

# Food Insecurity in Chittenden County

February 2014

## What is food insecurity?

Food insecurity means not being able to afford to access enough healthy food due to financial constraints. Food insecurity is different than hunger. Hunger is the painful sensation caused by a lack of food.

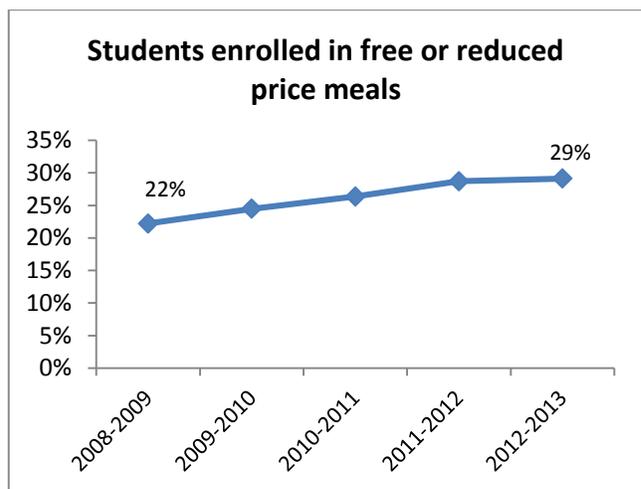
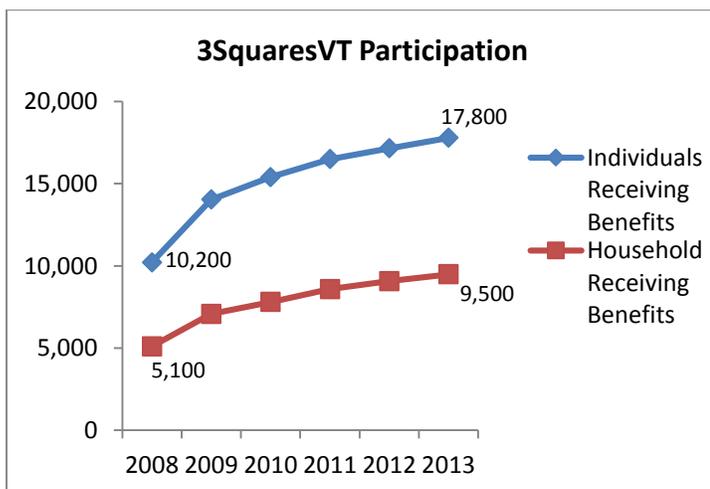
## 1 in 8 Chittenden County residents is food insecure

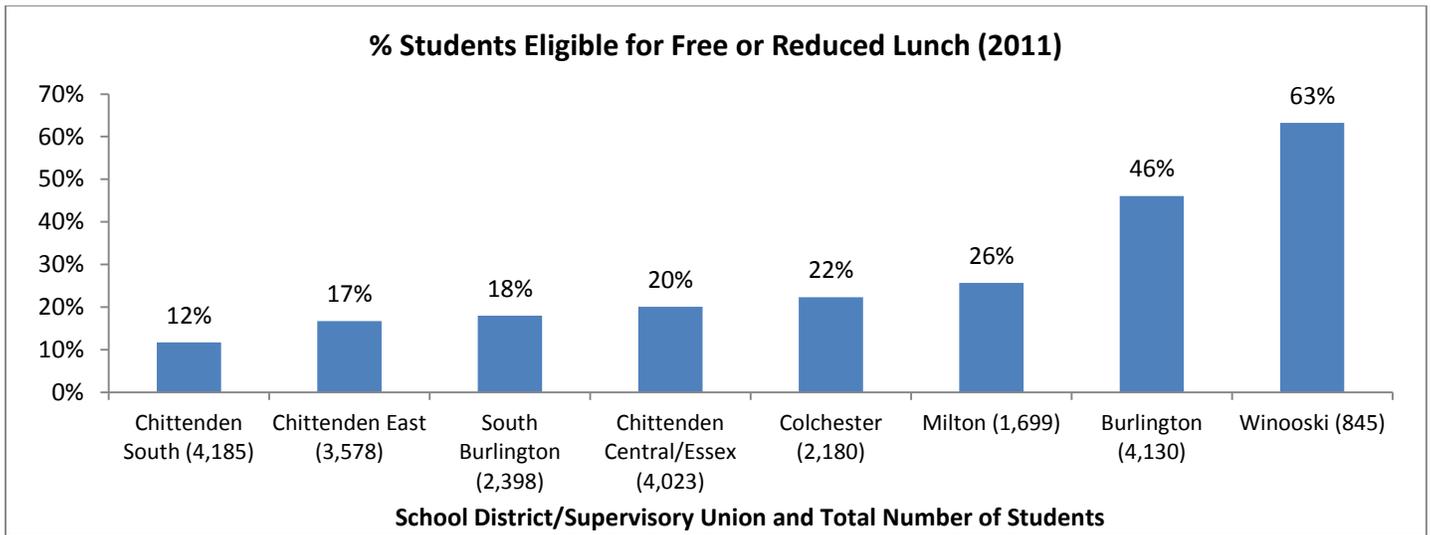
- 12% of individuals in Chittenden County face food insecurity.<sup>1</sup> That means **19,000** of our neighbors struggle to afford the food they need to be healthy.



