

Withdrawal/Redaction Sheet

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Ellen Teller et al to Jennifer Klein re meeting attendees [Personally Identifiable Information] [partial] (2 pages)	02/12/1998	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Jennifer Klein
OA/Box Number: 13529

FOLDER TITLE:

Nutrition Programs [3]

2014-0536-F

kc1536

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

Freedom of Information Act - [5 U.S.C. 552(b)]

P1 National Security Classified Information [(a)(1) of the PRA]
P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
P3 Release would violate a Federal statute [(a)(3) of the PRA]
P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

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PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

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b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

F·R·A·C

SP



FOOD RESEARCH
& ACTION CENTER

FOR RELEASE:

10:00 A.M. THURSDAY, OCTOBER 30, 1997

CONTACT: Ellen Vollinger

PHONE: 202-986-2200

x3016

**67,000 SCHOOLS—RECORD NUMBER—SERVING BREAKFAST
AND GETTING CHILDREN READY TO LEARN**

SCORECARD TRACKS 50-STATE PERFORMANCE

**IN LAST 10 YEARS BREAKFAST PARTICIPATION NEARLY DOUBLES
WHILE EDUCATORS USE INNOVATIVE MODELS**

Participation in the School Breakfast Program set records last year, with 67,000 schools nationwide offering the program, according to the School Breakfast Scorecard released by the Food Research and Action Center (FRAC). Participation nearly doubled (94 percent) in the ten year period 1987-1997.

Nationwide the Scorecard found that 5.9 million low-income children participated in the program daily, an over-the-year increase of 230,000. More than seven of ten (72.4 percent) of the 93,000 schools that offered school lunch also offered school breakfast. Of the more than 14 million low-income children who participated in the School Lunch Program, 40.3 percent also participated in the School Breakfast Program, the largest percentage ever.

The Scorecard summarizes research findings on nutrition and learning, including a 1987 study showing that School Breakfast Program participation was linked to significant improvements in academic performance among low-income elementary school children, including a decrease in tardiness and absences.

"This decade has witnessed the coming of age of the School Breakfast Program," said FRAC's Senior Field Organizer Michele Tingling-Clemmons. "The growth in the School Breakfast Program is testimony to the high priority that teachers, parents, health professionals, and others place in getting children the fuel they need to learn at the start of the school day. As cuts in other social safety net programs are being implemented, we appreciate even more how important the continued federal resources provided under the School Breakfast Program are to states and communities. We urge our leaders to see that this important program is made available in the more than 25,000 other schools that don't yet offer it."

States were rated for over-the-year performance on three measures: overall outcome, recent accomplishments, and effort. States scoring the highest number of "stars:" were Missouri (with 8 out of a possible 8); Florida (with 7); and CT, GA, IA, MD, NV, OR, TX, and WA (with 6).

The 15 states showing the most improvement over the last 10 years are: VT, KS, UT, ID, CT, WY, MI, MN, OR, NE, WA, NV, PA, IA, NH.

The Scorecard highlights innovative efforts local schools are undertaking to use the School Breakfast Program as a "building block" for overall child development. Model programs range from universal meals programs in Minnesota and Missouri to programs in Maryland that tie school breakfast with lessons about the rainforest and special reading programs in Washington State.

The School Breakfast Program was established by Congress--first as a temporary measure through the Child Nutrition Act of 1966, then with permanent authorization in 1975--to assist schools in providing a nutritious morning meal to children. Funding is available on an entitlement basis to eligible institutions (including public and non-profit private schools and residential child care institutions). The federal government reimburses schools for all or part of the cost of every meal. Children pay according to the financial means of their families.

Proposals to block grant the program were offered in 1995 but failed to pass. The final welfare legislation enacted in August 1996, however, slightly lowered future reimbursement rate increases and ended funding for start up and expansion grants that played a major role in the Program's growth.

The National School Breakfast Expansion Campaign, launched by FRAC in 1987, is also a project of the Campaign to End Childhood Hunger. The Campaign is designed to alert the public and policymakers about the magnitude of this country's hunger problem. One of its goals is: "To Make the School Breakfast Program Available to All Low-Income Children Across the Country."

#

FRAC is widely recognized to be the leading national organization working for more effective public policies to eradicate domestic hunger and malnutrition.

Hungry Children (0499) - 01-07-98 3:18am

Study: Hungry children more likely to misbehave

By KRISTEN HAYS

Associated Press Writer

PITTSBURGH (AP) - When suburban Pittsburgh elementary teacher Phyllis Bagaley spots a sick or uncooperative pupil in the morning, she first asks if the child has had breakfast.

If the answer is no, "We give them something to eat and that does improve," said Ms. Bagaley, who teaches at Verona Elementary School.

A study conducted in the Pittsburgh area indicates Ms. Bagaley's instincts are on target. Hungry, poor children are seven times more likely than their non-hungry peers to fight, be enrolled in special education or need counseling, the research suggests.

What's more, hunger may have as much impact on a poor child's behavior as other poverty-related burdens, such as single parenthood and family and neighborhood violence, according to the study published Tuesday in the journal *Pediatrics*.

"If they were poor and hungry, they had a very significant, increased risk" of developing serious behavior problems - especially aggression and anxiety, said Dr. Ronald Kleinman, the Harvard Medical School researcher who led the study.

Kleinman, an associate professor of pediatrics, stressed that the researchers found a link but not necessarily a cause-and-effect relationship between hunger and troublesome behavior. He said the findings suggest the importance of greater awareness on the part of health care providers and public health officials on the impact of hunger on poor children.

Researchers asked low-income parents several questions about their food availability and about their children's behavior. Six behavior problems apparently were linked to hunger: fighting, blaming others, having trouble with a teacher, not listening to rules, stealing and clinging to a parent.

Among hungry children, 21 percent were classified as "psychosocially dysfunctional" compared to 3 percent of non-hungry children. In all, 328 parents and children participated.

Dr. Susan Baker, a professor of pediatrics at the Medical University of South Carolina in Charleston, said the number of people in Kleinman's study was "meager" when applying results to the entire country, but the link between hunger and behavioral problems in poor children "should be a worry to all of us."

Baker, chairwoman of the American Academy of Pediatrics' committee on child nutrition, said hunger makes a child more likely

Hungry Children (0499) - 01-07-98 3:18am 2.

to be irritable or distracted, which could lead to fighting or poor performance in school.

Kleinman's study is the first of several intended to illustrate a link between hunger and bad behavior or learning difficulties.

His second study, awaiting publication, compared two groups of poor children: one regularly ate school breakfast and the other didn't. The breakfast group showed better behavior, better school attendance and better math scores, Kleinman said.

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Just Harvest
A CENTER FOR ACTION AGAINST HUNGER

Changing public policy
on hunger since 1987

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**NEW RESEARCH FROM PITTSBURGH ON CHILDHOOD HUNGER TO BE
RELEASED: RESULTS TO BE PUBLISHED IN PEDIATRICS**

MEDIA ADVISORY For immediate release: Dec. 31, 1997

For information, contact: Ken Regal, 464-0739

New research on the problem of childhood hunger will be released at a press conference at Children's Hospital of Pittsburgh at 10:00 AM on Thursday, January 8, 1998. The press conference will be held in ^{Conference Ctr. Room 211-212} ~~Room 211-212~~ Room at Children's Hospital, 3705 Fifth Avenue in Oakland. The new study, being published this week by Pediatrics, the journal of the American Academy of Pediatrics, is based upon data collected in Pittsburgh and Allegheny County by the anti-hunger organization Just Harvest.

