

DATA AND TREND ANALYSIS

Healthy Food



Heart disease is the leading cause of death in the United States. Stroke is the fifth leading cause of death in the United States. Reliable access to healthy, affordable, and safe food in the places people work, learn, live, and play is essential. This access can reduce the risk and cost of obesity and diet-related diseases, such as diabetes and heart disease; conserve resources; and boost economic prosperity.

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

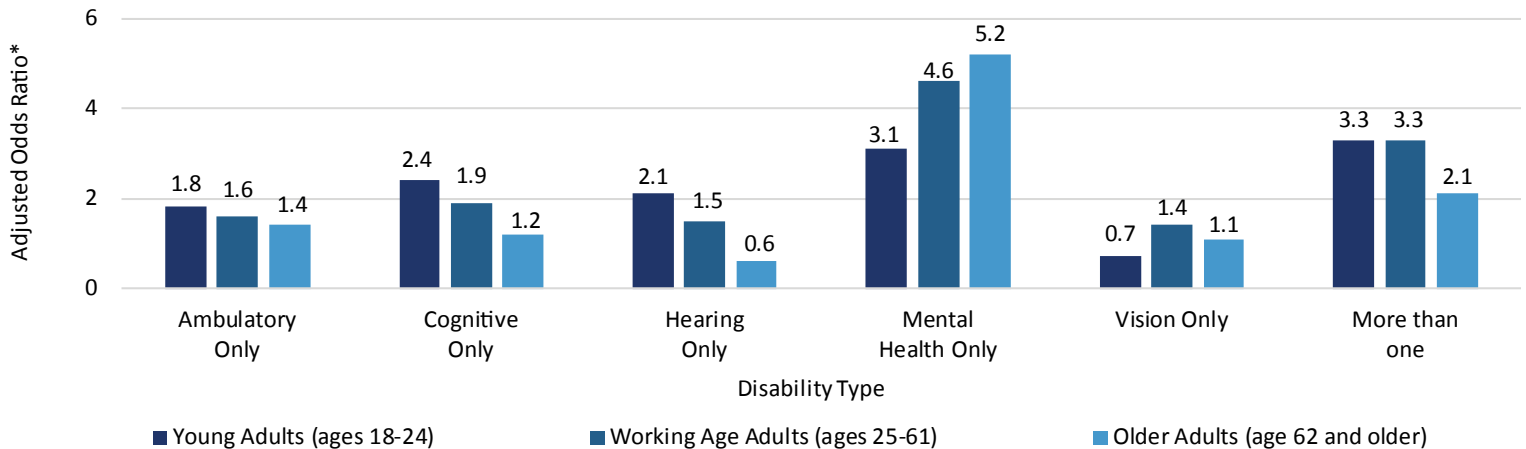
RISK FACTORS

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.

DESCRIPTION

Food insecurity is a growing problem among all ages, including older and younger people. While food insecurity among children is a significant issue because adequate food during childhood can affect health throughout their lives.¹ The impact of food insecurity on seniors may be exacerbated by other challenges this population faces such as battling acute and chronic health problems and moving with limited mobility.² The U.S. Department of Agriculture (USDA) defines food insecurity as a lack of consistent access to enough food for an active, healthy life.³ Visits to food shelves is one way to measure food insecurity.

HOW WE ARE DOING

From 2006 to 2013, visits to food shelves by households, children, adults and seniors in Ramsey County steadily increased and reached record numbers in 2013, with a drop off in 2014.⁴ Since then, the number of visits by adults and senior has increased slightly while visits by children and overall households appears to have remained steady.⁵ Ramsey County is on trend with neighboring counties and with Minnesota with regard to food shelf visits.⁶

DISPARITIES

Children in the household increase the presence of food insecurity: 17 percent of households in the United States with children are food insecure compared to 11 percent of households without children. About 50 percent of households with children who are food insecure are cared for by single women. Nationally, twice as many immigrant households experience food insecurity in comparison to nonimmigrant households. African-American, American Indians, and Hispanics experience higher rates of food insecurity than whites.⁷

RISK FACTORS

Research shows that young, low-income families with children are the most food insecure population in America.² In addition, high rates of food insecurity are found nationally among: Blacks and Hispanics, unmarried individuals, renters, people living with a disability, workers who have become unemployed, those with a lower level of education, those living in poverty and those living alone.⁸

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Saint Paul- Ramsey County Public Health administers many programs and services that can reduce the reliance of households and children on food shelves to meet their nutritional needs. The Statewide Health Improvement Partnership (SHIP), works with partners to improve access to healthy foods in schools, child care, health care, workplaces and communities. For example, a partnership with Mounds View School District involved installing raised vegetable garden beds at elementary and middle schools. These garden beds yielded many hundreds of pounds of fresh vegetables for not only students but also (continued on next page)

Information to note

- The number of children whose families visited food shelves in Ramsey County has remained steady from 2015 to 2017, while the number of adults and seniors has risen slightly.
- The number of annual visits to food shelves in Ramsey County has a similar trend to neighboring counties and Minnesota.

Community voice

"Free access to fruits and veggies, food shelves having grocery stores with healthy choices."

- White Male, age 25-34

48 respondents shared the positive impact food shelf access has on their health.