## Food insecurity persists despite food assistance programs<sup>3</sup>

- Nearly half of food insecure households have incomes that disqualify them from receiving 3SquaresVT (Vermont's food stamp program).<sup>1</sup>
- The number of individuals who receive food assistance through 3SquaresVT has increased by 74% in the past five years<sup>4</sup>. Approximately 11% of individuals in the county receive 3SquaresVT.
- The number of students enrolled in free and reduced price meals has increased slightly over time. Just over half of enrolled students participate in school breakfast and approximately 7 out of 10 participate in school lunch.<sup>5</sup>



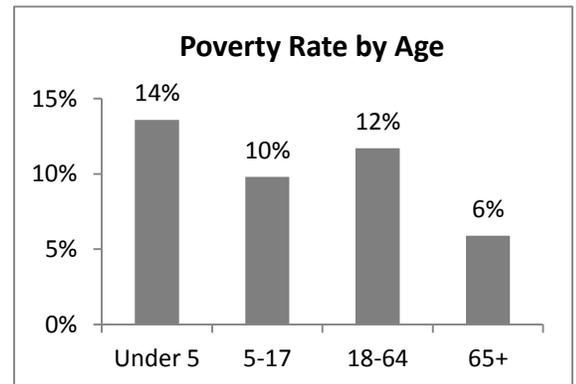
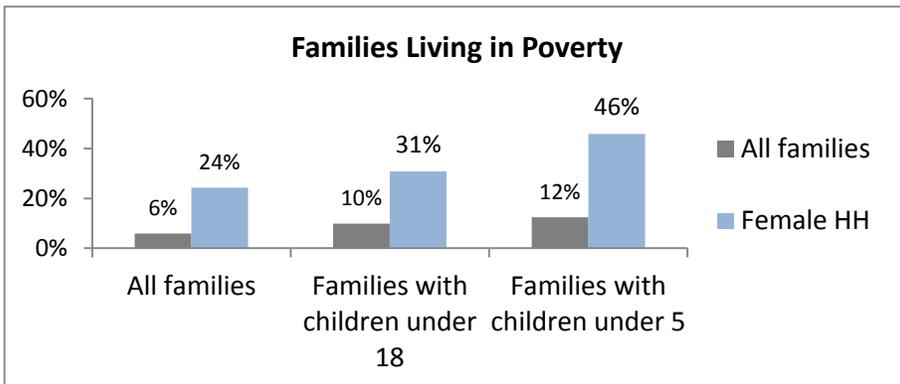


- Children younger than school age may receive meals subsidized through the Child and Adult Care Food Program (CACFP) if their daycare facility is enrolled.<sup>6</sup> Nearly 60% of child care homes, which are home-based facilities caring for fewer children, participate in CACFP. However, only 16% of child care centers, which are larger facilities caring for more children, serve meals using CACFP funding.

## Low income residents are more likely to be food insecure<sup>7</sup>

Not all low income residents are food insecure, but those with low incomes are at a greater risk of being food insecure.