Dr. Michael Murphy, staff psychologist at Massachusetts General Hospital in Boston and a leader of the research team will be in Pittsburgh at the press conference to announce the results of the research.

According to Ken Regal, Co-director of Just Harvest, the results expand significantly on the organization's 1994 Hometown Hunger report, which showed that an estimated 7,000 children under 12 in Allegheny County are hungry and that 1 in 7 of the County's young children are hungry or at risk of hunger. "This new study takes us beyond simply knowing how many kids are hungry. Now we can understand what a serious problem this is in the lives of hungry children. And we can get to work on real long-term solutions," he said.

The Hometown Hunger report was part of the national Community Childhood Hunger

-(more)-

1993 Winner of World Hunger Year's Harry Chapin Food Self-Reliance Award
1993 Winner of the Pennsylvania Public Health Association's Rodale Award for Health Promotion

A copy of the official registration and financial information may be obtained from the Pa. Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Hunger Research page 2

Identification Project (CCHIP), which showed that 4 million American children under 12 are hungry and 9.6 million more are at risk of hunger. The national CCHIP study was sponsored by the Washington, DC-based Food Research and Action Center.

In addition to Dr. Murphy and Mr. Regal, also speaking at the press conference will be Joyce Dodge, Director of the Allegheny County Health Department's WIC Program, a federally funded food assistance program for low-income mothers and their children.

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on hunger since 1987*

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**HUNGER MAY A HAVE A STRONG INFLUENCE ON CHILDREN'S BEHAVIOR,
NEW RESEARCH SUGGESTS**

Embargoed from release until January 8, 1998

For information, contact: Ken Regal, 464-0739

Children who experience hunger because of low-income are more likely to have behavioral and emotional problems than children who have enough to eat, suggests research published in this month's Pediatrics, the journal of the American Academy of Pediatrics.

Based on surveys of more than 300 low-income families in Allegheny County by the anti-hunger organization Just Harvest, researchers from Massachusetts General Hospital and the Harvard Medical School found that hungry children were significantly more likely to have clinical levels of psycho-social dysfunction. The researchers used the Pediatric Symptoms Checklist (PSC), a standardized questionnaire to assess the children's emotional and behavioral problems. "In this rigourously selected community sample of low-income children, hungry children were 3 times more likely than at-risk for hunger children and seven times more likely than not hungry children to receive scores indicative of clinical dysfunction on the PSC," the study's authors wrote.

According to Michael Murphy, a co-author of the research and staff psychologist at Massachusetts General Hospital, "we found that many problems, including aggression, anxiety, and irritability were more prevalent in hungry children than in those with enough to eat."

-(more)-

1993 Winner of World Hunger Year's Harry Chapin Food Self-Reliance Award
1993 Winner of the Pennsylvania Public Health Association's Rodale Award for Health Promotion

A copy of the official registration and financial information may be obtained from the Pa. Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.

Hunger and Behavior page 2

These results expand significantly on Just Harvest's 1994 Hometown Hunger report, which showed that an estimated 7,000 children under 12 in Allegheny County are hungry. "In Hometown Hunger, we learned that 1 in 7 of our community's young children are hungry or at risk of hunger," said Ken Regal, Co-Director of Just Harvest. "This new study takes us beyond simply knowing how many kids are hungry. Now we can understand what a serious problem this is in the lives of hungry children. And we can get to work on real long-term solutions," he continued.

The researchers concluded that the strength of these latest research findings calls for greater awareness of the part of the health care providers and public health officials of the effect of food insufficiency and hunger on low-income children.

According to Regal, "we must re-double its effort to strengthen the safety net for low-income families. Charity is not enough."

#

PLEASE JOIN JUST HARVEST

as we release new research findings
at a press conference on

Hunger in Children in the United States: Potential Behavioral and Emotional Correlates

10:00 AM

Thursday, January 8, 1998

Children's Hospital of Pittsburgh

3705 Fifth Avenue, Oakland

in Room 211-212 of the Hospital's Conference Center*

This research, being published this week in Pediatrics, the journal of the American Academy of Pediatrics, provides important new evidence of the impact of hunger on children's lives. It was conducted by a team of researchers from Massachusetts General Hospital, Harvard Medical School, the national Community Childhood Hunger Identification Project, and Just Harvest. The findings are based upon data collected in Allegheny County by Just Harvest as part of our Hometown Hunger study of childhood hunger.

Guest speaker: Dr. J. Michael Murphy
Staff Psychologist, Massachusetts General Hospital
Assistant Professor of Psychology, Harvard Medical School

**To find the conference center, take the ~~yellow~~ elevators to the basement, follow the hallway towards the cafeteria. ~~From~~ make a left at the cafeteria door.*

For further information, call 464-0739



News Release

PEDIATRIC ELECTRONIC PAGES STUDIES

2-2-2

STUDY FINDS POSSIBLE KEY TO PREVENTING SECOND PREGNANCIES IN TEEN MOTHERS

CHICAGO—The reasons teen mothers give for not using contraceptives consistently before their first pregnancies predict their subsequent contraceptive use during adolescence, as well as their risk of another pregnancy. Those are the findings of a study published by the American Academy of Pediatrics this month on *Pediatrics electronic pages*. The authors, from the University of Colorado Health Science Center in Denver, studied nearly 200 girls between the ages of 13 and 18 enrolled in an adolescent-oriented pregnancy program. The authors questioned the girls three times over two years. The resulting data show that teen mothers who said they hadn't used contraceptives because they didn't have the knowledge about the use of or access to them were much more likely to use a highly effective hormonal contraceptive after giving birth and receiving counseling from the pregnancy program. Meanwhile, teens who initially said they were worried about side effects and just didn't have the motivation to get birth control were much less likely to consistently use effective contraception, and more likely to become pregnant again, regardless of the counseling they received. The authors concluded that in order for teen maternity programs to be successful, efforts to modify teens' concerns about contraceptive side effects and the lack of motivation to postpone childbearing must be improved.

[For an interview on this study, contact Catherine Stevens-Simon, M.D., at 303/861-6133 or 303/890-8198 (pager).]

HUNGER MAY HAVE A STRONG INFLUENCE ON CHILDREN'S BEHAVIOR

CHICAGO—Children who experience hunger because of low income are more likely to have behavioral and emotional problems than low-income children who have enough to eat, suggests a study published by the American Academy of Pediatrics on *Pediatrics electronic pages*. The study group consisted of more than 300 parents and children who were representative of the population of low-income families with children in Pittsburgh and surrounding Allegheny County. These families had participated in a series of surveys by the Community Childhood Hunger Identification Project (CCHIP) in Pittsburgh, which estimates that 4 million American children experience prolonged periodic food insufficiency and hunger each year. All study participants had household incomes at or below 185 percent of the poverty level. Researchers asked eight questions about the previous 12 months, including, "Did your household ever run out of money to buy food?" and "Did your child(ren) ever go to bed hungry because there was not enough money to buy food?" Depending upon how many "yes" answers were given, participants were classified as "hungry," "at-risk for hunger" or "not hungry." As in other CCHIP studies of low-income samples, in the Pittsburgh sample, 17 percent were rated "hungry" and 49 percent were classified as "at-risk for hunger." The researchers also used the Pediatric Symptom Checklist (PSC), a parent-completed questionnaire, to identify children in the group who had serious psychosocial problems. Researchers concluded that hunger status was significantly related to the total PSC score, with hungry children being significantly more likely to be classified as dysfunctional by the PSC than those in the other two classifications. In addition, there was a significantly greater probability that hungry children had received special education services and had a past or current history of receiving mental health services than the non-hungry low-income children in the sample. Symptoms that appeared more often in hungry children in the study included aggression, irritability and anxiety. The researchers concluded that these particular symptoms were more common in hungry children than in their low-income peers who were not hungry, and that the strength of these findings calls for greater awareness on the part of health care providers and public health officials of the effect of food insufficiency and hunger on low-income children.

