

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.

Socioeconomic Characteristics

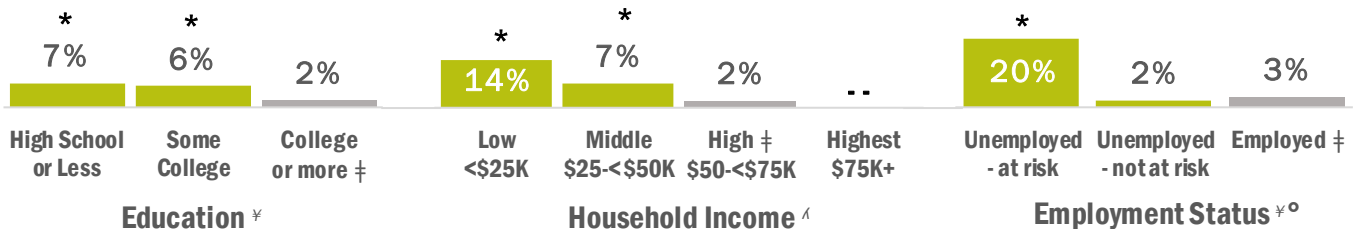
Compared to Vermont adults with a college education or more, adults with some college or less are statistically more likely to be food insecure. Adults in low-income households are seven times as likely as those in high-income households and two times as likely as those in middle-income households to 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).

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 among Vermont Adults who are Food Insecure



Data Source: †Behavioral Risk Factor Surveillance System (BRFSS), 2020; †BRFSS, 2018 & 2020

‡ Reference group *Statistical difference from reference group

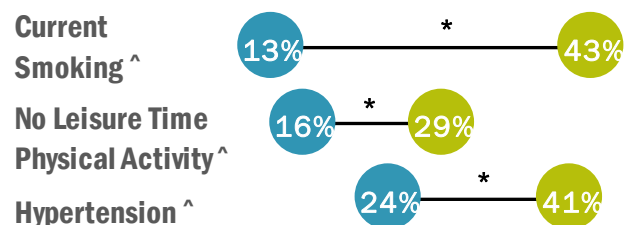
° Unemployed-at risk defined as out of work or unable to work; not at risk defined as homemaker, student, or retired

-- 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).

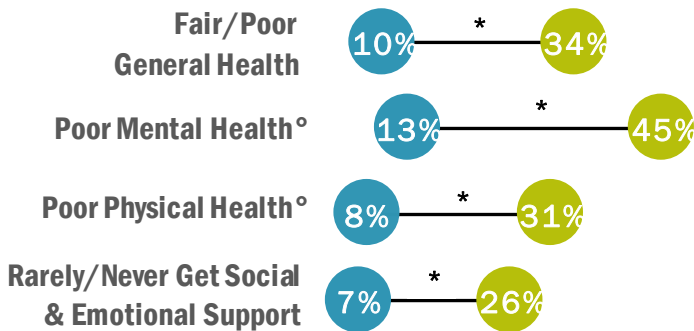
Risk Factors among Vermont Adults who are Food Secure and Food Insecure



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

Food Insecurity – Risk Factors, Quality of Life, & Chronic Disease

Percent of Food Secure and Food Insecure Vermont Adults who report...



[°] Defined as 14+ days in the last 30 where health was self-reported as not good

Quality of Life Indicators

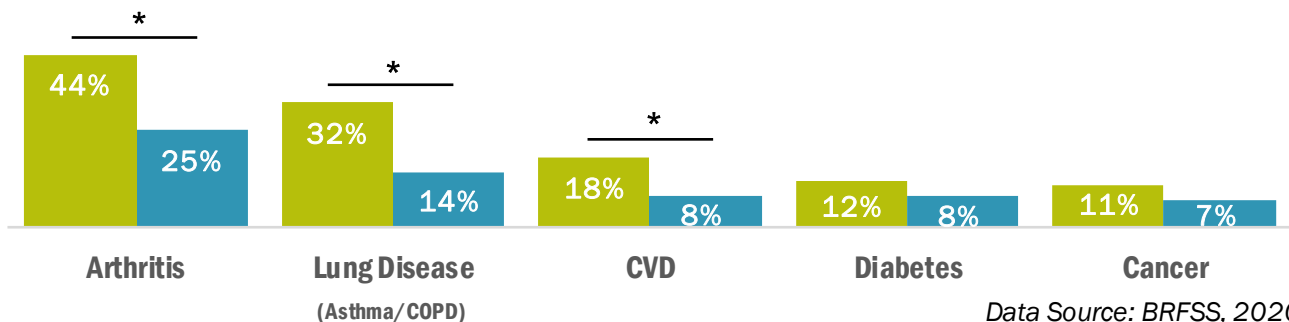
- One in three (34%) Vermont adults who are food insecure report having fair or poor general health.
- Food insecure adults are three and a half times more likely to report poor mental health and poor physical health than food secure adults.
- Food insecure adults are significantly more likely than food secure adults to rarely or never get social and emotional support.

Data Source: BRFSS, 2020

Rates of Chronic Disease

The development of chronic disease is complex and multifaceted. Food insecurity is one of the many social determinants of health that contribute to chronic disease risk. Compared to adults who are food secure, those who are food insecure experience higher rates of arthritis; more than twice the rate of lung disease, largely driven by asthma; and more than twice the rate of cardiovascular disease (CVD); all significant differences. Adults who are food insecure have higher rates of diabetes and cancer than those who are food secure, though these differences are not statistically significant.

Rates of Chronic Disease among Vermont Adults who are Food Secure and Food Insecure



Data Source: BRFSS, 2020
* Statistically significant difference

Key Takeaways

Food insecurity is associated with increased disease burden and negative health outcomes, though socioeconomic disparities exist in regard to those who are at higher risk. Beyond advancing access to having enough food, working towards nutrition security will ensure that individuals have sustained and equitable access to nutritious food for optimal health and well-being. Recognizing the social and structural determinants that influence food and nutrition insecurity status, including health care access, housing insecurity, and transportation, can help inform efforts to target poor nutrition and address diet-related diseases.

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