



Food Insecurity & Health: The Problem & (some) Solutions

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Today's Presentation

Food Security:

- Definitions
- Data
- Health Outcomes
- Resources



Food Security & Nutrition Security

Food Security

Exists when all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life. ¹

Nutrition Security

Consistent access, availability, and affordability of foods and beverages that promote well-being, prevent disease, and, if needed, treat disease, particularly among racial/ethnic minority, lower income, and rural and remote populations including Tribal communities and Insular areas.²

1. [Food and Agriculture Organization of the United Nations](#)
2. [United States Department of Agriculture](#)

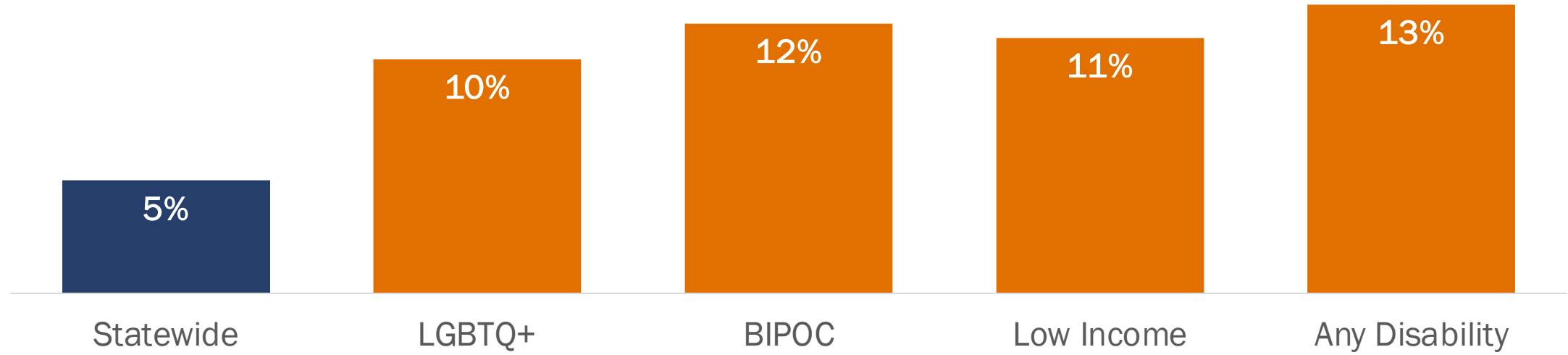
Low & Very Low Food Security

Food *In*security: Household-level economic and social condition of limited or uncertain access to adequate food.

Low Food Security	Very Low Food Security
Reports of reduced quality, variety, or desirability of diet. Little or no indications of reduced food intake.	Reports of multiple indications of disrupted eating patterns and reduced food intake.

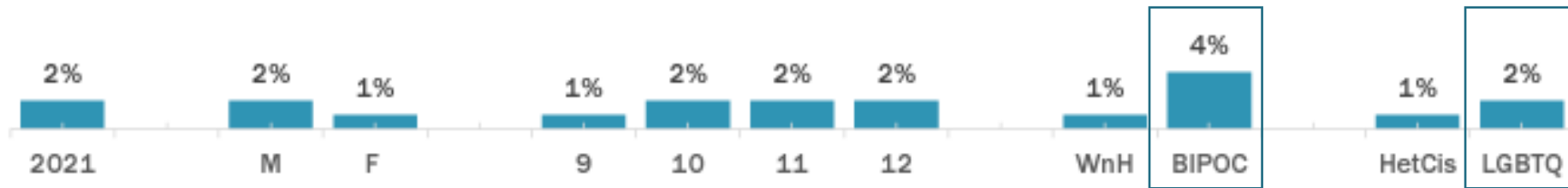
[Healthy People 2030](#)

Who is Food Insecure in Vermont?

