Adverse childhood experiences and food insecurity in South Carolina

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Introduction

- 1 in 5 American households with children report food insecurity¹
- Food insecurity is related to social determinants of health (i.e., limited access to resources and income¹)
- Literature suggests food insecurity in children may be related to caregivers' adverse childhood experiences (ACEs)¹
- ACEs can include household dysfunction and abuse (e.g., physical, verbal, or sexual)

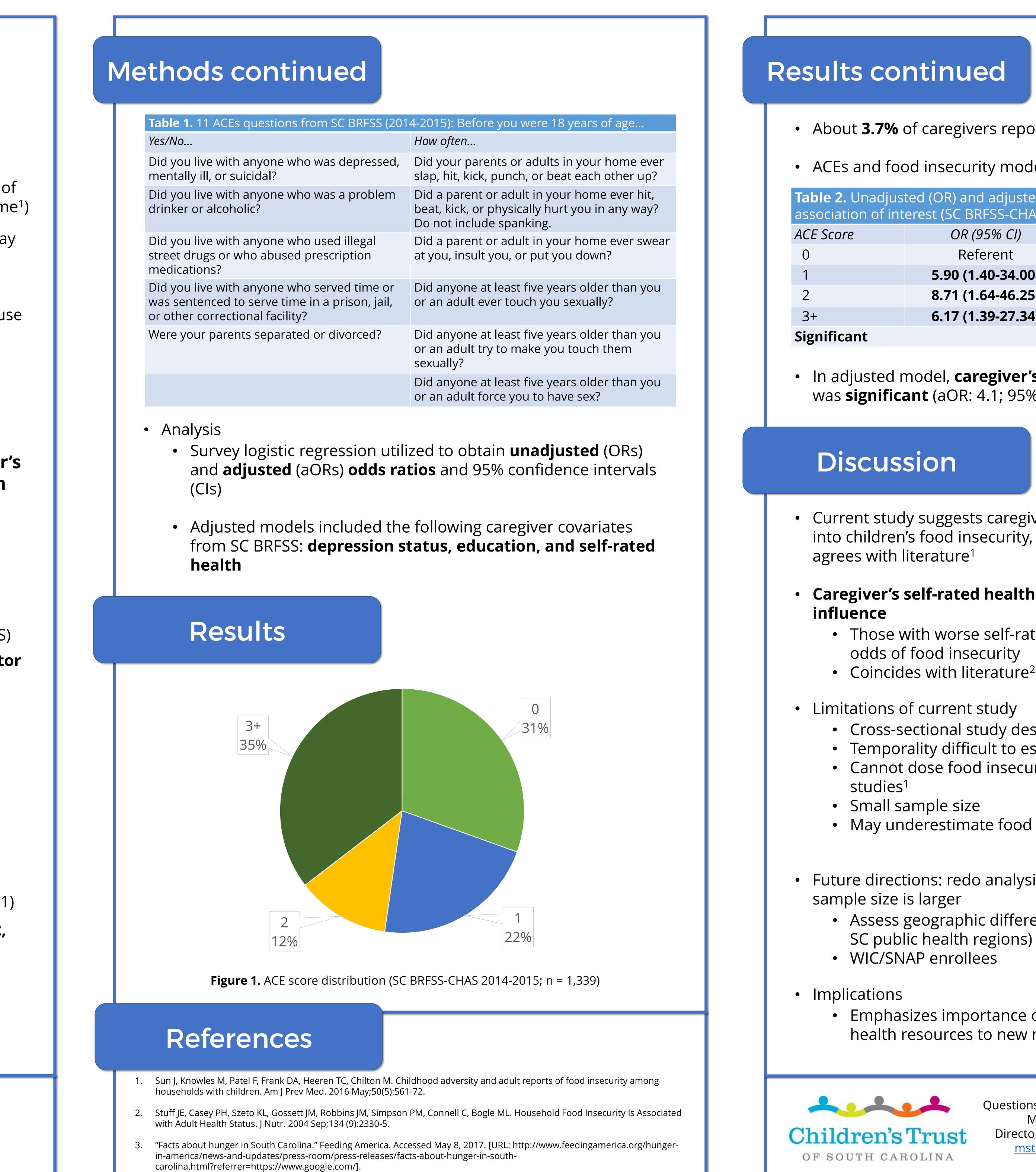
Research Question

Is there an association between a caregiver's ACEs score and a child's food insecurity in South Carolina (SC)?

Methods

- SC Children's Health Assessment Survey (CHAS)
 - Call back survey to **SC Behavioral Risk Factor** Surveillance System (BRFSS)
 - Administered in SC since 2012
 - Weighted annually to mirror SC's child population
- SC CHAS data obtained from 2014-2015
 - Linked to SC BRFSS data
 - Restricted to those records where the BRFSS and CHAS respondent were the same individual
 - n = 1,339
- ACEs module on SC BRFSS = 11 questions (Table 1)
 - Calculated cumulative ACE exposure = 0, 1, 2, 3+ ACEs
- Outcome from SC CHAS = food insecurity
 - "In the last 12 months, did you ever cut the size of (his/her) meals because there wasn't enough money for food?" (Yes/No)





• About **3.7%** of caregivers reported food insecurity

• ACEs and food insecurity model results (Table 2)

usted (OR) and adjusted (aOR) model results for interest (SC BRFSS-CHAS 2014-2015; n = 1,339)		
	OR (95% CI)	aOR (95% CI)
	Referent	Referent
	5.90 (1.40-34.00)	4.97 (1.04-23.76)
	8.71 (1.64-46.25)	6.01 (1.12-32.30)
	6.17 (1.39-27.34)	3.24 (0.70-15.09)

In adjusted model, **caregiver's self-rated health** was **significant** (aOR: 4.1; 95%CI: 1.5-11.6)

 Current study suggests caregiver's ACE score factors into children's food insecurity, which generally

Caregiver's self-rated health may have more

• Those with worse self-rated health have higher odds of food insecurity • Coincides with literature²

 Cross-sectional study design • Temporality difficult to establish

• Cannot dose food insecurity like previous

• May underestimate food insecurity in SC³

• Future directions: redo analysis in future when • Assess geographic differences (urban vs. rural;

• Emphasizes importance of providing mental health resources to new mothers and families

> Questions about the ACE initiative in SC: Melissa Strompolis, PhD Director of Research and Evaluation mstrompolis@scchildren.org