¹ Food Insecurity in Early Childhood. Center for the Study of Social Policy. <https://www.cssp.org/publications/general/document/Food-Insecurity-Early-Childhood.pdf>. Accessed October 2018.

² Food Insecurity Among Older Adults: 2015 Update. AARP Foundation. https://www.aarp.org/content/dam/aarp/aarp_foundation/2015-PDFs/AF-Food-Insecurity-2015Update-Final-Report.pdf. Published September 2014. Accessed October 2018.

³ Definitions of Food Security. U.S. Department of Agriculture. <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>. Updated September 5, 2018. Accessed October 2018.

⁴ Visits to food shelves in Minnesota by County- 5 Year comparison (2016 & 2012). Hunger Solutions. <http://www.arcgis.com/apps/StoryMapBasic/index.html?appid=2fec3935fa24a509ebf86ddef9ccef5>. Accessed October 2018.

⁵ Minnesota Indicators. Kids Count Data Center. <http://datacenter.kidscount.org/data#MN/5/0/char/0>. Accessed October 2018.

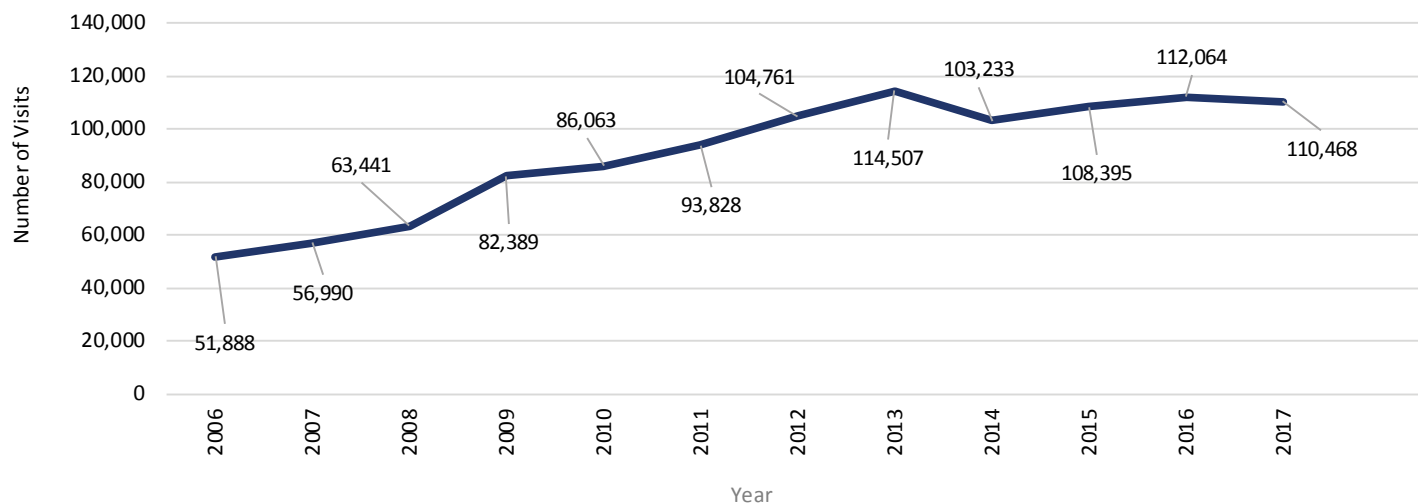
⁶ Personal communication with Hunger Solutions, Saint Paul MN, October 2018.

⁷ RTI International, Center for Health and Environmental Modeling. Current and prospective scope of hunger and food security in America: a review of current research. http://www.rti.org/sites/default/files/resources/full_hunger_report_final_07-24-14.pdf. Published July 2014. Accessed October 2018.

⁸ Echevarria S, Santos R, Waxman E, Engelhard E, Del Vecchio T. Food banks: Hunger's new staple. Feeding America. 2009. <http://www.feedingamerica.org/research/hungers-new-staple/hungers-new-staple-full-report.pdf>. Accessed October 2018.

the local food shelf.⁹ The Women, Infants, and Children Program provides vouchers for families to purchase nutritious foods for pregnant women, new mothers, infants and children at WIC eligible grocery stores and farmers' markets.¹⁰