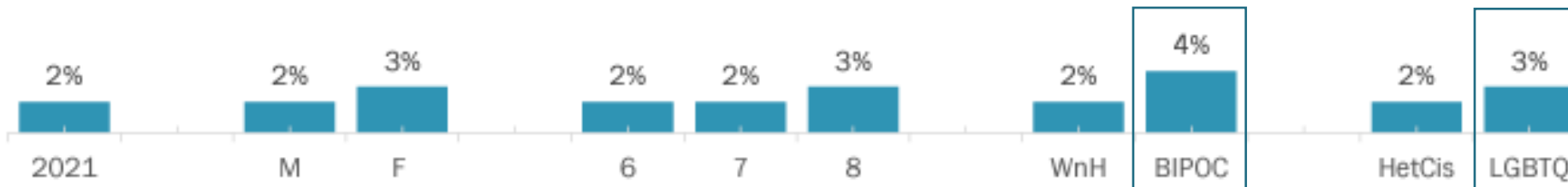


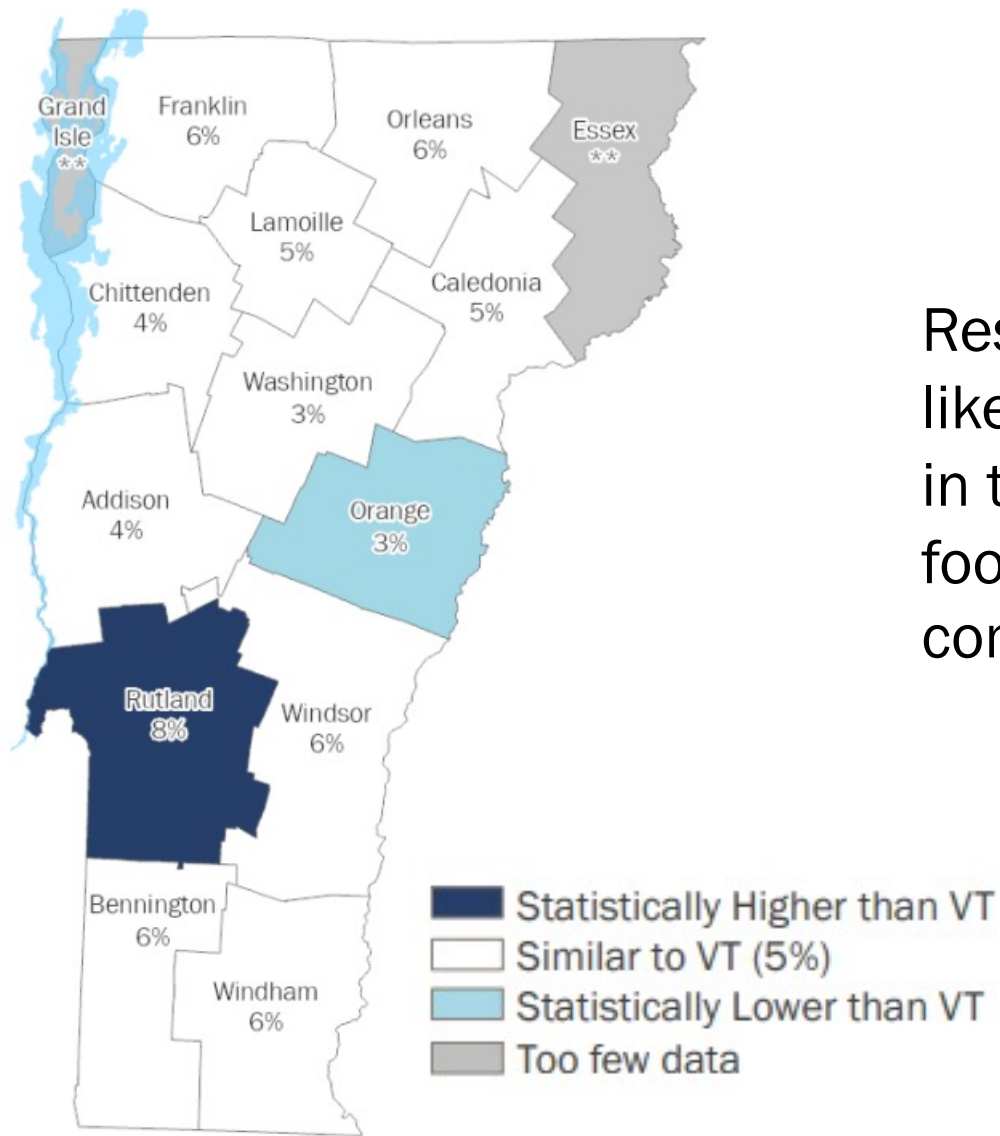
Food Insecurity: Youth

High School Students Experiencing Food Insecurity



Middle School Students Experiencing Food Insecurity





Residents in Rutland County are more likely to have worried they or someone in their home would not have enough food to eat in the past year when compared to all Vermont adults.

Health Outcomes

Food and nutrition security are directly correlated with health status.

Poor nutrition is the leading cause of illness in the United States¹

- Chronic conditions: Diabetes, heart disease¹
- Associated quality of life indicators

1. [United States Department of Agriculture, Food and Nutrition](#)

Living with Food Insecurity: Risk Factors, Quality of Life, and Chronic Disease Rates

April 2023

Food insecurity is the inability to consistently access enough affordable food, regardless of nutritional quality. In 2020, 5% of Vermont adults were worried they or someone in their home would not have enough food to eat. The experience of food insecurity has many harmful consequences, including increased risk of chronic disease and related risk factors, as well as poor mental and physical well-being. Socioeconomic factors such as education, income, and employment are closely linked to the risk of being food insecure.

