



Childhood food insecurity

CHILD HEALTH SNAPSHOT NO. 4

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Food insecurity is defined as the limited or uncertain availability of, or ability to gain access to, nutritionally adequate, safe, and acceptable foods.^{1,2} In 2017, nearly 16% of U.S. households with children had low or very low food security.² Children of color face particular challenges. Nationally, one in four Non-Hispanic Black and one in five Hispanic/Latinx households with children are food insecure.² Living in a food insecure household as a child can lead to adverse outcomes in childhood and later life, such as obesity, anxiety, and poor academic achievement.³⁻¹⁰ Eating breakfast every day is associated with improved academic performance and school attendance.⁴ Additionally, eating one meal daily as a family is associated with higher quality diets, improved psychosocial wellbeing, and reduced risk of obesity.^{7,9,11} Unfortunately, youth living in food insecure households may eat breakfast and family meals less often due to the limited availability of food, household stress, and burdensome work schedules of family members.¹²

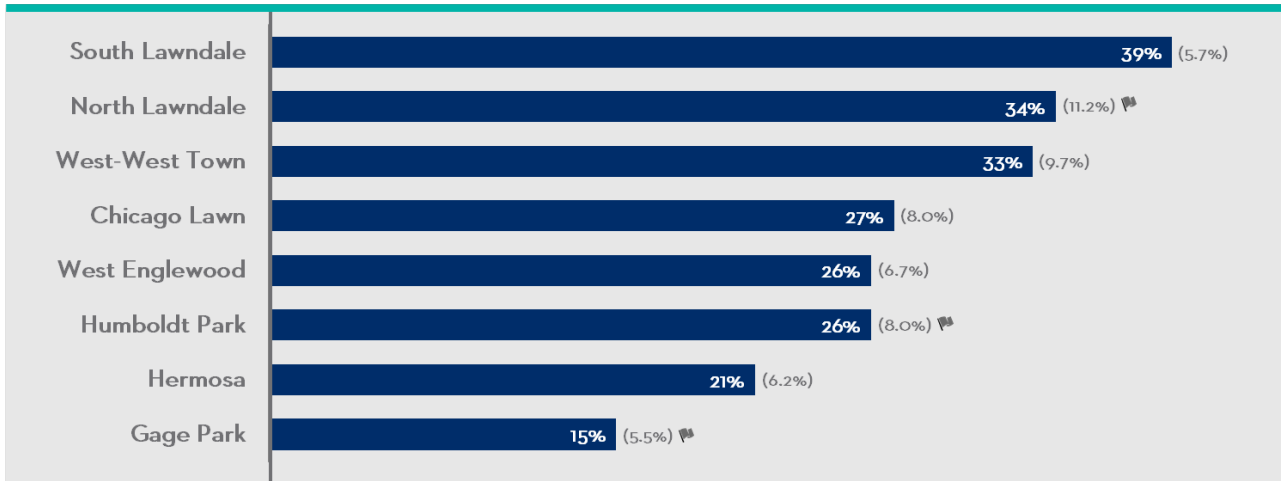
WHICH COMMUNITIES ARE MOST AFFECTED?

- In seven of the surveyed communities, over 25% of households with children aged 12 and under screened positive for child food insecurity.
- In Chicago Lawn, nearly one-third of children aged 12 and under did not eat breakfast at least one day in the past week.

WHO IS MOST AFFECTED?

- The prevalence of child food insecurity was similar in Non-Hispanic Black and Hispanic/Latinx households with young children.
- Less than 75% of Non-Hispanic Black children ate breakfast every day in the past week while 92% of Hispanic/Latinx children ate breakfast every day in the past week.

FIGURE 1: Percent of households with children aged 12 and under that screened positive for child food insecurity in the past year by community area



Sampled West Town community area west of Western Avenue only
 Sample size: 370, Rao-Scott Chi-Square p-value: 0.3602

PREVALENCE (STANDARD ERROR)
 FLAG: INTERPRET WITH CAUTION

- Between 15% and 39% of households with children aged 12 and under screened positive for child food insecurity in the past year.
- One third or more of households with children aged 12 and under screened positive for child food insecurity in South Lawndale, North Lawndale, and West-West Town.