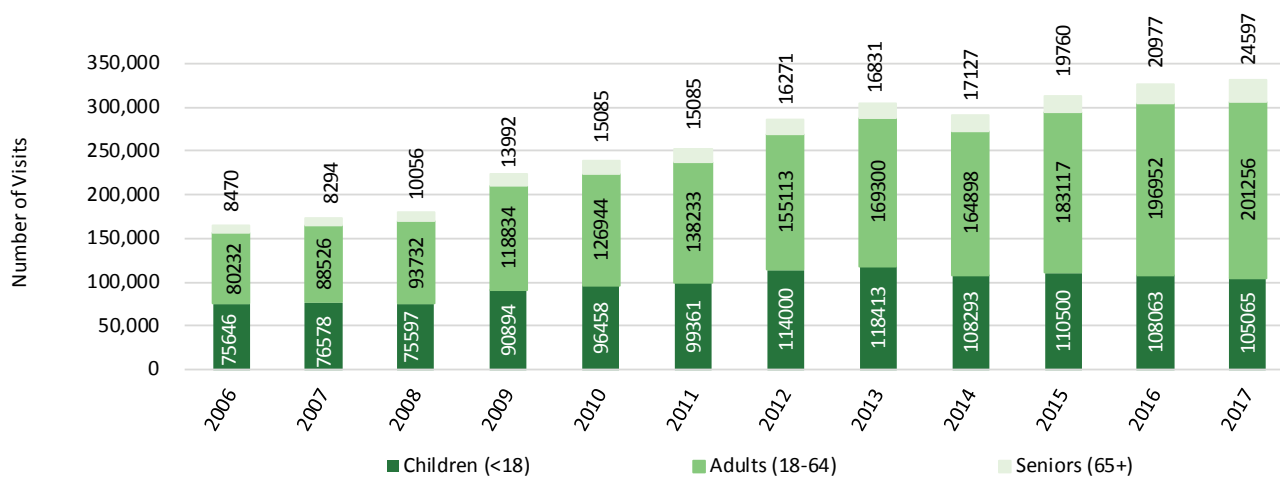
Household Visits to Food Shelves in Ramsey County, 2006-2017



Note: Households and children were counted every time a person from the household visited a food shelf.

Source: Hunger Solutions.¹¹

Visits to Food Shelves in Ramsey County by Age Group, Ramsey County, 2006-2017



Note: Households and children were counted every time a person from the household visited a food shelf.

Source: Hunger Solutions.¹¹

⁹ Statewide Health Improvement Partnership (SHIP). Ramsey County. <https://www.ramseycounty.us/residents/health-medical/public-health-initiatives/statewide-health-improvement-program-ship>. Accessed October 2018.

¹⁰ WIC (Women, Infants and Children). Ramsey County. <https://www.ramseycounty.us/residents/assistance-support/support-families/wic-women-infants-and-children>. Accessed October 2018.

¹¹ Hunger Solutions <http://www.hungersolutions.org/hunger-data/>. Accessed October 2018.

DESCRIPTION

The benefits of eating healthy food, including fruits and vegetables, are widely known. When healthy foods are available and affordable, people can make healthy choices. Conversely, when there is less access to healthy food it is more difficult to make healthy choices, which can have negative impacts on health.¹ Geographic areas with limited availability of fresh fruits, vegetables, and other healthy whole foods are referred to as “food deserts.”² Food deserts lack grocery stores, farmers markets and other healthy food providers, and often have an overabundance of fast food and convenience stores which have largely processed, unhealthy foods.³

HOW WE ARE DOING

In 2015, there were 111,305 residents of Ramsey County with low access to grocery stores (21.9 percent).⁴ About 25,000 (5 percent) were children under 18. In Ramsey County, food deserts are most prominent in the Greater Eastside and Dayton’s Bluff neighborhoods of Saint Paul and in the suburban cities of Maplewood and North St. Paul.

BENCHMARK INDICATOR

Healthy People 2020⁵: Increase the proportion of Americans who have access to a food retail outlet that sells a variety of foods that are encouraged by the Dietary Guidelines for Americans.

U.S. Target: This target is currently under development.

DISPARITIES

The presence of food deserts impacts healthy food access. Food deserts are often found in communities of color and low-income neighborhoods, where residents often don’t have cars. The failure of grocery chains that offer healthy foods to locate stores in inner-city communities has been referred to as food “redlining” (the inability to access loan products and insurance based on the neighborhood rather than on other factors).⁶

Studies show that wealthy neighborhoods have three times as many supermarkets as poor ones, and that white neighborhoods have about four times as many supermarkets as predominantly black neighborhoods.⁷ Grocery stores in African-American communities are usually smaller with less selection. While both price and distance are barriers to healthy food access in Ramsey County, price is the primary factor.⁸ Affordability has a greater impact than increasing stores.⁸ Healthy foods are often limited at food shelves and other meal programs for the poor. These programs often depend on donations, and as one organization said, “It’s not healthy, but it’s free.”⁹ In addition, Ramsey County lacks culturally-specific markets and has limited availability of culturally-specific foods in larger grocery stores.

¹Overweight and Obesity. Centers for Disease Control and Prevention. <https://www.cdc.gov/obesity/strategies/healthy-food-env.html>. Accessed August 2018.

²CDC Features. Centers for Disease Control and Prevention. <https://www.cdc.gov/features/fooddeserts/>. Accessed August 2018.

³USDA Defines Food Deserts. American Nutrition Association. <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>. Accessed August 2018.

⁴United States Department of Agriculture Economic Research Service. Food Atlas. <https://www.ers.usda.gov/data-products/food-environment-atlas/go-to-the-atlas.aspx>. Accessed July 5, 2018.

⁵Nutrition and Weight Status. 2020 Topics and Objectives. Healthy People 2020. <https://www.healthypeople.gov/node/3502/objectives>. Accessed June 2018.

⁶Wright Edelman M. Urban food deserts threaten children’s health. Huffington Post. https://www.huffingtonpost.com/marian-wright-edelman/urban-food-deserts-threat_b_410339.html. Published January 4, 2010. Updated May 25, 2011. Accessed June 2018.

