Results from surveys taken at every food pantry in Humboldt County, California in the fall of 2017.

Prepared for Food for People and St. Joseph Health – Humboldt County

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Nicole Chappelle, for work on the food access and pantry services literature review.

Thanks to all of the pantry sites:

Arcata: Campbell Creek Connexion

Arcata: Seniors

Blue Lake: Community Resource Center/Mad River Grange

Bridgeville: Community Center

Eureka: Food for People

Eureka: Humboldt Senior Resource Center

Ferndale: Community Church

Fortuna: St. Joseph’s Pantry Shelf

Garberville: Presbyterian Church

Loleta: Community Church

McKinleyville: Food Pantry Family Resource Center

Orick: Community Resource Center

Scotia: Bread for Life/ Rio Dell Community Resource Center

Trinidad: Lions Club

Willow Creek: Community Resource Center Pantry
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Attached Questionnaire: Food Access and Pantry Services Survey 2017
Project and Organization Background

The Food Access and Pantry Services survey was initiated by Food for People, Humboldt County’s Food Bank to evaluate the services at its various pantry sites, assess the food security status of clients and additional needs. Food for People also included other questions regarding health care and other social service needs at the request of other community organizations.

The Community Benefits Department of St. Joseph Health – Humboldt County generously provided funding for the survey administration and analysis. The Community Benefits Department of St. Joseph Health – Humboldt County sponsors, develops, manages, and sustains healthy community initiatives for vulnerable populations of Humboldt County.

The California Center for Rural Policy at Humboldt State University (CCRP) consulted on its administration and performed survey analysis and summary results. CCRP’s mission is to conduct research that informs policy, builds community, and promotes the health and well-being of rural people and environments.

Food for People’s goal is to eliminate hunger and improve the health and well-being of the community through access to healthy and nutritious foods, community education and advocacy. Food for People has piloted innovative programs such as a Choice Pantry at their main Eureka site, procuring fresh fruits and vegetables from local farmers, and working with funders and farmers’ market managers to provide a Market Match for CalFresh and WIC (Women, Infants, and Children) recipients.

Research Team

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Food Access and Pantry Services Literature Review

Introduction

Food insecurity is an important public health issue that can lead to harmful health outcomes and negatively impact overall health and well-being. Many households in the United States experience some level of food insecurity, meaning they do not consistently have access to enough nutritionally adequate food to maintain an active, healthy life. With many United States households experiencing food insecurity, it is important to understand the factors that contribute to food insecurity and the health outcomes that can occur as a result of food insecurity.

Food Insecurity in the United States

In 2016, the United States Department of Agriculture (USDA) estimated that 12.3 percent of households (15.6 million households) were food insecure, meaning that these households encountered difficulty at some time in the past year providing enough food for all household members. Nearly 5 percent of households (6.1 million households) experienced very low food security, meaning food intake was reduced or eating patterns were disrupted due to lack of funds or other resources to obtain food. In 2016, nearly 17 percent of households with children under the age of 18 experienced food insecurity at some time during the past year, but in more than half of these households, only the adults experienced food insecurity because often times, the parents and caregivers are able to maintain near-normal diets for their children, while they themselves may experience food insecurity. Even though in some households the parents or caregivers were able to alleviate children from experiencing the effects of food insecurity, both children and adults experienced food insecurity in 8 percent of households (3.1 million households).

In 2016, rates of food insecurity that surpassed the national average (12.3 percent) were identified among: all households with children (16.5 percent), households with children under age 6 (16.6 percent), households with children headed by a single woman (31.6 percent), or a single man (21.7 percent), women living alone (13.9 percent), men living alone (14.3 percent), and low-income households with incomes below 185 percent of the poverty threshold (31.6 percent), revealing that various factors can influence a household’s level of food insecurity.

Food Insecurity in Humboldt County and California

In 2015, the population of Humboldt County and the state of California was 135,034 and 39,144,818, respectively, with rates of food insecurity for the county level at 18.2 percent, compared to 12.5 percent statewide. The statewide rate of food insecurity is consistent with the national rate of food insecurity, but the data shows an elevated rate of food insecurity when compared at the county level. The rate of food insecurity in Humboldt County (18.2 percent) is the third highest out of 58 California counties, coming in slightly less than Siskiyou County (19.6 percent) and tied with Trinity County at 18.2 percent. Ranking fourth is Shasta County, where 18 percent of households are food insecure. This data indicates that food insecurity is more prevalent among rural, isolated counties such as the ones mentioned previously, consistent with USDA findings of increased food insecurity in rural areas (15 percent) when compared to the national level (12.3 percent).

Public Assistance Program Data in 2016

Public assistance programs are utilized by a number of households to alleviate the effects of food insecurity, with certain qualifications and forms of assistance varying by the type of program. Nationally, nearly 60 percent of food insecure households received assistance from one or more of the following...
federal nutrition assistance programs; Supplemental Nutrition Assistance Program (SNAP), Woman, Infants, and Children (WIC) and the National School Lunch Program in 2016ii.

In 2016, 1 in 9 (or 11 percent) of Californians participated in SNAP (commonly referred to as Cal Fresh), compared to 1 in 7 (or 14 percent) nationwide. Among Californians, almost three-quarters of SNAP participants include families with children, 6 percent are families with members whom are elderly or disabled, and almost half of the benefits received are among working families. Compared to the national level, more than 68 percent of SNAP participants are in families with children, over 30 percent are families with members who are elderly or disabled, and more than 44 percent receiving SNAP benefits are among working familiesvi.

**Determinants of Food Insecurity**

There are multiple factors that can contribute to a household or individuals likelihood of experiencing food insecurity. Factors that can influence or determine food insecurity, such as disparities around race and ethnicity, housing (renters vs. homeowners), and income and occupation are explored further.

**Race and Ethnicity**

Racial disparities can impact an individual or households level of food insecurity in a number of ways, and are considered a determinant of food insecurity. Race and ethnicity can significantly impact the socioeconomic status of an individualvii,viii therefore impacting their likelihood of experiencing food insecurityi.