[For an interview on this study, contact Ronald E. Kleinman, MD, FAAP, at (617) 726-2930.]

Pirates sign pitcher Loaiza — Story on C1

WEATHER

It will remain warm today with a shower possible and a high of 62. Tonight will be cloudy with showers and a low of 53. See page 14.

PITTSBURGH Tribune-Review

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KICKOFF

COUNTDOWN



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Call the Tribune-Review Steelers Hotline at 560-4770 ext. 1250 and tell us your party plans, game-day recipes and Steelers traditions. And if you're going to the Super Bowl in San Diego, tell us about your plans.

Steelers online
Check out the Steelers' playoff history, statistics, game-day weather and details about players on the World Wide Web at <http://steelershome.com>

Inside
► No more break took out of Denver, C1
► Vrabot gets over big play, C1
► Prices high to attend Steelers game, B4

Study: Hungry kids have more social woes

Researchers find undernourished children more likely to fight, steal

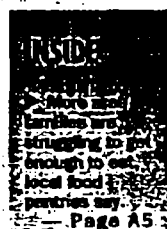
By Little Wilson
TRIBUNE-REVIEW

Hungry children are at least seven times more likely to have serious behavioral problems than youngsters who are equally poor but not hungry, researchers studying Pittsburgh households said Monday.

They are four times more likely to get mental health counseling, seven times more likely to get into frequent fights and 12 times more

likely to steal.

"It's absolutely stunning," said Dr. Ronald Kleinman, associate professor of pediatrics at Harvard Medical School and the study's lead author. The results are published in



today's issue of the medical journal Pediatrics.

Although he acknowledged the study could not prove cause-and-effect, Kleinman and his colleagues — who included Kenneth Regal of Just Harvest, a Homestead-based anti-hunger group — said hunger put an additional strain on children already suffering from other burdens of poverty.

"What this does is strengthen the case that hunger is a real problem in our community and that it doesn't exist independently of other

problems," Regal said yesterday. "Kids who are hungry are at risk for all kinds of different problems."

The study was based on lengthy interviews with 720 randomly selected low-income families in Pittsburgh and its immediate suburbs.

The research team chose Pittsburgh based on the city's earlier participation in the Community Childhood Hunger Identification Project, a national study of 18 cities, and the willingness of Just Harvest to participate.

PLEASE SEE HUNGRY/A8

Clinton

MONUMENTAL MOONLIGHT

Longtime top

Food requests on the rise at area pantries

Food banks working together, creating longer hours

By Dan Berger
Tribune-Review Staff Writer

Unemployment is low, fewer people are on welfare, and the national economy is strong.

But there are more area families struggling during the past year to get enough to eat, according to food pantries in and around Pittsburgh. "A lot of it is due to the welfare reform. Even the ones that are forced to get jobs, they get minimum wage jobs. Some of them are holding down two jobs," said Mary Sigmund, director of Northside Community Ministries Food Pantry.

The pantry has seen a 15 percent increase in requests over the past three months, to about 1,200 people. "It just isn't enough for the rent and everything to carry them through the month, especially if they have children," Sigmund said.

The situation in the Pittsburgh region parallels a national trend. Emergency food requests rose an average of 16 percent in 29 cities that participated in a U.S. Conference of Mayors survey released last month. Pittsburgh was not included in the survey.

Some blame welfare reform laws that limit food stamps and other benefits and place work requirements on recipients. Despite unemployment rates that are at 25-year lows.

"People don't talk about the

wages," said Joyce Rothamel, executive director of the Greater Pittsburgh Community Food Bank. "To those that have moved from welfare to the workplace without a lot of skills, experience and training — what's available to them is not so great."

The result is that more working parents and their children are taking advantage of soup kitchens and pantries, joining the traditional clientele of people on government assistance and the homeless.

"This blew my mind. Women are picking up their children after school and bringing them to a shelter for dinner," Rothamel said.

Going to work may mean higher transportation and child care expenses that eat up grocery money, said Mary Rieger, director of the East End Cooperative Ministry food pantry in East Liberty. "When it comes to how you use your money, it changes," Rieger said.

Working families as well as the elderly and legal immigrants who have been restricted from food stamp programs, have helped double the demand at Rainbow Kitchen Community Services in Homestead, said Assistant Director Nancy Scott.

The pantry serves about 300 people, and about 25 or 40 participate in a breakfast program, she said. A number of food banks have

been working together to better meet needs and prepare for fallout from the welfare changes. Hours at 30 pantries have been extended to weekends and evenings, to serve those with daytime jobs.

Another way to decrease the load on pantries is to get the word out that food stamps are available to many, said Ann Mason, executive director of the Hunger Services Network, based in Lawrenceville.

The network increased 10 percent more people seeking food stamps in 1997 than it did in 1996.

Yet, food stamp rolls are reportedly dropping nationwide.

In Allegheny County, the number of people on food stamps in June was 108,962 compared to 121,789 the year before, according to Just Harvest, a Center for Action Against Hunger. That's a 10 percent drop.

Still, there are needy people in Pittsburgh unaware they qualify, Mason said.

And Nancy Scott at Rainbow Kitchen said things could improve once people have time to adjust.

"I think people are still in a state of shock about the welfare thing," Scott said. "Hopefully we'll see things slackening up a little bit."

A lot of them just need that cushion until they can get on their feet again.

Deputy district

DEPUTY FROM/AL

Cashman said. Conrad's former boss, newly sworn in as a Common Pleas judge, had little to say.

"Mr. Zappala is entitled to run his office as he sees fit. It's no longer of concern to me," said Colville, who was reached last night in State College, where he is attending a judges' school.

Zappala was not available for comment yesterday, and the door to his third-floor office was locked by late afternoon.

"It's unfortunate that it occurred. But I have to assume that something happened there, and that they (Zappala and Conrad) could not go on as a prosecution team," said Barry Simpson, president of the Allegheny County Bar Association.

Conrad, who prosecuted more than 200 criminal homicide cases, including many high-profile, death penalty cases, said his immediate concern was how to tell his two sons that he was fired.

"I'll be ready to talk tomorrow," said Conrad, as he filled boxes yesterday with personal materials that he later carried from the building.

It was a melancholy scene as Conrad wheeled a dolly containing the boxes from the fourth floor of the courthouse onto an elevator and then to the courtyard, where he loaded them into his truck.

"There was nobody there to help him. He was all by himself," said a courthouse employee, who requested anonymity because of "too much

trouble around here." "They dropped him (Conrad) through the goal posts of life. It's a shame. He's a nice guy," he said.

Employees of the district attorney's office were somber and apologetic to be quoted. Many had spent the day like players at foot-

ball trying to report a change, for the abandoned Conrad's Teamster's Union attorney father as a lion.

In a fell swoop, Conrad was

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Hungry children have more social problems, researchers find

Harvest FROM/AL

Harvest to organize the canvassing, Kiehnman said.

Families were designated hungry if they responded positively to at least five out of eight questions indicating inadequate household food over the past 12 months.

