Project Title:  
Childhood Hunger in Oregon: Educating and Engaging the Medical Community  
10/02/06

Principal Investigator: Anne Hoisington, MS, RD, Extension FCD county faculty based at the Oregon Food Bank, Portland

Partners:

- **Oregon Health and Sciences University (OHSU): Dr. Elizabeth Adams, PhD RD.** Role: will assist in interpreting research base relating to food insecurity measurement and health implications of childhood hunger (.02 FTE over 2 years).

- **Oregon Food Bank (OFB): Julie Massa.** Role: will assist in bringing key informant (OFB focus group participants) information into the hunger learning module; media and marketing support for the project (.01 FTE over 2 years).

- **Childhood Hunger Initiative (CHI) Workgroup.** Role: will advise with regard to navigation of health care community, identification and scheduling of learning opportunities for medical providers/students, development of learning module, feasibility of the intervention in health care setting.

Project Coordinator: The success of this unique partnership relies on the purchase of .12 FTE from an established health care provider that will serve as liaison between OSU Extension, the Principal Investigator and the medical community. The Coordinator will report to the P.I.

Position responsibilities:
- Develop and administer survey
- Develop, disseminate and evaluate on-line learning module
- Coordinate education outreach efforts
- Coordinate communication for childhood hunger initiative advisory group
- Liaison with other statewide programs

Desired qualifications:
- College degree in nutrition or related field (graduate work preferred)
- 5+ years experience in the nonprofit sector
- 5+ years experience in the medical sector
- Demonstrated flexibility, people skills, problem solving skills, capable of working independently

Investment Partners: Providence Health Systems; OHSU; OFB; OSUES Food Stamp Nutrition Education (OFNP).

Situation. Oregon’s rates of food insecurity/hunger are higher than national averages (USDA Economic Research Service). Households with children experience food
insecurity at more than double the rate of households without children. Households with moderate hunger report anxiety and reduced quality/quantity of food. Severe food insecurity occurs when adults in the household can no longer buffer their children from food shortages. Food insecurity is associated with higher rates of diseases such as heart disease and Type 2 diabetes. Insufficient food early on has been associated with adult-onset illnesses such as hypertension and a higher risk of overweight during the adult years in some populations. Growing research indicates that even mild under-nutrition in young children may lead to harmful physical, psychological, cognitive, and social outcomes (Kaiser 2005).

**Identified Need.** The concept of identifying hunger risk in a clinical setting has recently gained support. The Children's Sentinel Nutrition Assessment Program (C-SNAP) is an example of a national network of pediatricians/public health researchers focused on prevention of hunger and promotion of health. Successes of C-SNAP include outreach and intervention with hundreds of food insecure families. “Oregon’s pediatric health providers need to understand how to identify risk and refer low income households with children to community food/educational resources.” (Oregon CHI). Previous hunger education efforts at Providence Health System, OHSU, and Kaiser Permanente were well-attended and received. Extension educators are uniquely able to utilize appropriate techniques to educate both health providers and families they serve.

**Planned Outcomes.** Based on priorities identified by Metro focus groups, this project aims to engage a previously non-utilized set of learner audiences – doctors, nurse practitioners, social workers, dietitians, and other health care providers – to work with Extension within the Metro area to address the critical problem of childhood hunger, including identification of families at risk, prevention, and treatment. The specific objectives are:

1. Increase knowledge of the negative health impacts of childhood hunger and food insecurity among Metro-area pediatric health providers at 4 medical centers and 6 county Health Centers.
2. Implement intervention and education tools in 6 Metro-area health care settings.

**Short/Medium-term impacts:** increased knowledge and attitudes of health care providers around impacts of childhood hunger; incorporation of hunger outreach into health intervention protocols; **Long-term impacts:** reduced rates of food insecurity, chronic illness and disability related to poor nutrition; increased potential for Oregon’s children to achieve social and academic success.

**Description of Proposed Activities**

**Year 1:** Survey hunger knowledge, attitudes and behaviors of health care providers. Develop, disseminate, and evaluate an on-line hunger learning module complete with Continuing Medical Education credits and other required continuing education credits. Module components will be guided by survey results as well as key information provided by Oregon Food Bank and current research.
Year 2: Provide outreach materials at health care sites to increase use of food stamps and other sources of food assistance among food insecure families. Provide education materials at selected sites to enhance food resource management skills/child feeding practices; market additional education opportunities to low-income families. Outreach and education will be consistent with Food Stamp Nutrition Education (OFNP) materials.

**Project Deliverables:**
Year 1: (a) Survey conducted and analyzed. (b) On-line hunger learning module.
Year 2: (a) Outreach materials for health care sites. (b) Education materials for food resource management skills.

**Sustainability:** OFNP funding will continue supporting outreach efforts with low-income families in the Metro area through clinic partnerships developed as a result of this project. Likewise, this funding stream supports sustainability of the “train the trainer” model for Extension educating agency/health arena partners that reach low-income families. This project positions Extension well for these roles.

**Budget amount requested and committed matching funds:** (see attached budget)

**Revenr Summary:**
- OSU funds requested: $44,033
- External partners, cash: $10,755
- External partners, in-kind: $7,439
- Total budget: **$62,227.00**

*External funds = 41% of direct OSU funds (or 29% of total project budget).*

*CHI is an ad-hoc group of Metro-area health providers and anti-hunger advocates who believe that childhood hunger must be understood as a public health issue, not simply a social issue. Members include health providers from Providence Health Systems, Oregon Health and Sciences University, Oregon WIC, Oregon DHHS, Kaiser Permanente, Multnomah County Health Department, students, and farmer’s market managers.*