

HUMBOLDT FOOD ACCESS & PANTRY SERVICE REPORT 2018

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

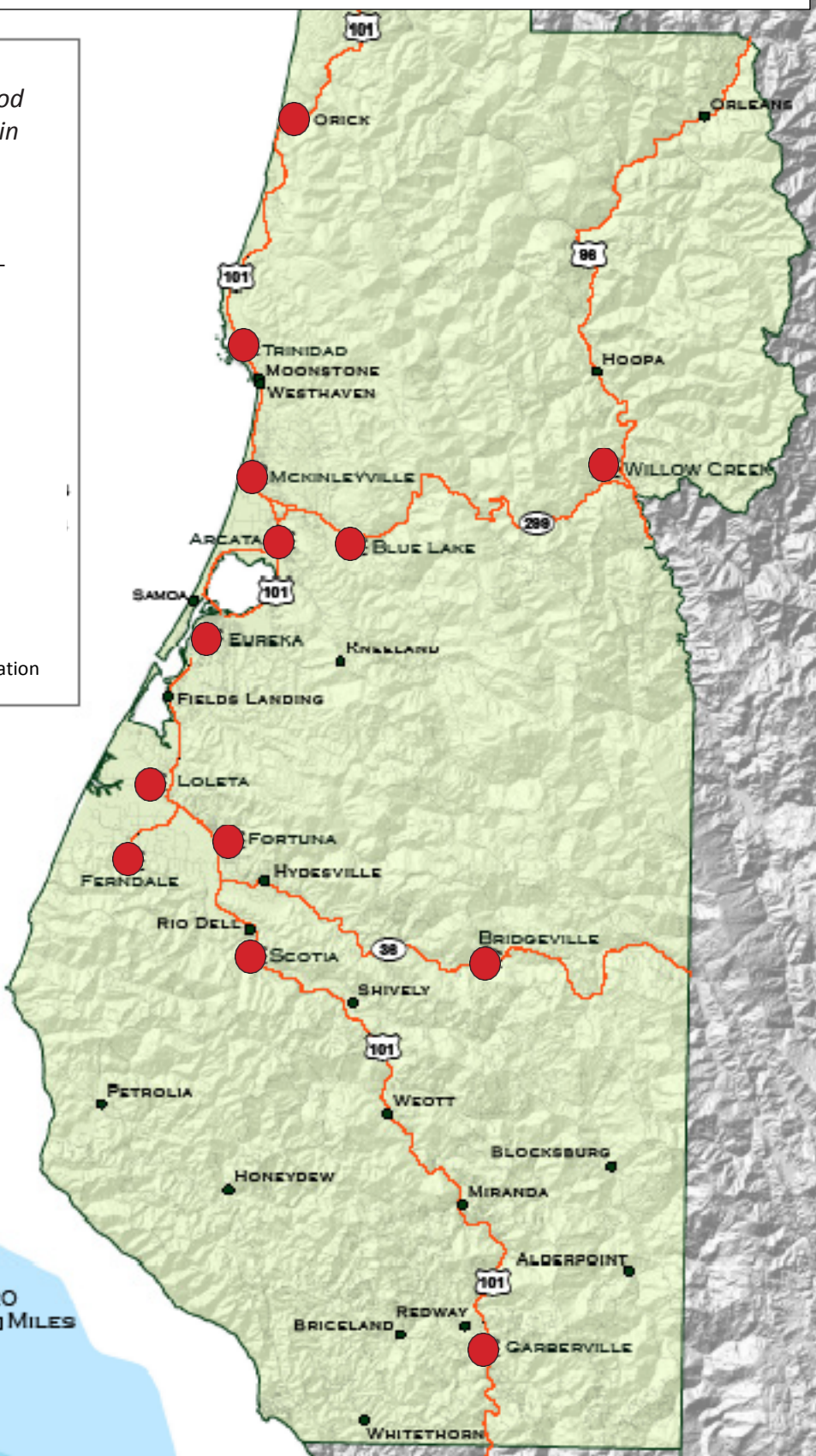
By:



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 Indicates pantry location



Acknowledgements

We would like to thank all of the following individuals, organizations, and agencies for their contributions to this report and their dedication to helping our community.

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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

Table of Contents

Project and Organization Background.....	4
Literature Review	5
Methods.....	9
Limitations.....	10
Results.....	11
Education.....	12
CalFresh.....	12
Employment.....	13
Pantry.....	16
Household Food Security.....	23
Local Circumstances.....	25
Health.....	26
Transportation.....	28
Children.....	31

Appendix

A. CalFresh – Cross Tabulations.....	35
B. Employment – Cross Tabulations.....	41
C. Pantry – Cross Tabulations.....	43
D Food Security – Cross Tabulations.....	43
E. Local Conditions – Cross Tabulations.....	45
F. Diabetes – Cross Tabulations.....	50
G. Timing of Dr. Visit– Cross Tabulations.....	54
H. Timing of Dentist Visit – Cross Tabulations.....	57
I. Timing of Emergency Room Visit – Cross Tabulations.....	61
J. Transportation to Healthcare – Cross Tabulations.....	65
K. Children in Household – Cross Tabulations.....	69

References

References.....	70
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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-beingⁱ. 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 lifeⁱⁱ. 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 food insecurity, both children and adults experienced food insecurity in 8 percent of households (3.1 million households)ⁱⁱ.

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)ⁱⁱ, 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, respectivelyⁱⁱⁱ, with rates of food insecurity for the county level at 18.2 percent, compared to 12.5 percent statewide^{iv}. The statewide rate of food insecurity is consistent with the national rate of food insecurityⁱⁱ, 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^v. 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)ⁱⁱ.

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 who 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 families^{vi}.

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 individual^{vii,viii} therefore impacting their likelihood of experiencing food insecurityⁱⁱ.

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%)ⁱⁱ. Additionally, separate studies that have examined food insecurity on American Indian reservations in South Dakota^{ix} and the Navajo Nation^{x,xi} (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 households^{xii,xiii,xiv,xv,xvi}, with extant research revealing that renters were at least two and a half times more likely to be food insecure than homeowners^{xvii,xviii,xix}. In 2015, the national average renter household had an annual income of \$37,900, compared to \$70,800 for the average homeowner household^{xx}. 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 2015^{xxi}.

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 burdens^{xx}, 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 period^{xx}.

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 insecurity^{xxii}

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 \$61,818^{xxiii}.

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 aides), had median annual wages close to or below the poverty threshold for a family of 3 in 2016^{xxiv}. 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 workers^{xxv}.

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 depression^{xxvi, xxvii, xxviii, xxix} thoughts of suicide^{xxx}, anxiety, hyperactivity and inattention^{xxxi}, restless sleep and mental distress^{xxxii}, and overall poor mental health among adults^{xxxiii}. 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 environments^{xxxiv, xxxv, xxxvi, xxxvii}.

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 outcomes^{xxxviii}, specifically chronic diseases^{xxxix, xl, xli, xlii}. Numerous studies have significantly associated food insecurity, especially among women, with an increased prevalence of chronic disease; specifically type 2 diabetes^{xxxix, xl, xli} and obesity^{xlii, xliii, xliv, xlv, xlvi}. For women, the odds of obesity are likely to increase with the severity of food insecurity^{xlii}. 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 women^{xlvi}.

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 individualsⁱ. With many low-income individuals in the U.S. that are uninsured and lacking access to basic healthcare^{xlviii}, 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 1. Pantry Clients and Survey Penetration				
Pantry Location	Households served for the month	Percent of households served who filled out survey	Households that were served on survey day	Percentage of households captured on survey day
Arcata: Campbell Creek Connexion	171	20.4%	35	92%
Arcata: Arcata Senior Resource Center	38	28.9%	11	30%
Blue lake: Blue Lake Community Resource Center/Mad River Grange	67	26.8%	18	25%
Bridgeville: Community Center	35	20.0%	7	41%
Eureka: Food for People	1119	7.4%	83	102%
Eureka: Humboldt Senior Resource Center	88	15.9%	14	14%
Ferndale: Community Center	42	28.5%	12	24%
Fortuna: St. Joseph's Pantry Shelf	282	9.5%	27	47%
Garberville: Presbyterian Church	110	12.7%	14	108%
Loleta: Community Church	37	35.1%	15	35%
McKinleyville: Food Pantry Family Resource Center	166	13.8%	23	92%
Orick: Community Resource Center	44	54.5%	24	51%
Scotia: Bread for Life/Rio Dell Community Resource Center	73	49.3%	41	37%
Trinidad: Lions Club	45	42.2%	19	58%
Willow Creek: Community Resource Center Pantry	82	26.8%	22	96%
Total	2354	15.0%	354	Avg. = 56.8%

(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.