Elevated rates of food insecurity in the United States are prevalent among African Americans (22.5%), and Hispanics/Latino (18.5%), exceeding the national average of 12.3 percent, and the prevalence in white households (9.3%)i. Additionally, separate studies that have examined food insecurity on American Indian reservations in South Dakotaix and the Navajo Nationx,xii (specifically in Arizona and New Mexico), have consistently found much higher rates of food insecurity, far surpassing the national average.

**Housing (Renting vs. Owning)**

The chances of experiencing household food insecurity are impacted by housing status, with renters more prone to experience food insecurity than homeowners, due to increases in rental costs, especially among low income householdsxiii,xiv,xv, with extant research revealing that renters were at least two and a half times more likely to be food insecure than homeownersxvii,xviii. In 2015, the national average renter household had an annual income of $37,900, compared to $70,800 for the average homeowner householdxvi. In Humboldt County, nearly 55 percent of the population are homeowners, lower than the national average of approximately 64 percent, with the median household income of $42,197 in 2015xvii.

In 2015, 16 million renter households had annual incomes of less than $25,000, including 11 million with incomes below the federal poverty threshold. One-third of United States households paid more than 30 percent of their incomes for housing, which is considered to be a cost-burdened household. Among renter households, 26 percent paid more than half of their incomes for housing. Cost-burdened households spent 53 percent less on food, healthcare, and transportation combined than households without cost burdensxviii, meaning that in some cases, people had to choose between food and other living expenses.

**Housing Insecurity**

In addition to low-income households struggling to afford housing, securing affordable housing can be even more challenging. The number of low-income renters far outweigh the number of available low-income units, with the amount of units renting for less than $800 declined by 2 percent between 2005
and 2015 (or 260,000 rental units). Meanwhile, units renting for over $2,000 per month or more increased by 97 percent during the same time periodxx.

In a study analyzing the association between housing insecurity and food insecurity, the rate of household food insecurity was least prevalent among families with secure housing (9 percent), increased among families experiencing crowding (i.e. two or more people in a room, or more than one family in a residence) (12 percent), and was the most prevalent among families faced with multiple moves (i.e. moving two or more times in the previous year) (16 percent). Stable housing arrangements can lessen the prevalence of food insecurityxxii

**Income and Occupation**

Individual and household income can significantly impact the chances of experiencing food insecurity. The median household income in Humboldt County is $42,197, lower than the national median household income of $58,889, as well as the state of California of $61,818xxiii.

Millions of Americans work in low-wage jobs, and up to 30 percent work for wages that, even if they worked full-time, would still put them at the poverty line. One in 8 American workers, employed in 6 of the 20 largest occupations (retail sales, cashiers, food preparation and serving workers, waiters and waitresses, store clerks and personal care aids), had median annual wages close to or below the poverty threshold for a family of 3 in 2016xxiv. Many workers in these industries are likely to be involuntary part-time workers, with hours fluctuating by week, making it difficult to make ends meet. After the Great Recession, the growth of involuntary part time workers saw the highest increase among low-skilled occupations, growing by 2 million between 2007 and 2015 (or an increase from 3.1 percent to 4.4 percent) among all workersxxv.

**Outcomes of Food Insecurity**

As discussed previously, the determinants of food insecurity help us to understand how people come to experience higher levels of food insecurity. It is equally important to look at the consequences of food insecurity to help understand how food insecurity impacts individuals’ quality of life and health outcomes.

**Health and Wellness**

Exposure to household food insecurity is associated with a number of disorders that can disrupt the health and wellness including; stress and depressionxxvi,xxvii,xxviii,xxix thoughts of suicidexxx, anxiety, hyperactivity and inattentionxxx, restless sleep and mental distressxxxii, and overall poor mental health among adultsxxxiii. Among children and adolescents, the effects of food insecurity can cause psychosocial difficulties; such as difficulties in getting along with others and building friendships, and decreases in motivation and responsiveness to their environmentsxxxiv,xxxcxxxvi,xxvii.

Furthermore, household food insecurity can cause dependence on energy dense foods, including energy dense grains, fats and sweets that are typically processed, packaged foods higher in calories and cheaper than nutrient-rich, high quality food. These foods are generally readily available in low-income communities and are inexpensive when compared to healthy, perishable items. Excessive consumption of high energy-dense foods can lead to poor health outcomesxxxv, specifically chronic diseasesxxxvi,xxli,xxlii. Numerous studies have significantly associated food insecurity, especially among women, with an increased prevalence of chronic disease; specifically type 2 diabetesxxxv,xxlii and obesityxxlii. For women, the odds of obesity are likely to increase with the severity of food insecurityxxlii. Fewer cases of weight loss have been reported as a consequence of food insecurity, and the likelihood of losing weight as a result of food insecurity has gendered effects, with men being much more likely to experience weight loss than womenxxvii.
The effects of food insecurity can be devastating on children, teenagers, and adults. Poor health and wellness are outcomes of food insecurity, which may diminish the overall well-being of individuals\(^1\). With many low-income individuals in the U.S. that are uninsured and lacking access to basic healthcare\(^{xviii}\), the effects of food insecurity can be especially harmful for individuals that lack the resources for such care and concern.

**Conclusion**

As the literature shows, there are many factors that contribute to food insecurity and the health outcomes that can occur as a result of food insecurity in the United States. Humboldt County is exceeding state and national rural population averages in relation to food insecurity, with one of the highest rates of food insecurity for its population in the state. Understanding that health and wellness outcomes for the community are related to exposure for food insecurity, we can see that Humboldt County is at particular risk for community impacts associated with these negative health outcomes.

Food for People is a vital and important source for food access for many people in Humboldt County. The community they serve is at higher risk for negative health impacts and food insecurity but through their services and outreach, Humboldt County and Food for People continue to work towards eliminating hunger and improving health and well-being for the community through access to healthy and nutritious foods, community education, and advocacy. The following data was collected to assess some of these patterns and associations for Food for People clients in Humboldt County in 2017.
Methods

Study Design and Sample

The Food Access and Pantry Services survey was designed collaboratively by Food for People, CCRP, and St. Joseph’s Health, with input from other community health and human services organizations (questions 40-50 are from the USDA Household Food Security Short Form)[1]. Two dollars were offered as incentive to participants who completed the survey, thanks to a generous donation from the Community Benefits Department of St. Joseph Health – Humboldt County.