⁷Food Deserts. Food Empowerment Project. Food is Power. <http://www.foodispower.org/food-deserts/>. Accessed June 2018.

⁸Mattessich P, Rausch E. Healthy Food Access, a view from the landscape in Minnesota and lessons learned from healthy food financing initiatives. Amherst H. Wilder Foundation. https://www.wilder.org/sites/default/files/imports/Healthy%20Food%20Access%20Study_Final%20Report_April%202016.pdf. Published April 2016. Accessed June 2018.

⁹Saint Paul – Ramsey County Public Health. Ramsey County Healthy Meals Coalition baseline report. https://www.ramseycounty.us/sites/default/files/Health%20and%20Medical/Public%20Health%20Initiatives/RCHMC_Final_Baseline_Report_KH.pdf. Accessed July 2018.

Information to note

- Most food deserts in Ramsey County are in Saint Paul.
- Both price and distance are roadblocks to healthy food access in Ramsey County but price is the primary barrier.

Community voice

“Too easy access to bad/unhealthy foods, hard to access healthy food options .”
- Black/African American, Female, age 15-19

Accounting for 66% of the responses, 1420 expressed the importance that food and nutrition has on overall health .

Within these responses, there were 491 mentions of food access, and its impact to their family’s and community’s health.

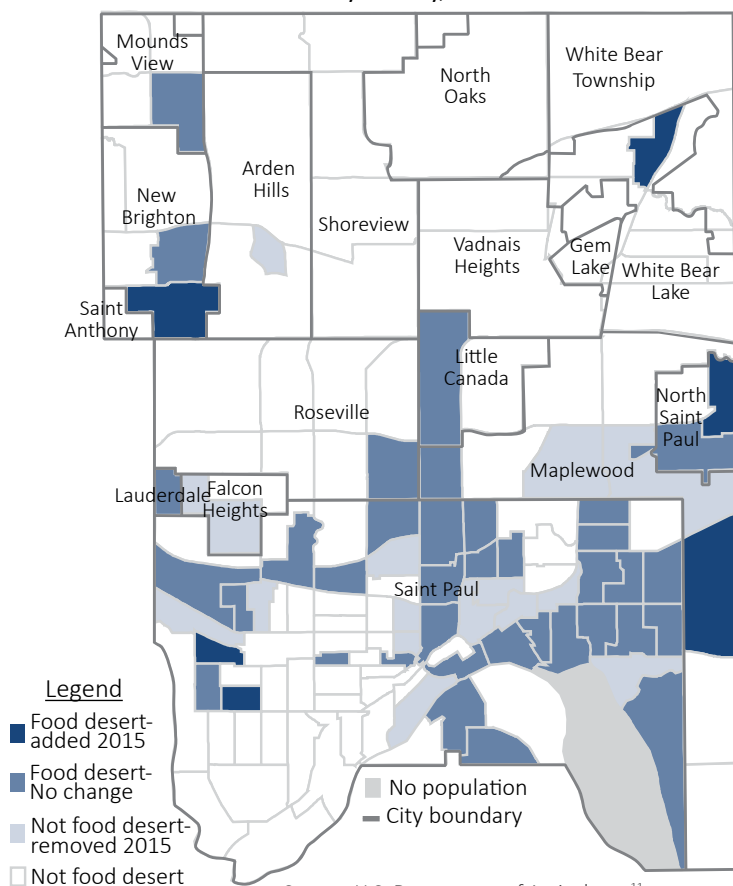
RISK FACTORS

Low-income and populations of color have higher rates of obesity, Type 2 diabetes, early high blood pressure in children, as well as other food related conditions than the general population. Limited access to healthy foods over time is one reason.¹⁰

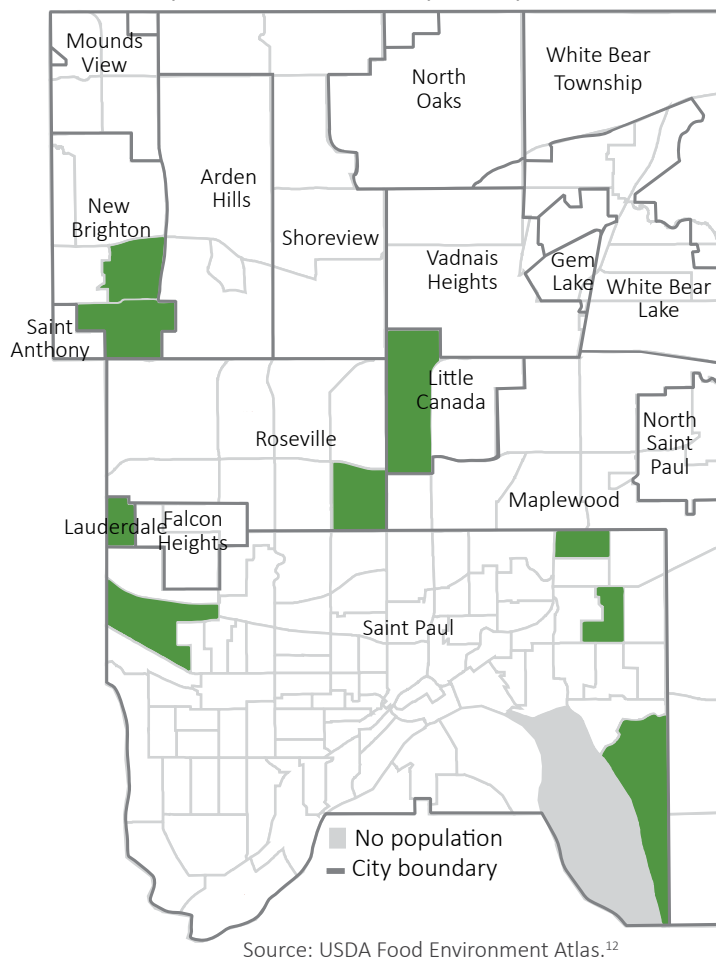
WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Saint Paul - Ramsey County Public Health's Statewide Health Improvement Partnership (SHIP) improves healthy options at food shelves, increases the use and accessibility of farmers markets, and partners with worksites, schools and community organizations to improve their food environments. Examples include creating community and school gardens, improving vending machine offerings, increasing healthy food availability in corner stores, and encouraging healthy food acceptance through taste-testing. Other initiatives include healthy food access policy development with the Ramsey County Food and Nutrition Commission and the inclusion of healthy food access in the Ramsey County Comprehensive Plan.