Table 2. Demographics: Ethnicity, Race, Gender, and Age			
Characteristics	Frequency	Percent	County Total
<i>Ethnicity (n = 342)</i>			
Hispanic/Latino	36	10.5%	9.8%
Non- Hispanic/Latino	306	89.5%	90.2%
<i>Race (n = 340)</i>			
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
<i>Gender (n = 339)</i>			
Female	169	47.7%	49.8%
Male	168	47.5%	50.2%
Non-binary	2	0.6%	N/A
<i>Age (n = 349)</i>			
18-25 years	27	7.7%	18-24 = 12.4%
26-34 years	39	11.2%	25-34 = 14.9%
35-45 years	65	18.6%	35-44 = 11.2%
46-54 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%

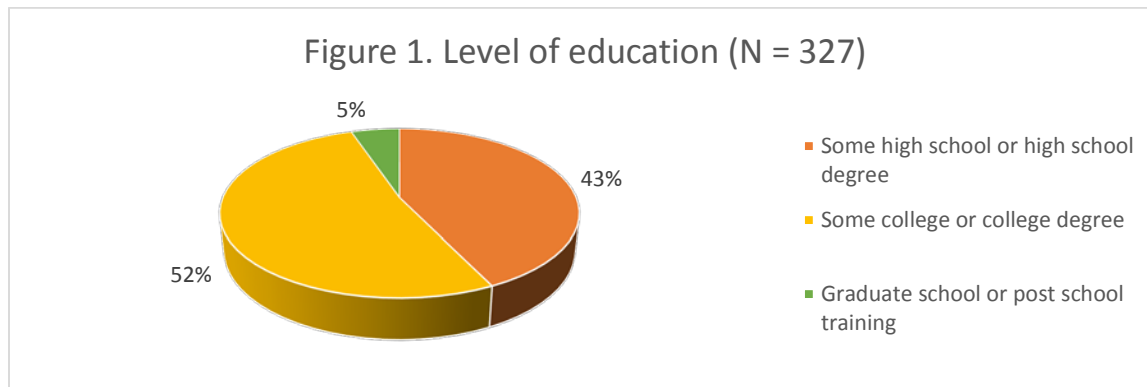
Humboldt County Total is collected from U.S. Census Data.²

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 “other” as their race. Ten (n = 10) respondents selected Black or African American 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.

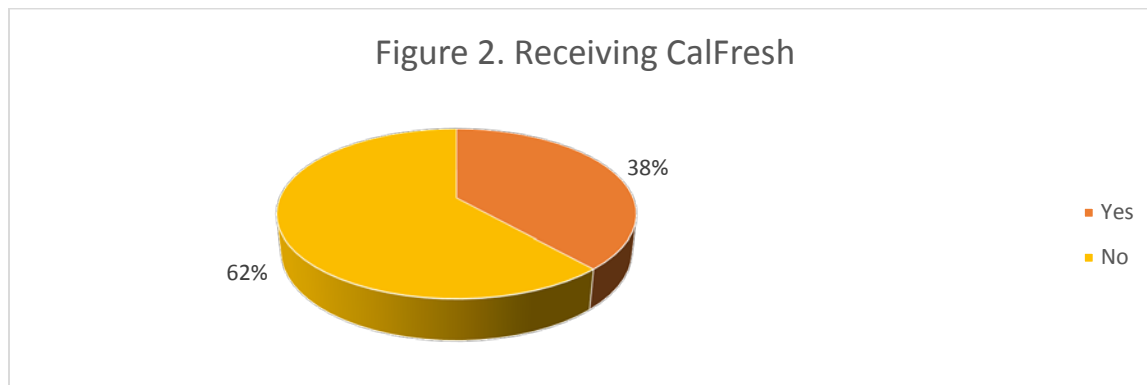
Education



(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.

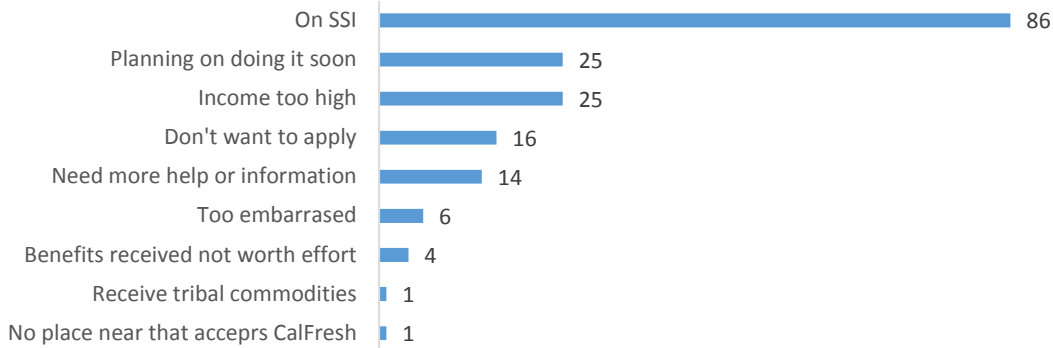
CalFresh



(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.³

Figure 3. Reasons not applying for CalFresh:



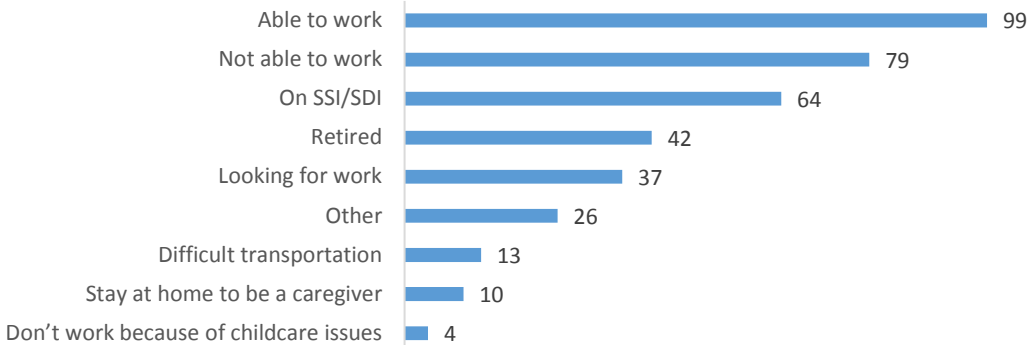
(Q14) If you have not applied, please explain why (check all that apply):

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

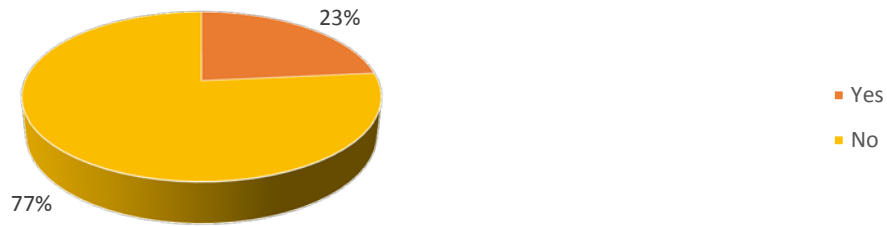
Figure 5. Ability to work



(Q15) How would you describe your ability to work (check all that apply)?

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.

Figure 6. Job in household (N = 298)

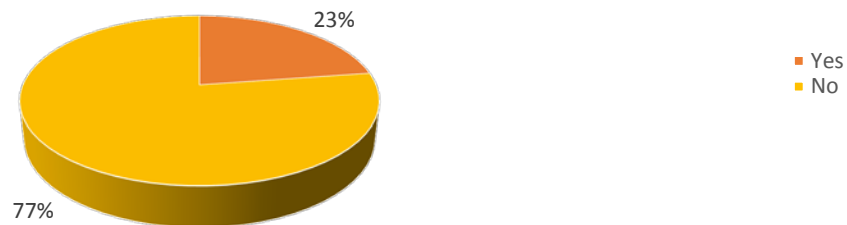


(Q18) Do any of the other adults you are living with have a job or jobs?

Seventy-seven percent (77%) of respondents report living in a jobless household.

For more employment analysis see Appendix B.

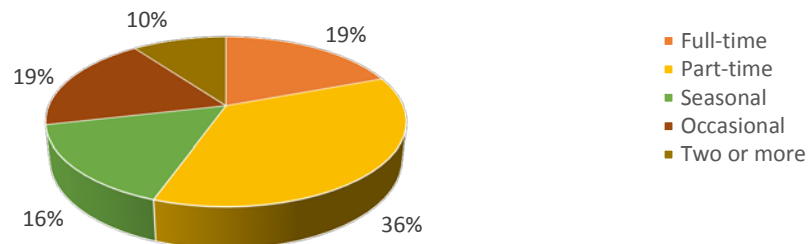
Figure 7. Currently employed? (N = 300)



(Q16) Do you currently have a job or jobs?

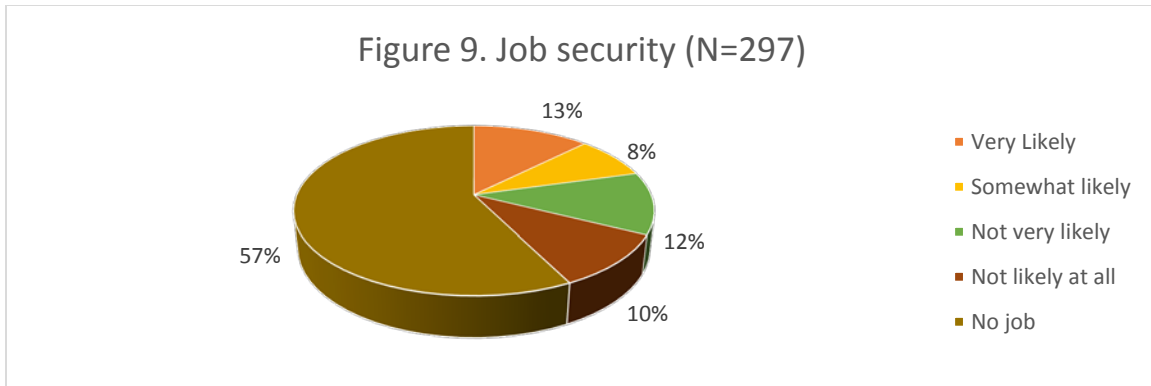
Seventy-seven percent (77%) of respondents report not currently having a job.

Figure 8. Type of 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.