- 11% of Chittenden County residents had an income below the poverty level in the past 12 months.<sup>8</sup>
- Families with young children and families with a female head of household are more likely to live in poverty.<sup>8</sup>
- Compared to other age brackets, children under 5 are most likely to be in poverty.<sup>8</sup>



## Homelessness is another risk factor for food insecurity<sup>9</sup>

- There are an estimated 707 homeless people living in Chittenden County.<sup>10</sup> This number was determined in 2011 during a point-in-time assessment in which all the homeless individuals who could be found were counted, but the actual number can fluctuate daily.
- Of those 707 individuals, 182 are homeless children under age 18.
- Statewide, 4% of pregnant women reported being homeless during their pregnancy.<sup>2</sup>

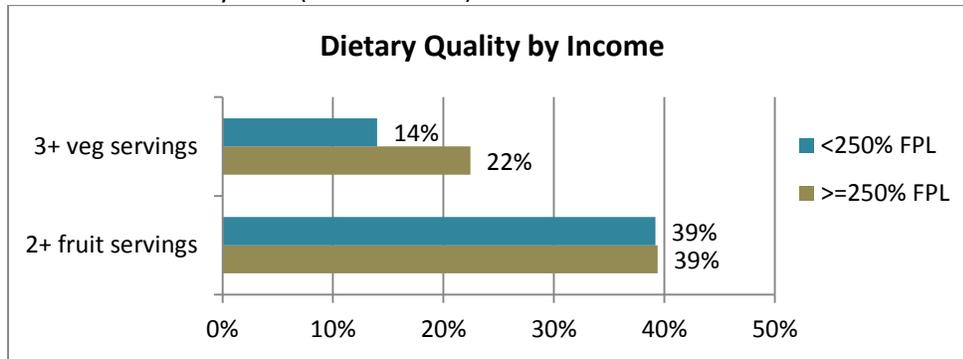
# Low income residents eat fewer fruits and vegetables

People who are food insecure must too often compromise quality for quantity, eating higher-calorie but lower cost and nutritionally deficient foods.<sup>11</sup> Experiencing food insecurity can cause many people to permanently change their diets to inexpensive calorie-rich foods to avoid having a food shortage again.<sup>17</sup> Income plays an important role in determining whether people have access to nutritious foods that help them maintain a healthy weight.

*Rather than focusing only on those in extreme poverty, this document defines low income as those earning less than 250% of the federal poverty level (<250% FPL) to better describe the reality of working families in our community. An income of 250% of the federal poverty level is \$29,000 for an individual or \$59,000 for a family of four.*

- Regardless of income, few residents are likely to consume recommended amounts of fruits and vegetables.
- Vermont residents with low incomes are less likely to consume three servings of vegetables and two servings of fruit per day.<sup>12</sup>

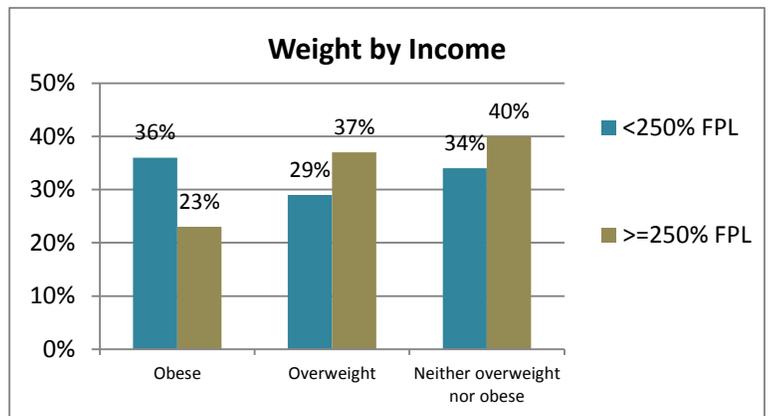
This is statistically significant statewide, though it doesn't reach statistical significance at the county level. Chittenden County data (shown below) are similar to statewide data.