Food Desert Change by Census Tract, Ramsey County, 2015



Low Income, Low Access to a Vehicle & Low Food Access by Census Tract, Ramsey County, 2015



¹⁰USDA Defines Food Deserts. American Nutrition Association. <http://americannutritionassociation.org/newsletter/usda-defines-food-deserts>. Accessed August 2018.

¹¹U.S. Department of Agriculture, Economic Research Service, USDA- Food Access Research Atlas (FARA): 2010-2015. Released 2017. Accessed June 2018.

¹²USDA Food Environment Atlas. Web site. <https://www.ers.usda.gov/data-products/food-environment-atlas/>. Released 2017. Accessed June 2018.

DESCRIPTION

Serving healthy choices in the lunch room, limiting availability and marketing of unhealthy foods/sugary drinks, and making water available to students throughout the day are some of the ways that schools can help prevent obesity.¹ Paying attention to the food environments children face at school is an important way to help improve population health.

HOW WE ARE DOING

While there are limited data available specific to the school-based food environment in Ramsey County, the Minnesota Student Survey is one source of information about students' consumption of unhealthful foods and sugary drinks (though survey responses are not limited to the school environment). Compared to 2013, 2016 saw a slight decrease in the percentage of Ramsey County students reporting the consumption of 1 or more sugar-sweetened beverages (including pop or soda, sports drinks such as Gatorade or Powerade, energy drinks such as Red Bull or Jolt, and other drinks such as sweet tea, lemonade, coffee drinks or juice drinks), and a slight increase in those consuming water.

In terms of financial availability, the 2017 price per meal at Ramsey County Public Schools averaged \$3.83 for every lunch and \$1.06 for every breakfast. This was 35 cents more expensive than statewide prices for lunch, and 20 cents lower than the state for breakfast meals. The price for breakfast in specific school districts ranged from \$0.64 (White Bear Lake District) to \$1.64 (Saint Paul School District); the price for lunch ranged from \$3.24 (Saint Paul School District) to \$4.40 (Roseville Public Schools).²

DISPARITIES

Research at the national level suggests Hispanic youth are particularly likely to be in schools that are surrounded by convenience stores, fast-food restaurants or snack stores (increasing access to unhealthy options and potentially negating the effects of health education in the classroom).³

For those with soft drinks available at school in a U.S. study, rates of at-school and overall consumption were highest among African-American children, children from low-income households and those who reside in rural areas.⁴

RISK FACTORS

Environments with easy access to unhealthy foods can have a negative impact on health.¹

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

Saint Paul- Ramsey County Public Health works extensively with county school districts to develop initiatives that increase access to healthy foods, including the formation of wellness teams and champions to implement school-specific strategies; adopting policies related to healthier foods at fundraisers, celebrations and in vending machines; and adding water-bottle filling stations to discourage sugar-sweetened beverages. (Enhanced data on schools selling or offering sweetened beverages to students are expected in the near future).

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Information to note

- Limiting the availability of unhealthful foods and sugary drinks in schools can help prevent obesity.
- More work is needed to get a full picture of the food environment in Ramsey County schools.

¹ School Meals, Competitive Foods, and the School Food Environment. Harvard T.H. Chan. <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-prevention/schools/school-meals-competitive-foods-and-the-school-food-environment/>. Accessed October 2018.

² Food Service Financial Report. Minnesota Department of Education. <http://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=396>. Accessed October 2018.