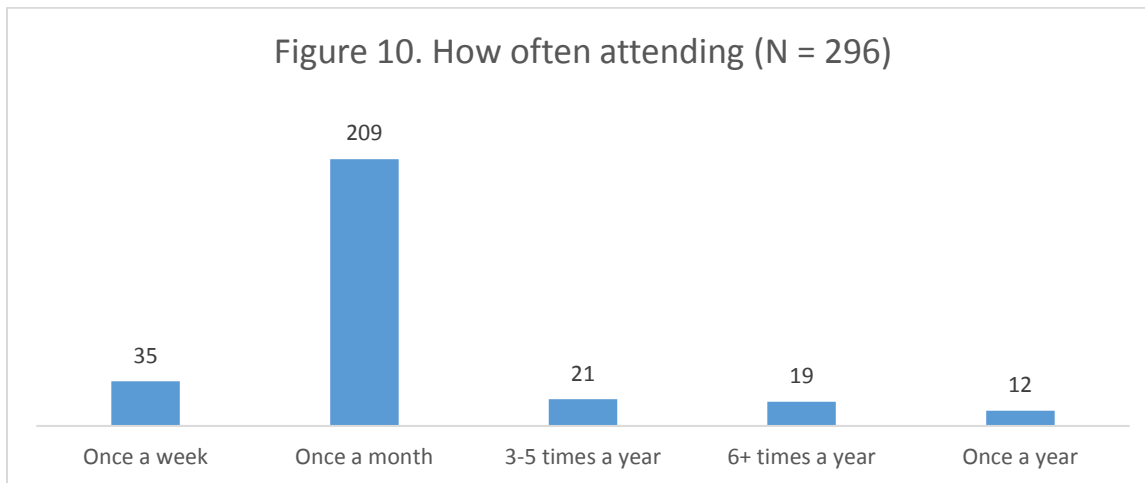
(Q20) How likely would you say it is that you will become unemployed in the next 12 months?

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

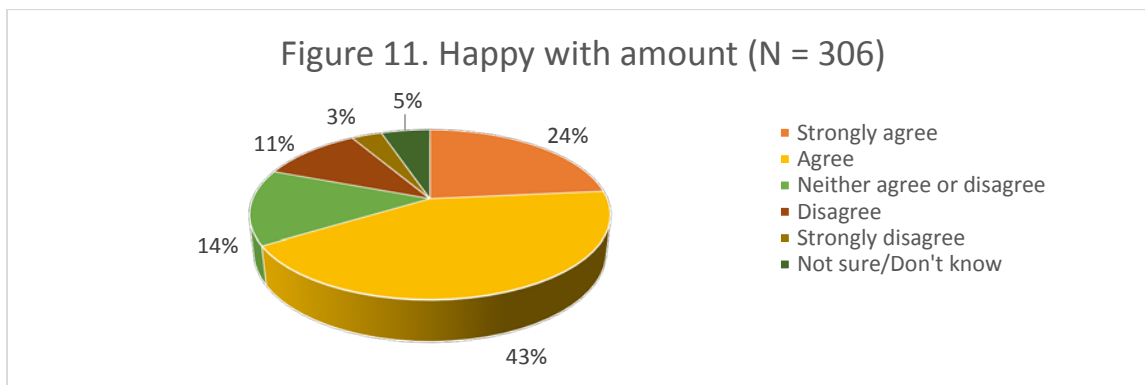
Figure 10. How often attending (N = 296)



(Q24) I receive food from the pantry:

Seventy-one percent (71%) of respondents report attending the food pantry once a month.

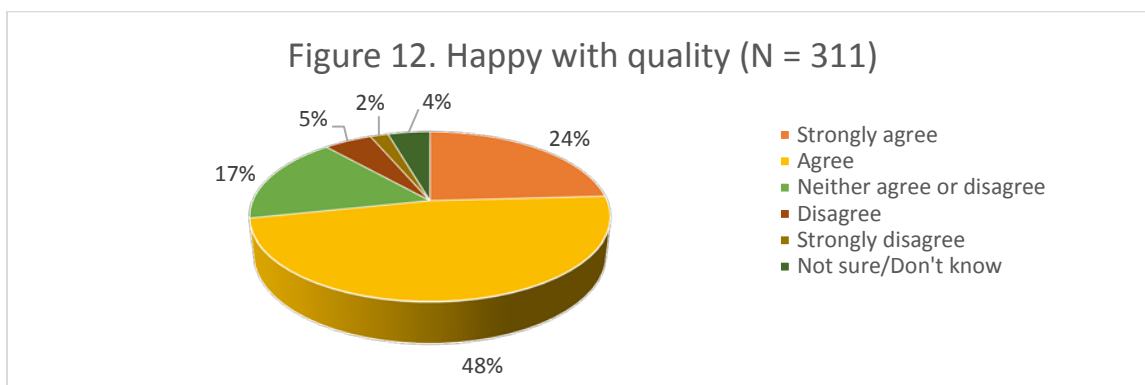
Figure 11. Happy with amount (N = 306)



(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.

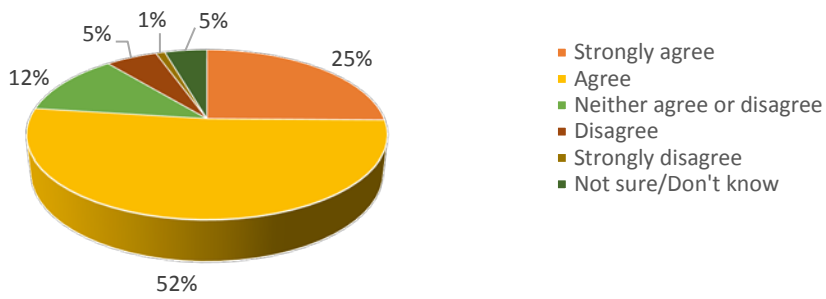
Figure 12. Happy with quality (N = 311)



(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.

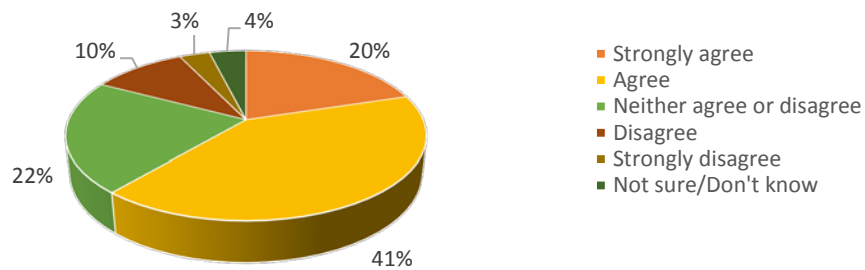
Figure 13. Healthy food (N = 309)



(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.

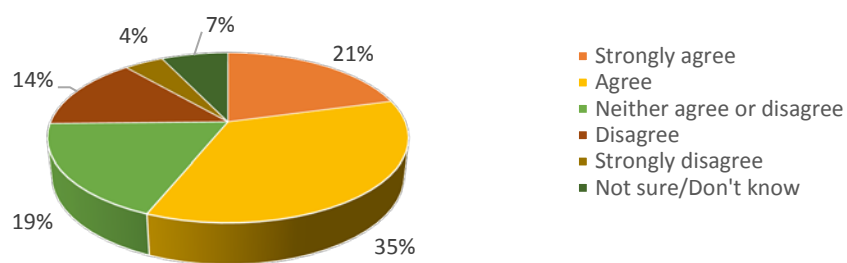
Figure 14. Dietary needs (N = 307)



(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.

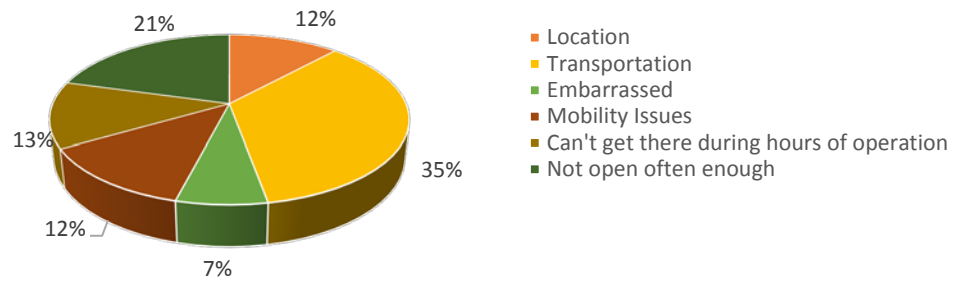
Figure 15. Able to access pantry (N = 308)



(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.

