

# FOOD INSECURITY IN OKLAHOMA AND THE ROLE OF HEALTHCARE PROVIDERS



## Oklahoma is One of the Hungriest States in the Nation

### Childhood food insecurity is associated with:



#### Poor health status<sup>1</sup>

- Food insecure children are sick more often and more likely to be hospitalized, recover from illness more slowly
- Many studies link early childhood malnutrition to adult diseases including diabetes, high cholesterol and cardiovascular disease.



#### Developmental Risk<sup>2</sup>

- Children with food insecurity are more likely to have physical, intellectual or emotional developmental delays.



#### Mental Health Problems<sup>2</sup>

- Children who are food insecure don't have the energy to navigate social interactions or adapt to environmental stress.
- Children with food insecurity are more likely to be anxious, depressed or stressed.



#### Poor Educational Outcomes<sup>2</sup>

- Food insecurity is linked with lower cognitive indicators resulting in lower educational achievement, lost productivity and lower earnings in adulthood and increased risk of poverty as adults.
- Lack of adequate food can impair a child's ability to concentrate and perform well in school and is linked to higher levels of behavioral and emotional problems from preschool through adolescence.

### Adult food insecurity is associated with:



#### Poor health status<sup>3</sup>

- Food insecure adults are sick more often and more likely to be hospitalized, recover from illness more slowly and be hospitalized more frequently.
- Adults living with food insecurity are at a higher risk of developing diabetes, heart disease, stroke, obesity, depression, disability, poor oral health and premature death.



#### Disease self-management<sup>2</sup>

- Food insecurity makes chronic conditions difficult to manage and is linked to poor glycemic control for people with diabetes, worsening chronic kidney disease, and low CD4 counts and poor antiretroviral therapy adherence among people living with HIV.



#### Cardiometabolic risk factors<sup>3</sup>

- Adults living in poverty have higher rates of physical inactivity, cigarette smoking, stress and inadequate nutritional intake, resulting in higher rates of heart disease, stroke, hypertension, obesity and diabetes.



#### Mental health problems<sup>3</sup>

- People living with food insecurity are living under chronic stress, which can lead to depression, anxiety and mental distress.



#### Mortality<sup>4</sup>

- Adults living with food insecurity have a higher risk of early death.

### Senior food insecurity is associated with:



#### Poor health status<sup>3</sup>

- Older adults who are food insecure are sick more often and more likely to be hospitalized, recover from illness more slowly and be hospitalized more frequently.



#### Cardiometabolic risk factors<sup>4</sup>

- Older adults living with food insecurity have a higher rate of excess weight, hypertension, dyslipidemia, osteoporosis, diabetes and stress.
- If an older adult has experienced lifelong food insecurity, they are at a higher risk of developing serious issues such as diabetes, coronary heart disease, congestive heart failure, stroke and chronic kidney disease.



#### Limitations in daily activities<sup>3</sup>

- Older adults with low dietary intake may experience limitations in daily activities due to low energy, depression or sickness.
- Food insecurity can cause loss of muscle tone, arthritis and osteoporosis, which can limit the daily activities of seniors and lead to fall-related injuries.



#### Mental Health Problems<sup>3</sup>

- Older adults living with food insecurity often experience negative mental health outcomes such as sleep disorders, depression and low cognitive function.
- Older adults who are food insecure and have mental health problems are at a greater risk of falling.

## Food insecurity among any of these groups may look like:

### Food anxiety

The inability to consistently provide food creates toxic stress in families, contributing to a trade-off of other essentials, like medication or utility bills.

### Rationing, Diluting, or Skipping Meals

When a family is food insecure, often the parent(s) will skip, ration, or dilute meals and/or baby formula so that their children have enough to eat.

### Food Monotony

Families will often stretch food budgets by decreasing food variety and choosing highly processed, shelf-stable, high calorie, low nutrition foods.

### Hoarding Food

Hoarding food is especially common among children who have experience not knowing when they will eat again. At school, this might look like taking extra food and hiding it in clothes or a backpack to save for later.

### Medical Care Underuse<sup>2</sup>

Postponing or forgoing preventive or needed medical care.

### Medication Underuse<sup>2</sup>

Taking less medicine than prescribed or skipping doses, delaying or not filling a prescription, not taking medications with food as instructed.

# SCREENING FOR FOOD INSECURITY



OKLAHOMA  
State Department  
of Health



Screening for food insecurity in the healthcare setting enables providers to identify risk or immediate need and connect patients with essential resources. Learn more about screening for food insecurity and the local, state and federal programs that can help.