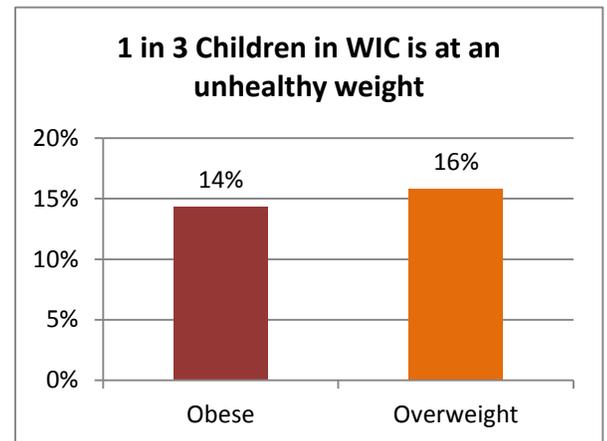
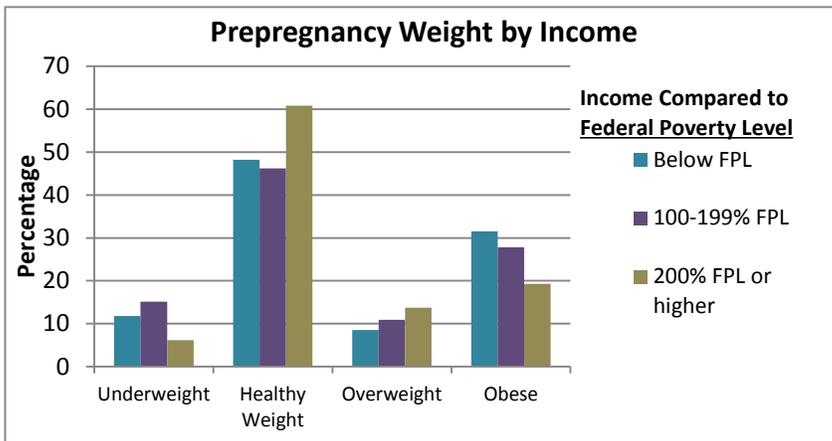
# Food insecurity is linked to overweight and obesity\*

Over time, food insecurity can lead to malnutrition, obesity, and chronic illness.<sup>13</sup>

- Low income residents are more likely to be obese than those at a higher income level.<sup>14</sup> This is statistically significant statewide, though it doesn't reach statistical significance for Chittenden County. There was no difference comparing lower to higher income levels among those who were overweight or healthy weight (statewide or for Chittenden County).



Statewide, pregnant women with incomes that are 200% or more of the federal poverty level are statistically significantly more likely to be a healthy weight and less likely to be obese or underweight.<sup>2</sup> County-level data about the health of pregnant women is not available.



The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides food for pregnant women and children under five. Though WIC enrollment does not necessarily mean a family experiences food insecurity, those who qualify for WIC generally have lower incomes; participating families must earn <185% of the federal poverty level or be enrolled in Dr. Dynasaur/Medicaid. Many children aged 2-5 enrolled in WIC do not have a healthy weight: 16% are overweight and 14% are obese.<sup>15</sup>

## Food insecurity is costly for society

### *Food insecurity has costly impacts on health*

- Health and mental health services related to food insecurity and hunger are estimated to be \$67 billion per year in the US.<sup>17</sup>
- Among households with similar incomes, those participating in food assistance such as 3SquaresVT are 24% less likely than non-participants to be in fair or poor health.<sup>17</sup>
- SNAP has been shown to reduce food insecurity by 18-30% and very low food security by 20%. Still, half of SNAP households qualify as food insecure at some time during the year.<sup>17</sup>
- Though it is unclear what percentage of obesity is due to food insecurity, there is an association between food insecurity and obesity. Obesity is a major cause of preventable chronic disease and healthcare costs, currently estimated at \$147 - \$210 billion each year in the United States. Annual medical claims per 100 healthy weight employees is \$7503 compared to \$51091 per 100 obese employees.<sup>18</sup>

### *Pregnancy, Young Children, and School-aged Children*

- 12% of new mothers in Vermont reported not having enough money to buy food in the year of their pregnancy.<sup>2</sup> Food insecurity during pregnancy is associated with preterm delivery and low birthweight in infants. Average costs of caring for very low birthweight infants are almost \$60,000 in the first twelve months of their lives.<sup>16</sup> Additionally, parents with preterm and low birthweight babies often take extended leaves of absence from their employment or cease working entirely, which can severely impact their household incomes.
- Food insecurity is associated with maternal depression, which in turn is linked to poor social and emotional development in children, impaired mother-child attachment, child abuse, and neglect.<sup>16</sup>
- Similarly, food insecurity is associated with emotional and developmental impairments in young and school-aged children. Aggression and anxiety were the strongest correlations.<sup>16</sup>
- Food-insecure children are one third more likely to suffer hospitalizations. Since many food insecure households are unable to afford private insurance, these costs are often borne by the public through Medicaid.<sup>16</sup>
- School-age children are at increased risk for developmental impairments, are more likely to repeat a grade, be suspended, require mental health services, have thoughts of suicide, and have social problems at school. Academic support systems are costly, with special-needs programs estimated at \$6,000 per child per year.<sup>16</sup>