Figure 16. Why not able to access pantry

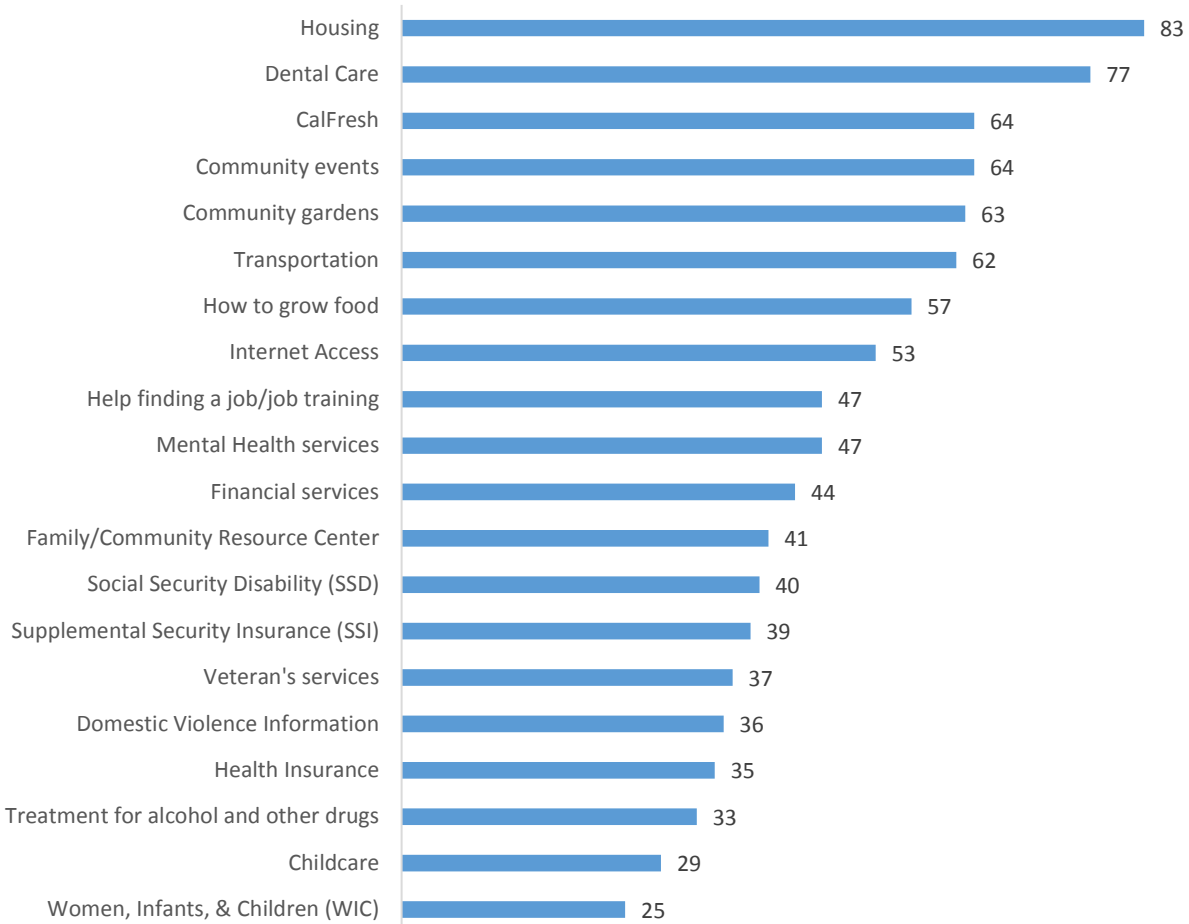


(Q30) If you are not able to access the food pantry as much as you need to, what are the challenges that prevent you (check all that apply):

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.

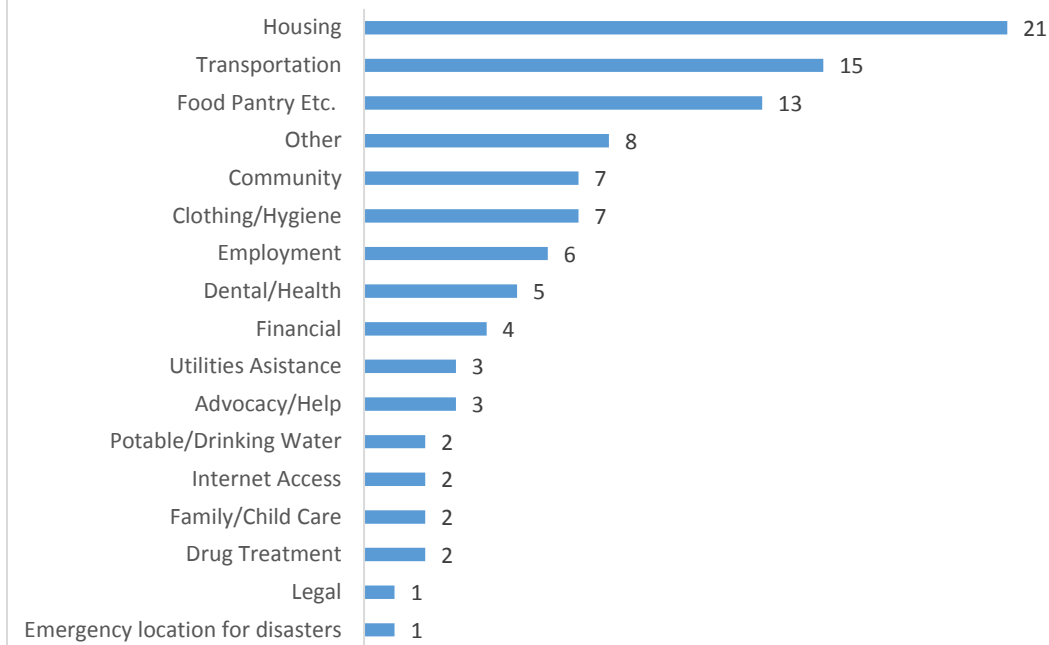
Figure 17. Information available at the pantry:



(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.

Figure 18. Services and activities needed:



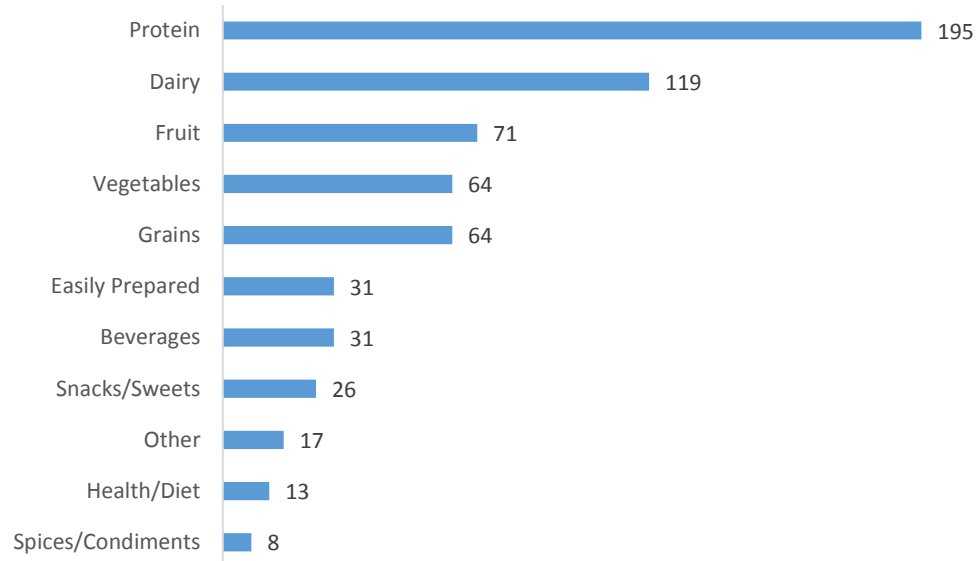
(Q32) What other services or activities would help you or your family?

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:



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

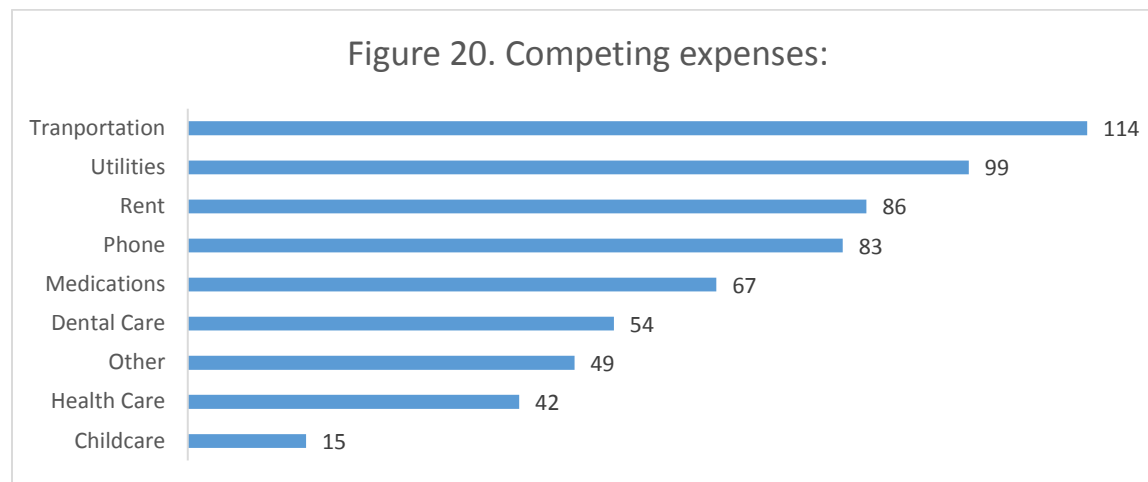
Top 3 requests were: proteins (n=195) such as meats, beans, fish, and other sources of proteins. Dairy products (119) such as milk, cheese, yogurt, and other dairy products. Fruit (71) and vegetables (64) made up for a large share of requests (135) as well.

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

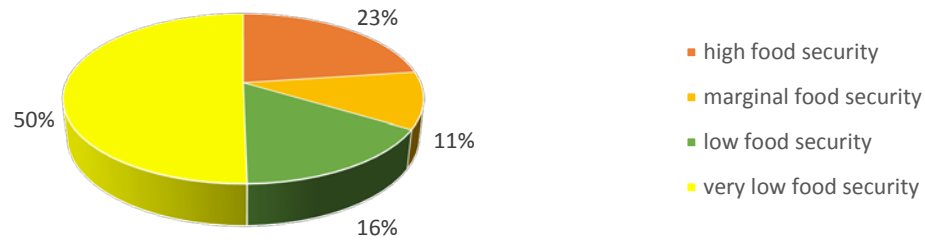


(Q38) The months when money is tight, I sometimes have to choose between food and... (check all that apply):

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.

Figure 21. Food security status (N = 354)



(Q40-50) Food Security Status:

Questions 40-50 of the Food Access and Pantry Services survey are from the US Household Food Security survey.¹ 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?”