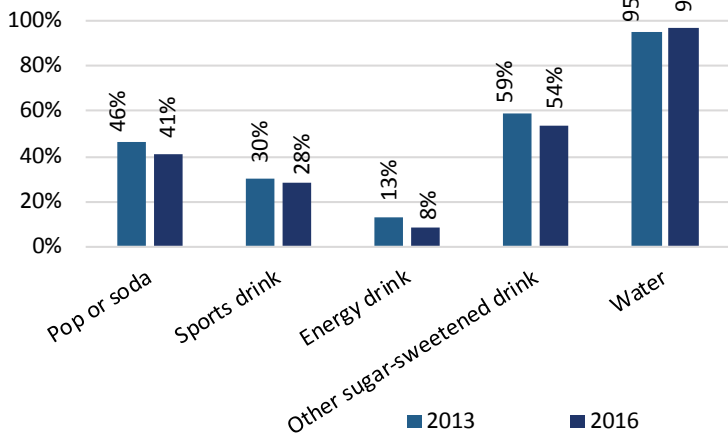
³ Sturm R. Disparities in the food environment surrounding U.S. middle and high schools. Healthy Eating Research. 2008. <http://healthyeatingresearch.org/research/disparities-in-the-food-environment-surrounding-u-s-middle-and-high-schools/>. Published July 2008. Accessed October 2018.

⁴ Fernandes MM. The effect of soft drink availability in elementary schools on consumption. Healthy Eating Research. 2008. <http://healthyeatingresearch.org/research/the-effect-of-soft-drink-availability-in-elementary-schools-on-consumption/>. Published September 2008. Accessed October 2018.

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

In addition, Ramsey County is engaging in initiatives such as Rethink Your Drink, a tool to educate both youth and adults on (a) how much sugar is consumed in sugary beverages such as soda, juice, energy drinks and sports drinks, (b) alternatives to sugary drinks such as infused water, and (c) the long-term risks from consuming too many sugary drinks such as obesity, high blood pressure and diabetes.

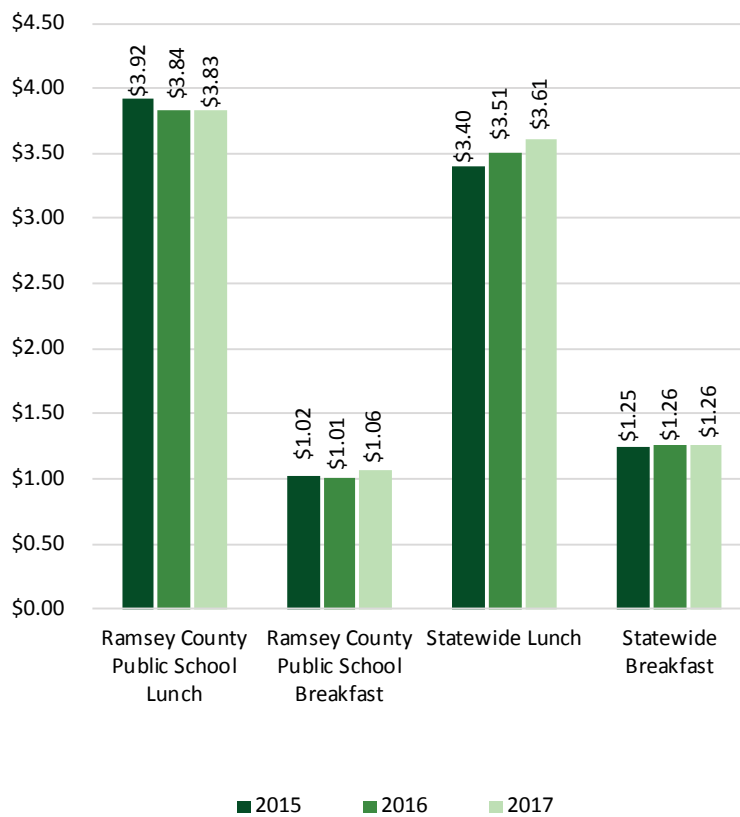
Students* Reporting Consumption of Beverages in Past Day, Ramsey County



*5th, 8th, 9th and 11th graders.

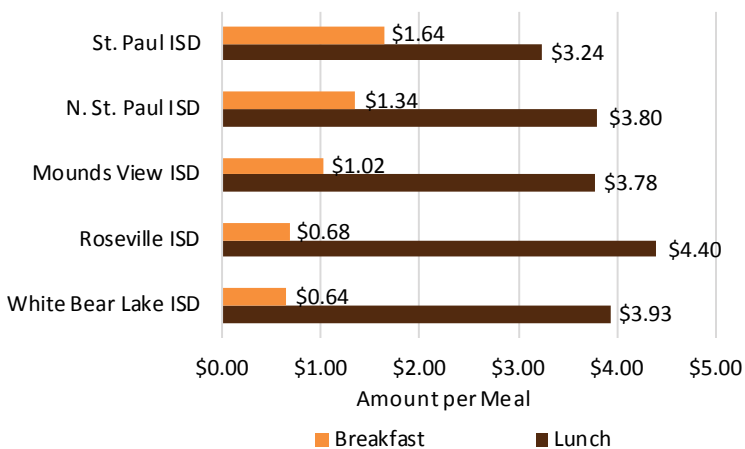
Source: Minnesota Department of Education.⁵

Cost of Breakfast and Lunch Meal in Public Schools, Minnesota and Ramsey County, 2015-2017



Source: Minnesota Department in Education.⁶

Price per School-Provided Meal by School District, Ramsey County, 2017



Source: Minnesota Department of Education.⁶

⁵ Minnesota Department of Education. Minnesota Student Survey 2013 and 2016. <http://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=242>. Accessed November 2018.

