Childhood Nutrition Security in the Capital

Illinois partnership for childhood nutrition security
Increasing Screening, Referrals and Resource Delivery

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Meredith Volle MD, MPH
• No disclosures
OBJECTIVES

• Inspire pediatricians to increase screening and referrals for food insecurity on the different clinical settings and integrate it into practice

• Identify and provide food resources for families

• Describe recent AAP efforts to address food insecurity
WHAT’S FOOD INSECURITY!

• Food insecurity is the limited or uncertain availability of nutritionally adequate and safe foods, or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.

(Definition is from the Life Sciences Research Office, S.A. Andersen, ed., "Core Indicators of Nutritional State for Difficult to Sample Populations," The Journal of Nutrition 120:1557S-1600S, 1990.)
WHAT'S FOOD INSECURITY!

- Is a household level economic and social condition of limited or uncertain access to nutritionally healthy food to live an active, healthy life

- 10.2% US households

- 12.5% US household with children

LEVELS OF SEVERITY

• In households with low food security, the hardships experienced are primarily reductions in dietary quality and variety.

• In households with very low food security, the hardships experienced are reduced food intake and skipped meals.
Trends in prevalence rates of food insecurity and very low food security in U.S. households, 1995-2021

Percent of U.S. households

Note: Prevalence rates for 1996 and 1997 were adjusted for the estimated effects of differences in data collection screening protocols used in those years.

U.S. households by food security status, 2021

Food-secure households: **89.8%**

Food-insecure households: **10.2%**

- Households with low food security: **6.4%**
- Households with very low food security: **3.8%**

U.S. households with children by food security status of adults and children, 2021

- Food-secure households: 87.5%
- Food-insecure households: 12.5%
  - Food-insecure adults only: 6.3%
  - Food-insecure children and adults: 6.2%
  - Low food security among children: 5.5%
  - Very low food security among children: 0.7%

Note: In most instances, when children are food insecure, the adults in the household are also food insecure.
Trends in food insecurity in U.S. households with children, 2001–21

Prevalence of food insecurity, average 2019–21

The prevalence of child food insecurity among Hispanic households with children increased significantly in 2020

Percent of households with children

- Black, non-Hispanic
- All households with children
- Hispanic
- Other, non-Hispanic
- White, non-Hispanic


WHO IS AFFECTED?

- Households with children
- Black, Hispanic and indigenous
- Low-income
- Single parent
- Southern states
WHY SHOULD WE CARE?

FOOD INSECURITY = Inadequate access to food because of financial constraints

Health impacts of food insecurity

- Inadequate intake of nutrients
- Increase risk for various chronic diseases
- Increased risk for negative pregnancy outcomes
- Long-term deficits in children’s socio-emotional, cognitive and motor functioning
- Increase risk for negative mental health impacts (including depression, suicide, substance misuse, etc.)

Total healthcare costs increase steadily with increased severity of household food insecurity

Food insecurity infographic (Wellington-Dufferin-Guelph Public Health)
**TABLE 1.** School-Aged Child and Maternal Characteristics by Child Hunger Status