KEY POINTS

- Food insecurity decreases as education, household income level, and employment increase.
- Vermont adults who are food insecure have higher rates of chronic disease, health risk factors, and poorer quality of life compared to adults who are food secure.

Socioeconomic Characteristics

Compared to Vermont adults with a college education or more, adults with some college or less are statistically more likely to be food insecure. Adults in low-income households are seven times as likely as those in high-income households and two times as likely as those in middle-income households to report being worried about not having enough food. Vermonters who are unemployed or unable to work (unemployed-at risk) are statistically more likely to be food insecure than those who are employed or those who are unemployed but not at risk (homemaker, student, or retired).

Socioeconomic Characteristics among Vermont Adults who are Food Insecure

7%*	6%*	2%	1.4%*	7%*	2%	..	20%*	2%	3%
High School or Less	Some College	College or more †	Low <\$25K	Middle \$25-<\$50K	High † \$50-<\$75K	Highest † \$75K+	Unemployed -at risk	Unemployed -not at risk	Employed †
Education *			Household Income †			Employment Status **			

Data Source: *Behavioral Risk Factor Surveillance System (BRFSS), 2020; †BRFSS, 2018 & 2020
 † Reference group *Statistical difference from reference group
 ** Unemployed-at risk defined as out of work or unable to work; not at risk defined as homemaker, student, or retired
 .. Value suppressed because sample size is too small or relative standard error (RSE) is >30

Risk Factors for Chronic Disease

Vermont adults who worried about not having enough food to eat are more than three times as likely to currently smoke and nearly two times as likely to report no leisure time physical activity than those who are food secure, both significant differences. Vermonters who are food insecure are also statistically more likely to have hypertension when compared to those who are food secure (41% vs. 24%, respectively).

Risk Factors among Vermont Adults who are Food Secure and Food Insecure

Current Smoking *	13% vs 43%
No Leisure Time Physical Activity *	16% vs 29%
Hypertension *	24% vs 41%

Data Source: BRFSS, 2020 *Statistical difference
 * Age-adjusted to the U.S. 2000 population



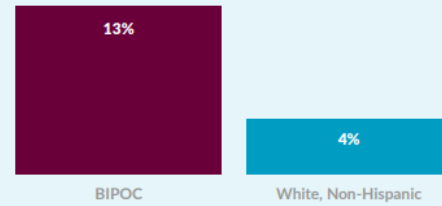
“Vermont adults who are food insecure have higher rates of chronic disease, health risk factors, and poorer quality of life compared to adults who are food secure.”

Vermont Cancer Plan

Health Equity

Goal 1. Ensure that all Vermonters have a fair and just opportunity to be healthy—especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with Black, Indigenous and people of color (BIPOC), lesbian, gay, bisexual, transgender and queer (LGBTQ+) Vermonters, people living with disabilities and low-income Vermonters.

BIPOC Vermonters are 3 times more likely to have worried about having enough food in the past year compared to **White, Non-Hispanic Vermonters** (BRFSS 2018).



Objectives	Measures BASELINE (YEAR)	TARGET (2025)
1.1 Increase % of adults ages 18–64 with health insurance (BRFSS*).	93% (2019)	98%
1.2 Decrease % of adults who report that there was a time in the last year they did not go to the doctor because of cost (BRFSS).	9% (2019)	8%
1.3 Decrease % of Vermont households with food insecurity (Current Population Survey, Food Security Supplement ^{5,6}).	10% (2017–2019)	9%

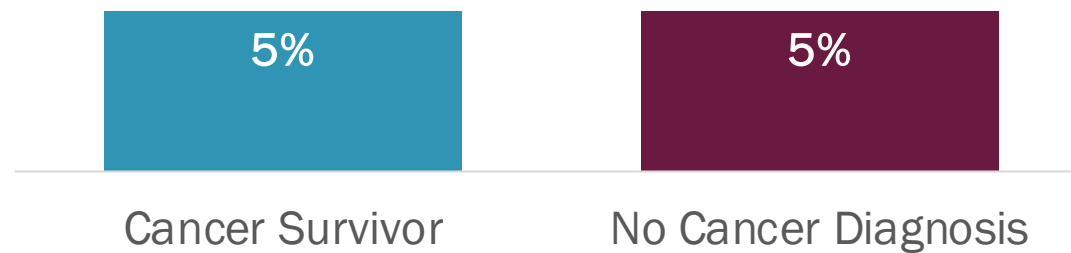
*Behavioral Risk Factor Surveillance System

5. Coleman-Jensen, Alisha, Matthew P. Rabbitt, Christian A. Gregory, and Anita Singh. 2020. Household Food Security in the United States in 2019, ERR-275, U.S. Department of Agriculture, Economic Research Service.