The original childhood hunger survey found that some 7,000 children in Allegheny County were hungry, results that Just Harvest published in 1994.

For the new study, parents were asked to answer 167 questions about their children's scholastic and mental health history and behavior.

In low-income households with children aged 6 to 12, just 2 percent of the children who received sufficient food were identified as "psychosocially dysfunctional" by the Pediatric Symptom Checklist, a standard scoring device.

The dysfunctional classification applies to children who score at least 25 on a checklist of 25 undesirable behaviors, such as "blames others for his/her problems," "does not listen to rules," or has "trouble with a teacher."

On that scale, 21 percent of the hungry children were pegged as "dysfunctional," a seven-fold differ-

ence. Similarly, 8 percent of the adequately fed children got into fights often, compared to 21 percent of the hungry children.

But the checklist's most dramatic discrepancy concerned stealing.

While fewer than 1 percent of the adequately nourished children were identified as having stolen within the past year, the number was 18 percent for hungry children. Because poverty has long been associated with family discord,

neighborhood violence and inadequate health care, researchers have been unable to isolate one item endemic to poverty — such as hunger — and prove its causal relation to another, such as increased tendency to fight or steal.

The study's authors nevertheless point to research in developing countries that has shown chronic childhood undernutrition — of a degree admittedly more drastic than is widespread in the U.S. — leading to anxiety and aggression.

The connection between hunger and aggression in children is hardly far-fetched, they suggest, and may forecast more serious troubles when the children grow older.

"Problems such as fighting, stealing, and anxiety are more common in hungry, low-income, school-age children in our sample than 10 years before they (are seen) in

society as increased rates of violence, underachievement, and substance abuse," the study said.

"Hooded federal cops in the smoky not of public assistance to low-income families make this an urgent public policy challenge."

In an interview, Kiehnman faulted both welfare reform and program cuts for "potentially awful consequences" to the well-being of children.

Welfare reform has not eliminated several federal programs specifically targeting family hunger: the WIC (for Women, Infants and Children) program, the school breakfast program, and food stamps.

But Just Harvest, for one, charges those programs never were sufficiently funded to respond to the hunger problem and may be even more inadequate now that more families are ineligible for public assistance.

"The government has known for decades that the formula by which food stamp benefits are calculated is based on a diet that is not adequate," Regal said.

"Generally speaking, (WIC, food stamps and the breakfast program) are excellent programs. The basic problem is that the benefit levels are not generous enough," Regal said.

Clinton pledges balanced budget 3 years early

CLINTON FROM/AL

man Bill Archer of Texas. "Yes, let's balance the budget but let's not do it thanks to high taxes."

Clinton's office frames a statement welcoming Clinton's promise and saying, "Now the real test of leadership will be whether he pro-

ceeds to lower to 62 the age Americans become eligible for health benefits.

Clinton credited his policies with keeping inflation low and the economy growing while at the same time reversing 18 years of rising deficits that quadrupled the

national debt. Asked why it had taken so long to recognize that the budget could be balanced early, Sperling and

deputy director Frank Holmes said the administration has traditionally been conservative in its estimates.

Regal said the final projection

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HEALTH & SCIENCE

Hunger linked to behavioral problems in childhood, study says

Hungry children found more likely to be aggressive

By Anita Srikameswaran
Post-Gazette Staff Writer

Evidence that going hungry is associated with emotional and behavioral problems in childhood has provided some food for thought for activists and doctors.

According to researchers in

Pittsburgh and Boston, low-income children who were hungry were more likely to be aggressive, irritable and anxious than those who weren't hungry.

"This tells us the hunger problem facing children in our community is severe and deep," said Ken Regal, co-director of the activist organization Just Harvest. "It's a problem that has consequences for our kids' futures and for the whole community."

He warned that the research does not indicate that hunger is the

cause of poor behavior, but that the two are somehow related.

Regal was part of the study team led by Dr. Ronald Kleinman of Massachusetts General Hospital. Results were reported today in the journal *Pediatrics*.

More than 300 parents and children from Pittsburgh and Allegheny County were asked, among other things, whether the household had run out of money for food or if the children had gone to bed hungry over the previous 12 months. Participants' annual family incomes were

at or below 183 percent of the poverty level in 1994, or \$23,447 for a family of four.

Nearly half of the group was identified as "at risk for hunger" and about one of every six children was classified as hungry.

Parents also were asked about their children's psycho-social problems. Overall, hungry children were seven times more likely than the nonhungry to have significant emotional or behavioral difficulties.

Researchers found that 21 percent of hungry children fought of-

ten, compared with 3 percent of nonhungry children. Twelve percent of hungry children had taken something that didn't belong to them, vs. less than 1 percent of nonhungry children, Regal said.

More hungry children also had been enrolled in special education classes or had used mental health services. About twice as many hungry children had to repeat a grade in school.

The families were surveyed as part of the 1994 Community Childhood Hunger Identification Project,

a national survey that showed 4 million American children were hungry and 9.6 million were at risk.

"There needs to be a much stronger public policy response by all levels of government to the problems of childhood hunger," Regal said. "And there needs to be a heightened alertness to this within the medical community."

"We need medical practitioners who see children with these behavioral problems to think that maybe part of what this family needs is food."

Dreams test whether brain has enough sleep

By Nicholas Wade
The New York Times

New measurements taken from sleeping people explain, at least in part, why dreams tend to have such bizarre but vivid story lines.

The findings deal a blow to the Freudian interpretation of dreams but leave open the possibility that some useful personal meaning can be extracted from them. The main purpose of dreams, however, the authors of the new study believe, is to test whether the brain has had enough sleep and, if so, to wake it up.

Based on a method of

esting idea," Hobson said.

The new measurements were made by a team led by Dr. Allen R. Braun of the National Institutes of Health and Dr. Thomas J. Balkin of the Walter Reed Army Institute of Research and are reported in the current issue of *Science*.

They applied the technique known as PET scanning to sleeping subjects. In a PET scan, an injection of mildly radioactive glucose is used to visualize changes in blood flow to the brain. Since actively firing nerve cells need more blood, PET scans show the working regions of the brain lighting up, while passive areas remain dark.

included forward on the two forms of

reaches the cortex. The sleeping brain is thus cut off from its usual stream of information from the outside world.

Striking as dreams are to the dreamer, however, Braun and Balkin believe that the principal purpose of the activity seen during REM sleep is to test whether the working centers of the brain have completed whatever the restorative process is that presumably takes place during sleep. This testing process occurs several times during the night. When the restoration is judged to be complete, the brain is made to wake up.

"Dreams are probably not necessary, they are

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Hunger in Children in the United States: Potential Behavioral and Emotional Correlates

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ABSTRACT

Objective. Results from a recent series of surveys from 9 states and the District of Columbia by the Community Childhood Hunger Identification Project (CCHIP) provide an estimate that 4 million American children experience prolonged periodic food insufficiency and hunger each year, 8% of the children under the age of 12 in this country. The same studies show that an additional 10 million children are at risk for hunger. The current study examined the relationship between hunger as defined by the CCHIP measure (food insufficiency due to constrained resources) and variables reflecting the psychosocial functioning of low-income, school-aged children.