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All (n = 203)</th>
<th>No Hunger (n = 88)</th>
<th>Moderate Child Hunger 1-5 (n = 103)</th>
<th>Severe Child Hunger 6+ (n = 32)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child age</td>
<td>10.1</td>
<td>6.01</td>
<td>10.5</td>
<td>10.3</td>
<td>.14*</td>
</tr>
<tr>
<td>Percentage 9 years old +</td>
<td>66.0%</td>
<td>50.0%</td>
<td>67.0%</td>
<td>62.5%</td>
<td>.08†</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>32.0%</td>
<td>22.1%</td>
<td>39.8%</td>
<td>28.1%</td>
<td>.01‡</td>
</tr>
<tr>
<td>Black</td>
<td>15.8%</td>
<td>43.1%</td>
<td>21.4%</td>
<td>6.2%</td>
<td></td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>43.8%</td>
<td>34.2%</td>
<td>33.0%</td>
<td>56.2%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>8.4%</td>
<td>28.1%</td>
<td>5.8%</td>
<td>9.4%</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50.2%</td>
<td>52.9%</td>
<td>49.5%</td>
<td>45.9%</td>
<td>.83†</td>
</tr>
<tr>
<td>Family size</td>
<td>3.3%</td>
<td>3.4%</td>
<td>3.2%</td>
<td>3.7%</td>
<td>.09*</td>
</tr>
<tr>
<td>Mother high school graduate</td>
<td>42.6%</td>
<td>42.6%</td>
<td>46.5%</td>
<td>25.0%</td>
<td>.07‡</td>
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<tr>
<td>Mean family income</td>
<td>$11,338</td>
<td>$10,560</td>
<td>$11,665</td>
<td>$11,659</td>
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<td>Homeless</td>
<td>35.0%</td>
<td>29.4%</td>
<td>32.0%</td>
<td>56.2%</td>
<td>.02‡</td>
</tr>
<tr>
<td>Moves in past year</td>
<td>1.77</td>
<td>1.37</td>
<td>1.77</td>
<td>2.71</td>
<td>.005*</td>
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<tr>
<td>Low birth weight</td>
<td>12.2%</td>
<td>6.1%</td>
<td>13.0%</td>
<td>23.3%</td>
<td>.05‡</td>
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<tr>
<td>Pregnancy substance abuse</td>
<td>6.4%</td>
<td>4.4%</td>
<td>8.7%</td>
<td>3.1%</td>
<td>.38†</td>
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<tr>
<td>Health conditions (0-35)†</td>
<td>2.2</td>
<td>1.8</td>
<td>2.2</td>
<td>3.4</td>
<td>.002*</td>
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<tr>
<td>Symptoms count (0-16)§</td>
<td>0.63</td>
<td>0.6</td>
<td>0.5</td>
<td>0.9</td>
<td>.13*</td>
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<tr>
<td>Excellent/Good Health</td>
<td>68.5%</td>
<td>68.1%</td>
<td>69.3%</td>
<td>62.5%</td>
<td>.73†</td>
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<tr>
<td>Out-of-home placement</td>
<td>20.2%</td>
<td>14.7%</td>
<td>20.4%</td>
<td>31.2%</td>
<td>.16‡</td>
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<tr>
<td>Physical or sexual abuse</td>
<td>17.7%</td>
<td>14.7%</td>
<td>19.4%</td>
<td>18.8%</td>
<td>.72‡</td>
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<tr>
<td>Care and protection order</td>
<td>33.0%</td>
<td>26.5%</td>
<td>36.9%</td>
<td>34.4%</td>
<td>.36†</td>
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<td>Mean child life events</td>
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<td>6.01</td>
<td>7.5</td>
<td>8.8</td>
<td>.009*</td>
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<tr>
<td>Quality of Life</td>
<td></td>
<td></td>
<td>8.3</td>
<td>8.0</td>
<td>8.4</td>
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<tr>
<td>Parent report: CBCL scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Total problems</td>
<td>29.3</td>
<td>24.9</td>
<td>29.0</td>
<td>40.1</td>
<td>.04*</td>
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<tr>
<td>Internalizing problems</td>
<td>52.1</td>
<td>49.7</td>
<td>51.8</td>
<td>58.4</td>
<td>.06*</td>
</tr>
<tr>
<td>Externalizing problems</td>
<td>52.2</td>
<td>51.0</td>
<td>51.9</td>
<td>55.7</td>
<td>.22*</td>
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<tr>
<td>Anxiety</td>
<td>3.9</td>
<td>2.8</td>
<td>3.9</td>
<td>6.3</td>
<td>.002*</td>
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<td>WIAT†</td>
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<td>Composite</td>
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<td>91.8</td>
<td>93.6</td>
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<td>Math</td>
<td>91.7</td>
<td>91.2</td>
<td>91.2</td>
<td>94.8</td>
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<td>Reading</td>
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<td>93.6</td>
<td>96.1</td>
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<td>92.9</td>
<td>93.1</td>
<td>.80*</td>
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<td>4.4%</td>
<td>15.5%</td>
<td>15.5%</td>
<td>.07†</td>
</tr>
<tr>
<td>Emotional problem</td>
<td>24.1%</td>
<td>19.1%</td>
<td>25.2%</td>
<td>31.2%</td>
<td>.39‡</td>
</tr>
<tr>
<td>Learning disability</td>
<td>22.7%</td>
<td>16.2%</td>
<td>26.2%</td>
<td>25.0%</td>
<td>.29†</td>
</tr>
<tr>
<td>Repeat grade</td>
<td>34.5%</td>
<td>30.9%</td>
<td>32.0%</td>
<td>50.0%</td>
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<tr>
<td>Suspended</td>
<td>19.7%</td>
<td>17.7%</td>
<td>18.4%</td>
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<td>.42†</td>
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<tr>
<td>Attend special classes</td>
<td>22.5%</td>
<td>25.4%</td>
<td>21.5%</td>
<td>9.4%</td>
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<td>Mean school days missed in the past year</td>
<td>9.4</td>
<td>8.5</td>
<td>8.4</td>
<td>13.3</td>
<td>.09*</td>
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<td>Mother’s distress (GSI)</td>
<td>0.78</td>
<td>0.71</td>
<td>0.76</td>
<td>0.98</td>
<td>.14*</td>
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<tr>
<td>Lifetime PTSD</td>
<td>37.3%</td>
<td>26.5%</td>
<td>38.8%</td>
<td>56.2%</td>
<td>.02†</td>
</tr>
<tr>
<td>Lifetime major depression</td>
<td>44.6%</td>
<td>41.8%</td>
<td>43.7%</td>
<td>53.1%</td>
<td>.55†</td>
</tr>
<tr>
<td>Lifetime substance abuse</td>
<td>40.4%</td>
<td>25.0%</td>
<td>52.4%</td>
<td>34.4%</td>
<td>.001†</td>
</tr>
</tbody>
</table>

GSI indicates Global Severity Index; PTSD, posttraumatic stress disorder.