FIGURE 2: Percent of households with children aged 12 and under that screened positive for child food insecurity in the past year by race/ethnicity



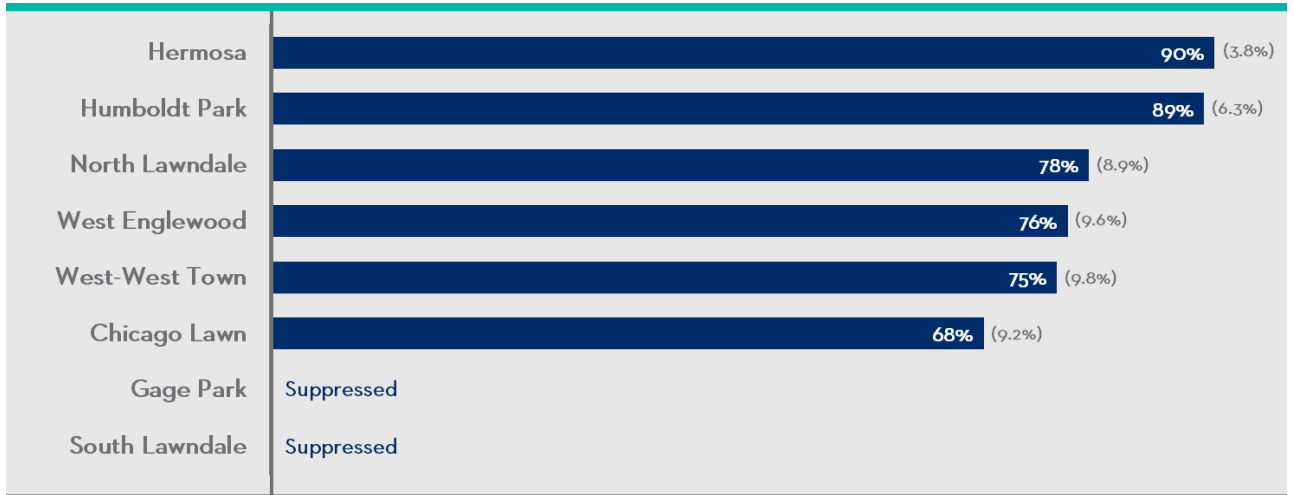
Sample size: 364, Rao-Scott Chi-Square p-value: 0.7782
 Children of other races not included in this analysis

PREVALENCE (STANDARD ERROR)

- Across Non-Hispanic Black and Hispanic/Latinx households with children aged 12 and under, almost one in three screened positive for child food insecurity.

Child food insecurity was defined as scoring at least one out of eight on the eight-item U.S. Children's Food Security Scale (indicating marginal, low, or very low food security among one or more children in the household).¹³ While the surveyed households only included households with children aged 12 and under, the questions on the scale were asked about all children under age 18 living in the household. Scores were not calculated for respondents with missing scale items (only 1 respondent).

FIGURE 3: Percent of children aged 12 and under who ate breakfast every day in the past week by community area



Sampled West Town community area west of Western Avenue only
 Sample size: 371, Rao-Scott Chi-Square p-value: 0.0125

PREVALENCE (STANDARD ERROR)

- The percent of children who ate breakfast every day in the past week was highest in Hermosa (90%) and lowest in Chicago Lawn (68%).

FIGURE 4: Percent of children aged 12 and under who ate breakfast every day in the past week by race/ethnicity



