

DESCRIPTION

Access to safe, affordable and nutritious food is essential to health. Food insecurity refers to having limited or uncertain access to healthy, safe foods.¹ For adults, experiencing food insecurity can result in illness and chronic disease and can contribute to mental health issues, including depression. Food insecurity can cause developmental delays and long-term educational setbacks for children.² In 2016, prevalence of food insecurity across the country is still above pre-recession levels in 2007-10 percent of Minnesota households are food insecure.³ To gauge food insecurity in our area, the 2014 Metro SHAPE survey asked respondents how often during the past year they worried that their food would run out before they had money to buy more.⁴ Any response other than “never” was deemed a sign of food insecurity.

HOW WE ARE DOING

One method of addressing food insecurity is through meal programs. In 2011, meal programs in Ramsey County at shelters, community meal programs, and social service agencies served an estimated 1,066,000 meals a year.⁵ The percentage of Ramsey County residents who were food insecure in 2014 was higher than in the six-county metro area (22.7 percent versus 17.5 percent).⁶ It’s important to note that although food insecurity and poverty are connected, they are not the same. In 2015, approximately one quarter of people in Ramsey County who were food insecure had incomes greater than 185 percent of the federal poverty rate.

BENCHMARK INDICATOR

Healthy People 2020: Eliminate very low food insecurity among children. Very low food insecurity includes reduced access to a variety of quality foods, and to reduced intake of food

U.S. Target: 0.2 percent⁷

DISPARITIES

The prevalence of food insecurity varies widely across subgroups of the U.S. population. Some groups are more likely to be food insecure than others. Food insecurity tends to be more prevalent in households with children and in single-parent households. In 2016, 31.6 percent of single-mother households and 21.7 percent of single-father households in the U.S. were food insecure.⁸ Multiple-adult households without children have a lower food insecurity prevalence (8.0 percent) than single-mother households (31.6 percent) and single-father households (21.7 percent). However, in the U.S. as a whole, multiple-adult households without children are more numerous than single-parent households, so these multiple-adult households make up a larger share of the distribution of all food-insecure

Information to note

- Food insecurity increased significantly during the Great Recession. It remains at historically high levels despite significant public, private and community efforts.
- The likelihood of living in a food-insecure household is highest for adults with mental health disabilities.

Community voice

“Not having money for food.”
- Black/African American Male, age 20-24

Of the 491 food access mentions, 51% (251) of the responses showed signs of food insecurity, mentioned unaffordability of healthy foods or lack of access to adequate healthy foods.

¹ Anderson SA, ed. Core Indicators of Nutritional State for Difficult to Sample Populations. The Journal of Nutrition. 1990; 120:1557S-1600S. https://doi.org/10.1093/jn/120.suppl_11.1555.

² NWS-13 Data Details. Healthy People 2020. https://www.healthypeople.gov/node/4936/data_details. Accessed September 21, 2017.

³ Coleman-Jensen A, Rabbitt MP, Gregory CA, Singh A. Household Food Security in the United States in 2016. United States Department of Agriculture, Economic Research Service. 2017. United States Department of Agriculture, Economic Research Service. 2017. <https://www.ers.usda.gov/webdocs/publications/84973/err-237.pdf?v=42979>. Published September 2017. Accessed October 6, 2017.

⁴ Metro Public Health Analyst Network. Metro SHAPE Six County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed August 2018.

⁵ Ramsey County Healthy Meals Coalition Baseline Report November 2011. Ramsey County Web site. https://www.ramseycounty.us/sites/default/files/Health%20and%20Medical/Public%20Health%20Initiatives/RCHMC_Final_Baseline_Report_KH.pdf. Accessed October 13, 2017.

⁶ Saint Paul – Ramsey County Public Health. Metro SHAPE Ramsey County Data Book 2014. <https://www.ramseycounty.us/your-government/open-government/research-data/public-health-data>. Accessed August 2018.

⁷ NWS-12 Data Details. Healthy People 2020. https://www.healthypeople.gov/node/4935/data_details. Accessed September 21, 2017.

⁸ Rabbitt MP, Coleman-Jensen A, Gregory CA. Understanding the prevalence, severity, and distribution of food insecurity in the United States. United States Department of Agriculture, Economic Research Service. 2017. <https://www.ers.usda.gov/amber-waves/2017/september/understanding-the-prevalence-severity-and-distribution-of-food-insecurity-in-the-united-states/>. Published September 6, 2017. Accessed December 28, 2017.

households.⁹ Population groups such as the young and the old, minorities, those living in low-income households, and people with mental health disabilities are especially vulnerable to food insecurity.^{10,11} A 2011 study reported that most of the meal programs in Ramsey County identified African-American as the largest population group that use their services. Three meal programs in the county, however, identified white clients as the largest population group. Three additional sites focus on Native American or Latino clients.¹²