* P value based on 1-way analysis of variance.
† P value based on a χ² test.
‡ P value based on a χ² test for lifetime conditions.
§ Symptoms in the past month.
¶ Child-reported item/direct assessment.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All  (n = 152)</th>
<th>No Hunger (n = 62)</th>
<th>Moderate Child Hunger 1-5 (n = 78)</th>
<th>Severe Child Hunger 6+ (n = 12)</th>
<th>P Value</th>
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</thead>
<tbody>
<tr>
<td>Child age</td>
<td>4.2</td>
<td>4.1</td>
<td>4.1</td>
<td>4.8</td>
<td>.17*</td>
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<tr>
<td>Race/ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>34.9%</td>
<td>32.3%</td>
<td>39.7%</td>
<td>16.7%</td>
<td>.12†</td>
</tr>
<tr>
<td>Black</td>
<td>11.2%</td>
<td>9.7%</td>
<td>12.8%</td>
<td>8.3%</td>
<td></td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>40.1%</td>
<td>45.2%</td>
<td>30.8%</td>
<td>75.0%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>13.8%</td>
<td>12.9%</td>
<td>16.7%</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>60.5%</td>
<td>59.7%</td>
<td>62.8%</td>
<td>50.0%</td>
<td>.69†</td>
</tr>
<tr>
<td>Family size</td>
<td>2.7</td>
<td>2.7</td>
<td>2.6</td>
<td>3.2</td>
<td>.27*</td>
</tr>
<tr>
<td>Mother high school graduate</td>
<td>45.4%</td>
<td>43.6%</td>
<td>48.7%</td>
<td>33.3%</td>
<td>.57†</td>
</tr>
<tr>
<td>Mean family income</td>
<td>$10,587</td>
<td>$10,957</td>
<td>$10,217</td>
<td>$11,166</td>
<td>.37*</td>
</tr>
<tr>
<td>Homeless</td>
<td>48.0%</td>
<td>48.4%</td>
<td>43.6%</td>
<td>75.0%</td>
<td>.13†</td>
</tr>
<tr>
<td>Moves in past year</td>
<td>2.3</td>
<td>1.8</td>
<td>2.8</td>
<td>2.2</td>
<td>.21*</td>
</tr>
<tr>
<td>Low birth weight</td>
<td>6.1%</td>
<td>5.1%</td>
<td>3.9%</td>
<td>25.0%</td>
<td>.02†</td>
</tr>
<tr>
<td>Health conditions (0-35)‡</td>
<td>2.4</td>
<td>1.9</td>
<td>2.6</td>
<td>2.8</td>
<td>.004*</td>
</tr>
<tr>
<td>Symptoms count (0-16)§</td>
<td>1.6</td>
<td>1.3</td>
<td>1.6</td>
<td>2.5</td>
<td>.26*</td>
</tr>
<tr>
<td>Excellent/good health</td>
<td>66.4%</td>
<td>72.6%</td>
<td>64.1%</td>
<td>50.0%</td>
<td>.26†</td>
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<tr>
<td>Out-of-home placement</td>
<td>11.8%</td>
<td>9.7%</td>
<td>14.1%</td>
<td>8.3%</td>
<td>.67†</td>
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<tr>
<td>Physical or sexual abuse</td>
<td>9.2%</td>
<td>8.1%</td>
<td>10.3%</td>
<td>8.3%</td>
<td>.90†</td>
</tr>
<tr>
<td>Care and protection order</td>
<td>31.6%</td>
<td>22.6%</td>
<td>38.5%</td>
<td>33.3%</td>
<td>.13†</td>
</tr>
<tr>
<td>Mean child life events</td>
<td>7.2</td>
<td>6.0</td>
<td>8.0</td>
<td>8.5</td>
<td>.02*</td>
</tr>
<tr>
<td>Parent report CBCL scores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total problems</td>
<td>33.1</td>
<td>28.2</td>
<td>36.8</td>
<td>34.4</td>
<td>.04*</td>
</tr>
<tr>
<td>Internalizing problems</td>
<td>51.1</td>
<td>48.4</td>
<td>52.9</td>
<td>53.2</td>
<td>.06*</td>
</tr>
<tr>
<td>Externalizing problems</td>
<td>52.4</td>
<td>50.7</td>
<td>53.8</td>
<td>52.4</td>
<td>.28*</td>
</tr>
<tr>
<td>Developmental delay</td>
<td>21.7%</td>
<td>21.0%</td>
<td>20.5%</td>
<td>33.3%</td>
<td>.59†</td>
</tr>
<tr>
<td>Emotional problem</td>
<td>18.4%</td>
<td>11.3%</td>
<td>21.8%</td>
<td>33.3%</td>
<td>.11†</td>
</tr>
<tr>
<td>Learning disability</td>
<td>9.0%</td>
<td>9.4%</td>
<td>9.5%</td>
<td>0</td>
<td>.73†</td>
</tr>
<tr>
<td>Ever in early intervention</td>
<td>16.5%</td>
<td>13.5%</td>
<td>21.3%</td>
<td>0</td>
<td>.30†</td>
</tr>
<tr>
<td>Ever in healthy start</td>
<td>42.3%</td>
<td>51.9%</td>
<td>35.8%</td>
<td>36.4%</td>
<td>.19†</td>
</tr>
<tr>
<td>Ever in preschool</td>
<td>27.4%</td>
<td>20.9%</td>
<td>31.8%</td>
<td>27.3%</td>
<td>.47†</td>
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<tr>
<td>Mother’s distress (GSI)</td>
<td>0.74</td>
<td>0.65</td>
<td>0.80</td>
<td>0.79</td>
<td>.15*</td>
</tr>
<tr>
<td>Lifetime PTSD</td>
<td>42.7%</td>
<td>29.5%</td>
<td>52.0%</td>
<td>50.0%</td>
<td>.03†</td>
</tr>
<tr>
<td>Lifetime major depression</td>
<td>34.9%</td>
<td>21.3%</td>
<td>40.8%</td>
<td>66.7%</td>
<td>.003†</td>
</tr>
<tr>
<td>Lifetime substance abuse</td>
<td>36.4%</td>
<td>29.0%</td>
<td>42.9%</td>
<td>33.3%</td>
<td>.25†</td>
</tr>
<tr>
<td>Lifetime anxiety disorder</td>
<td>22.4%</td>
<td>12.9%</td>
<td>21.8%</td>
<td>75.0%</td>
<td>.0001†</td>
</tr>
</tbody>
</table>

* P value based on 1-way analysis of variance.
† P value based on χ² test.
‡ Lifetime health conditions.
§ Symptoms in the past month.
FOOD INSECURITY

• Mask underlying health conditions
• Cause misdiagnosis
• Prolong hospital stays
• Affect medication adherence
• Contribute to greater use of emergency department and higher health care costs
SCREENING FOR FOOD INSECURITY

• Help overcome the stigma of food insecurity
• Tailor clinical care to real patient needs
• Identify a vulnerable target population
• Help reduce the prevalence of food insecurity and its effects on the community
• Potentially reduce health care costs by reducing preventable emergency department and provider visits
“One in 7 children experiences food insecurity and hunger. Unless you ask, you won’t be able to tell which child is going to bed hungry, and you won’t be able to connect their families to resources, like SNAP, WIC, or food pantries, that will help them get the nutrition they need.”

