

FOOD FOR THOUGHT: CHILDHOOD NUTRITION

Undernutrition during any period of childhood can have detrimental effects on a child's health and cognitive development. A recent Scientific American article notes that poor nutrition in early childhood can continue to hinder intellectual performance into adulthood. A child does not have to be starving for these potentially long-lasting effects to occur. Even mild undernutrition, if it occurs over an extended period of time or reoccurs frequently, compromises a child's physical, social, and emotional development. Undernutrition results in a slower rate of growth, more susceptibility to illness, increased risk for lead poisoning and anemia, compromised brain growth, and lack of energy to explore surroundings, play with peers, and be actively involved in learning.

ARE RHODE ISLAND CHILDREN AT RISK FOR HUNGER AND UNDERNUTRITION?

The national Community Childhood Hunger Identification Project indicates that in 1993 there were an estimated 11,000 hungry children in Rhode Island, meaning their families frequently do not have money available to buy food or family members skip meals because there is not enough food or money to buy food. Another 30,000 children live in households that are at risk of hunger because of insufficient financial resources to purchase food.

The U.S. Conference of Mayors has documented annual increases in the demand for emergency food in major cities across the nation. Rhode Island has kept pace with the national trend, with steady growth in the distribution of food by the Rhode Island Community Food Bank — increasing from 1,116 tons in 1991 to 1,350 tons in 1995. Forty-five percent of people who receive food distributed through the Rhode Island Community Food Bank network of soup kitchens and food pantries are children under age 18.

In 1993, there were 40,029 poor children in Rhode Island, 19% of all Rhode Island children. Of children under age six, one in four lives in poverty. Poor children are 2.5 times more likely to have deficient intakes of food energy (calories) than non-poor children. Many of these children also suffer from deficient intakes of key nutrients critical to cognitive functioning and overall healthy development.



RESPONDING TO CHILDHOOD HUNGER

A multi-faceted approach to the prevention of childhood hunger requires attention to the key factors influencing food purchasing power in a household, including the availability of jobs at livable wages, the adequacy of income support programs, access to food assistance programs, housing and utility costs, health insurance coverage, and food costs (especially in inner city neighborhoods with expensive convenience stores instead of full-service supermarkets).

Our nation has in place a network of nutrition programs focused directly on the prevention of childhood hunger and undernutrition. The underlying aim of these programs is to ensure that the most vulnerable children will not go hungry, thereby protecting their healthy development and later productivity as adults. The following programs provide critical food resources to families with incomes at or near the federal poverty line.

The **FOOD STAMP PROGRAM** provides coupons (food stamps) to eligible households which can be used for the purchase of specified food items. Its mission is to help low-income people buy food to supplement and improve their diets.

Department of Agriculture studies show that food stamps lead to significantly greater expenditures on food, and greater nutrient availability in participating households. Often described as the nation's first line of defense against hunger, the majority of food stamp recipients are children. As of July 1996, 44,245 Rhode Island children were participating in the program. The average monthly food stamp allocation for a family of three is \$268.

The **SCHOOL LUNCH PROGRAM** provides federal funds to schools to offer nutritious meals to students and is universally offered at all Rhode Island public schools (and many private schools). Over 35,000 RI public school children receive free

school lunches and an additional 5,300 receive reduced price lunch. Children from low-income families depend on the lunch program for one-third to one-half of their nutritional intake each day.

The **SCHOOL BREAKFAST PROGRAM** operates under the same eligibility criteria and administration as the school lunch program. The federal government pays the cost of meals for all eligible students and there is a state school breakfast fund which reimburses school districts for school breakfast monitors and other administrative costs. Only 38% of Rhode Island Public schools offer the program, well below the national average of 68%. There are 16,905 eligible low-income students who are not receiving school breakfast because they attend the 193 Rhode Island public schools that do not offer the program. Twenty-one states have passed legislation to mandate the program in school districts with high numbers of low-income students.

The **SUMMER FOOD SERVICE PROGRAM** provides nutritious meals to low-income children during the summer months and vacation periods. Sponsoring sites include playgrounds programs, Boys and Girls Clubs, churches and recreation centers. Only 30% of eligible Rhode Island children were served by this program in 1995. Low participation is the result of an inadequate number of community sponsors to run the program.

The **CHILD CARE FOOD PROGRAM** enables child care centers and family child care homes to provide nutritious meals and snacks to children ages 12 and under in child care. The child care meals often provide virtually all the nutrition a child will receive in a day. This program serves a small proportion of those who could benefit from it.