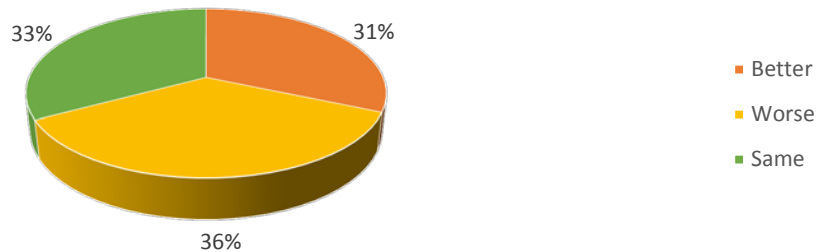
Fifty percent (50%) of respondents were experiencing very low food security and sixteen (16%) of respondents were experiencing low food security.

Table 3. Food Security Definitions	
Food Security	Description
High Food Security	No reported indications of food-access problems or limitations.
Marginal Food Security	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.
Low Food Security	Reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
Very Low Food Security	Reports of multiple indications of disrupted eating patterns and reduced food intake.

For more food security analysis see Appendix D.

Local Circumstances

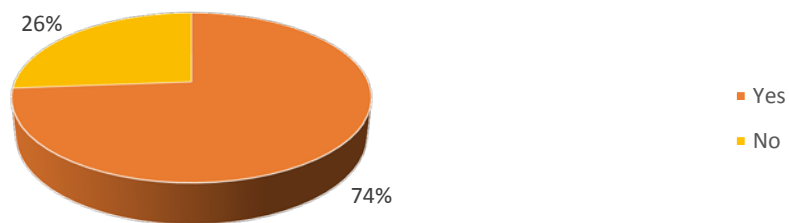
Figure 22. Local area condition (N = 289):



(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%).

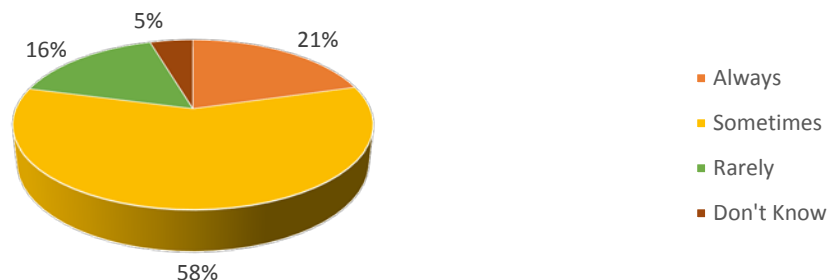
Figure 23. Community safety (N = 271)



(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.

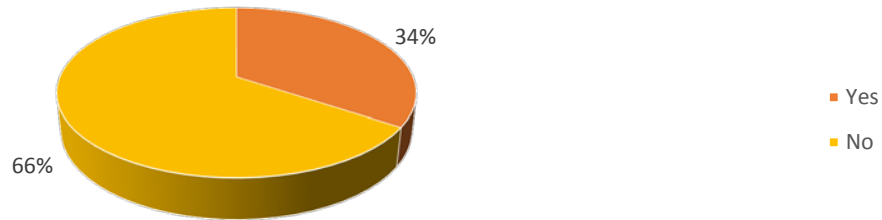
Figure 24. Community support (N = 282)



(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.

Figure 25. Victim of a crime (N = 280)



(Q59) 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.

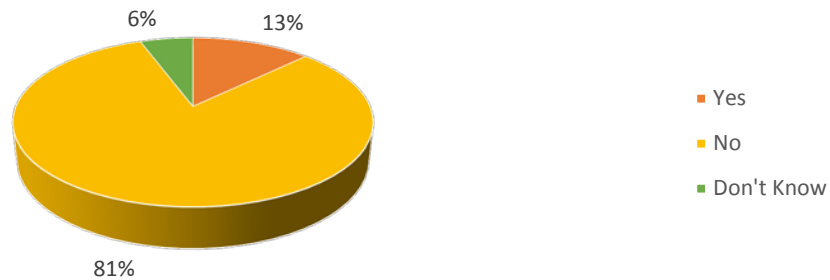
Crime rates are based on data captured over three consecutive years, this survey didn't have the capability to assess a true crime rate but it does appear that Food for People clients may experience higher rates of crime when compared to crime rates provided by other sources.

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

Figure 26. Diabetes (N = 282)

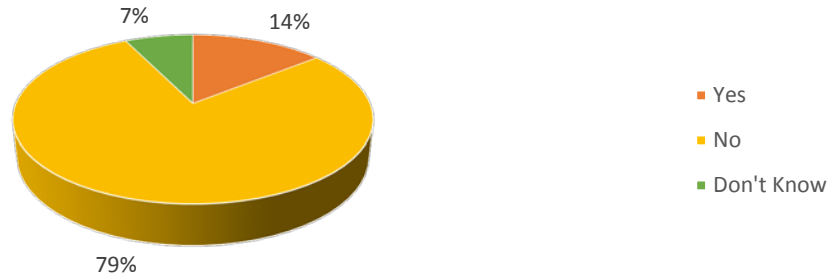


(Q61) Do you have diabetes?

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.

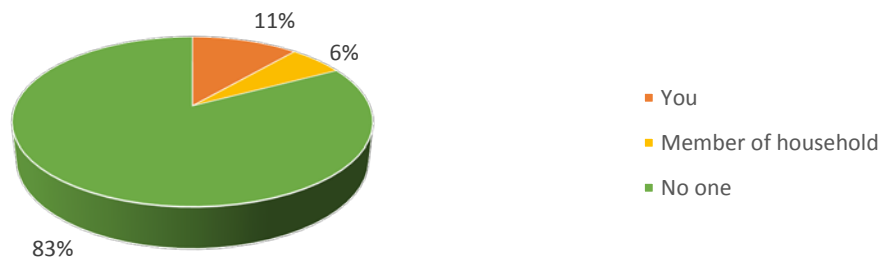
Figure 27. Household diabetes (N = 282)



(Q62) Does anyone in your household have diabetes?

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

Figure 28. E-cigarettes (N = 285)

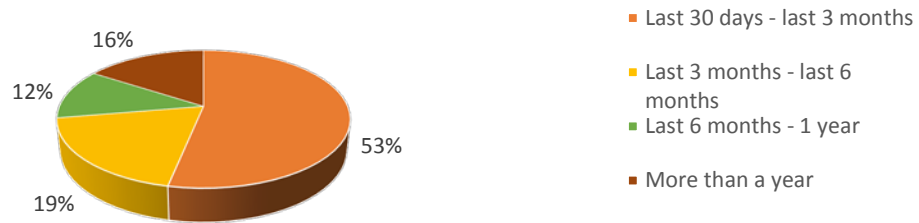


(Q60) Do you or anyone in your household use e-cigarettes or other electronic “vaping” products (check all that apply)?

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

Figure 29. Last doctor visit (N = 280)

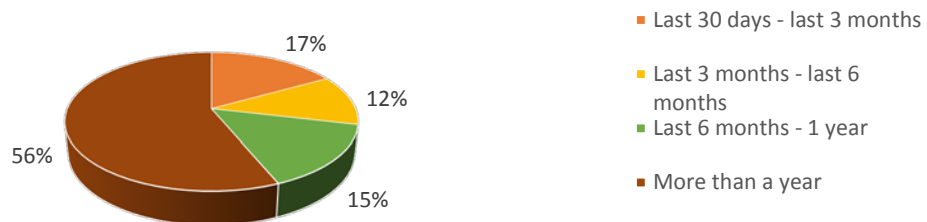


(Q64) When was the last time you or someone in your household visited a doctor's office?

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.

Figure 30. Last dentist visit (N = 281)

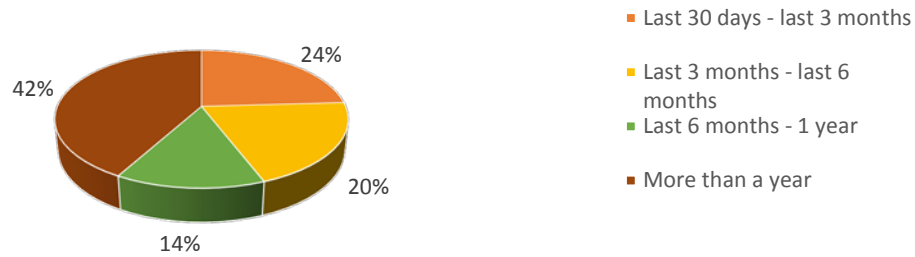


(Q65) When was the last time you or someone in your household visited a dentist?

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.

Figure 31. Last emergency room visit (N = 276)



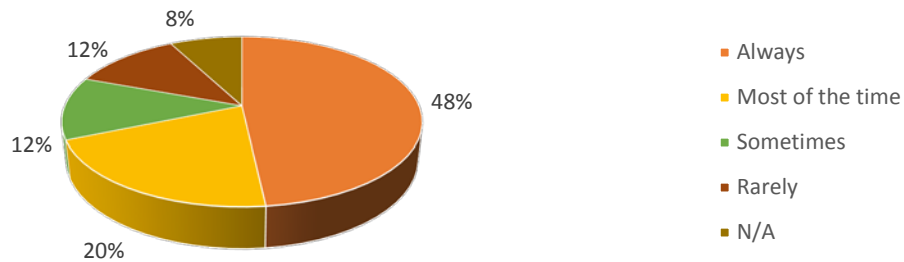
(Q63) When was the last time you or someone in your household visited the emergency room?