Methods. Subjects were 328 parents and children from a Community Childhood Hunger Identification Project (CCHIP) study of families with at least one child under the age of 12 years living in the city of Pittsburgh and surrounding Allegheny county. A two-stage area probability sampling design with standard cluster techniques was employed. All parents whose child was between the ages of 6 and 12 years at the time of interview were asked to complete a Pediatric Symptom Checklist, a brief parent-report questionnaire that assesses children's emotional and behavioral symptoms. Hunger status was defined by parent responses to the standard 8 food insufficiency questions from the CCHIP Survey which are used to classify households and children as "hungry", "at-risk for hunger" or "not hungry".

Results. In an area probability sample of low income families, those defined as hungry on the CCHIP measure were significantly more likely to have clinical levels of psychosocial dysfunction on the PSC than children defined as at-risk for hunger or not hungry. Analysis of individual items and factor scores on the PSC showed that virtually all behavioral, emotional, and academic problems were more prevalent in hungry children, but that aggression and anxiety had the strongest degree of association with experiences of hunger.

Conclusion. Children from families which report multiple experiences of food insufficiency and hunger are more likely to show behavioral, emotional, and academic problems on a standardized measure of psychosocial dysfunction than children from the same low income communities whose families do not report experiences of hunger. Although causality cannot be determined from a cross-sectional design, the strength of these findings suggests the importance of greater awareness on the part of health care providers and public health officials of the role of food insufficiency and hunger in the lives of poor children.

A decade-long political debate over the meaning and measurement of domestic hunger has taken on greater urgency in the context of recent federal legislation that has significantly diminished support for many low income children and their families. The prevalence of chronic undernutrition, (weight for height below the 5th percentile) is relatively low and has been estimated at less than 1.0% of all children and less than 10% even in the highest risk groups (e.g. children in homeless shelters) in the United States.¹ In contrast, intermittent episodes of prolonged food insufficiency and hunger are more common, especially in low income populations. And although severe undernutrition can be readily recognized by biochemical, anthropometric and clinical indicators, the periodic and repeated episodes of hunger that some poor children and adults experience are not accurately assessed by these measures.²

The understanding of the epidemiology of hunger among children in the U.S. advanced significantly in the early 1980's when the constructs of "food insecurity"³ and "food insufficiency"⁴ were advanced as a proxy for the more difficult to quantify construct of hunger. The most widely used measure of this sort was developed by the Community Childhood Hunger Identification Project which conducted a series of eighteen studies using large, rigorously selected samples in communities across the U.S. CCHIP categorizes families as "hungry" "at risk for hunger" or "not hungry" on the basis of parent answers to 8 standardized questions about child and family experiences of food insufficiency due to constrained resources.^{4,6} One indicator of CCHIP's acceptability has been its wide use in the public policy arena and the adoption of its questions and/or methods by a number of large scale governmental projects like the National Health and Nutrition Examination Survey and by the federal agencies like the United States Department of Agriculture and the U.S. Census Bureau.⁷⁻⁹ Despite the official acceptance and use of this measure however, there have been no studies to date of the emotional or behavioral correlates of hunger as assessed by CCHIP.

Using this measure of food insufficiency as the principal indicator of hunger, a recent CCHIP summary report estimates that eight percent of the children under the age of twelve in this

country experience hunger and that an additional 21% are at risk for hunger.⁵⁻⁶ According to CCHIP, hunger is most prevalent in children from the lowest income families. In such samples, as many as 21% percent of children are found to be hungry using the CCHIP measure and an additional 50% are classified as at risk for hunger, suggesting that more than two-thirds of all of the poor children in this country have had at least one experience of prolonged food insufficiency in the past year. If CCHIP's figure is accurate, hunger is an issue for most low income children in this country and a serious problem for many of them.

Like hunger, psychosocial problems are common among low income children in the U.S.¹⁰⁻

¹⁵ With estimates ranging from 10-30%, the prevalence of psychosocial dysfunction in low income children is generally considered to be higher than the prevalence of dysfunction in more advantaged populations (12-20%).¹⁰⁻¹⁵ While many investigators have documented the association between increased psychosocial dysfunction and low income status in general, there have been no studies exploring the emotional and behavioral consequences of domestic hunger, which the CCHIP studies now suggest are also a common correlate of low income status.

Although it is not clear how similar the effects of subcatastrophic hunger are to those of severe undernutrition, it does seem likely that there would be at least some similarities. Studies have shown that for infants and children in non-industrialized countries, chronic undernutrition is associated with increased anxiety, attention deficits, increased prevalence of school absence and tardiness,¹⁶⁻¹⁷ lower levels of social responsiveness, and decreased affect.¹⁸⁻²¹ Aggression has also been linked to subclinical hunger in both human and animal studies, although the human evidence is largely anecdotal and/or poorly controlled.²²⁻²³ The current study sought to build upon prior work by examining the relationship between persistent periods of food insufficiency and psychosocial problems.

METHODS

Subjects were children from a Community Childhood Hunger Identification Project (CCHIP) study of families with at least one child under the age of 12 years living in the city of Pittsburgh and surrounding Allegheny county. As in other CCHIP studies, a two-stage area probability sampling design with standard cluster techniques was employed. Door-to-door enumeration of 25,000 households was conducted to build a sampling frame of 4,638 households with at least one child under the age of 12 years and incomes at or below 185% of poverty (\$25,812 for a family of 4 at the time the households were screened in 1993). A sample of 1,018 households was randomly selected for interviews. One hour face-to-face interviews were conducted with 720 households (71% of the initial sample, 75% of the eligible households at the time of interviewing).

Interviews were conducted orally with one parent of each household by lay interviewers from the community trained for the CCHIP study. Eight-four percent of the subjects were mothers of the children. When a parent was not available, a guardian was interviewed. Just Harvest, a community-based anti-hunger organization hired lay interviewers from the local community to conduct the door-to-door interviews. Data collection was directed by the National CCHIP researchers.²⁴ Community interviewers and their supervisors were provided an initial two-week intensive training in survey interviewing by the National CCHIP researchers. Each interviewer received extensive supervision throughout the interview process. On occasions when responses were ambiguous or unclear, interviewers followed-up to clarify ambiguities either by phone or by returning to the subjects' homes.

The full CCHIP interview contains 165 questions. An 8 item "hunger" scale that explores food shortages in the household is used to classify households and children as "hungry", "at-risk for hunger" or "not hungry" (Table 1). Four of the 8 questions on the hunger scale concern the children in the household, 2 concern hunger of adult members of the household and 2 concern household food insufficiency. Children are classified as "hungry" if the parent responds positively to 5 or more of 8 questions concerning hunger in the past year. With a score of 5, the parent must have responded positively to at least 1 question concerning the child's hunger. Children are classified as

at-risk for hunger if the parent responds positively to 1 or as many as 4 of the 8 hunger questions. If the parent does not respond positively to any of the 8 hunger questions, the child is classified as not-hungry.

In the Pittsburgh and Allegheny County CCHIP survey, the interview included a Pediatric Symptom Checklist (PSC) for all parents whose randomly selected child was between the ages of 6 and 11 years at the time of interview. The PSC is a brief, parent-completed questionnaire that has been validated as a screening measure to identify children in this age range with psychosocial dysfunction.²⁵⁻²⁷ The PSC consists of 35 items that are answered "never", "sometimes", or "often" and which are scored 0, 1, or 2, respectively. A total score of 28 or higher is indicative of psychosocial dysfunction.

Of 720 households participating in the Pittsburgh CCHIP survey, 329, or 46% had a target child between the ages of 6 and 12 years and all of these households were administered the PSC. Because of incomplete data one interview was eliminated, leaving a sample of 328. To be consistent with the administration of the rest of the standard CCHIP interview, PSC items were presented orally to the parent and responses were recorded by the interviewer. In addition to the standard PSC items, the form used in this study contained items asking the parent whether the child was receiving special education services, mental health services, had ever repeated a grade or was living in a single parent family.