## Seniors

- Seniors experiencing food insecurity are significantly more likely to be in poor or fair health and to have limitations in activities of daily living. In fact, being marginally food insecure is the health equivalent of being 14 years older in terms of an individual's limitations on activities of daily living.<sup>19</sup>
- Receiving just 10 home-delivered meals after hospital discharge resulted in an average savings of \$1,061 in health care costs in the first month and \$316 savings in the third month after receiving the meals.<sup>20</sup>
- More than 90% of seniors report that receiving meals allows them to maintain their independence and remain in their own homes. The average cost of a home-delivered meal is just \$5.41, one day in a hospital costs \$1,853, and one year in a nursing home costs \$77,745.<sup>20</sup>

\*Overweight is defined as a body mass index (BMI) of 25.0-29.9. Obesity is categorized as a BMI of 30 or greater.

Note: All data in this report, including the data in the text and graphs, are specific to Chittenden County unless otherwise noted.

<sup>1</sup>2013 Feeding America, <sup>2</sup> 2011 PRAMS, <sup>3</sup>Gundersen, C. Food insecurity is an ongoing national concern. *Advances in Nutrition*. Vol 4: 36-41, 2013., <sup>4</sup>Department of Children and Families monthly participation reports and U.S. Census 2012 population estimates, <sup>5</sup>Agency of Education Child Nutrition Program, <sup>6</sup>Estimate based on 2013 Child and Adult Care Food Program and Department of Children and Families licensing data, <sup>7</sup>Coleman-Jensen, Alisha, M. Nord, M. Andrews, and S. Carlson. Household food security in the United States in 2010. USDA Economic Research Service Report #125. Sept. 2011., <sup>8</sup>2012 ACS, <sup>9</sup>Lee, Barrett and Meredith Greif. "Hunger and Homelessness", *Journal of Health and Social Behavior*, March 2008, vol. 49, no. 1: 3-19, <sup>10</sup>2011 Homeless Point in Time survey, <sup>11</sup>The Health Disparities of Vermonters. Vermont Department of Health, 2010, <sup>12</sup>2011 BRFSS, <sup>13</sup>Seligman, H. and D. Schillinger, D. *New England Journal of Medicine*. Hunger and Socioeconomic Disparities in Chronic Disease. Vol 363: 6-9. 2010., <sup>14</sup>2012 BRFSS, <sup>15</sup>2011 Chittenden County WIC, <sup>16</sup>Child Food Insecurity: The Economic Impact on our Nation, commissioned by Feeding America and the ConAgra Foods Foundation, 2009, <sup>17</sup>Health Impact Assessment of Proposed Changes to the Supplemental Nutrition Assistance Program. <sup>18</sup>F as in Fat Report, Trust for America's Health and the Robert Wood Johnson Foundation, 2013., <sup>19</sup>The Causes, Consequences, and Future of Senior Hunger in America, sponsored by Meals on Wheels Association of America, 2008., <sup>20</sup> Senior Hunger: The Human Toll and Budget Consequences. Office of Senator Bernard Sanders. June, 2011.

## Appendix A: Maps of food access and selected food programs

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The following pages present maps that highlight selected pieces of the food security safety net in Chittenden County. Farmers' markets and grocery stores where residents can redeem Farm to Family coupons or spend electronic benefits transfer funds (EBT), such as 3SquaresVT and the WIC fruit and vegetable card, represent an important way that residents interact with food assistance programs. Food resources for the elderly population are unique, consisting of the meals to wheels (mobile meal delivery) program as well as meal sites intended specifically for seniors. The final map examines remaining food assistance programs, including food shelves and congregate meal sites intended for youth or specific target populations.