⁶ Food Service Financial Report. Minnesota Department in Education Web site. <http://w20.education.state.mn.us/MDEAnalytics/DataTopic.jsp?TOPICID=396>. Accessed November 2018.

Supplemental Nutrition Assistance Program (SNAP)

DESCRIPTION

Proper nutrition and healthy food education can have positive effects on individuals and the community at large. This is one of the motivations behind the Supplemental Nutrition Assistance Program (SNAP), funded by the U.S Department of Agriculture (USDA). Formerly called Food Stamps or Food Support, SNAP helps low-income individuals and families buy food, as well as plants and seeds from which to grow food. More than 621,000 Minnesotans – almost 11 percent of the state’s population – received SNAP at some point in 2016.¹ The USDA considers SNAP to be highly effective at reducing food insecurity.² The program also includes education encouraging healthy food choices and living an active lifestyle while on a limited budget. In 2017, approximately 16,700 Minnesotans participated in the courses and an additional 200,000 accessed related information, through websites, newsletters, social media and health fair publications.³

HOW WE ARE DOING

In 2017, more than \$576 million in food benefits were paid to a monthly average of 427,604 people, or 209,265 households, in Minnesota.^{4,5} Of those, 70 percent were children, seniors and people with disabilities.⁶ Ramsey County, like most of the U.S., has seen its average monthly cases decline in the last five years, from 40,767 in 2013 to 33,783 in 2017. Ramsey County consistently has a higher percentage of households receiving SNAP benefits (16.7 percent in 2015) than Hennepin County (12.2 percent) or the state (10.2 percent).⁵ Compared to poverty, 16.6 percent of Ramsey County households received SNAP benefits in 2016, while 13.9 percent were living in poverty.³ A household is eligible for SNAP benefits if its members are receiving MFIP assistance. In 2017, there were 47,912 households in the county eligible for SNAP. This is a drop of almost 18,000 from the 56,535 eligible households in 2013.^{5,7}

DISPARITIES

The American Community Survey provides a snapshot of SNAP participants for each Congressional District; Ramsey County is almost entirely represented by the 4th Congressional District. In 2016, characteristics of SNAP-utilizing householders in this area were as follows: 42.5 percent white, 27.9 percent Black or African-American, 20.1 percent Asian, and 8.1 percent Hispanic or Latino (of any race); while most people who receive SNAP benefits are white, non-white households are disproportionately represented among SNAP recipients compared to the overall racial and ethnic composition of this district.

Looking at work status, 18.2 percent of SNAP participants had no workers in the family in the past 12 months, while 44.5 percent had one worker and 37.4 had two or more workers. In addition, 54.8 percent of households receiving SNAP benefits included children under 18 years, 52.6 percent of recipients lived with disabled individual(s), and 24.9 percent lived with one or more people 60 years and over. Half of all households receiving SNAP benefits

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Information to note

- The majority of people receiving food benefits are children, seniors and people with disabilities. **callout text**
- Ramsey County has a higher percentage of households receiving SNAP benefits than Hennepin County or Minnesota.
- The vast majority of SNAP recipients are from families with one or more people working.

¹ Supplemental Nutrition Assistance Program in Minnesota. Minnesota Department of Human Services. https://mn.gov/dhs/assets/snap-in-minnesota_tcm1053-301213.pdf. Published April 2018. Accessed October 2018.

² White House Report Highlights New Research on SNAP’s Effectiveness and the Importance of Adequate Food Assistance. United States Department of Agriculture. <https://www.fns.usda.gov/pressrelease/2015/wh-120815>. Published December 8, 2015. Accessed October 2018.

³ Supplemental Nutrition Assistance Program-Education. Minnesota Department of Human Services. <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-6776-ENG>. Published January 2018. Accessed October 2018.

⁴ Supplemental Nutrition Assistance Program helps people with low incomes buy food. Minnesota Department of Human Services. <https://edocs.dhs.state.mn.us/lfsrserver/Public/DHS-5738-ENG>. Published April 2018. Accessed October 2018.

⁵ Financial reports and forecasts. Minnesota Department of Human Services. <https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp>. Accessed October 2018.

⁶ Minnesota Department of Human Services. Letter regarding SNAP provisions in 2018 Farm Bill. https://mn.gov/dhs/assets/mn-dhs-delegation-letter-re-snap-provisions-in-2018-farm-bill_tcm1053-338791.pdf. Accessed October 2018.

⁷ Chart Book: SNAP Helps Struggling Families Put Food on the Table. Center on Budget and Policy Priorities. <https://www.cbpp.org/research/food-assistance/chart-book-snap-helps-struggling-families-put-food-on-the-table>. Updated February 14, 2018. Accessed October 2018.