LEE BEERS, MD, FAAP
President, American Academy of Pediatrics (2021)
‘I Know You’re Angry With Me Right Now Because You’re Hungry’
How parents in food-insecure households are stretching meals and struggling to nourish their kids during the pandemic.

Coronavirus and Poverty: A Mother Skips Meals So Her Children Can Eat
Americans with tight financial resources have fewer options as they navigate coronavirus closures and layoffs.

The Challenge of Feeding Kids During Coronavirus
It’s OK to let children indulge in their favorite foods while riding out the crisis. Plus: resources for food-insecure families.

The New York Times
69% Had to choose between food and utilities
67% Had to choose between food and transportation
66% Had to choose between food and medical care
57% Had to choose between food and housing
31% Had to choose between food and education

They also told us about the many ways they stretch their food budget or work to supplement it:

79% Purchase inexpensive, unhealthy food
53% Receive help from friends or family
40% Water down food or drinks
35% Sell or pawn personal property
23% Grow food in a garden
Examined state reports of child abuse related to timed distribution of Earned Income Tax Credit (EITC) and Child Tax Credit (CTC)

“…tax refunds to alleviate forms of material hardship that can increase maltreatment risk, such as food insecurity or problems paying for utilities or rent”

Findings: “For each additional $1000 in per-child EITC and CTC tax refunds, state-level rates of reported child maltreatment declined in the week of and 4 weeks following refund payments by an overall estimated 5.0% (95% confidence interval = 2.3%–7.7%).”
STATE AND LOCAL RESOURCES
How can I find food?

- Use our Food Locator, instructions listed below.
- TEXT the word FINDFOOD to (855) 536-6320 to find a pantry or soup kitchen in your area.

How to use the Food Locator

- Type the name of the county in the “Search for a county” box on the left-hand side of the screen
- Click “Search”
- Scroll down the page and you will find a list of agencies (including contact information and hours of operations)

Additional Food Assistance Resources

If you are in need of additional assistance, please visit the links below

- SNAP (formerly the Food Stamps Program), Illinois Department of Human Services
- Women, Infant and Children (WIC) Program, Illinois Department of Human Services
- Rise & Shine Illinois Summer Meals
Central Illinois Foodbank is a regional distribution point for donated food. The Foodbank does not distribute food directly to the public from our warehouse. Food is distributed through our 160 partner agencies across 21 counties in central and southern Illinois. To find an agency...
The Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) helps low-income people and families buy the food they need for good health.

- Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service (FNS) of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.

Qualifications:

- Most households with low income can get SNAP benefits. The rules are complex, so all of the details are not here. The most important factors which determine the amount of, and eligibility for, SNAP benefits are:
  - income and expenses
  - the number of persons who live and eat together
### Supplemental Nutrition Assistance Program
Effective October 2021
Maximum Monthly Income Allowable

The guidelines below show the highest gross income your household can have in a month before SNAP benefits are reduced. Gross income is your total monthly income from all sources before any deductions are made. The charts below show the maximum dollar amount of SNAP benefits you could receive for your household size.

<table>
<thead>
<tr>
<th>Number of People in Your Household</th>
<th>Maximum Gross Monthly Income</th>
<th>Maximum Gross Monthly Income (Age 60 and Over or Disabled)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$1,771</td>
<td>$2,147</td>
</tr>
<tr>
<td>2</td>
<td>$2,396</td>
<td>$2,903</td>
</tr>
<tr>
<td>3</td>
<td>$3,020</td>
<td>$3,660</td>
</tr>
<tr>
<td>4</td>
<td>$3,644</td>
<td>$4,417</td>
</tr>
<tr>
<td>5</td>
<td>$4,268</td>
<td>$5,173</td>
</tr>
<tr>
<td>6</td>
<td>$4,893</td>
<td>$5,930</td>
</tr>
<tr>
<td>7</td>
<td>$5,517</td>
<td>$6,687</td>
</tr>
<tr>
<td>8</td>
<td>$6,141</td>
<td>$7,443</td>
</tr>
<tr>
<td>9</td>
<td>$6,766</td>
<td>$8,200</td>
</tr>
<tr>
<td>10</td>
<td>$7,391</td>
<td>$8,957</td>
</tr>
</tbody>
</table>

| Each additional person add        | $625                        | $757                                                     |

### Supplemental Nutrition Assistance Program
Effective October 2021
Maximum Monthly SNAP Amounts

The chart below shows the maximum dollar amount of SNAP benefits your household can receive based on the size of your household. You could receive any amount up to the maximum listed in the table.