The survey was administered at 15 pantry sites in Humboldt County in October and November, 2017. Due to food boxes being offered to households on a monthly basis, each pantry site was surveyed only one time during one month to reduce the chance of respondents taking it more than once. The survey was administered by food pantry volunteers that did not work at the pantry site surveyed and by CCRP staff. Survey participants were not randomly selected, volunteers invited clients to take the survey and offered assistance to those that were unable to complete analysis independently. Spanish speaking volunteers were available for those who needed to take the survey in Spanish. This survey was preceded by a similar survey administered in 2015 and 2011, since the 2011 survey purchasing has increased dramatically by a partnership with Department of Health and Human Services (DHHS).

The 15 food pantry sites included were:
1. Arcata: Campbell Creek Connexion
2. Arcata: Senior Resource Center
3. Blue Lake: Community Resource Center/Mad River Grange
4. Bridgeville: Community Center
5. Eureka: Food for People
6. Eureka: Humboldt Senior Resource Center
7. Ferndale: Community Church
8. Fortuna: St. Joseph’s Pantry Shelf
9. Garberville: Presbyterian Church
10. Loleta: Community Church
11. McKinleyville: Food Pantry Family Resource Center
12. Orick: Community Resource Center
13. Scotia: Bread for Life/ Rio Dell Community Resource Center
14. Trinidad: Lions Club
15. Willow Creek: Community Resource Center Pantry

Analysis

Surveys were scanned in using SNAP Survey and cleaned on a case by case basis. For further analysis raw data was exported into SPSS, where data frequencies and odds ratios were analyzed, graphed, and/or put into tables.

Qualitative data was analyzed using ATLAS.ti, a qualitative analysis program. Codes were then created to identify the common themes that emerged in the responses.

Ten food security questions taken directly from a USDA Food Security (questions 40-50) were scored and analyzed following USDA methodology to assess each respondents food security status.1
Limitations

This survey provided a snapshot of information from pantry clients during the months of either October or November in 2017. The participants were not randomly selected; all clients who attended on the days that volunteers were surveying were asked to participate. The survey results reflect only the responses of those who chose to participate and do not necessarily describe the entire clientele that the pantry site serves.

Since the 2015 survey, Food for People has been providing food distribution services to clients on significantly more days throughout the month. This change in distribution methods may have had an impact on the overall participation rate, which in turn, may have had an effect on the statistical significance of cross-tabulations for the Humboldt Food Access & Pantry Services Report 2017. California Center for Rural Policy (CCRP) decided to keep its methodology for survey collection identical to the 2015 and 2011 surveys for replicability. However, this may need to be reassessed for future survey administration.

Cross tabulations provided in this study are snapshot data (a read-only copy of the data set frozen at a point in time) and as such, the data set and cross tabulations provided (starting on page 34) should not be extrapolated for any other populations or comparisons.

For more Cross-tabulation analysis see Appendices.
**Results:**

<table>
<thead>
<tr>
<th>Pantry Location</th>
<th>Households served for the month</th>
<th>Percent of households served who filled out survey</th>
<th>Households that were served on survey day</th>
<th>Percentage of households captured on survey day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arcata: Campbell Creek Connexion</td>
<td>171</td>
<td>20.4%</td>
<td>35</td>
<td>92%</td>
</tr>
<tr>
<td>Arcata: Arcata Senior Resource Center</td>
<td>38</td>
<td>28.9%</td>
<td>11</td>
<td>30%</td>
</tr>
<tr>
<td>Blue lake: Blue Lake Community Resource Center/Mad River Grange</td>
<td>67</td>
<td>26.8%</td>
<td>18</td>
<td>25%</td>
</tr>
<tr>
<td>Bridgeville: Community Center</td>
<td>35</td>
<td>20.0%</td>
<td>7</td>
<td>41%</td>
</tr>
<tr>
<td>Eureka: Food for People</td>
<td>1119</td>
<td>7.4%</td>
<td>83</td>
<td>102%</td>
</tr>
<tr>
<td>Eureka: Humboldt Senior Resource Center</td>
<td>88</td>
<td>15.9%</td>
<td>14</td>
<td>14%</td>
</tr>
<tr>
<td>Ferndale: Community Center</td>
<td>42</td>
<td>28.5%</td>
<td>12</td>
<td>24%</td>
</tr>
<tr>
<td>Fortuna: St. Joseph's Pantry Shelf</td>
<td>282</td>
<td>9.5%</td>
<td>27</td>
<td>47%</td>
</tr>
<tr>
<td>Garberville: Presbyterian Church</td>
<td>110</td>
<td>12.7%</td>
<td>14</td>
<td>108%</td>
</tr>
<tr>
<td>Loleta: Community Church</td>
<td>37</td>
<td>35.1%</td>
<td>15</td>
<td>35%</td>
</tr>
<tr>
<td>McKinleyville: Food Pantry Family Resource Center</td>
<td>166</td>
<td>13.8%</td>
<td>23</td>
<td>92%</td>
</tr>
<tr>
<td>Orick: Community Resource Center</td>
<td>44</td>
<td>54.5%</td>
<td>24</td>
<td>51%</td>
</tr>
<tr>
<td>Scotia: Bread for Life/Rio Dell Community Resource Center</td>
<td>73</td>
<td>49.3%</td>
<td>41</td>
<td>37%</td>
</tr>
<tr>
<td>Trinidad: Lions Club</td>
<td>45</td>
<td>42.2%</td>
<td>19</td>
<td>58%</td>
</tr>
<tr>
<td>Willow Creek: Community Resource Center Pantry</td>
<td>82</td>
<td>26.8%</td>
<td>22</td>
<td>96%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2354</strong></td>
<td><strong>15.0%</strong></td>
<td><strong>354</strong></td>
<td><strong>Avg. = 56.8%</strong></td>
</tr>
</tbody>
</table>

(Q23) Which pantry do you go to most often?