Supplemental Nutrition Assistance Program (SNAP)

were below poverty level.⁸

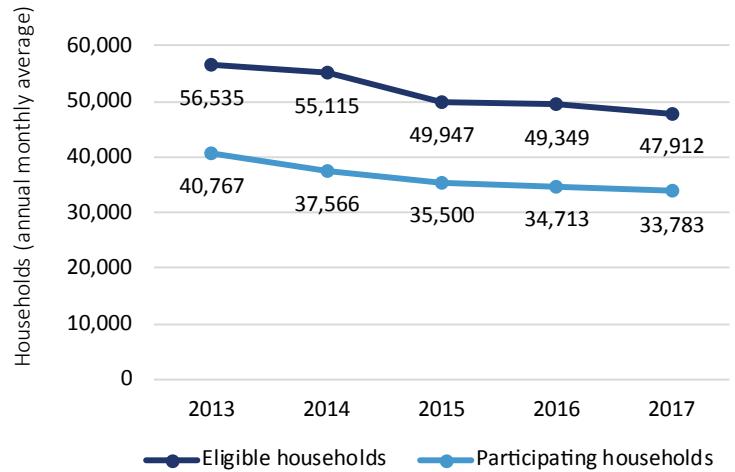
RISK FACTORS

Low-income individuals and those living in poverty are more likely to experience food insecurity and SNAP has been highly effective at addressing this issue. The amount of benefits received is based on income, expenses and the number of people in the household.⁹

WHAT RAMSEY COUNTY GOVERNMENT IS DOING

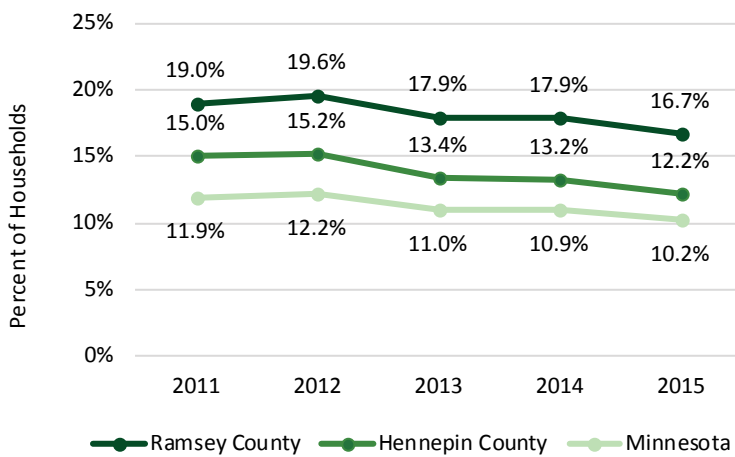
Ramsey County, through the Financial Assistance Services (FAS) department, helps people determine if they are eligible and apply for food assistance programs, including the Supplemental Nutrition Assistance Program (SNAP), Minnesota Family Investment Program (MFIP), and senior nutrition assistance. SNAP, formerly known as food stamps, helps Minnesotans with low incomes get the food they need for nutritious and well-balanced meals. People who are approved for SNAP can use their benefits at many stores, farmers markets and senior dining sites. FAS staff determine initial and ongoing eligibility, and communicate program rules and requirements to clients as well as to internal and external social service providers and other community agencies. Staff also assist clients in finding community resources to meet their needs beyond economic assistance programs.

SNAP Eligibility and Participation, Ramsey County



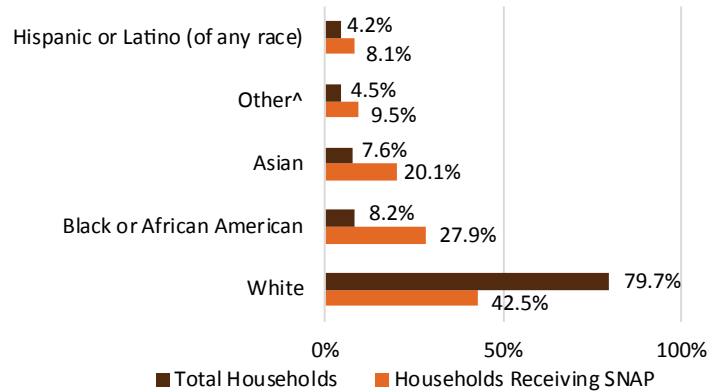
Sources: Minnesota Department of Human Services.¹⁰

SNAP Participation



Source: Minnesota Department of Human Services.¹¹

SNAP Utilization by Race and Ethnicity*, 4th Congressional District, 2016



*Defined by the characteristics of the household head.

^includes American Indian, Alaska Native, "some other race," and "two or more races"

Source: United States Department of Agriculture.¹²

⁸ Profile of Snap Households: Minnesota Congressional District 4. United States Department of Agriculture. https://fns-prod.azureedge.net/sites/default/files/ops/Minnesota_4.pdf. Published January 2018. Accessed October 2018.

⁹ Supplemental Nutrition Assistance Program (SNAP). Minnesota Department of Human Services. <https://mn.gov/dhs/people-we-serve/adults/economic-assistance/food-nutrition/programs-and-services/supplemental-nutrition-assistance-program.jsp>. Accessed October 2018.

¹⁰ MN Department of Human Service Supplemental Nutrition Assistance Program (SNAP) <https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/economic-supports-cash-food/>. Accessed October 2018.

¹¹ Minnesota Department of Human Services. <https://mn.gov/dhs/general-public/publications-forms-resources/reports/financial-reports-and-forecasts.jsp>. Accessed October 2018.

¹² Profile of Snap Households: Minnesota Congressional District 4. United States Department of Agriculture. https://fns-prod.azureedge.net/sites/default/files/ops/Minnesota_4.pdf. Accessed October 2018.