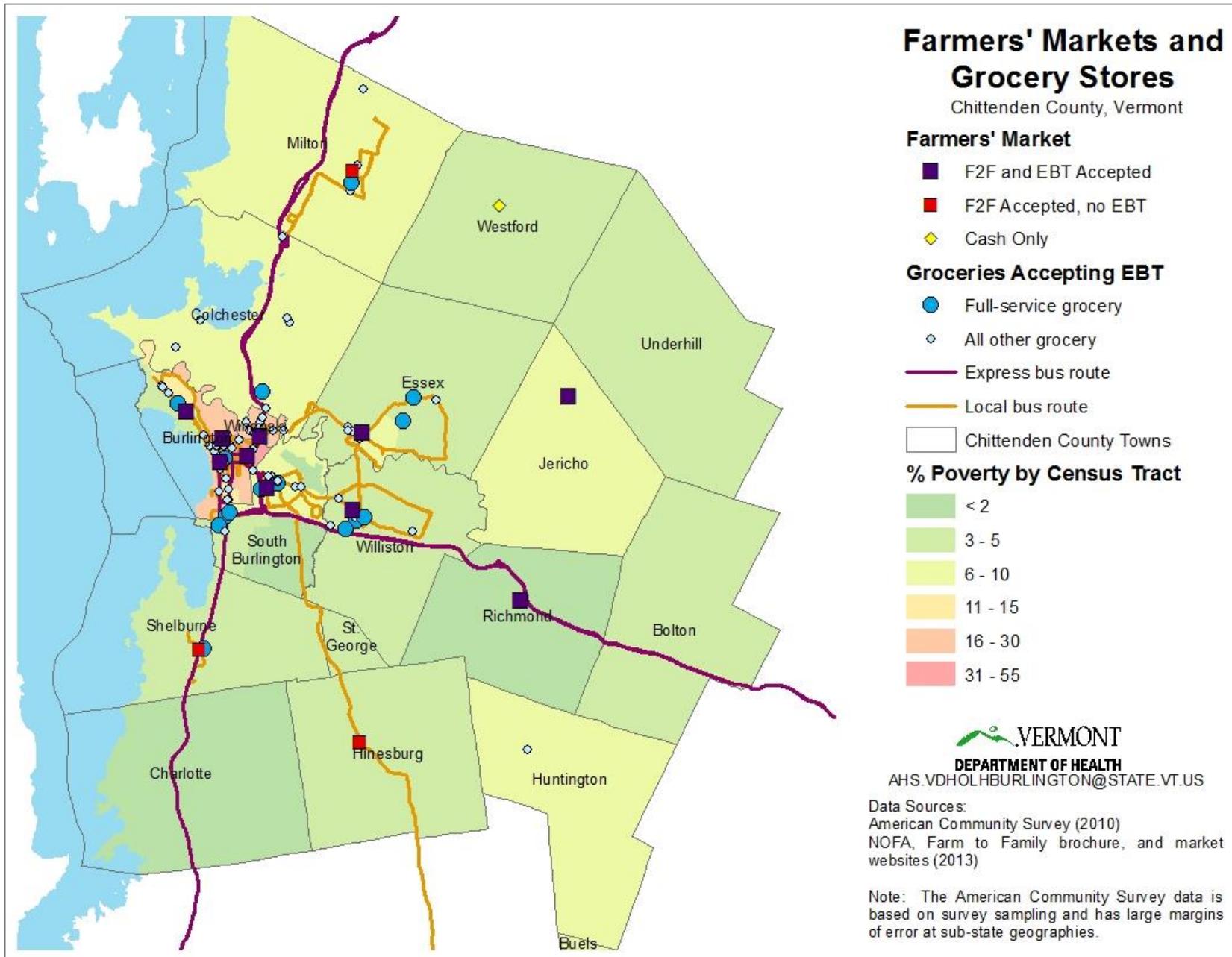
When viewing all maps, keep in mind that participation in some widespread food assistance programs, such as free and reduced cost school meals or subsidized meals at child care, are not shown.

All maps show "% poverty by census tract". This refers to the estimated percentage of individuals living below the federal poverty line.

Though some areas may appear to have excellent access to food supports, barriers such as transportation, hours and frequency of operation, income requirements, and perceived stigma may limit use. Conversely, areas that appear to lack access may be sufficiently meeting local needs.