A total of 354 surveys were completed by clients, representing 15.0% of the food pantry households served in October and November 2017. Food for People clients have set appointments, for the given day that surveys were administered we were able to capture an average of 56.8% of clients who were willing to participate. Surveys were administered in such a way that each survey should represent one household.
There was a fairly even distribution of men and women among respondents, with 169 women and 168 men. There were also 2 respondents that identified as non-binary.

The majority of respondents ($n = 254$) selected “white” as their race. The second largest population of respondents ($n = 53$) selected American Indian or Alaska Native as their race. The third largest population of respondents ($n = 18$) selected Black or African American as their race. Ten ($n = 10$) respondents selected Asian as their race. Twelve ($n = 12$) respondents declined to state their race. Additionally, thirty six ($n = 36$) respondents selected Hispanic/Latino as their ethnicity.

The majority of respondents ($n = 283$) ranged from 35-64 years old, which represents 81.0% of total respondents. Additionally, sixty-six ($n = 66$) respondents were 65 years or older, and sixty-eight ($n = 68$) respondents were between 18-34 years old.

Humboldt County Total is collected from U.S. Census Data.\(^2\)

\begin{table}
\centering
\begin{tabular}{|l|l|l|l|}
\hline
\textbf{Characteristics} & \textbf{Frequency} & \textbf{Percent} & \textbf{County Total} \\
\hline
\textbf{Ethnicity} ($n = 342$) & & & \\
Hispanic/Latino & 36 & 10.5\% & 9.8\% \\
Non-Hispanic/Latino & 306 & 89.5\% & 90.2\% \\
\hline
\textbf{Race} ($n = 340$) & & & \\
American Indian or Alaskan Native & 53 & 16.2\% & 5.7\% \\
Asian & 4 & 1.2\% & 2.2\% \\
Black or African American & 10 & 3.0\% & 1.1\% \\
Native Hawaiian or Other Pacific Islander & 6 & 1.8\% & 0.3\% \\
White & 254 & 74.7\% & 81.7\% \\
Decline to state & 12 & 3.7\% & N/A \\
Other & 18 & 5.5\% & N/A \\
\hline
\textbf{Gender} ($n = 339$) & & & \\
Female & 169 & 47.7\% & 49.8\% \\
Male & 168 & 47.5\% & 50.2\% \\
Non-binary & 2 & 0.6\% & N/A \\
\hline
\textbf{Age} ($n = 349$) & & & \\
18-25 years & 27 & 7.7\% & 18-24 = 12.4\% \\
26-34 years & 39 & 11.2\% & 25-34 = 14.9\% \\
35-44 years & 65 & 18.6\% & 35-44 = 11.2\% \\
45-54 years & 51 & 14.6\% & 45-54 = 13.9\% \\
55-64 years & 101 & 28.9\% & 55-64 = 14.4\% \\
65 years or older & 66 & 18.9\% & 65+ = 13.2\% \\
\hline
\end{tabular}
\caption{Demographics: Ethnicity, Race, Gender, and Age}
\end{table}
**Education**

(Q6) *What is the highest level of education you have completed?*

Forty-five percent (45%) of food pantry respondents report either some high school, high school degree, or GED/certificate equivalent. Forty-nine percent (49%) of respondents report either some college, an AA degree, or a Bachelor’s degree. Six percent (6%) of respondents report having been to Graduate school or some post graduate training.

**CalFresh**

(Q13) *What is your CalFresh (food stamps) status (check all that apply):*

Thirty-eight percent (38%) of respondents reported participating in CalFresh. According to Humboldt County Department of Health & Human Services an estimated 20,938 people in Humboldt County received CalFresh in 2017, which is about 15.3% of the total population."
Of the respondents who have not applied, roughly 48.3% are on Supplemental Security Income (SSI) and are not eligible. 14.0% of respondents stated they plan on doing it soon. Another 14.0% of respondents stated that they are ineligible because their income is too high.

California is the only state that excludes participation in CalFresh for individuals who receive SSI, a federally funded program which provides income support for individuals aged 65 or older, blind, or disabled. Instead of allowing SSI participants to qualify for CalFresh the state has a program called State Supplementary Payment (SSP) which offers cash payment to supplement SSI.\(^4\)

**Employment**

Thirty-one percent (31%) of respondents reported that they are able to work. Twenty-five percent (25%) of respondents reported that they are not able to work, twenty percent (20%) reported being on SSI/SDI, thirteen percent (13%) are retired and twelve percent (12%) are looking for work.
(Q18) Do any of the other adults you are living with have a job or jobs?
Seventy-seven percent (77%) of respondents report living in a jobless household.
For more employment analysis see Appendix B.

(Q16) Do you currently have a job or jobs?
Seventy-seven percent (77%) of respondents report not currently having a job.

(Q19) Which of the following describes your job or jobs (check all that apply)?
Nineteen percent (19%) of respondents report that they have full time employment. Ten percent (10%) of respondents report having two or more jobs. Seventy-one (71%) percent of respondents report having some form of part-time, seasonal, or occasional jobs.
(Q20) How likely would you say it is that you will become unemployed in the next 12 months?

Twenty-one percent (21%) of respondents reported a lack of job security in the next 12 months. Twenty-two percent of respondents reported having job security in the next 12 months. Fifty-seven percent (57%) of respondents reported having no job.

For more employment analysis see Appendix B.
Pantry

(Q24) I receive food from the pantry:
Seventy-one percent (71%) of respondents report attending the food pantry once a month.

(Q25) I am happy with the amount of food I receive from the pantry:
Nearly 7 out of 10 (66%) respondents agree that they are happy with the amount of food they receive from the pantry.

(Q26) I am happy with the quality of food I receive at the pantry:
7 out of ten (72%) respondents agree that they are happy with the quality of food that they receive from the pantry.
(Q27) I can choose healthy food at the pantry:

3 out of 4 (77%) of respondents agree that they can choose healthy food at the pantry.

(Q28) The food I receive from the pantry meets my dietary needs and preferences:

6 out of 10 (61%) respondents agree that the food they receive from the pantry meets their dietary needs.