<table>
<thead>
<tr>
<th>Number of People in Your Household</th>
<th>Maximum Gross Monthly Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$250</td>
</tr>
<tr>
<td>2</td>
<td>$459</td>
</tr>
<tr>
<td>3</td>
<td>$658</td>
</tr>
<tr>
<td>4</td>
<td>$835</td>
</tr>
<tr>
<td>5</td>
<td>$992</td>
</tr>
<tr>
<td>6</td>
<td>$1,190</td>
</tr>
<tr>
<td>7</td>
<td>$1,316</td>
</tr>
<tr>
<td>8</td>
<td>$1,504</td>
</tr>
<tr>
<td>9</td>
<td>$1,692</td>
</tr>
<tr>
<td>10</td>
<td>$1,880</td>
</tr>
</tbody>
</table>

For households with more than 10 persons, add $188 for each additional person.
What services are offered?

SNAP benefits can be used to buy:

- any food or food product for human consumption,
- seeds and plants for use in home gardens to produce food.

SNAP benefits cannot be used to buy:

- Hot foods ready to eat,
- Food intended to be heated in the store,
- Lunch counter items or foods to be eaten in the store,
- Vitamins or medicines,
- Pet foods,
- Any nonfood items (except seeds and plants),
- Alcoholic beverages,
- Tobacco
- Menstrual products and diapers. The USDA does not currently have a waiver for states to allow customers to purchase menstrual products or diapers with SNAP/WIC benefits.
WIC is a food assistance program for Women, Infants, and Children. It helps pregnant women, new mothers and young children eat well and stay healthy.

Qualifications:
Women and their children who are
• Pregnant, breastfeeding or just had a baby
• Infants and Children under 5 years old (including foster children)
• Families with a low to medium income

Services:
• A WIC EBT card to purchase special healthy foods - like fruits & vegetables, milk, juice, eggs, cheese, cereal, whole grains, dry beans or peas, and peanut butter
• Information about nutrition to help you and your family eat well and be healthy
• Information and help about breastfeeding
• Help in finding health care and other services in your area
### State of Illinois WIC Program

#### WIC INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2022 to June 30, 2023)

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Annual</th>
<th>Monthly</th>
<th>Twice-Monthly</th>
<th>Bi-Weekly</th>
<th>Weekly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$25,142</td>
<td>$2,096</td>
<td>$1,048</td>
<td>$967</td>
<td>$484</td>
</tr>
<tr>
<td>2</td>
<td>$33,874</td>
<td>$2,823</td>
<td>$1,412</td>
<td>$1,303</td>
<td>$652</td>
</tr>
<tr>
<td>3</td>
<td>$42,606</td>
<td>$3,551</td>
<td>$1,776</td>
<td>$1,639</td>
<td>$820</td>
</tr>
<tr>
<td>4</td>
<td>$51,338</td>
<td>$4,279</td>
<td>$2,140</td>
<td>$1,975</td>
<td>$988</td>
</tr>
<tr>
<td>5</td>
<td>$60,070</td>
<td>$5,006</td>
<td>$2,503</td>
<td>$2,311</td>
<td>$1,156</td>
</tr>
<tr>
<td>6</td>
<td>$68,802</td>
<td>$5,734</td>
<td>$2,867</td>
<td>$2,647</td>
<td>$1,324</td>
</tr>
<tr>
<td>7</td>
<td>$77,534</td>
<td>$6,462</td>
<td>$3,231</td>
<td>$2,983</td>
<td>$1,492</td>
</tr>
<tr>
<td>8</td>
<td>$86,266</td>
<td>$7,189</td>
<td>$3,595</td>
<td>$3,318</td>
<td>$1,659</td>
</tr>
<tr>
<td>Each Additional family member add</td>
<td>+ $8,732</td>
<td>+ $728</td>
<td>+ $364</td>
<td>+ $336</td>
<td>+ $168</td>
</tr>
</tbody>
</table>
Our clinic offers both walk-in and advance scheduling.

Advance appointments are available:
Monday from 8:10 a.m. to 7:00 p.m.

Walk-in appointments are available:
Monday through Friday from
8:10 a.m. to 11:00 a.m. and 1:00 p.m. to 3:00 p.m.

*Note:* We are closed the second Wednesday of every month for training.

Call 217-535-3102 to schedule an appointment or come in for a walk-in. Not sure what to bring? Call ahead.
HOW CAN YOU REFER?
Sangamon County Department of Public Health, WIC/Family Case Management/Better Birth Outcomes

Primary Contact: Debra Tisckos 217-535-3102 ext. 3770
debra.tisckos@sangamonil.gov

Eligibility Criteria:

Purpose: Providing food and nutrition services and education as well as case management services to income eligible families.

Service Areas: Food/Housing Insecurity

Counties Served:
- Sangamon
- Menard

*no waitlist*
Sangamon County HEART Referral SIU Peds

For: [0]
Status: Active
To Be Done: 14Oct2022
Recipient: 

Details

Reason:
What service(s) does your patient need?
What partner would you like to refer to?
Does your patient or their family meet any of the following criteria?
*please indicate all that apply; if unknown, leave blank

77 chars remaining
FOOD INSECURITY

A Toolkit for Pediatricians to Address Food Insecurity

Click here to download the toolkit

Click here to download the Pediatrician Survey Findings

To access resources from Bright Futures, click here.

https://illinoisaap.org/childhood-nutrition-security/
PEDIATRICIANS ROLE

• Prepare
• Screen
• Intervene

• Document, track, educate and advocate
THREE STEPS FOR SUCCESS

PREPARE

- Educate and train staff on food insecurity, federal nutrition programs, and local food and income resources
- Follow AAP's recommendation of universal screening at scheduled check-ups or sooner, if indicated
- Incorporate efforts to address food insecurity into the institutional workflow
- Practice having empathetic and sensitive conversations when addressing food insecurity

SCREEN

Use the AAP-recommended Hunger Vital Sign™:

1. “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”
   - O OFTEN TRUE
   - SOMETIMES TRUE
   - NEVER TRUE
   - DON'T KNOW/REFUSED

2. “Within the past 12 months, the food we bought just didn't last and we didn't have money to get more.”
   - O OFTEN TRUE
   - SOMETIMES TRUE
   - NEVER TRUE
   - DON'T KNOW/REFUSED

Patients screen positive for food insecurity if the response is “often true” or “sometimes true” for either or both statements.