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

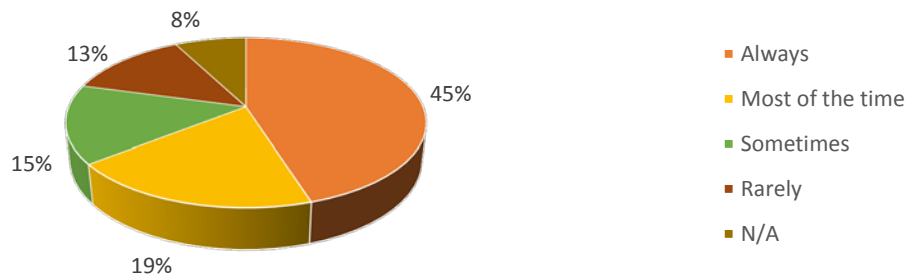
Figure 32. Transportation to pantry (N = 284)



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

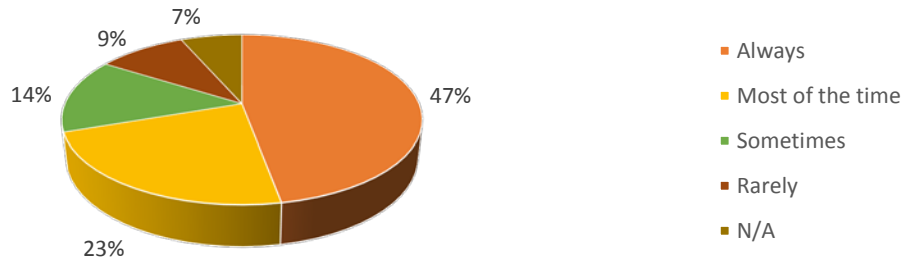
Twenty-four percent (24%) of respondents report having sporadic or rare transportation to the pantry.

Figure 33. Transportation to health care services (N = 275)



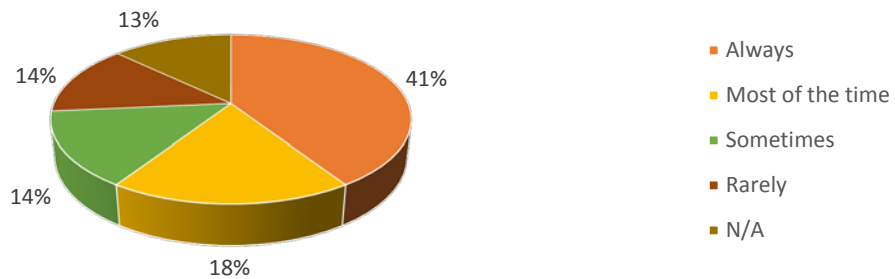
Twenty-eight percent (28%) of respondents report having sporadic or rare transportation to health care services.

Figure 34. Transportation to grocery store (N = 274)



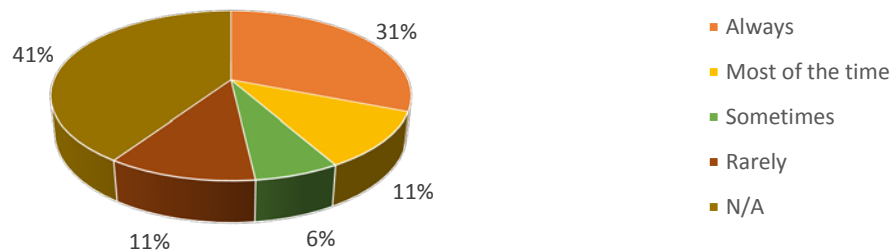
Twenty-three percent (23%) of respondents report having sporadic or rare transportation to the grocery store.

Figure 35. Transportation to social services (N = 272)



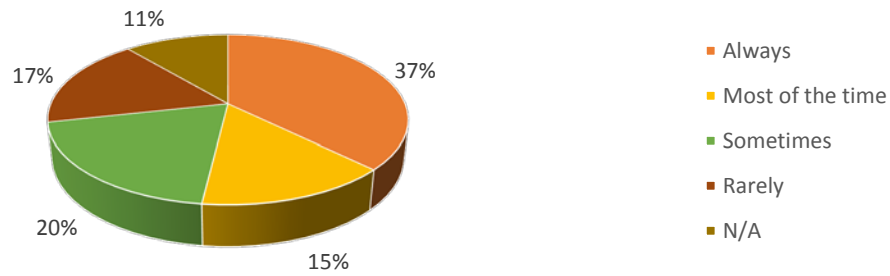
Twenty-eight percent (28%) of respondents report having sporadic or rare transportation to social services.

Figure 36. Transportation to work (N = 249)



Seventeen percent (17%) if respondents report having sporadic or rare transportation to work.

Figure 37. Transportation anywhere (N=260)



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

Table 4. Rare Transportation

Reported Rare Transportation	Frequency	Percent
Never marked rare transportation	201	56.8%
Once marked rare transportation	17	4.8%
Twice marked rare transportation	15	4.2%
Three marked times rare transportation	10	2.8%
Four marked times rare transportation	19	5.4%
Five marked times rare transportation	30	8.5%
Always marked rare transportation	62	17.5%
Total	354	100%

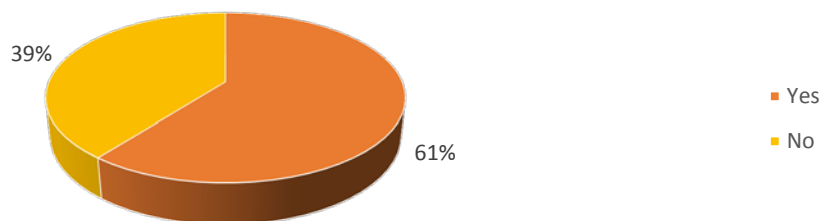
Of the 6 questions concerning transportation, respondents who marked 'rarely' consistently were quantified. 201 respondents (56.8%) report never having "rare" transportation to select places. However, 62 respondents (17.5%) report always having rare transportation to select places.

For more transportation analysis see Appendix K.

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

Children

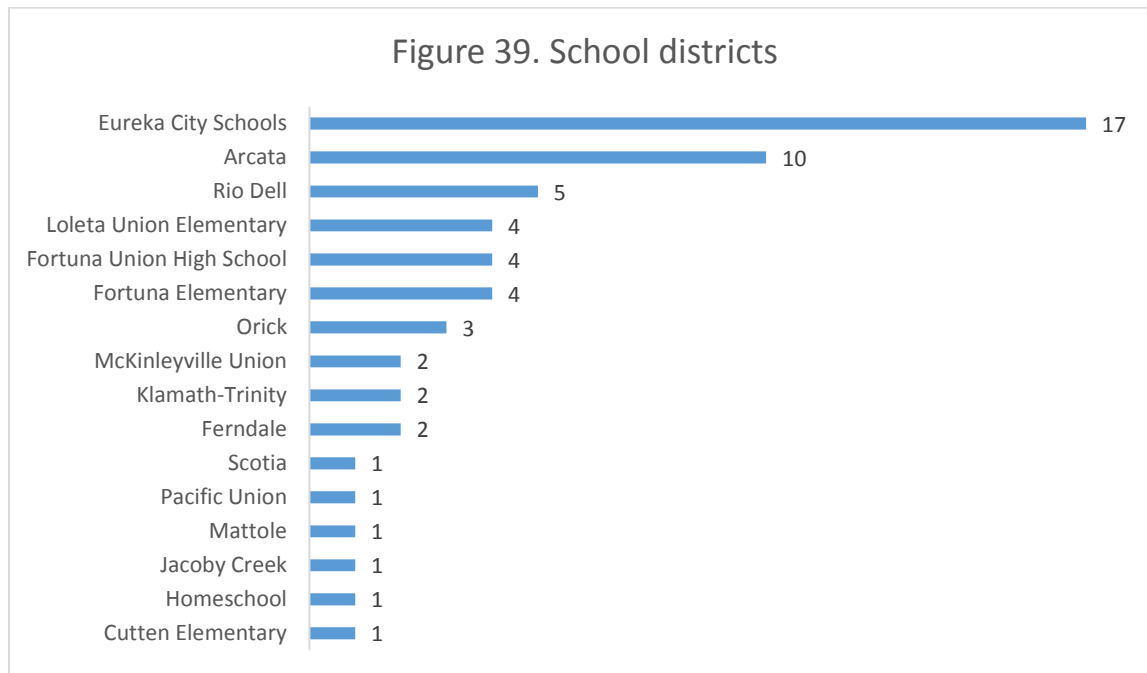
Figure 38. Children in household (N =109)



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

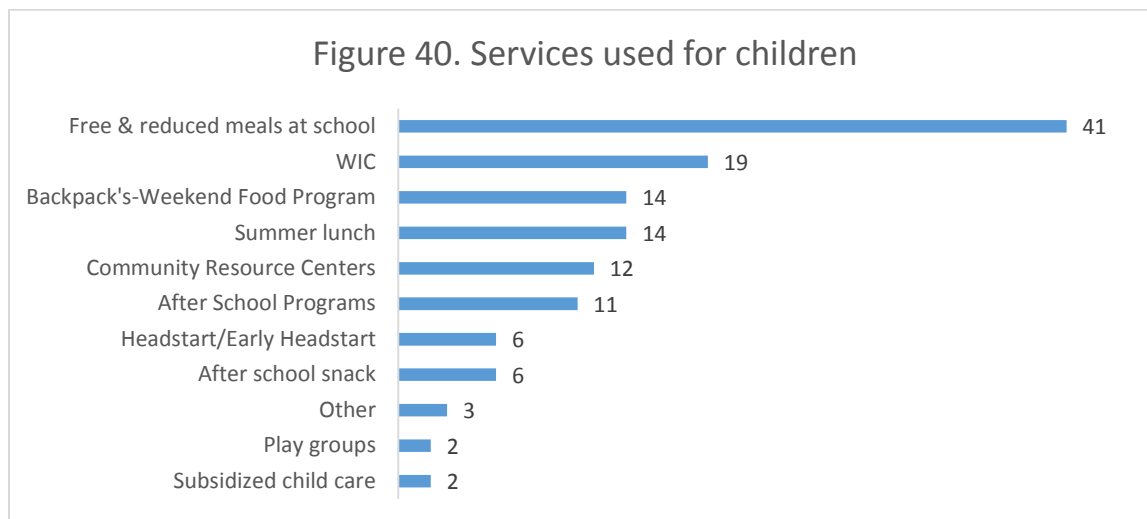
Sixty-six (66) respondents report that they have children living in their household.