(Q29) I am able to access the food pantry as much as I need to:

Nearly 6 out of 10 (56%) respondents report that they agree that they are able to access the pantry as much as they need to.
(Q30) **If you are not able to access the food pantry as much as you need to, what are the challenges that prevent you (check all that apply):**

Thirty-five percent (35%) of respondents report transportation as a challenge in pantry access. Twenty-one percent (21%) of respondents report that the pantry is not open often enough.

**For more pantry access analysis see Appendix C.**
(Q31) I would like the information on the following to be available at the pantry (check all that apply):

Several respondents requested information on Housing (83), Dental Care (77), CalFresh (64), Community events (64), Community gardens (63), and Transportation (62). Information on how to grow food (57), Internet Access (53), Help finding a job/job training (47) and mental health services (47) were also frequently selected by respondents.
Several respondents report that they would benefit from housing (21) some of these requests were in the form of shelter access, homeless services, help with rent, HUD/Section 8, among others. Transportation help was requested by respondents (15) in the form of bus passes, gas vouchers, rides to health appointments, delivery of food/medical necessities, a ride if needed, car repair, ride services/carpool, among others. Food services were requested (13) in the form of more food allotment, food vouchers, emergency food boxes, and emergency sandwiches among other requests.

“Other” category consisted of English language services, animal care, housekeeping help, library being open more, and outlets to charge phones among other requests.
Figure 19. Foods wanted more:

- Protein: 195
- Dairy: 119
- Fruit: 71
- Vegetables: 64
- Grains: 64
- Easily Prepared: 31
- Beverages: 31
- Snacks/Sweets: 26
- Other: 17
- Health/Diet: 13
- Spices/Condiments: 8

(Q33) Please list up to 3 kinds of food you would like to see more of at the pantry:

Top 3 requests were: proteins (n=195) such as meats, beans, fish, and other sources of proteins. Dairy products (119) such as milk, cheese, yogurt, and other dairy products. Fruit (71) and vegetables (64) made up for a large share of requests (135) as well.

Other category consisted of responses such as pet food, breakfast and lunch items, “any”, “fresh”, “fresh food”, “just less beans”, “more real food”, “no moldy bread or fruits” and “Do not take anything away” among other requests.

*Easily prepared food are considered foods that require minimal set up, kitchen space, time, and/or heating source to provide a source of food/nutrients such as microwave food, food pouches, hot water food, frozen meals, canned meals, chili, soups, etc.

Health and diet requests were made regarding diabetic options, vegetarian options, and specific food allergies (lactose, peanut).
Household Food Security

(Q38) The months when money is tight, I sometimes have to choose between food and... (check all that apply):

One hundred fourteen (114) respondents report that transportation competes with food as an expense in months when money is tight. Ninety-nine (99) respondents report that utilities compete with food expenses in months when money is tight.

Themes in the “Other” (49) category of choices to choose between when money is tight included the following: All of the above, Bills, Daily needs, Pets/Animal Care, Family Care, Health Care, Food, Housing, Entertainment, Transportation, and Toiletries. Individual responses included the following: “Everything”, “mammogram”, “Just have to juggle”, “I cut out cigarettes and luxuries”, “Homeless”, “Laundry”, “none”, and “physical therapy”, among others.
(Q40-50) Food Security Status:

Questions 40-50 of the Food Access and Pantry Services survey are from the US Household Food Security survey. They include questions such as “In the last 12 months did you ever cut the size of your meals or skip meals because there wasn’t enough money for food?” and “In the last 12 months, did you ever not eat for a whole day because there wasn’t enough money for food?”

Fifty percent (50%) of respondents were experiencing very low food security and sixteen (16%) of respondents were experiencing low food security.

Table 3. Food Security Definitions

<table>
<thead>
<tr>
<th>Food Security</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Food Security</td>
<td>No reported indications of food-access problems or limitations.</td>
</tr>
<tr>
<td>Marginal Food Security</td>
<td>One or two reports of food-access problems or limitations, typically of anxiety over food sufficiency or shortage of food. Little or no indication of changes in diet or intake.</td>
</tr>
<tr>
<td>Low Food Security</td>
<td>Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.</td>
</tr>
<tr>
<td>Very Low Food Security</td>
<td>Reports of multiple indications of disrupted eating patterns and reduced food intake.</td>
</tr>
</tbody>
</table>

For more food security analysis see Appendix D.
Local Circumstances

(Q56) In general, has your local area become a better or worse place to live in the past year?

Thirty-six percent (36%) of respondents report that their local area has become a worse place to live. However, this is proportionate to respondents who report their local area has been the same (33%) and respondents who report their area has become a better place to live (31%).

(Q57) Is the following statement true: “In my local area, children and older people feel free to move about safely:”

Seventy-four percent (74%) of respondents report that children and older people feel free to move about safely in their local areas.

(Q58) To what extent do you feel that people in your local area help one another:

Twenty-one percent (21%) of respondents report that people in their local area always help each other.
In the past 12 months, have you been a victim of a crime?

Thirty-four percent of respondents report that they have been the victim of a crime in the last 12 months.

Crime rates are based on data captured over three consecutive years, this survey didn’t have the capability to assess a true crime rate but it does appear that Food for People clients may experience higher rates of crime when compared to crime rates provided by other sources.

Eureka’s crime rate is reported at 585.9 per 100,000 residents. Arcata’s crime rate is reported at 311.7 per 100,000 residents, and Fortuna’s crime rate is reported at 339.0 per 100,000 residents, the national average crime rate is 280.5 per 100,000 residents. 5,6,7

For more local conditions analysis see Appendix E.

Health

Do you have diabetes?

Thirteen percent (13%) of respondents report having diabetes. This is higher than the reported Humboldt County diabetes rate (6.3%) as well as both the average rate of diabetes for California (9.6%) and the national diabetes rate (9.3%). 8,9

For more diabetes analysis see Appendix F.
(Q62) Does anyone in your household have diabetes?

Fourteen percent (14%) of respondents live with people who have diabetes.

(Q60) Do you or anyone in your household use e-cigarettes or other electronic “vaping” products (check all that apply)?

Seventeen percent (17%) of respondents report that either they or someone in their household smoke e-cigarettes.