Document and code the administration and results of screening in medical records.

INTERVENE

- Administer appropriate medical interventions per your protocols
- Connect patients and their families to the federal nutrition programs and other food resources
- Document and track interventions in medical records
- Advocate and educate to address food insecurity and its root causes, e.g., poverty, inadequate wages, housing insecurity, and structural racism

For more information, visit www.frac.org/aaptoolkit
PREPARE!

- Educate and train staff on food insecurity, federal nutrition programs, and local food and income resources.
- Follow AAP’s recommendation of universal screening at scheduled check-ups or sooner, if indicated.
- Incorporate efforts to address food insecurity into the institutional workflow.
- Practice having empathetic and sensitive conversations when addressing food insecurity.
SCREEN!

**SCREEN**

Use the AAP-recommended Hunger Vital Sign™:

1. “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”
   - [ ] OFTEN TRUE
   - [ ] SOMETIMES TRUE
   - [ ] NEVER TRUE
   - [ ] DON’T KNOW/REFUSED

2. “Within the past 12 months, the food we bought just didn’t last and we didn’t have money to get more.”
   - [ ] OFTEN TRUE
   - [ ] SOMETIMES TRUE
   - [ ] NEVER TRUE
   - [ ] DON’T KNOW/REFUSED

*Patients screen positive for food insecurity if the response is “often true” or “sometimes true” for either or both statements.*

*Document and code the administration and results of screening in medical records.*
INTERVENE!

- **Administer** appropriate medical interventions per your protocols
- **Connect patients** and their families to the federal nutrition programs and other food resources
- **Document and track** interventions in medical records
- **Advocate and educate** to address food insecurity and its root causes, e.g., poverty, inadequate wages, housing insecurity, and structural racism
THE FEDERAL NUTRITION PROGRAMS IMPROVE THE FOOD SECURITY, HEALTH, AND WELL-BEING OF CHILDREN

- Supplemental Nutrition Assistance Program (SNAP)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Child Care Meals
- School Breakfast and Lunch
- Afterschool Meals
- Summer Nutrition Programs
- Pandemic-EBT (available during COVID-19 school closures)
<table>
<thead>
<tr>
<th>Program Name</th>
<th>General Program Eligibility</th>
<th>Program Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (SNAP)</td>
<td>Low-income individuals of all ages who meet income and asset tests (that can vary by state)</td>
<td>Monthly benefits are provided on an Electronic Benefit Transfer (EBT) card to purchase food at grocery stores, farmers' markets, and other food retail outlets across the country that accept SNAP.</td>
</tr>
<tr>
<td><em>The program may be called something else in your state.</em></td>
<td></td>
<td>Nutritionally tailored monthly food packages are provided to families and redeemed in grocery stores and food retailers that accept WIC, additional services include breastfeeding support, nutrition education and counseling, and health referrals.</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>Low-income pregnant, breastfeeding, and postpartum women, and infants and children up to age five deemed nutritionally at risk by a health care professional</td>
<td></td>
</tr>
<tr>
<td>National School Lunch Program and School Breakfast Program</td>
<td>School-aged children of families at low or moderate income levels can qualify for free or reduced-price meals</td>
<td>Breakfasts and lunches meeting federal nutrition standards are provided in participating schools</td>
</tr>
<tr>
<td>Child and Adult Care Food Program (CACFP)</td>
<td>Children, typically up to age five, attending eligible child care centers and homes, Head Start, and Early Head Start</td>
<td>Up to two free meals and a snack meeting federal nutrition standards are provided to infants and young children at participating centers.</td>
</tr>
<tr>
<td>Summer Nutrition Programs (available through the Summer Food Service Program or the National School Lunch Program)</td>
<td>Children 18 years of age and under visiting participating sites</td>
<td>Up to two free meals meeting federal nutrition standards are provided at approved school and community sites during summer vacation.</td>
</tr>
<tr>
<td>Afterschool Nutrition Programs (available through CACFP or the National School Lunch Program)</td>
<td>Children 18 years of age and under visiting participating sites</td>
<td>Free, healthy snacks and/or meals meeting federal nutrition standards are provided in participating enrichment programs running afterschool, on weekends, or during school holidays.</td>
</tr>
</tbody>
</table>

1 Adapted with permission from the AAP and FRAC Federal Nutrition Programs and Emergency Food Referral Chart (available at: [https://frac.org/aap/toolkit](https://frac.org/aap/toolkit)). Primarily for use in healthcare settings, the referral chart includes key information on nutrition programs available to children and their families.