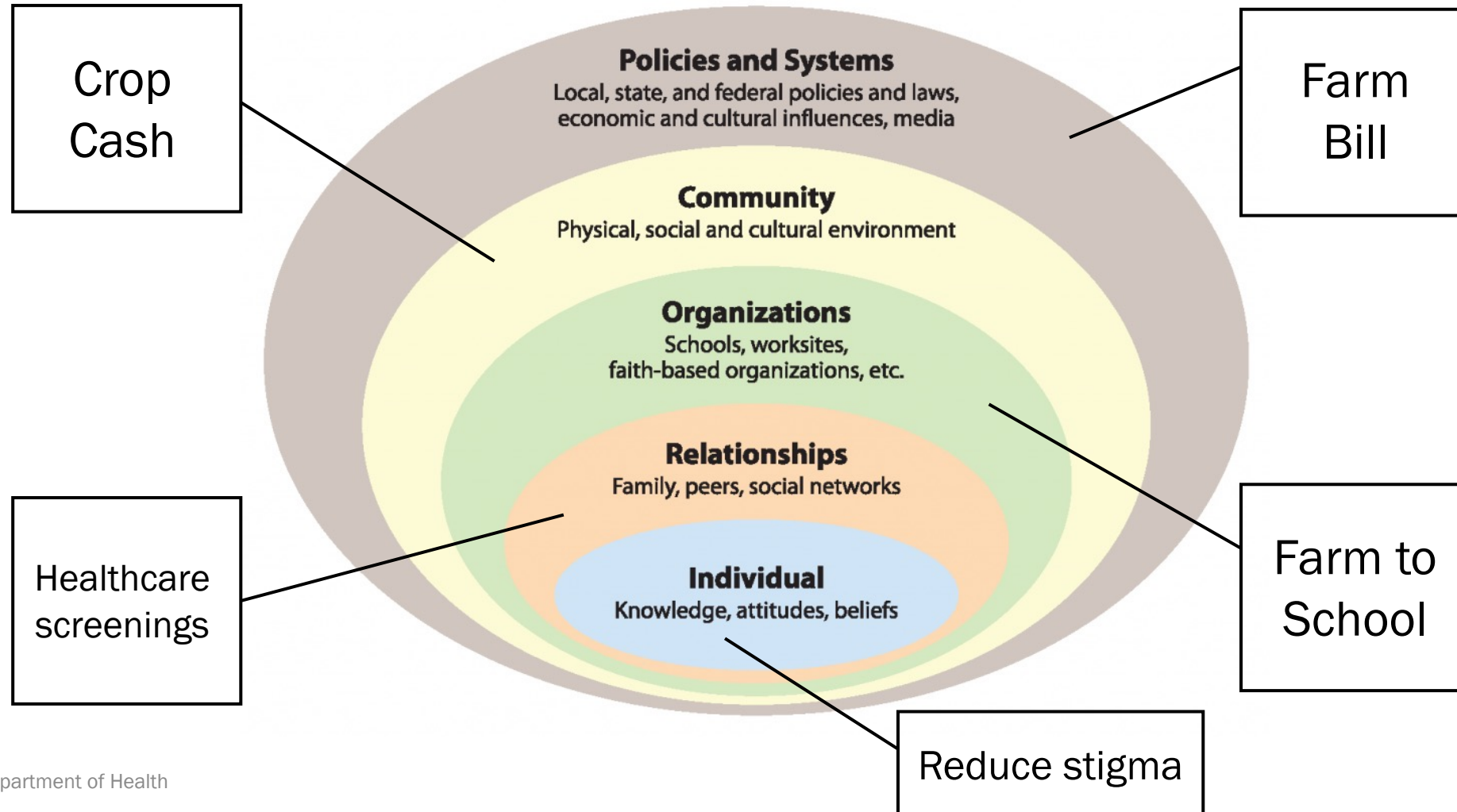
6. The Food Security Supplement calculates food security from responses to a series of questions about conditions and behaviors that characterize households when they have difficulty meeting basic food needs.



