

BACKGROUND

- Food insecurity (FI) is associated with many risk factors for obesity and related co-morbidities in children and adults.¹
- In the U.S., Food Insecurity affects 11.8% of households, and 18% of Latinx households.²
- In Los Angeles, Food Insecurity affects 29.2% of households, with Latinx comprising more than two-thirds (67.4%) for Food Insecure households.²
- In addition, 34.4% of food insecure adults in Los Angeles are obese.²
- With competing cost of living expenses, many food insecure families struggle to continuously have access to healthy, affordable food and, instead, may rely on unhealthy, affordable alternatives.^{2,3}

OBJECTIVE

- The purpose of this study was to identify prevalence of Food Insecurity and intervene through a multi-sector partnership using policy, systems, and environmental (PSE) change strategies.

METHODS

- Low-income adults in Los Angeles were screened for Food Insecurity.
- Using the social-ecological model, an evidence-based intervention was implemented among adults and children to promote nutrition knowledge, physical activity, healthy eating on a budget, and food assistance program resources.
- The intervention was implemented in low-income assistance programs such as food pantries, public housing, family resource centers, and elementary schools with the free & reduced price meal program (FRPM).
- Smarter Lunchroom Movement strategies were applied in elementary schools and an empathic inquiry training for clinic staff was conducted to promote Food Insecurity screening in a federally qualified health center (FQHC).
- A paired-samples t-test was conducted to evaluate changes in adult and children behavior.



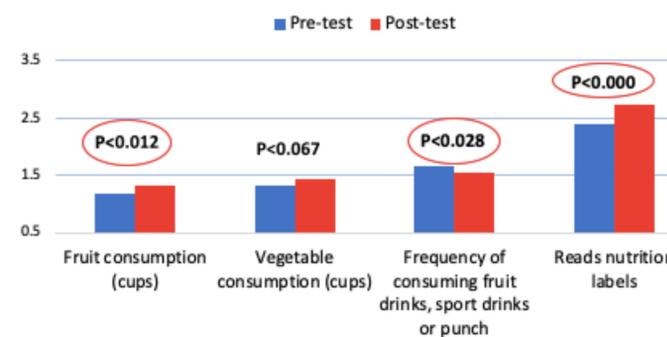
RESULTS

- A total of 237 (152 Latinx adults, 85 children) participated. All participants in this sample participated in at least four workshops out of the series of six workshops.
- Post-intervention, the number of adults who ran out of food before the end of the month significantly decreased post-intervention ($p < .05$).
- After adjusting for demographic, and curriculum implementation factors, the number of cups of fruits and vegetables consumed by adults significantly increased post-intervention ($\beta = .53, p < .001$).
- After adjusting for demographic, and curriculum implementation factors, the number of times children ate fruits and vegetables in the past day significantly increased post-intervention ($\beta = .54, p < .001$).
- Student involvement in making healthy lunch choices increased 53% at the elementary school.
- At the federally qualified health center, clinical staff indicated that support and trainings helped them to implement the FI Screener more effectively.

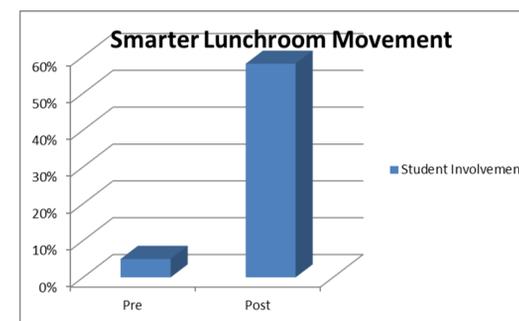
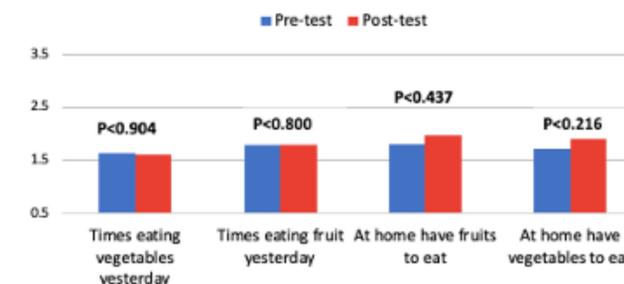
Table 1. Characteristics of adults

		Adults (N=72)
Gender		
Female/Male		64/8
Age		
Group (%)		
	18-59 years	86.1
	>60 years	13.9
Race /Ethnicity		
Group (%)		
	Latinx	93.0
	African American	2.8
	Other	4.2
Food Insecure		
Participation (%)		
	Yes	72
	No	28
Outcome Score (Mean)		
	Pre	Post
Fruit Consumption* (0-3)		1.19 1.33
Vegetable Consumption* (0-3)		1.32 1.43
Frequency of consuming fruit drinks, sport drinks or punch** (1-4)		1.67 1.54
Reads nutrition labels* (1-4)		2.4 2.75

Adults- Changes



Children- Changes



CONCLUSION

- Simultaneous, multi-sector community-based interventions, using PSE change strategies may help to address obesity prevention related to FI in underserved populations.
- Synergy across all levels of interventions will be achieved through collaboration with key stakeholders and community members.
- We will continue to examine the impact of the classes on adults and children.

REFERENCES

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3. Nobari, Tabashir Z., et al. "Severe Housing-Cost Burden and Obesity among Preschool-Aged Low-Income Children in Los Angeles County." Preventive Medicine Reports, vol. 13, 2019, pp. 139-145., doi:10.1016/j.pmedr.2018.12.003.

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