Statistical Analysis

To test the hypothesis that hungry children have a higher rate of psychosocial dysfunction than not hungry children, Pearson chi square analysis of case rates and oneway analysis of variance of differences in mean PSC total symptom scores were used for the 3 CCHIP hunger groups. To explore the relationship between hunger status and more specific behavioral symptoms, the differences between the 3 hunger groups on individual PSC symptoms were examined. Finally, a factor analysis assessed differences between the hunger groups in terms of clusters of PSC

symptoms.

The study was approved by the Committee on Human Studies at the Massachusetts General Hospital. Consent for participation in this study was obtained by community interviewers at the time of initial meeting at subjects' homes.

RESULTS

The 328 families in the current subsample did not differ significantly from the rest of the Pittsburgh CCHIP sample in terms of family income, race, gender, or hunger category. Fifty-three percent (175/328) of children in the current study were male, 63% (208/328) came from single parent families, 12% (38/328) had received mental health counseling, 17% (55/328) had received or were receiving special education services and 18% (58/328) had repeated a grade.

As shown in Table 2, 17% (56/328) of the households interviewed in this school-aged subsample were classified as hungry, 49% (161/328) were classified as at-risk for hunger and 34% (111/328) were classified as not hungry, virtually identical to the percentages obtained in the Pittsburgh and Allegheny County CCHIP sample as a whole and similar to those found in other CCHIP samples.⁴ Children in the 3 hunger groups did not differ significantly with respect to gender, age or single parent family status.

PSC Score

The mean PSC score for the sample as a whole was 12.5 (s.d.= 9.9; range= 0-47; Table 2). Hunger status was significantly related to total PSC score. The mean PSC score of hungry children was 18.0, compared to 13.4 for children who were at-risk for hunger and 8.4 for not hungry children, ($F=20.6$, d.f.= 2, 325; $p < .0001$). Eight percent of the children (25/328) received scores of 28 or greater on the PSC and were thus classified as "cases". As hypothesized, hungry children

were significantly more likely to be classified as dysfunctional by the PSC than not hungry children or children who were at-risk for hunger. Twenty-one percent of hungry children (12/56) were classified as dysfunctional by the PSC, compared to 6% of at-risk for hunger children (10/161) and 3% of not hungry children (3/111; $\chi^2=19.4$, d.f.= 2, $p<.01$).

CCHIP hunger status was also associated with several other parent-reported indicators of global psychosocial functioning that were assessed on the PSC form. Hungry children were significantly more likely to be receiving special education services, ($\chi^2=6.8$, d.f.=2, $p<.05$), with 29% of hungry children (16/56), 15% (24/161) of at-risk for hunger children and 14% (15/111) of not hungry children receiving special education services. Hungry children were also significantly more likely to have a past or current history of mental health counseling than other children in the sample ($\chi^2=9.5$, d.f.=2, $p<.01$): 21% (12/56) of hungry children, 12% (20/161) of at-risk for hunger children and 5% (6/111) of the not hungry children had a history of mental health counseling. Hunger status also appeared to be related to a child's history of academic failure (repeating a grade), although differences reached only marginal statistical significance ($p<.10$). Twenty-five percent (14/56) of hungry children, 19% (31/161) of the children at-risk for hunger and 12% (13/111) of not hungry children had repeated a grade.

PSC Items and Hunger Status

Thirty-one of the 35 individual PSC items were significantly ($p<.05$) correlated with hunger status and an additional item was marginally ($p<.10$) correlated, with correlations ranging from $r=.29$ to $r=.08$. Even using a Bonferroni correction to control for multiple significance testing, 22 individual items on the PSC were associated (at $p<.001$) with hunger status.

The six PSC items that had the highest correlations (.21 or higher) with the CCHIP "hungry" category are listed in Table 3. Five of these ~~are~~ symptoms could be viewed as symptoms of conduct disorder and the sixth, item number 23: "Wants to be with you more than before", reflects either anxiety or depression. As an example of what these associations mean for children in this

sample: 21% of hungry children were rated as fighting often compared to 6% of at-risk for hunger children and 3% of not hungry children. Further, 12% of hungry children, 2.5% of at-risk children and .9% of not hungry children were rated as often taking things that did not belong to them. Thus, in this sample of poor children, the prevalence of fighting was 7 times higher in families that reported many experiences of hunger than in families that reported none. The prevalence of stealing was 12 times higher in hungry families than in not hungry families.

Factor Scores and Hunger Status

A Principal Component Analysis with Varimax rotation was used to extract factor scores from the PSC. Eight factors that explained 55.2% of the variance of PSC scores were extracted using this analysis (Table 4). Since preliminary analysis of factor scores showed that more than half did not have near-normal distributions, mean factor scores of hungry, at-risk for hunger and not hungry children were compared using Kruskal-Wallis Analysis of Variance (ANOVA), a non-parametric statistical test. This analysis showed that hungry children had significantly higher mean rank scores on 2 of the 8 factors (Table 5). On the Oppositional/Aggression factor, hungry children had a mean rank score of 185.8, compared to 169.5 for at-risk for hunger children and 135.9 for not hungry children ($\chi^2=13.21$, $p<.01$). Hungry children also had significantly higher mean rank factor scores on the Irritability/Anxiety factor. (192.7) than at-risk for hunger (163.4) or not hungry (141.2) children, ($\chi^2=11.6$, $p<.01$). Hungry children had higher scores than at-risk and not hungry children on the other six factors as well, although the findings did not reach statistical significance.

DISCUSSION

Studies have consistently shown that poverty is one of the most powerful predictors of psychiatric and functional problems in children.²⁸ In addition to the lack of money to pay for the basic needs of family life, poverty is also associated with higher rates of marital discord, single parenthood, family dysfunction, family and neighborhood violence and parental psychopathology than in more advantaged families.²⁸⁻³² These multiple stressors put low income children at

significantly greater risk for the development of psychosocial problems than their more advantaged peers.

The data from this study reveal that hunger may constitute another of these poverty-related burdens and appears to have a unique impact on the daily psychosocial functioning of poor children. In this rigorously selected community sample of low-income children, hungry children were 3 times more likely than at-risk for hunger children and 7 times more likely than not hungry children to receive scores indicative of clinical dysfunction on the PSC. Comparison of mean PSC scores also confirmed this relationship between psychosocial dysfunction and child hunger by showing twice the overall level of symptomatology in hungry than in non-hungry children. The same pattern of at least doubling of risk was found when other indicators of psychosocial dysfunction like special education and repeating a grade were examined. Analysis of specific symptoms revealed that hungry children were 7 to 12 times more likely to exhibit symptoms of conduct disorder than not hungry children. In addition, the PSC case rate in this sample (8%) was consistent with case rates of 7-11% found in recent large-scale studies of low income populations employing an oral administration of the PSC,^{33,34} although lower than the rate found in earlier studies using the standard written administration with African-American children.²⁷

Although poverty puts a child at-risk for dysfunction, the added burden of periodic experiences of hunger may increase the chance of psychosocial dysfunction and may produce some important negative behavioral sequelae. Specifically, the findings from this study suggest that hungry children demonstrate higher levels of anxious and irritable, aggressive and oppositional behaviors than their low income, but not hungry peers. These findings complement studies of the behavioral effects of more severe, chronic undernutrition in developing countries which have found that school-age hungry children are more likely to be anxious and irritable, and suggest that the relationship between aggression and hunger ~~should be~~ further explored in future research.^{16-17,22-23}

Many of the oppositional and aggressive behaviors found prevalent in our sample may be interpreted as an understandable behavioral response to the additional stress and anxiety imposed

by periodic hunger. Thus, when health care providers encounter cases of psychosocial dysfunction in their low income patients, they should be mindful of the possibility of household food shortages and consider food-assistance related interventions such as referrals to food stamp programs, food pantries, school meal or summer food programs.