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.

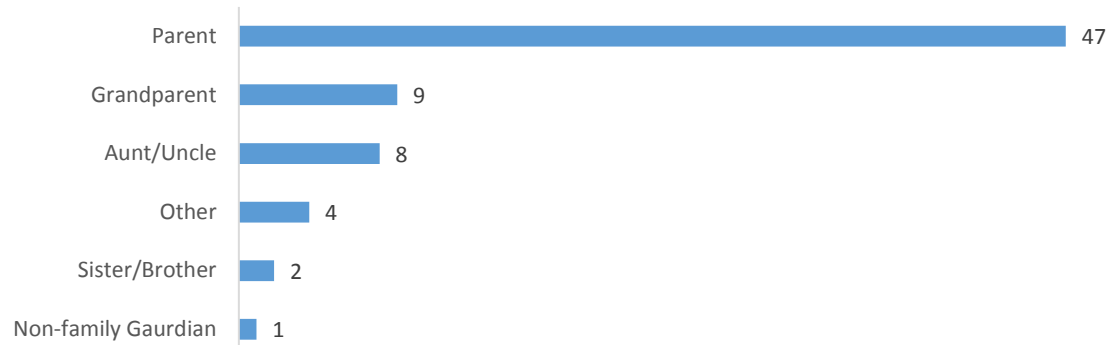


(Q70) What types of services have the child/children in your household used (check all that apply)?

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.

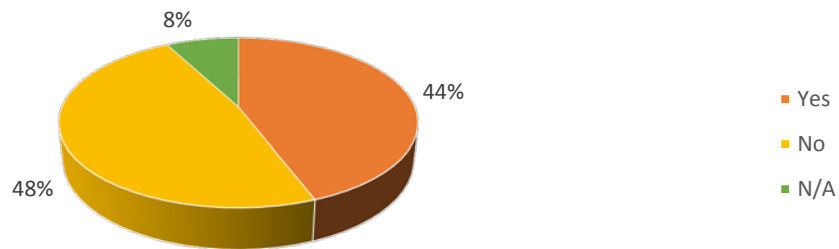
Figure 41. Relationship to children



(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.

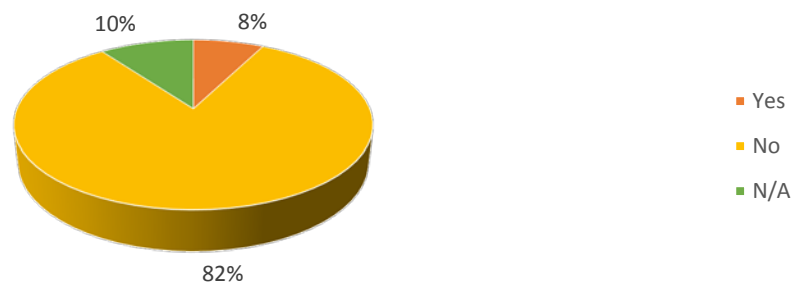
Figure 42. Single parent (N = 77)



(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 43. Grandparent raising grandchild (N = 79)



(Q73) Are you're a grandparent raising your grandchild?

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

Appendices

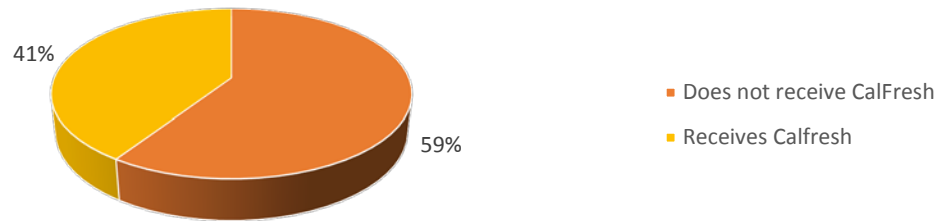
A. CalFresh – Cross Tabulations.....	30
B. Employment – Cross Tabulations.....	37
C. Pantry – Cross Tabulations.....	38
D. Food Security – Cross Tabulations.....	39
E. Local Conditions – Cross Tabulations.....	41
F. Diabetes – Cross Tabulations.....	46
G. Timing of Dr. Visit – Cross Tabulations.....	50
H. Timing of Dentist Visit – Cross Tabulations.....	54
I. Timing of Emergency Room Visit – Cross Tabulations.....	57
J. Transportation to Healthcare – Cross Tabulations.....	61
K. Children in Household – Cross Tabulations.....	65

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

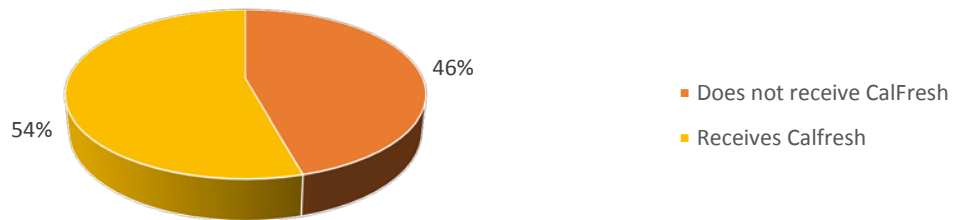
CalFresh x Age

Figure 2-1. Age 18-25 years



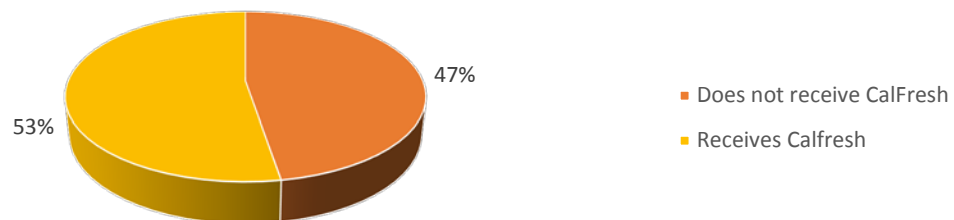
Forty-one percent (41%) of respondents in the 18-25 age group receive CalFresh.

Figure 2-2. Age 26-34 years



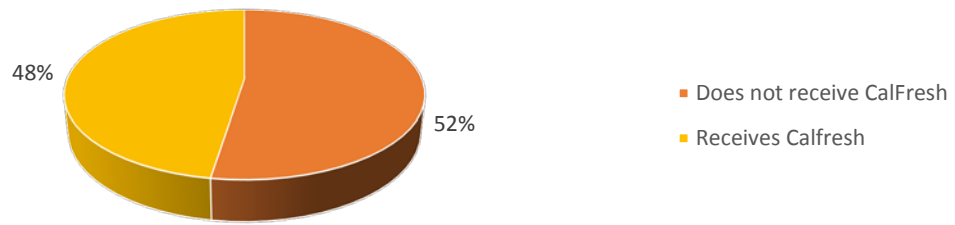
Fifty-four percent (54%) of respondents in the 26-34 age group receive CalFresh.

Figure 2-3. Age 35-45 years



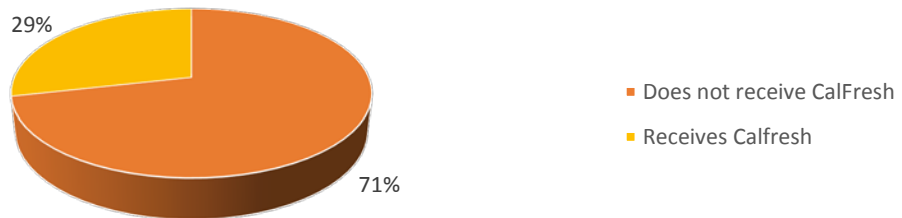
Fifty-three percent (53%) of respondents in the 35-45 age group receive CalFresh.

Figure 2-4. Age 46-54 years



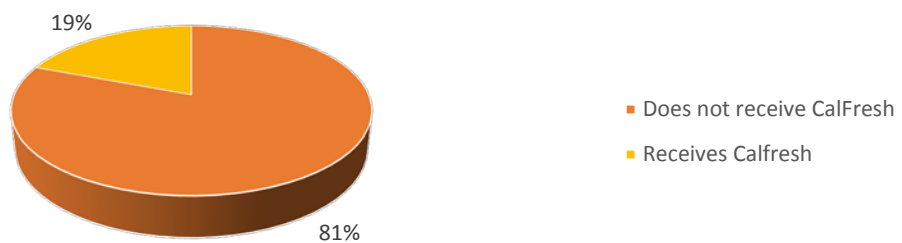
Forty-eight percent (48%) of respondents in the 46-54 age group receive CalFresh.