2 WIC, school meals, and the other Child Nutrition Programs are not included in a public charge determination. Receipt of traditional, federally-funded SNAP benefits by the immigrant for themselves may be included in a public charge determination, pursuant to a new federal rule change that, at press time, was subject to litigation. Nonetheless, the scope of public charge has limits. For example, receipt of SNAP for dependents eligible for SNAP benefits, such as a US citizen, does not affect a public charge determination. Public charge is also not a factor for green card holders seeking US citizenship or renewing their green card documents. For additional information and updates, visit [https://frac.org/hunger-poverty-america/hunger-among-immigrants](https://frac.org/hunger-poverty-america/hunger-among-immigrants).
### Change in use of food resources

<table>
<thead>
<tr>
<th>Study</th>
<th>Effect Size (95% CI)</th>
<th>% Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patel</td>
<td>0.12 (0.08-0.16)</td>
<td>20.95</td>
</tr>
<tr>
<td>Weintraub</td>
<td>0.73 (0.57-0.88)</td>
<td>19.31</td>
</tr>
<tr>
<td>Freedman</td>
<td>0.65 (0.50-0.81)</td>
<td>19.35</td>
</tr>
<tr>
<td>Weintraub</td>
<td>0.73 (0.57-0.88)</td>
<td>19.31</td>
</tr>
<tr>
<td>Overall</td>
<td>0.54 (0.31-0.78)</td>
<td>100.00</td>
</tr>
</tbody>
</table>

- Favors decreased use of resources
- Favors increased use of resources

### Change in fruit/vegetable consumption

<table>
<thead>
<tr>
<th>Study</th>
<th>Effect size (95% CI)</th>
<th>% Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Watt</td>
<td>-0.71 (-0.83 to -0.59)</td>
<td>33.16</td>
</tr>
<tr>
<td>Cohen</td>
<td>0.49 (0.46-0.52)</td>
<td>33.53</td>
</tr>
<tr>
<td>Freedman</td>
<td>0.14 (0.04-0.23)</td>
<td>33.31</td>
</tr>
<tr>
<td>Watt</td>
<td>Excluded</td>
<td>0.00</td>
</tr>
<tr>
<td>Overall</td>
<td>-0.03 (-0.66 to 0.61)</td>
<td>100.00</td>
</tr>
</tbody>
</table>

- Favors decreased use of resources
- Favors increased use of resources
FOOD INSECURITY

• Goal: foster collaboration between pediatricians, state food delivery, and family support partners to improve pediatrician’s food insecurity screening, referral mechanism, and resource delivery to families through a collective impact plan

• More than 35 project partners including government agencies, health care organizations, local food initiatives, food bank, food pantries, and public health organizations
ILLINOIS PARTNERSHIP FOR CHILDHOOD NUTRITION SECURITY

• Goal 1: Build Collaboration and Consensus to Address Food Insecurity in Illinois

• Goal 2: Build Chapter Capacity to Promote Training and Resources to Improve Efficacy to Address Food Insecurity and Connection to Local Food Resources

• Goal 3: Implement Collective Impact Plan to Improve Screening and Family Connections to Food Resources
# Childhood Nutrition Security Project Partners

## Government Agency
- Chicago Department of Public Health
- Chicago Public Schools
- Cook County Health
- Illinois Department of Human Services
- Illinois State Board of Education
- Southern 7 Health Department
- SNAP Education, University of Illinois Extension
- Tazewell County Health Department

## Public Health
- Illinois Public Health Association
- Illinois Public Health Institute

## Home Visiting / Daycare
- Start Early
- Illinois Network of Child Care Resource and Referral Agencies

## Healthcare System
- Healthcare System
- ACCESS Community Health Network
- American Heart Association
- Ann and Robert H. Lurie Children's Hospital of Chicago
- Erie Family Health Centers
- Esperanza Health Centers
- Heartland Health Services
- Illinois Academy of Nutrition and Dietetics
- OSF Healthcare Children's Hospital of Illinois
- PCC Community Wellness Center

## Local Food Initiative
- Chicago Food Policy Action Counsel
- Experimental Station
- Illinois 4-H Food Security Communities
- Peoria Grown
- Food Bank / Pantry
  - Beyond Hunger
  - Catholic Charities of Archdiocese of Chicago
  - Feeding Illinois
  - Greater Chicago Food Depository
  - Marillac St. Vincent Family Services Midwest
  - Food Bank
  - Northern Illinois Food Bank

---

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN

Illinois Chapter
ICAAP- NUTRITION SECURITY IN THE CAPITAL

- State of Illinois is the 6th state in the descending order of total population according to online resources.

- Black and Hispanic families make up about one-fifth of the Springfield, Illinois population.

- In Sangamon County (including Springfield), 23% of children live below the Federal Poverty Level, but for Black children that number is 54.4%.
ICAAP- NUTRITION SECURITY IN THE CAPITAL

• Children in the area within previously mentioned racial and ethnic groups experience an increased risk of food insecurity given their parents’ socio-economic status

• By screening those families in need, we can identify the causes of food insecurity and we will provide resources and education
OUR HUNGER CHAMPIONS

• Enas Shanshen MD
• Meredith Volle MD, MPH
• Shreep Tripathy MD MBA
• Kerby Ingram BSN, RN, CPHQ
• Stephen Troop MS3
ICAAP- NUTRITION SECURITY IN THE CAPITAL-OUR AIM

• Get the pediatricians educated and more involved to improve food security and make sure that children will not be left hungry in Springfield and nearby cities in Southern Illinois
ICAAP- NUTRITION SECURITY IN THE CAPITAL
- OUR PLAN

- Educate the participating pediatricians to implement a two-question food security screening tool in their clinic visits (hunger vital signs).