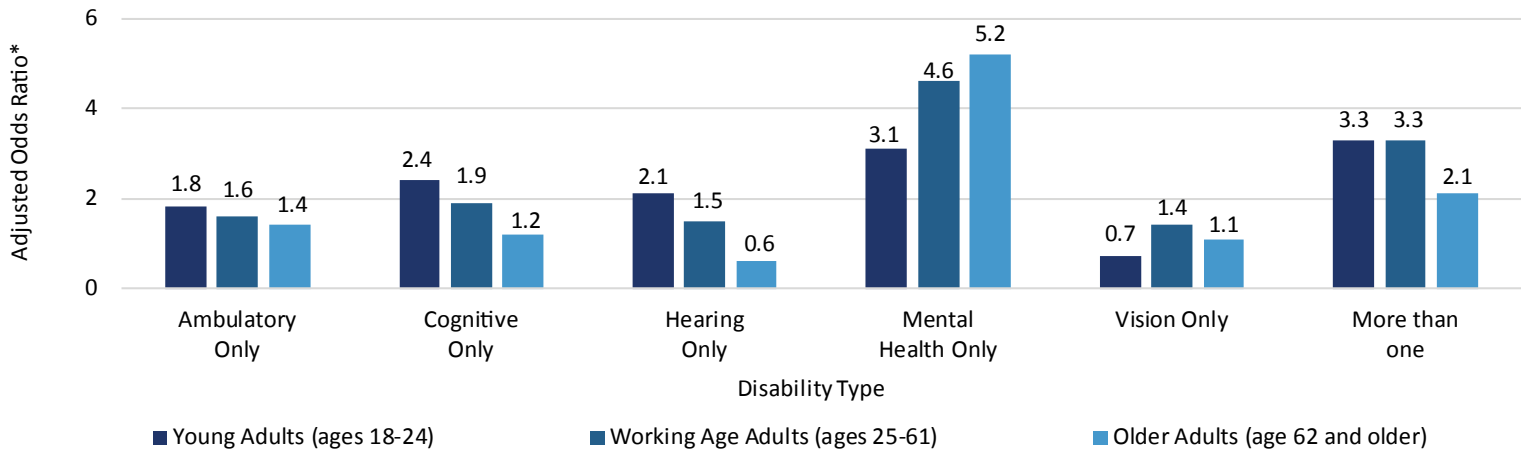
RISK FACTORS

In addition to the disparity information listed above, risk factors for food insecurity include immigration status, disability, poor health status and exposure to violence.¹³

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Through the Statewide Health Improvement Partnership (SHIP) grant, public health collaborates with stakeholders in the community to increase access to healthy foods¹⁰ by linking community clinics to food shelf referrals, expanding food resources and by Family Home Visiting increased referrals to other social services.

Likelihood of Living in a Food-Insecure Household, U.S. 2014



*Note: Odds ratios are the likelihood of food insecurity relative to adults with a disability and are adjusted to control for gender, race/ethnicity, education, presence of children, employment, and family income.

Source: Brucker and Coleman-Jensen, 2017.¹⁴

⁹ Rabbitt MP, Coleman-Jensen A, Gregory CA. Understanding the prevalence, severity, and distribution of food insecurity in the United States. United States Department of Agriculture, Economic Research Service. 2017. <https://www.ers.usda.gov/amber-waves/2017/september/understanding-the-prevalence-severity-and-distribution-of-food-insecurity-in-the-united-states/>. Published September 6, 2017. Accessed December 28, 2017.

¹⁰ Vulnerable populations disproportionately affected by food insecurity, despite public programs. RTI International. <https://www.rti.org/news/report-vulnerable-populations-disproportionately-affected-food-insecurity-despite-public>. Published July 24, 2014. Accessed September 21, 2017.

¹¹ Brucker DL, Coleman-Jensen A. Food insecurity across the adult lifespan for adults with disabilities in the United States. *Disability and Health Journal*. 2017. doi:10.1177/1044207317710701.

¹² Ramsey County Healthy Meals Coalition Baseline Report November 2011. Ramsey County Web site. https://www.ramseycounty.us/sites/default/files/Health%20and%20Medical/Public%20Health%20Initiatives/RCHMC_Final_Baseline_Report_KH.pdf. Accessed October 13, 2017.

¹³ Current and prospective scope of hunger and food security in America: a review of current research; 2014. Center for Health and Environmental Modeling. RTI International. http://www.rti.org/sites/default/files/resources/full_hunger_report_final_07-24-14.pdf. Accessed September 21, 2017.

¹⁴ Brucker and Coleman-Jensen, 2017; analysis of the U.S. Centers for Disease Control and Prevention's 2011-14 National Health Interview Survey Data. Note: Odds ratios are the likelihood of food insecurity relative to adults with a disability and are adjusted to control for gender, race/ethnicity, education, presence of children, employment, and family income.