

# Food security among families with children with special health care needs

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**Purpose:** The prevalence of food insecurity in the United States has risen as a result of the economic recession, with 16.7 million (20.6%) of children living in food-insecure households in 2011. Children with special health care needs (CSHCN) are more likely to live in households below the federal poverty level and their families are more likely to experience financial burdens related to their care. Objectives of this study were to examine the association between household food security and presence of CSHCN, and to identify consequences of children's special needs that are associated with household food insecurity.

**Methods:** The design was a cross-sectional study of the survey responses of 142 caregivers of patients under 18 years of age at the University of Washington's Center for Pediatric Dentistry. Presence of CSHCN in the household was measured using a nationally recognized, five-item screening tool that was designed to identify CHSCN according to a consequence-based definition. Food security was measured using the six-item version of the United States Household Food Security Module. Logistic regression was used to determine the association between household food security status and the presence and severity of CSHCN in the household. Chi-square tests were used to examine the association between types of qualifying consequences and food security among households with CSHCN.

**Results:** Thirty-two percent of households in the sample experienced food insecurity at some point during the previous year. Thirty-seven percent of households with CSHCN were food-insecure compared to 26% of families without CSHCN. The difference was not significant. Households with CSHCN with more severe consequences had 2.59 higher odds of experiencing food insecurity compared to households with no CSHCN (95% CI 1.17, 5.72,  $p=0.019$ ). This relationship was not significant after adjusting for covariates. Among households with CSHCN, food-insecure families were more likely to report that their child required services beyond routine levels, had functional limitations, and needed or used mental health counseling.

**Conclusions:** The results of this study suggest that some families with CSHCN experience an increased likelihood of food insecurity. Consideration of social risk factors, such as food insecurity, in addition to clinical risk factors, may improve the provision of health care services to these children and their families.

## **Thesis Committee:**

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