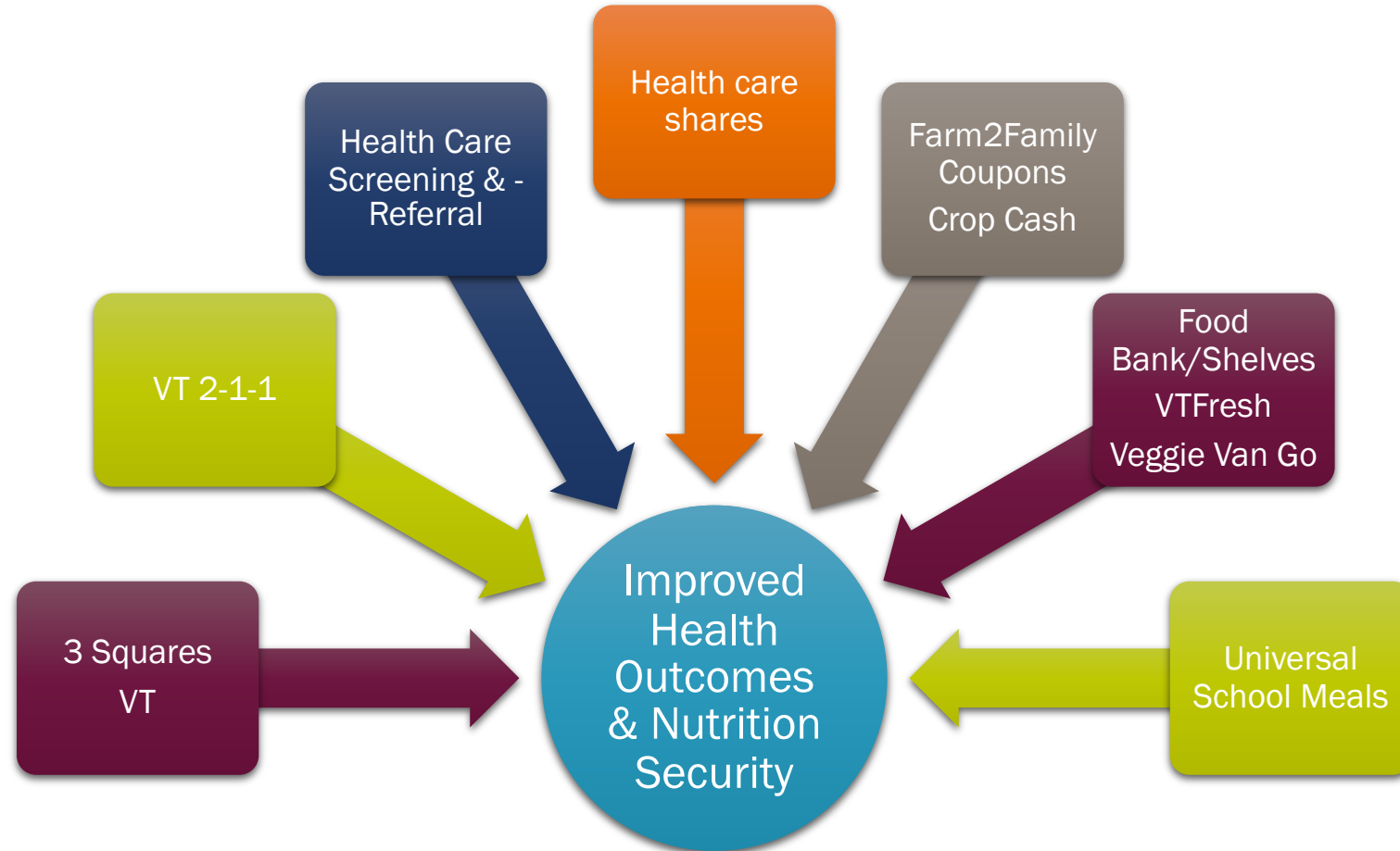
Survivors and **those with no cancer diagnosis** report not having enough food in the past month at the same rate.



Complex Issue, Multi Level Approach



Community Resources



VDH Resources



**SNAP
Education**



Final Thoughts & Recommendations

- Keep in mind the sensitivity, shame, and stigma associated with this topic.
- Screen everyone for food security.
- Consider whole family demands and budgets (children, aging parents, employment status, other health issues, other stressors).
- Be familiar with the various food options for people/families.
- **Refer to VT 2-1-1** and/or Community Health Workers.



- Within the past 12-months we worried whether food would run out before we got money to buy more.
- Within the past 12-months the food we bought just didn't last and we didn't have money to get more.

“Increasing consumption of fruit and vegetables is frequently identified as a goal, and yet these foods are often not accessible or affordable for members.

Strong program participation cannot happen until nutrition security needs are met FIRST.”

~Quote from You First