Approximately 15% of adults in Humboldt County are smokers.10
(Q64) When was the last time you or someone in your household visited a doctor’s office?

One hundred forty-five (145) respondents report that they or a household member have been to the doctor in the last 3 months.

For more doctor visit analysis see Appendix H.

(Q65) When was the last time you or someone in your household visited a dentist?

One hundred fifty-six (156) respondents report that it has been more than a year since they or a household member have been to see the dentist.

For more dentist visit analysis see Appendix I.
(Q63) When was the last time you or someone in your household visited the emergency room?

Sixty-seven (67) respondents report that they or a household member have been to the emergency room in the last 3 months.

For more emergency room analysis see Appendix J.

Transportation

(Q66) Do you have dependable transportation to the following places:

Twenty-four percent (24%) of respondents report having sporadic or rare transportation to the pantry.

Twenty-eight percent (28%) of respondents report having sporadic or rare transportation to health care services.
Twenty-three percent (23%) of respondents report having sporadic or rare transportation to the grocery store.

Twenty-eight percent (28%) of respondents report having sporadic or rare transportation to social services.

Seventeen percent (17%) if respondents report having sporadic or rare transportation to work.
Thirty-seven percent (37%) of respondents report having sporadic or rare transportation to where you want to go.

**Table 4. Rare Transportation**

<table>
<thead>
<tr>
<th>Reported Rare Transportation</th>
<th>Frequency</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never marked rare transportation</td>
<td>201</td>
<td>56.8%</td>
</tr>
<tr>
<td>Once marked rare transportation</td>
<td>17</td>
<td>4.8%</td>
</tr>
<tr>
<td>Twice marked rare transportation</td>
<td>15</td>
<td>4.2%</td>
</tr>
<tr>
<td>Three marked times rare transportation</td>
<td>10</td>
<td>2.8%</td>
</tr>
<tr>
<td>Four marked times rare transportation</td>
<td>19</td>
<td>5.4%</td>
</tr>
<tr>
<td>Five marked times rare transportation</td>
<td>30</td>
<td>8.5%</td>
</tr>
<tr>
<td>Always marked rare transportation</td>
<td>62</td>
<td>17.5%</td>
</tr>
<tr>
<td>Total</td>
<td>354</td>
<td>100%</td>
</tr>
</tbody>
</table>

Of the 6 questions concerning transportation, respondents who marked ‘rarely’ consistently were quantified. 201 respondents (56.8%) report never having “rare” transportation to select places. However, 62 respondents (17.5%) report always having rare transportation to select places.

For more transportation analysis see Appendix K.

**Respondents were asked to complete the following questions only if they had children living with them.**

**Children**

(Q68) Are there children under the age of 18 living in your household?

Sixty-six (66) respondents report that they have children living in their household.
For more Children in Household analysis see Appendix L.

(Q69) If you have children, in which district do they go to school (check all that apply)?

Seventeen (17) respondents report that their children attend school in Eureka. Ten (10) respondents report that their children attend school in Arcata.

(Q70) What types of services have the child/children in your household used (check all that apply)?

Forty-one (41) respondents selected free & reduced meals at school as a service utilized by their child/children.

Nineteen (19) respondents selected WIC, the Special Supplemental Nutrition Program for Women, Infants, and Children, as a service utilized by their child/children.
**Q71** What is your relationship with the child/children in your household (check all that apply)?

Forty-seven (47) respondents report that they are parents of the children living in their household.

![Figure 41. Relationship to children](chart1)

**Q72** Are you a single parent?

Thirty-four (34) respondents report that they are single parents. Nationally twenty-seven percent (27.4%) of parents were single in 2016.11

![Figure 42. Single parent (N = 77)](chart2)

**Q73** Are you a grandparent raising your grandchild?

Six (6) respondents report that they were grandparents raising grandchildren.

![Figure 43. Grandparent raising grandchild (N = 79)](chart3)
Due to the sample size of respondents within the dataset, statistical significance should not be assumed for the following cross tabulations. However, this is accurate snapshot data of Food for People’s clients. The data set and cross tabulations should not be extrapolated for any other populations or comparisons.
Appendix A: CalFresh Cross Tabulations

CalFresh x Age

Figure 2-1. Age 18-25 years

- 41% Does not receive CalFresh
- 59% Receives CalFresh

Forty-one percent (41%) of respondents in the 18-25 age group receive CalFresh.

Figure 2-2. Age 26-34 years

- 46% Does not receive CalFresh
- 54% Receives Calfresh

Fifty-four percent (54%) of respondents in the 26-34 age group receive CalFresh.

Figure 2-3. Age 35-45 years

- 53% Does not receive CalFresh
- 47% Receives Calfresh

Fifty-three percent (53%) of respondents in the 35-45 age group receive CalFresh.
Forty-eight percent (48%) of respondents in the 46-54 age group receive CalFresh.

Twenty-nine percent (29%) of respondents in the 55-64 age group receive CalFresh.

Nineteen percent (19%) of respondents in the 65+ age group receive CalFresh.
CalFresh x Food Security

Forty-one percent (41%) of respondents with high food security receive CalFresh.

Thirty-two percent (32%) of respondents with marginal food security receive CalFresh.

Twenty-eight percent (28%) of respondents with low food security receive CalFresh.
Forty-two percent (42%) of respondents with very low food security receive CalFresh.

**CalFresh x Diabetes**

Twelve percent (12%) of respondents who receive CalFresh, report having diabetes.

Ten percent (10%) of respondents who do not receive CalFresh, report having diabetes.
CalFresh x Dr. Visit

Fifty-six percent (56%) of respondents who receive CalFresh report having been or having a family member who has been to the doctor in the last 3 months.

![Figure 2-13. Receives CalFresh](image)

Forty-nine percent (49%) of respondents who do not receive CalFresh report having been or having a family member who has been to the doctor in the last 3 months.

CalFresh x Emergency Room

Forty percent (40%) of respondents who receive CalFresh report having not been or not having a family member who has been to the emergency room in more than a year.