- Provide local free food resources and brochures to the families who need them

- To investigate if there were any barriers to use the resources
ICAAP - NUTRITION SECURITY IN THE CAPITAL

- Quality improvement project is now getting ready to start in Springfield
- Submitted to the IRB
- Started collecting resources and applying for grants to support the process for the coming stages.
ICAAP- NUTRITION SECURITY IN THE CAPITAL - OUR AIM

- Assess food security of patients through screening in the clinical settings

- Provide resources & Financial support

- Secure healthy food for children served by the pediatricians in the Springfield and surrounding areas
ICAAP- NUTRITION SECURITY IN THE CAPITAL
- OUR AIM

• The data available will be analyzed according to the geographical location

**Intervention:**

• Our hunger champions will act based on the results and will reach out to the community

• There will be more education and barriers investigation according to the geographic areas through schools, daycares, etc
NUTRITION SECURITY IN THE CAPITAL - PREPARE

• Train staff on food insecurity, federal nutrition programs, and local food and income resources

• Incorporate efforts to address food insecurity into the institutional culture and work flow

• Practice having empathetic, sensitive, and culturally effective conversations when addressing food insecurity
NUTRITION SECURITY IN THE CAPITAL-SCREEN

• Use the validated and AAP-Recommended Hunger vital signs to screen for food insecurity

• Use of alternative food insecurity screeners
Use the AAP-recommended Hunger Vital Sign™:

1. “Within the past 12 months, we worried whether our food would run out before we got money to buy more.”

☐ OFTEN TRUE    ☐ SOMETIMES TRUE    ☐ NEVER TRUE    ☐ DON’T KNOW/REFUSED

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*Patients screen positive for food insecurity if the response is “often true” or “sometimes true” for either or both statements.*

*Document and code the administration and results of screening in medical records.*
INTERVENE- ONLINE RESOURCES

• Aunt Bertha
• Pieces Iris
• Reach
• TAVconnect
• Unite US

• One Degree
• CharityTracker
• CrossTx
• Healthify
ONLINE RESOURCES

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here:

1,847 programs
in the Springfield, IL 62711 area

Choose from the categories above and browse local programs, or search for any service. Select Language ▼ to translate the site.

This curated database of resources is provided by findhelp, a Public Benefit Corporation.
ONLINE RESOURCES

Search and connect to support. Financial assistance, food pantries, medical care, and other free or reduced-cost help starts here.

Choose from the categories above and browse local programs, or search for any service. Select Language to translate the site.

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DIRECTORY OF FOOD PROGRAMS
FOR SANGAMON COUNTY

Abundant Faith Ministries Mama Store (Tues. 5pm-7pm) ................................. 527-1006
Asbury Children’s Supper Hour  (M-Th 2pm-4pm) After School Program .......... 522-8147
Auburn IL Food Pantry  (M 12:30pm-2:30pm) ..................................................... 971-7557
Ball-Chatham Food Pantry (Call for appointment)........................................... 697-4663
Catholic Charities (Holy Family Food Pantry) (M, W & F 9am-12pm) ........... 523-4551
Contact Ministries  (Gives Referrals only Not a food pantry) .......................... 753-3939
Daily Bread Program for seniors (8am-5pm M-F, Lunch at 12pm daily) .......... 528-4035
Divernon UMC Food Pantry (M 5pm-7pm) ......................................................... 416-1612
Family Service Center “Compass” After-School and Summer Programs ........... 528-8406
5th Street Renaissance  (Wed 11am-1pm) ............................................................. 544-5040
First Presbyterian- (M, T, & Th 9am-11am) ....................................................... Ext 207...528-4311
Freedom in Holiness Mission  (3rd Wed 10am-11:30am) ................................. 522-2527
(During Summer 2nd and 4th Wed 2:30pm-3:30pm)

Good Shepherd Lutheran in Sherman (Call for appointment) ......................... 496-3149
Grace Lutheran  (M, Tues, & Th 11am-2:30pm and Wed 11am-1pm) ............... 522-9707
Helping Hands of Pleasant Plains 2nd Saturday 7am-10am .......................... 414-4175 or 4176
Hunger Hotline .................................................................................................. 800-359-2163
Kuuker Outreach Ministries (M thru F 9am-12pm & 3rd Thurs 5:30pm-6:30pm) ...... 523-2269
Lawrence Ave Church of Christ Food Pantry  (Saturdays 10am-12pm) .............. 525-6156
Loami Area Pantry  (1st & 3rd M 12pm-2pm & 2nd & 4th Tues 10am-12pm) ... 624-9900
Meals on Wheels (Senior Services of Central Illinois) ....................................... 528-4035
Pregnancy Care Center of Springfield “Food for Two” (Tues-Thurs 9am-4:30pm) ... 525-5630
Real Life Church  (Tuesdays 5:30pm-7:30pm) ..................................................... 528-2299
Riverton Pantry  (Thurs 4pm-6pm) ................................................................... 391-6596
Salvation Army (M, W & F 9am-12pm & 1pm-3pm) ........................................ 525-2196
Serving Jesus Willingly  (4th Mon. of each month) ............................................. 753-0430
Seventh Day Adventist Church (2pm-4pm every Sunday) ............................... 720-2568
Sherman Church of the Nazarene (Call for appointment) ............................... 496-3255
Springfield Township-(Referrals Only) ............................................................... 525-1464
St. John’s Bread Linc (M-Sat 8am-10am & 2pm-4pm and Sun 10:30am-1:30pm) .... 528-6098
St. Martin DePorres (W & Th & Sat 9am-11am) ................................................. 528-2851
Table of Life Ministries  (3rd Fri. of each month 4pm-7pm) .............................. 720-5100
Triumph Community Outreach Ministries  (2nd & 4th Sat 9am-11am) ............. 522-5957
WIC (Food for Women & Children) ............................................................... 535-3102

http://co.sangamon.il.us/departments/a-c/community-resources