## Three Steps for Success

### 1. Prepare

- **Educate and train** staff to identify and talk about food insecurity, federal nutrition programs and local food and income sources.
- **Incorporate** universal screening at scheduled check-ups or sooner, if indicated.
- **Address** food insecurity throughout the institutional workflow.
- **Practice** empathy when having sensitive conversations about food insecurity.



### 2. Screen

- The Hunger Vital Sign identifies households that are at risk of being food insecure.
- If a patient answers sometimes true or often true to one or both of the questions below, they are at a high risk of being food insecure:

“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.”



### 3. Intervene

- **Administer** medical interventions when appropriate.
- **Connect** patients and their families to nutrition programs and resources that will improve their health outcomes.
- **Document and track** interventions in medical records.
- **Advocate and educate** to address food insecurity and its root causes.

## Best Practices

### Screen in a sensitive manner

- Screen in the patient’s preferred language.
- Provide a safe, non-judgmental environment for patients to openly discuss food insecurity.
- Screen all patients at every appointment so that there are no assumptions and no one feels singled out.
- Consider providing the screening either written or electronically to elicit more open responses.

### Decrease the stigma

- Normalize the screening by stating that this is something you ask every patient.
- Whatever the results of the screening, give all patients a list of available community resources.

### Intervene in a sensitive manner

- For parents, discuss responses to the screening when the child is not in the room or when the child is distracted by something else.
- Verbally acknowledge that this is not a sign of neglect or poor parenting.
- Let your patient know that assistance is available and everyone needs help from time to time.
- Commend your patient for their honesty in needing assistance and that they’re doing what is best for their family.

### Network

- Develop partnerships with local organizations, SNAP, and WIC agencies that can help ease patient access to programs
- Continue to advocate and educate others in addressing food security and its root causes: poverty, inadequate wages, housing insecurity, and structural racism

### Food Assistance Programs Available for Patients

Through a partnership with the Regional Food Bank of Oklahoma, we can help connect food insecure patients to the following resources:

- SNAP application assistance
- Children’s or senior meal site.
- Internal clinic food pantry
- Regional Food Bank food assistance programs.
- Community-based food pantry.

Research demonstrates that these programs can reduce food insecurity, alleviate poverty, support economic stability, improve dietary intake and health, protect against obesity, and boost learning and development. Connecting people to the federal nutrition programs is a critical way to support and improve the nation’s health.

**For more information on the above resources, visit [rfbo.org](http://rfbo.org) or contact Jessica Ghafil at [jghafil@rfbo.org](mailto:jghafil@rfbo.org) or Keeley White at [kwhite@rfbo.org](mailto:kwhite@rfbo.org).**

<sup>1</sup><https://hungerandhealth.feedingamerica.org/explore-our-work/programs-target-populations/children-and-families/#:~:text=Children%20facing%20food%20insecurity%20are,physical%2C%20intellectual%20and%20emotional%20development>

<sup>2</sup>[https://frac.org/wp-content/uploads/FRAC\\_AAP\\_Toolkit\\_2021\\_032122.pdf](https://frac.org/wp-content/uploads/FRAC_AAP_Toolkit_2021_032122.pdf)

<sup>3</sup>Te Vazquez, J., Feng, S.N., Orr, C.J. et al. Food Insecurity and Cardiometabolic Conditions: a Review of Recent Research. *Curr Nutr Rep* 10, 243–254 (2021). <https://doi.org/10.1007/s13668-021-00364-2>

<sup>4</sup>Banerjee S, Radak T, Khubchandani J, Dunn P. Food Insecurity and Mortality in American Adults: Results From the NHANES-Linked Mortality Study. *Health Promotion Practice*. 2021;22(2):204-214. doi:10.1177/1524839920945927

<sup>5</sup>Hager, E. R., Quigg, A. M., Black, M. M., Coleman, S. M., Heeren, T., Rose-Jacobs, R., Cook, J. T., Ettinger de Cuba, S. A., Casey, P. H., Chilton, M., Cutts, D. B., Meyers, A. F., & Frank, D. A. (2010). Development and Validity of a 2-Item Screen to Identify Families at Risk for Food Insecurity. Available at: [https://childrenshealthwatch.org/wp-content/uploads/EH\\_Pediatrics\\_2010.pdf](https://childrenshealthwatch.org/wp-content/uploads/EH_Pediatrics_2010.pdf)