WIC, the Special Supplemental Food Program for Women, Infants, and Children, is a preventive program providing nutritious food, nutrition education, and improved access to health care. This federally funded program serves pregnant, postpartum, and breastfeeding women, infants, and children under age five. WIC increases the likelihood that women will receive early prenatal care and that their children will get regular pediatric care and immunizations. In Rhode Island, the funded allocation of 23,016 women, infants, and children participate in the WIC Program, approximately 70% of those eligible.

COMMUNITIES RESPOND

EMERGENCY FOOD ASSISTANCE

Children and families in Rhode Island who do not have sufficient resources to purchase food can sometimes receive assistance from soup kitchens and food pantries in their community. These programs provide an important support network built on the energy and good will of churches, community-based organizations, voluntary associations, and private citizens. The Rhode Island Community Food Bank network includes 470 soup kitchens, food pantries, shelters, and feeding sites serving up to 120,000 individuals across Rhode Island and Southeastern Massachusetts each month.

KIDS HELPING KIDS

Two successful hunger relief efforts that have engaged the energy and spirit of Rhode Island youth are the Feinstein Foundation's "I Can Make A Difference" program in which elementary school students from over 130 schools collected more than 35,000 pounds of food for the Food Bank — and the Boy Scout's Annual "Scouting for Food" project which involves hundreds of Boy Scouts going door-to-door to collect an average of 300,000 pounds of food.

COMMUNITY PARTNERSHIP

The City of Central Falls, Tufts University Center on Hunger, Poverty, and Nutrition Policy, the Rhode Island Department of Elementary and Secondary Education, Hasbro Children's Foundation, and Alan Shawn Feinstein have developed a unique community-focused partnership termed Central Falls Kids First. Aimed at reducing hunger and improving nutritional well-being among the children of Central Falls, one element of Kids First involved changing the School Breakfast program in the city's schools to a universally-free program, available to all children at no cost, eliminating any stigma associated with the program, and ensuring that all children can receive a nutritious breakfast.



FOOD PROGRAMS MAKE A DIFFERENCE

While voluntary efforts may provide food for families in times of crisis, they are usually not designed to provide food consistently for extended periods of time. Many families who receive emergency food are in need of long-term assistance due to insufficient income from wages, high housing costs, or medical emergencies.

Research findings suggest that each of the major nutrition programs targeted to children has significant potential to safeguard cognitive development, and to help insure good health in the early years. Some key research findings follow:

- ◆ A recent study conducted by the Tufts Center on Hunger, Poverty, and Nutrition Policy found that Food Stamps significantly improve the nutrient intakes of poor children. For most major nutrients, the proportion of poor children with serious dietary deficiencies is lowered significantly when their households participate in the Food Stamp program.
- ◆ Children who participate in the School Breakfast Program have better school attendance, are more likely to arrive at school on time, and have higher standardized test scores than non-participants.
- ◆ WIC links the distribution of food to other health services, including prenatal care. Every \$1 spent on WIC is estimated to save \$3 in medical costs. By protecting infants and children from nutrition-related health problems during critical periods of growth, WIC results in savings for special education that may otherwise have been incurred due to malnutrition in infancy and childhood.



RECENT FEDERAL CHANGES REDUCE FOOD RESOURCES FOR CHILDREN

The federal welfare reform bill (H.R. 3734) cuts the Food Stamp Program by over \$27 billion over six years, primarily through reduced benefits and restrictions in eligibility. This will reduce food resources for 44,225 children in Rhode Island. Under the law, most legal immigrants will be ineligible for food stamps and other cash assistance. Currently 1,916 legal immigrants under age 18 receive food stamps. Other provisions include a reduction in the reimbursement rates for meals served through both the Summer Food Program and the Child Care Food Program.

Non-profit and volunteer emergency providers are concerned that they will be unable to meet the demand for food that will occur when federal food program resources are reduced. The emergency food network has already experienced diminished capacity due to declining Federal Emergency Management Assistance funds for the past five years. FEMA dollars are used to purchase food to supply the community network of food pantries, soup kitchens, and shelters. FEMA has decreased funding to Rhode Island from \$660,000 in 1992 to \$441,402 in 1996.



EFFECTS OF UNDERNUTRITION ON CHILD HEALTH

- ◆ An inadequate diet during pregnancy increases risk for low birthweight and infant mortality.
- ◆ Undernourished children who live in families with food shortages suffer from two to three times as many health problems as children from low-income families with sufficient food resources.
- ◆ Children with inadequate access to food are at increased risk for iron deficiency anemia. Anemia can lead to developmental and behavioral problems and increases susceptibility to lead poisoning.



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