A correlational study design like the current one cannot prove a causal relationship between hunger and behavioral problems. Although it is possible that hunger causes the types of behavior problems documented in the current study, it is also possible that hunger is less of a cause than a correlate of still another variable. For example, in families in which the parents are emotionally drained by chronic illness, or in which the constant struggle to make ends meet precludes planning for food purchases, or in which spending for alcohol or drugs receives a higher priority than food, hunger may be more an effect than a cause. Experiences of hunger may occur more often in these families but the other problems may play a larger role in undermining the children's functioning.

Several potential limitations of the current study should be noted. The fact that CCHIP data on the prevalence of food insufficiency and hunger is based on parent reports raises several issues. First, a parent report of multiple family experiences of food insufficiency does not necessarily mean that each child in the family has had the same experience. And even if the children have experienced food insufficiency, it does not follow that they have suffered from a clinically significant state of undernutrition. For now, however, short of inducing hunger in children in a laboratory setting to develop physiological measures, CCHIP appears to provide an acceptable way of estimating the prevalence of hunger and its relationship to other factors. In fact, parent-reported measures of food insufficiency offer methodological advantages over other hunger measures. Because the CCHIP survey includes questions concerning feelings of deprivation or restricted food choices based on generally accepted norms, (i.e. being able to purchase enough food to feed everyone in a household without relying on begging, scrounging, stealing, etc.),³ use of the CCHIP measure allows researchers to quantify the social as well psychological consequences of food deprivation which are not addressed using biological and/or anthropometric measures alone.

Reliance on parent reports of child psychosocial symptomatology and of child hunger also introduces the possibility of confounding since both reports might be unduly biased by factors such as parental dysfunction or distress.³⁵⁻³⁶ This question may be resolved by our ongoing study of the association between parent reported CCHIP hunger status and child psychosocial functioning using child-report and school record data. Second, the current study, like other CCHIP studies, made use of lay interviewers working under the auspices of a community-based anti-hunger group which introduces the possibility of bias. The designers of the CCHIP survey methodology were aware of this bias risk, but determined that it was more than outweighed by the benefit of higher response rates and an interview context that facilitated honest, frank responses to potentially embarrassing and stigmatizing questions.

Whether hunger is a cause or a correlate of aggressive behavior and emotional problems in poor children, the fact that these problems are far more prevalent in children whose parents report multiple experiences of hunger suggests both the possibility of and the need for intervention. Problems such as fighting, stealing, and anxiety are more common in hungry, low income school-age children in our sample 5 to 10 years before they appear in society as increased rates of violence, underachievement, and substance abuse. Given the enormous emotional and financial impact of the association between repeated episodic hunger and psychosocial dysfunction, further research into this relationship and useful social policy interventions are warranted. Recent federal cuts in the safety net of public assistance to low income families make this an urgent public policy challenge.

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Table 1.

**Eight Food Insecurity Questions Used to Measure Hunger in
the Community Childhood Hunger Identification Project Survey**

Thinking about the past twelve months:

1. Did your household ever run out of money to buy food to make a meal?
2. Did you or adult members of your household ever eat less than you felt you should because there was not enough money to buy food?
3. Did your child(ren) ever eat less than you felt they should because there was not enough money to buy food?
4. Did your child(ren) ever say they were hungry because there was not enough food in the house?
5. Did your child(ren) ever go to bed hungry because there was not enough money to buy food?
6. Did you ever cut the size of your child(ren)'s meals or did they skip meals because there was not enough money to buy food?
7. Did you or adult members of your household ever cut the size of your meals or skip meals because there was not enough money to buy food?
8. Did you ever rely on a limited number of foods to feed members of your household because you were running out of money to buy food for a meal?

Table 2.

	Total	Hungry	At-Risk	Not hungry
Full Sample	N=720 (100%)	N=113 (16%)	N=349 (48%)	N=258 (36%)
School-age sample	n=328 (53%)	n=56 (17%)	n=161 (49%)	n=111(34%)
	n (%)	n (%)	n (%)	n (%)
Gender				
Male	175 (53%)	32 (57%)	82 (51%)	61 (55%)
Female	153 (47%)	24 (43%)	79 (49%)	50 (45%)
Mean Age	8.4	8.4	8.5	8.3
Single parent family				
No	120 (37%)	16 (29%)	62 (39%)	42 (38%)
Yes	208 (63%)	40 (72%)	99 (62%)	69 (62%)
History of mental health				
counseling				
No	290 (88%)	44 (79%)	141 (88%)	105 (95%)
Yes	38 (12%)	12 (21%)	20 (12%)	6 (5%)*
Receiving special education				
services				
No	273 (83%)	40 (71%)	137 (85%)	96 (87%)
Yes	55 (17%)	16 (29%)	24 (15%)	15 (14%)*
Repeated a grade				
No	270 (82%)	42 (75%)	130 (81%)	98 (88%)
Yes	58 (18%)	14 (25%)	31 (19%)	13 (12%)**
PSC mean score	12.5	18.0	13.4	8.4*
PSC case	25 (8%)	12 (21%)	10 (6%)	3 (3%)*

* p <.05 Results from 3-way analysis. ** p <.10 Results from 3-way analysis.

Table 3.

Correlations of Pediatric Symptom Checklist Items and Children's CCHIP Status: "Hungry"

PSC Item	Pearson Correlation Coefficient
16. Fights with other children	($r=.29$)
23. Wants to be with you more than before	($r=.25$)
33. Blames other for his/her problems	($r=.25$)
5. Has trouble with a teacher	($r=.22$)
29. Does not listen to rules	($r=.21$)
30. Takes things that do not belong to him/her	($r=.21$)

*All correlations significant at the $p<.05$ level.

Table 4.

**Factors extracted from the Pediatric Symptom Checklist
using Principal Components Analysis with Varimax Rotation**

Factor	% Variance explained
1: Oppositional Behavior/Aggression	27.0
2: Attention Problems	5.9
3: Irritability/Anxiety/Worry	4.7
4: Depression	4.1
5: Hyperactivity/Impulsivity	4.0
6: Antisocial Behavior	3.5
7: School Problems	3.1
8: Somatization	2.9

Table 5.

Mean Rank Factor Score Comparison of Hungry, At-Risk for Hunger, and Not Hungry Children. N=321¹

Factor	Mean Rank Factor Score		
	Hungry n=56	At-risk n=157	Not hungry n=108
1. Oppositional Behavior/Aggression*	185.8	169.5	135.9
2. Attention Problems	169.9	162.5	154.2
3. Irritability/Anxiety/Worry*	192.7	162.5	141.2
4. Depression	162.3	161.3	159.9
5. Hyperactivity/Impulsivity	175.9	162.7	150.8
6. Antisocial Behavior	163.9	167.9	149.5
7. School Problems	178.6	161.0	151.9
8. Somatization	180.2	155.3	159.4

¹ Cases with missing data on any item were removed for this analysis, resulting in a sample of 321.

