, said that her fellow medical professionals had a social obligation to do everything possible to remedy the nutritional crisis. In a press release from the group, she declared, “That’s why pediatricians are taking a comprehensive approach, connecting families to resources and advocating to keep federal nutrition programs like WIC and SNAP strong. It will take all of us—pediatricians, parents, government leaders, educators—partnering together to do our best to ensure that no child goes hungry in this country.”

Despite the appeal to government leaders, however, neither the Obama administration nor the Republican-controlled Congress will lift a finger to address the mounting social crisis in the United States. In November 2013, a bipartisan agreement slashed food stamp benefits across the board by $36 per month for a family of four, and in January 2014, benefits were cut by an average of $90 per month for nearly a million households.

A series of deals between the Obama White House and the congressional Republicans has put an end to extended unemployment benefits and slashed domestic discretionary spending to the lowest level, as a proportion of the US economy, since the Eisenhower administration in the 1950s.

A new round of cuts targeting what little remains of the social safety net for the poorest and most vulnerable families will come between now and December 11, the next deadline for adoption of a federal budget resolution.