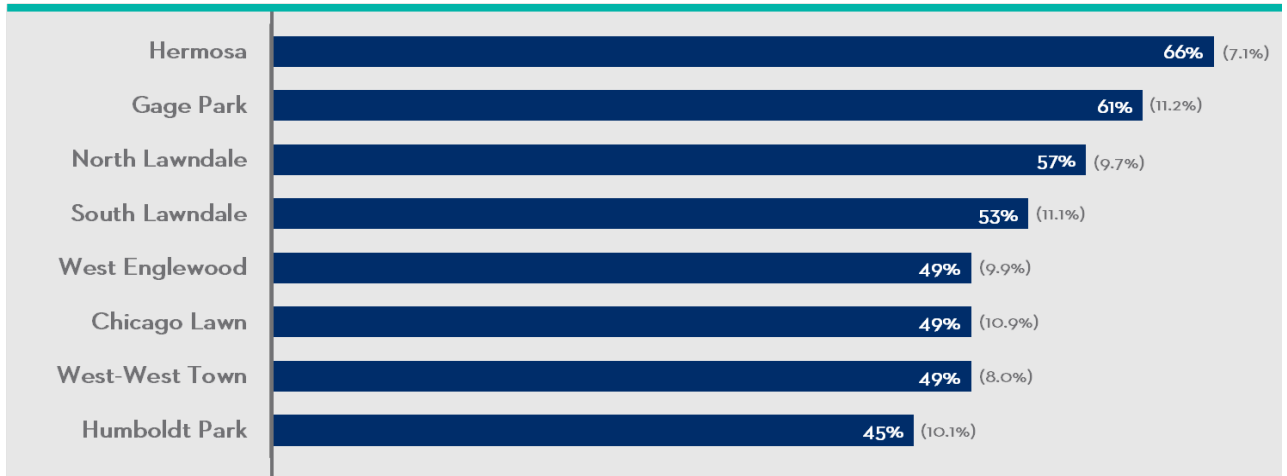
Sample size: 365, Rao-Scott Chi-Square p-value: 0.0014
 Children of other races not included in this analysis

PREVALENCE (STANDARD ERROR)

- Hispanic/Latinx children were more likely to eat breakfast every day in the past week (92%) than Non-Hispanic Black children (74%). This difference was statistically significant.

Children that ate breakfast every day in the past week were defined as children whose caregiver reported that the child ate breakfast on seven of the past seven days.

FIGURE 5: Percent of children aged 12 and under who ate a meal with all family members at least once every day in the past week by community area



Sampled West Town community area west of Western Avenue only
 Sample size: 371, Rao-Scott Chi-Square p-value: 0.7903

PREVALENCE (STANDARD ERROR)

- The percent of children who ate a meal with all family members at least once every day in the past week ranged from 45% in Humboldt Park to 66% in Hermosa.
- In West Englewood, Chicago Lawn, West-West Town, and Humboldt Park, less than half of children aged 12 and under ate a meal with all family members at least once every day in the past week.

FIGURE 6: Percent of children aged 12 and under who ate a meal with all family members at least once every day in the past week by race/ethnicity



Sample size: 365, Rao-Scott Chi-Square p-value: 0.9703
 Children of other races not included in this analysis

PREVALENCE (STANDARD ERROR)

- Just over half of Non-Hispanic Black and Hispanic/Latinx children ate a meal with all of their family members at least once every day in the past week.

Children that ate a meal with all family members at least once every day in the past week were defined as children whose caregiver reported that the child ate a meal together with all of their family members who lived in the household on seven of the past seven days.

ABOUT THE SURVEY

Sinai Urban Health Institute (SUHI) is a unique, nationally-recognized research center on the west side of Chicago. Our mission is to achieve health equity among communities through excellence and innovation in data-driven research, interventions, evaluation, and collaboration. SUHI is a proud member of Sinai Health System. For more information about SUHI, visit www.SUHChicago.org.

SUHI designed and conducted Sinai Community Health Survey 2.0 in partnership with our Community Advisory Committee and the University of Illinois at Chicago Survey Research Laboratory (SRL). SRL administered surveys face-to-face in both English and Spanish to randomly selected households from each of the ten surveyed communities. If children aged 0 to 12 years lived in the household, interviewers randomly selected one child and interviewed the child's parent or legal guardian ("primary caregiver") about the child's health. Data collection took place between March 2015 and September 2016 with a final sample size of 394 children aged 0 to 12 years.

Survey results are representative at the community area level for all communities with the exception of West Town, which was sampled west of Western Avenue only. Due to limited sample size, children from Norwood Park and Lower West Side were excluded from community area analyses and children identified as Non-Hispanic White or Non-Hispanic Other were excluded from race/ethnicity analyses. More information about Sinai Survey is available at www.SinaiSurvey.org.

METHODS

We used weights to compute statistical estimates to ensure: (1) the estimates accounted for the differential probability that a participant was selected; and (2) the distribution of child cases in each community area aligns with the distribution of children aged 0 to 12 years in the community area according to the 2010 Census. The Rao-Scott Chi-Square test and Adjusted Wald Test were used to test for statistical differences by community area, racial/ethnic group, sex, and age group. Findings were suppressed when the number of observations was less than five and flagged when the Relative Standard Error (RSE) was >30%, indicating that the values should be interpreted with caution.¹⁴

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