![Figure 2-15. Receives CalFresh](image)
Forty-one percent (41%) of respondents who do not receive CalFresh report having not been, and not having a family member who has been to the emergency room in more than a year.

**CalFresh x Transportation to Healthcare**

Twenty-eight percent (28%) of respondents who receive CalFresh have transportation to healthcare sometimes or rarely.

Thirty-eight percent (38%) of respondents who do not receive CalFresh have transportation to healthcare sometimes or rarely.
CalFresh x Jobless Household

Forty-seven percent (47%) of respondents who report having at least one job in their household receive CalFresh.

Thirty-four (34%) of respondents who report having no job in their household receive CalFresh.

Appendix B: Employment Cross Tabulations

Jobless Household x Food Security

Seventy-seven percent (77%) of respondents who report having high food security also report having no jobs in their household.
Fifty-eight percent (58%) of respondents who report having marginal food security also report having no job in their household.

Sixty-seven percent (67%) of respondents who report having low food security also report having no job in their household.

Sixty-three percent (63%) of respondents who report having very low food security also report having no job in their household.
### Appendix C: Reasons for not Accessing Pantry as Often as Necessary Cross Tabulations

#### Current Job Status x Reason for not Accessing Pantry as Often as Necessary (N = 192)

<table>
<thead>
<tr>
<th>Reason for Not Accessing Pantry</th>
<th>Yes, Current Job</th>
<th>No Current Job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Transportation</td>
<td>20</td>
<td>63</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>Can't get there during hours of operation</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Not open often enough</td>
<td>11</td>
<td>20</td>
</tr>
</tbody>
</table>

#### Ability to Work x Reason for not Accessing Pantry as Often as Necessary (N = 186)

<table>
<thead>
<tr>
<th>Reason for Not Accessing Pantry</th>
<th>Able to Work</th>
<th>Not able to Work</th>
<th>Retired or staying at home to care for someone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>13</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Transportation</td>
<td>30</td>
<td>14</td>
<td>14</td>
</tr>
<tr>
<td>Embarrassed</td>
<td>6</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Mobility Issues</td>
<td>14</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>Can't get there during hours of operation</td>
<td>12</td>
<td>6</td>
<td></td>
</tr>
<tr>
<td>Not open often enough</td>
<td>12</td>
<td>6</td>
<td>6</td>
</tr>
</tbody>
</table>

### Appendix D: Food Security Cross Tabulations

#### Food Security x Age

![Figure 21-1. Age 18-25 years](image)

- High food security: 0%
- Marginal food security: 15%
- Low food security: 18%
- Very low food security: 67%

Sixty-seven percent (67%) of respondents in the 18-25 age group report having very low food security.
Forty-nine percent (49%) of respondents in the 26-34 age group report having very low food security.

Sixty-five percent (65%) of respondents in the 35-45 age group report having very low food security.

Sixty-four percent (64%) of respondents in the 46-54 age group report having very low food security.
Forty-six percent (46%) of respondents in the 55-64 age group report having very low food security.

Twenty-seven percent (27%) of respondents in the 65+ age group report having very low food security.

**Appendix E: Local Conditions**

**Local Safety x Race/Ethnicity**

Thirty-seven percent (37%) of American Indian or Alaskan Native respondents report that children and older people do not feel that they can move about safely in their local areas.
Sixteen percent (16%) of Hispanic/Latino respondents report that children and older people do not feel that they can move about safely in their local areas.

Twenty-five percent (25%) of white respondents report that children and older people do not feel that they can move about safely in their local areas.

**Local Help x Race/Ethnicity**

Twenty-six percent (26%) of American Indian or Alaskan Native respondents report that people in their local area rarely help each other.
Eleven percent (11%) of Hispanic/Latino respondents report that people in their local area rarely help each other.

Seventeen percent (17%) of White respondents report that people in their local area rarely help each other.

**Victim of a Crime x Age**

Thirty-three percent (33%) of respondents in the 18-25 age group report that they had been a victim of crime in the last 12 months.
Thirty-nine percent (39%) of respondents in the 26-34 age group report that they had been a victim of a crime in the last 12 months.

Thirty-eight percent (38%) of respondents in the 35-45 age group report that they had been a victim of a crime in the last 12 months.

Forty-four percent (44%) of respondents in the 46-54 age group report that they had been the victim of a crime in the last 12 months.
Thirty-six percent (36%) of respondents in the 55-64 age group report that they had been the victim of a crime in the last 12 months.

Twenty percent (20%) of respondents in the 65+ age group report that they had been the victim of a crime in the last 12 months.

Victim of a Crime x Race/Ethnicity

Forty-three percent (43%) of American Indian or Alaskan Native respondents report that they had been a victim of a crime in the last 12 months.
Twenty-two percent (22%) of Hispanic/Latino respondents report that they had been a victim of a crime in the last 12 months.

Figure 25-8. Hispanic/Latino

![Pie chart showing 22% Yes and 78% No for Hispanic/Latino respondents.]

Thirty-two percent (32%) of White respondents report that they had been a victim of a crime in the last 12 months.

Figure 25-9. White

![Pie chart showing 32% Yes and 68% No for White respondents.]

Appendix F: Diabetes Cross Tabulations

Diabetes x Age

Figure 26-1. Age 18-25 years

![Pie chart showing 4% Yes, diabetes, 4% No, no diabetes, and 92% Don’t know.] Four percent (4%) of respondents in the 18-25 age group report that they have diabetes.
Six percent (6%) of respondents in the 26-34 age group report that they don’t know if they have diabetes. No respondents in this age group report having diabetes.

Nine percent (9%) of respondents in the 35-45 age group report that they have diabetes.

Seven percent (7%) of respondents in the 46-54 age group report having diabetes.
Twenty-one percent (21%) of respondents in the 55-64 years report having diabetes.

Twenty-one percent (21%) of respondents in the 65+ age group report having diabetes.

**Diabetes x Food Security**

Eighteen percent (18%) of respondents with high food security also report that they have diabetes.
Ten percent (10%) of respondents with marginal food security also report that they have diabetes.

Sixteen percent (16%) of respondents with low food security also report that they have diabetes.