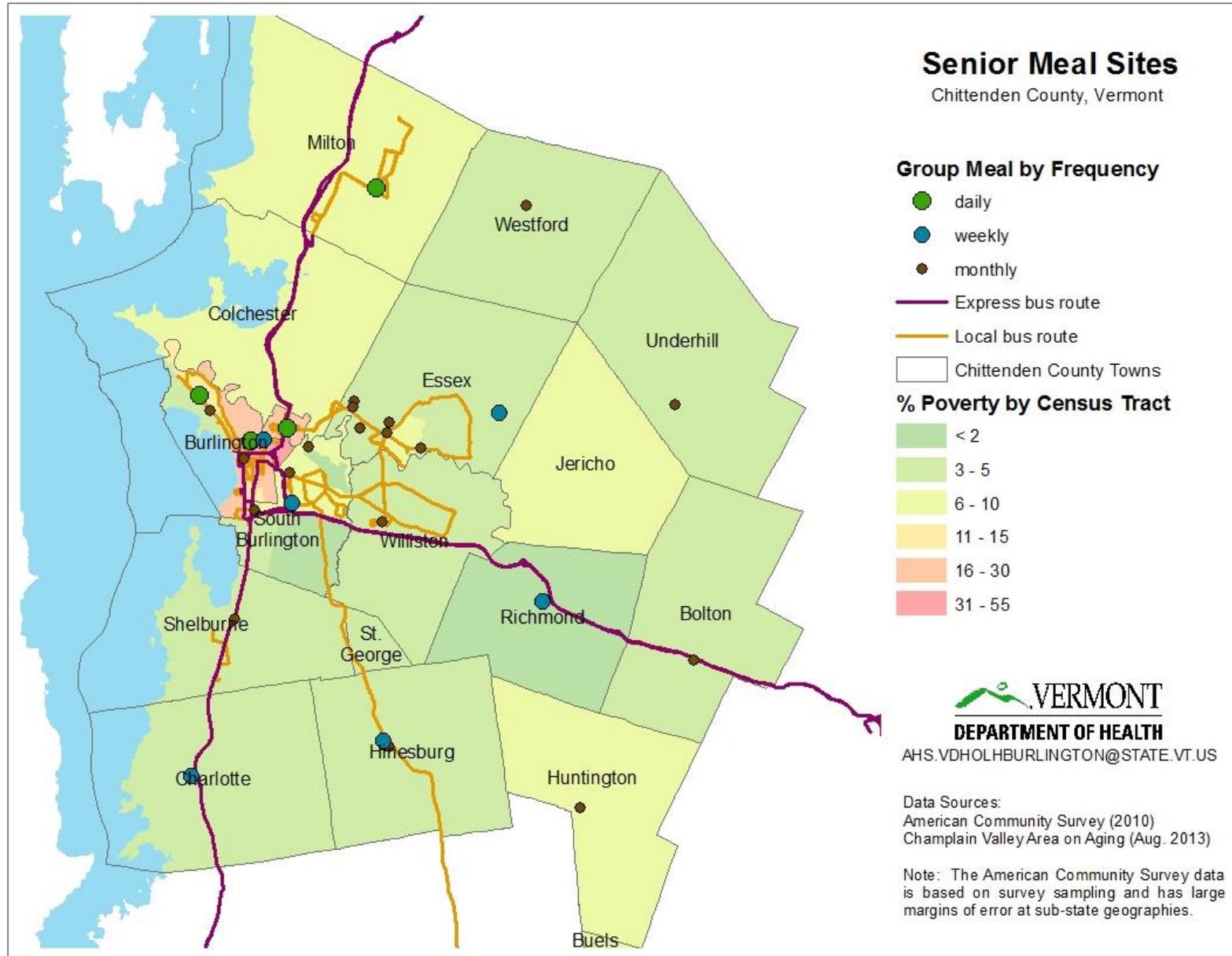
## Farmers' Markets and Grocery Stores

The following map presents locations of farmers' markets throughout the county and classifies them according to whether they accept EBT (aka. 3SquaresVT, formerly food stamps) and Farm to Family coupons (F2F, including WIC and Senior Farmer's Market Nutrition program coupons). Similarly, stores selling food are separated into full-service groceries and other types of food sellers such as convenience stores.