*p<.01

Withdrawal/Redaction Marker

Clinton Library

DOCUMENT NO. AND TYPE	SUBJECT/TITLE	DATE	RESTRICTION
001. memo	Ellen Teller et al to Jennifer Klein re meeting attendees [Personally Identifiable Information] [partial] (2 pages)	02/12/1998	b(6)

COLLECTION:

Clinton Presidential Records
First Lady's Office
Jennifer Klein
OA/Box Number: 13529

FOLDER TITLE:

Nutrition Programs [3]

2014-0536-F
kc1536

RESTRICTION CODES

Presidential Records Act - [44 U.S.C. 2204(a)]

- P1 National Security Classified Information [(a)(1) of the PRA]
- P2 Relating to the appointment to Federal office [(a)(2) of the PRA]
- P3 Release would violate a Federal statute [(a)(3) of the PRA]
- P4 Release would disclose trade secrets or confidential commercial or financial information [(a)(4) of the PRA]
- P5 Release would disclose confidential advice between the President and his advisors, or between such advisors [(a)(5) of the PRA]
- P6 Release would constitute a clearly unwarranted invasion of personal privacy [(a)(6) of the PRA]

C. Closed in accordance with restrictions contained in donor's deed of gift.

PRM. Personal record misfile defined in accordance with 44 U.S.C. 2201(3).

RR. Document will be reviewed upon request.

Freedom of Information Act - [5 U.S.C. 552(b)]

- b(1) National security classified information [(b)(1) of the FOIA]
- b(2) Release would disclose internal personnel rules and practices of an agency [(b)(2) of the FOIA]
- b(3) Release would violate a Federal statute [(b)(3) of the FOIA]
- b(4) Release would disclose trade secrets or confidential or financial information [(b)(4) of the FOIA]
- b(6) Release would constitute a clearly unwarranted invasion of personal privacy [(b)(6) of the FOIA]
- b(7) Release would disclose information compiled for law enforcement purposes [(b)(7) of the FOIA]
- b(8) Release would disclose information concerning the regulation of financial institutions [(b)(8) of the FOIA]
- b(9) Release would disclose geological or geophysical information concerning wells [(b)(9) of the FOIA]

Child Nutrition Forum

(001)

1998 STEERING COMMITTEE MEMBERS**Memorandum**

Marge Allen
AFSCMB
202/429-1184

Key Bengtson
The Food Policy Working Group
Lutheran Office for Gov. Affairs, ELCA
202/626-7942

Helen Blank
Children's Defense Fund
202/662-3547

Lisa Carr
The Food Policy Working Group
Catholic Charities USA
703/549-1390

Nancy Danielson
National Farmers Union
202/554-1600

Douglas Greenaway
National Assn of WIC Directors
202/232-5492

Janis Guernsey
American Academy of Pediatrics
202/347-8600

Carolyn E. Henrich
National PTA
202/289-6790

Tricia Holitz/Tracy Fox
A. Dietetic Assn
202/371-0500

Barbara Howell
Bread for the World
301/608-2400

Barbara Kniskely
National Grange
202/628-3507

Marshall L. Matz
American School Food
Service Assn
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Douglas O'Brien
Second Harvest
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Lynn Parker
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National Education Assn
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YWCA of USA
202/628-3636

Ellen Teller
Food Research and Action Center
202/986-2200 x3013

Laura Dekoven Waxman
U.S. Conference of Mayors
202/293-7330

TO: Jennifer Klein
Office of The First Lady

FROM: Ellen Teller, Co-Chair
Marshall Matz, Co-Chair
Child Nutrition Forum Steering Committee

RE: Meeting on Tuesday, February 17, 1998

DATE: February 12, 1998

The following members of the Child Nutrition Forum Steering Committee will be attending a meeting with you on Tuesday, February 17, 1998, at 2:00 p.m.

Marge Allen
American Federation of State, County and Municipal Employees
SSN: (b)(6)
DOB: (b)(6)

Helen Blank
Children's Defense Fund
SSN: (b)(6)
DOB: (b)(6)

Geraldine Henchy
Food Research & Action Center
SSN: (b)(6)
DOB: (b)(6)

Carolyn Henrich
National PTA
SSN: (b)(6)
DOB: (b)(6)

Marshall Matz
American School Food Service Association
SSN: (b)(6)
DOB: (b)(6)

[001]

Sara Lynn Parker
Society for Nutrition Education
SSN: [REDACTED]
DOB: [REDACTED] (b)(6)

Nicholas Penning
American Association of School Administrators
SSN: [REDACTED]
DOB: [REDACTED] (b)(6)

Barry Sackin
American School Food Service Association
SSN: [REDACTED]
DOB: [REDACTED] (b)(6)

Diane Shust
National Education Association
SSN: [REDACTED]
DOB: [REDACTED] (b)(6)

Ellen Teller
Food Research and Action Center
SSN: [REDACTED]
DOB: [REDACTED] (b)(6)

James Weill
Food Research & Action Center
SSN: [REDACTED]
DOB: [REDACTED] (b)(6)

- **Focus on child care / health link:** HHS will release in the next month a Medicaid manual for child workers. In addition, the Association for Child Care Resource and Referral Centers is planning a strategy to assist in outreach. We could highlight these activities in a State that works with such sites already (e.g., Philadelphia, rural Colorado).
- **Engaging schools:** NEA has already announced its intent to educate teachers. We could encourage principals, school coaches, school nurses, and others within schools to get involved as well. This could be done at one of the States coming on line with CHIP that intends to use schools (e.g., Connecticut, Pennsylvania, Florida).
- **AmeriCorps reauthorization:** The legislation to reauthorize AmeriCorps will be announced in the next few weeks. We could add to the legislation explicit encouragement of volunteers to engage in children's health outreach. Some volunteers (e.g., in Utica, NY) already do so.
- **Public Service Announcements:** Once the Bell Atlantic 1-800 is established, there will probably be private sector interest in supporting PSAs. We could get involved in this effort.
- **Announcement of additional foundation or corporate contributions:** We expect that there will be great interest in the President's challenge to foundations and the corporate community. We could organize events around such announcements.
- **Late May / early June announcement of Federal outreach plans:** To comply with the President's directive to come up with agency plans for outreach, HHS will release a report in late May / early June describing all of the agency actions.

Each of these options could be amplified or modified depending on people's interests, timing, etc. Our sustained spotlight on children's health outreach will surely make a difference in meeting our goal of covering uninsured children.



Fax Cover Sheet

Date: 1/29

To: Jennifer Klein

From: Lynne Theil

The Office of Congresswoman Lynn Woolsey
439 Cannon House Office Building
Washington, D.C. 20515
Phone: (202) 225-5161
Fax: (202) 225-5163

Number of Pages (including cover): 2

Message:

Here is the list of members of the Child Nutrition Forum. Marshall Matz (7th from the bottom on the list) will call you to let you know who will be attending the meeting on Tuesday, Feb. 17th at 2:00 pm. Thanks for your help on this, and please let me know if you have any questions.

Notice of Confidentiality

This message is intended for the individual or entity designated above. You are hereby notified that any dissemination, distribution, copying, or use of or reliance upon the information in and transmitted with this facsimile by or to anyone other than the recipient designated above by the sender is unauthorized and strictly prohibited.

Child Nutrition Forum

1997 STEERING COMMITTEE MEMBERS

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U.S. Conference of Mayors
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H.R. 3086
meeting

E

non-attendance