Eleven percent (11%) of respondents with very low food security also report that they have diabetes.
Diabetes x Job Status

Sixteen percent (16%) of respondents who report having diabetes also report having a job.

Twenty-five percent (25%) of respondents who report not having diabetes or not knowing if they have diabetes, also report currently having a job.

Appendix G: Timing of Dr. Visit Cross Tabulations

Twenty-two percent (22%) of respondents in the 18-25 age group report that it has been more than a year since they or anyone in their households have been to a doctor.
Nine percent (9%) of respondents in the 26-34 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Eighteen percent (18%) of respondents in the 35-45 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Twenty-one percent (21%) of respondents in the 46-54 age group report that it has been more than a year since they or anyone in their households have been to a doctor.
Fifteen percent (15%) of respondents in the 55-64 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Thirteen percent (13%) of respondents in the 65+ age group report that it has been more than a year since they or anyone in their households have been to a doctor.

**Dr. Visit x Transportation to Healthcare**

Thirteen percent (13%) of respondents having transportation to healthcare either always or most of the time, also report that it has been more than a year since they or anyone in their households have been to a doctor.
Nineteen percent (19%) of respondents having transportation to healthcare either sometimes or rarely, also report that it has been more than a year since they or anyone in their households have been to a doctor.

**Appendix H: Timing of Dentist Visit Cross Tabulations**

**Dentist x Age**

Forty-one percent (41%) of respondents in the 18-25 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Forty-one percent (41%) of respondents in the 26-34 age group report that it has been more than a year since they or anyone in their households have been to a dentist.
Fifty-four percent (54%) of respondents in the 35-45 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Sixty-four percent (64%) of respondents in the 46-54 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Fifty-nine percent (59%) of respondents in the 55-64 age group report that it has been more than a year since they or anyone in their households have been to a dentist.
Sixty-three percent (63%) of respondents in the 65+ age group report that it has been more than a year since they or anyone in their households have been to a dentist.

**Dentist x Transportation to Healthcare**

Forty-seven percent (47%) of respondents who report having transportation to healthcare always or most of the time, also report that it has been more than a year since they or anyone in their households have been to a dentist.

Seventy percent (70%) of respondents who report having transportation to healthcare sometimes or rarely, also report that it has been more than a year since they or anyone in their households have been to a dentist.
Thirty-four percent (34%) of respondents who report having high food security also report that it has been more than a year since they or anyone in their households have been to a dentist.

Sixty-one percent (61%) of respondents who report having marginal food security also report that it has been more than a year since they or anyone in their households have been to a dentist.

Thirty-five percent (35%) of respondents who report having low food security also report that it has been more than a year since they or anyone in their households have been to a dentist.
Sixty-six percent (66%) of respondents who report having very low food security also report that it has been more than a year since they or anyone in their households have been to a dentist.

**Appendix I: Timing of Emergency Room Visit Cross Tabulations**

Emergency Room x Age

Thirteen percent (13%) of respondents in the 18-25 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Twenty-six percent (26%) of respondents in the 26-34 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.
Thirty-five percent (35%) of respondents in the 35-45 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Forty-three percent (43%) of respondents in the 46-54 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Forty-eight percent (48%) of respondents in the 55-64 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.
Sixty-one percent (61%) of respondents in the 65+ age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

**Emergency Room x E-cig**

Nineteen percent (19%) of respondents who have been or have household members who have been to the emergency room within the last 12 months, also report that they and/or a member of their household are E-cigarette users.

Twelver percent (12%) of respondents who haven’t been or have household members who haven’t been to the emergency room in more than a year, also report that they and/or a member of their household are E-cigarette users.
Emergency Room x Food Security

Fifty-six percent (56%) of respondents with high food security report that it has been more than a year since they or anyone in their households have been to the emergency room.

Fifty-eight percent (58%) of respondents with marginal food security report that it has been more than a year since they or anyone in their households have been to the emergency room.

Fifty-five percent (55%) of respondents with low food security report that it has been more than a year since they or anyone in their households have been to the emergency room.
Thirty-three percent (33%) of respondents with very low food security report that it has been more than a year since they or anyone in their households have been to the emergency room.

**Appendix J: Transportation to Healthcare Cross Tabulations**

**Transportation to Healthcare x Age**

Thirteen percent (13%) of respondents in the 18-25 age group report rarely having transportation to healthcare services.

Nineteen percent (19%) of respondents in the 26-34 age group report rarely having transportation to healthcare services.
Seventeen percent (17%) of respondents in the 35-45 age group report rarely having transportation to healthcare services.

Nineteen percent (19%) of respondents in the 46-54 age group report rarely having transportation to healthcare services.

Fifteen percent (15%) of respondents in the 55-64 age group report rarely having transportation to healthcare services.
Six percent (6%) of respondents in the 65+ age group report rarely having transportation to healthcare services.

Transportation to Healthcare x E-cig

Thirty-four percent (34%) of respondents who are E-cigarette users and/or someone in their households also use E-cigarettes, sometimes or rarely have dependable transportation to healthcare services.

Thirty-one percent (31%) of respondents who live in a household where no one smokes E-cigarettes, sometimes or rarely have dependable transportation to healthcare services.
Transportation to Healthcare x Food Security

Six percent (6%) of respondents with high food security report having transportation to healthcare services sometimes.

Seven percent (7%) of respondents with marginal food security report having transportation to healthcare services sometimes.

Twenty-two percent (22%) of respondents with low food security report having transportation to healthcare services sometimes or rarely.
Forty-one percent (41%) of respondents with very low food security report having transportation to healthcare services sometimes or rarely.

**Appendix K: Children in Household Cross Tabulations**

**Children x Current Job Status**

**Figure 33-12. Very low food security**

- 35% Always
- 22% Most of the time
- 22% Sometimes
- 21% Rarely

**Figure 38-1. Yes children in household**

- 26% Yes current job
- 74% No current job

Twenty-six percent (26%) of respondents who report having children living in their households currently have a job.

**Figure 38-2. No children in household**

- 8% Yes current job
- 92% No current job

Eight percent (8%) of respondents who report having no children living in their households currently have a job.
References


References for Literature Review

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