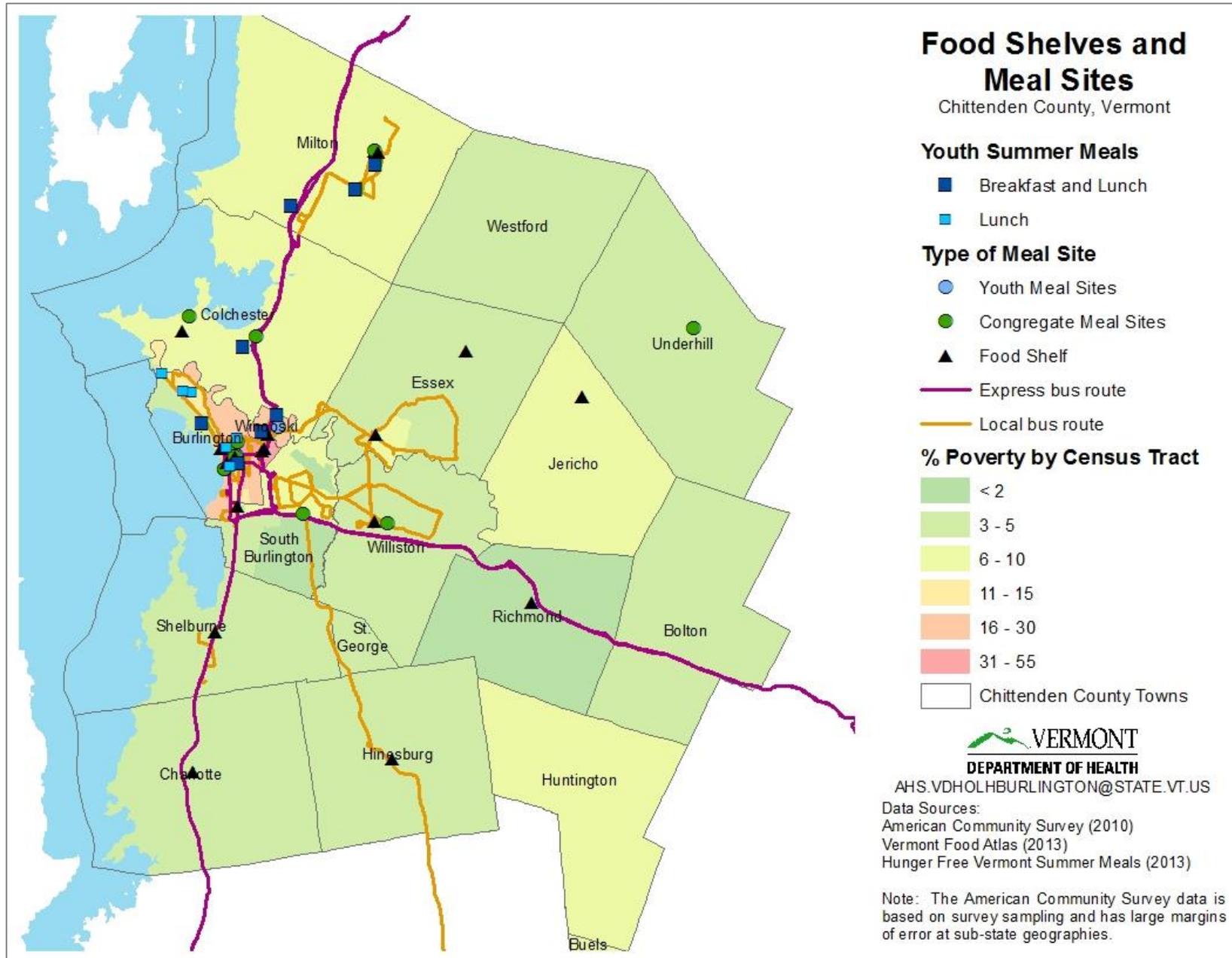
## Senior Meal Sites

The following map highlights towns with senior meal sites and notes how frequently they meet. In addition, residents across Chittenden County may qualify for home-delivered meals through the Meals on Wheels program. The Champlain Valley Area Agency on Aging served 740 Chittenden County residents 136,000 meals through Meals on Wheels in 2013.



## Food Shelves and Meal Sites

The following map highlights selected pieces of the food security safety net in Chittenden County, including food shelves, youth meal sites, and congregate meal sites. Congregate meal sites refer to meals served at shelters, rehabilitative facilities, or group homes. Congregate meal sites exclusively for seniors appear on a separate map. Though this map may help understand where people can go to access subsidized foods, it is important to remember that these sites do not operate continuously and that participation in food or income assistance programs is not shown.



There were 33 total Summer Food Service Program youth meal sites in 2013, including 16 drop-in sites, 15 requiring enrollment, and 2 camps.