Figure 2-5. Age 55-64 years



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

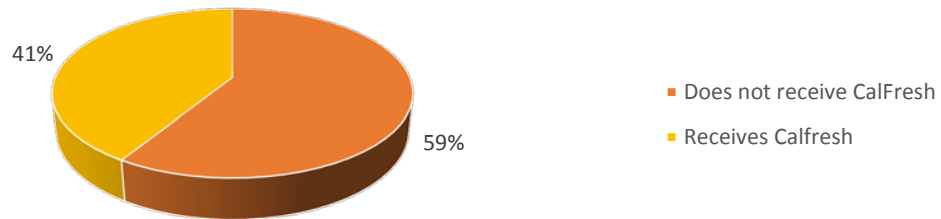
Figure 2-6. Age 65+ years



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

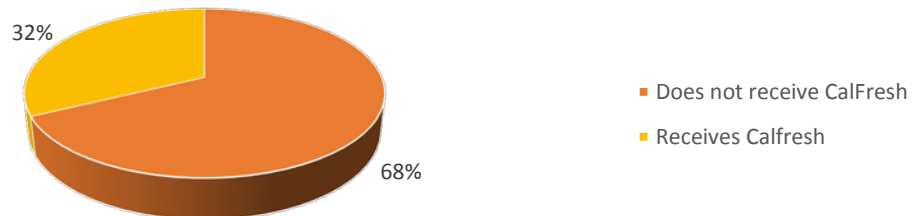
CalFresh x Food Security

Figure 2-7. High food security



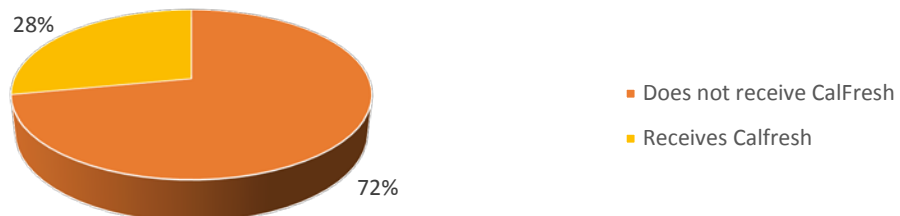
Forty-one percent (41%) of respondents with high food security receive CalFresh.

Figure 2-8. Marginal food security



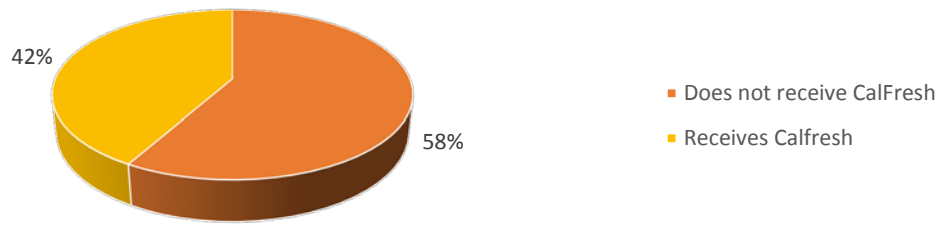
Thirty-two percent (32%) of respondents with marginal food security receive CalFresh.

Figure 2-9. Low food security



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

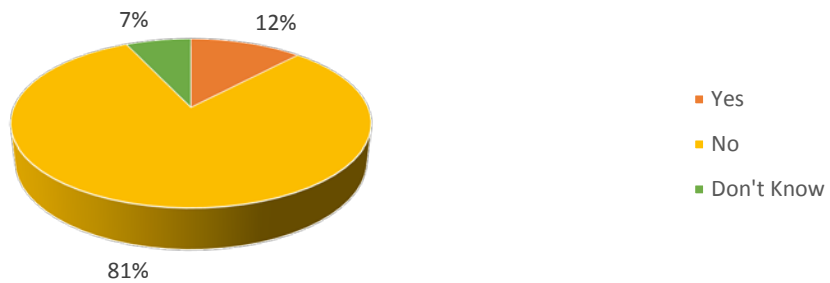
Figure 2-10. Very low food security



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

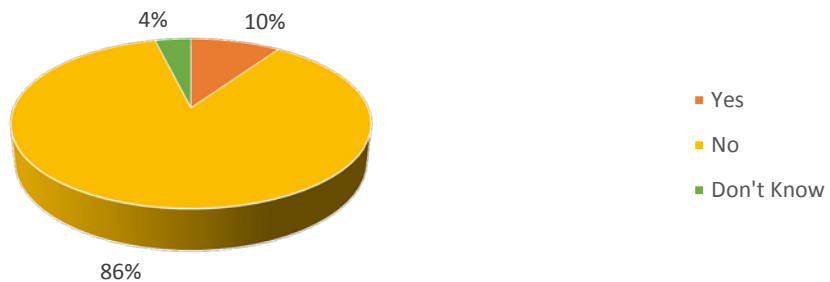
CalFresh x Diabetes

Figure 2-11. Receives CalFresh



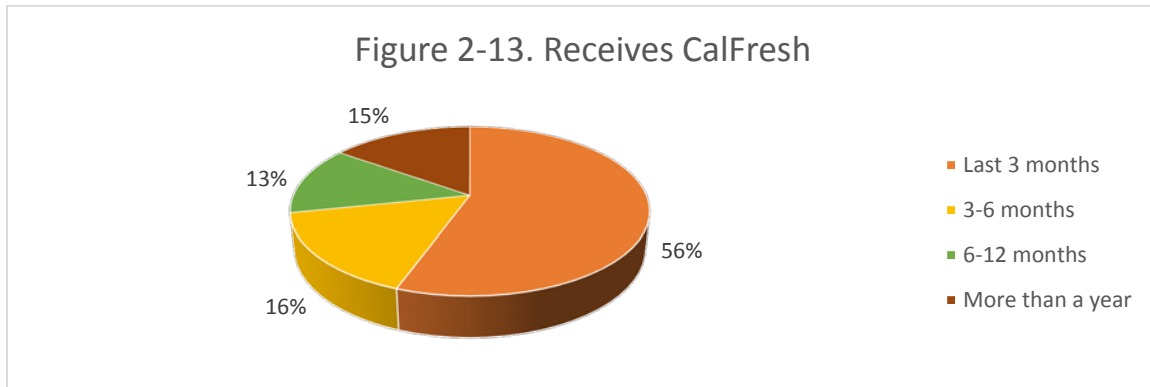
Twelve percent (12%) of respondents who receive CalFresh, report having diabetes.

Figure 2-12. Doesn't receive CalFresh

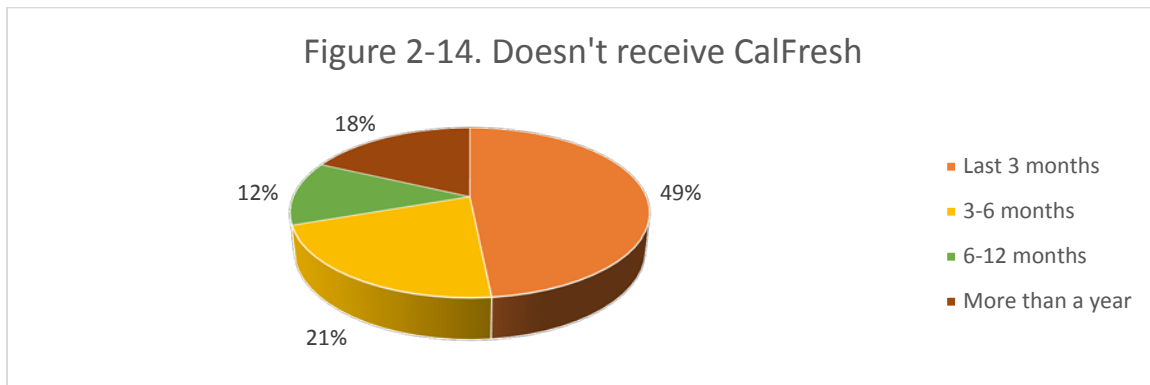


Ten percent (10%) of respondents who do not receive CalFresh, report having diabetes.

CalFresh x Dr. Visit

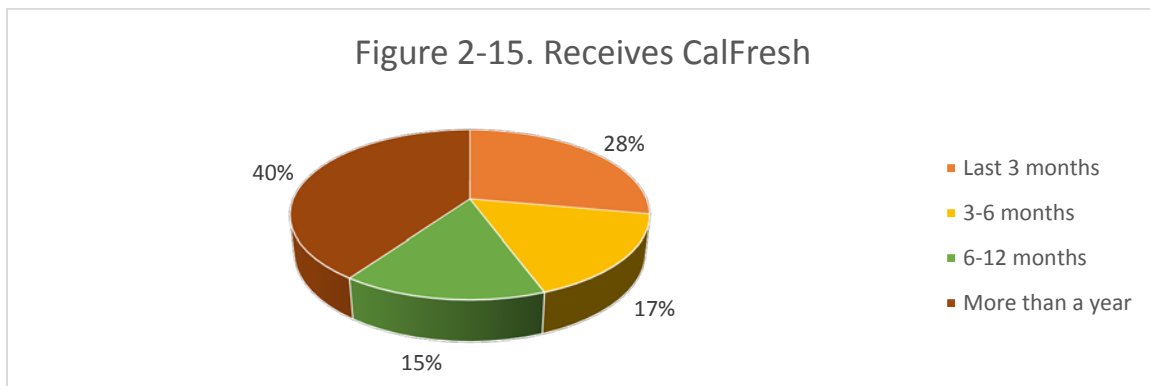


Fifty-six percent (56%) of respondents who receive CalFresh report having been or having a family member who has been to the doctor in the last 3 months.



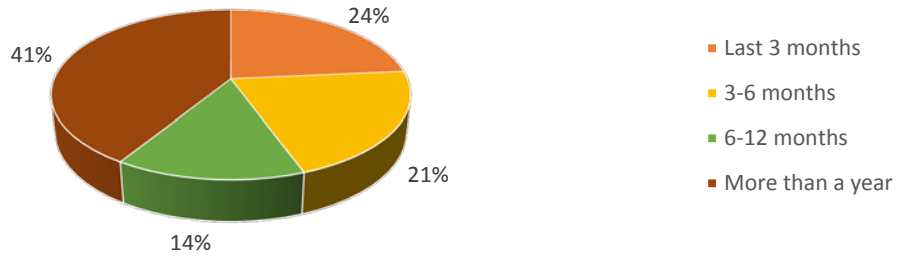
Forty-nine percent (49%) of respondents who do not receive CalFresh report having been or having a family member who has been to the doctor in the last 3 months.

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.

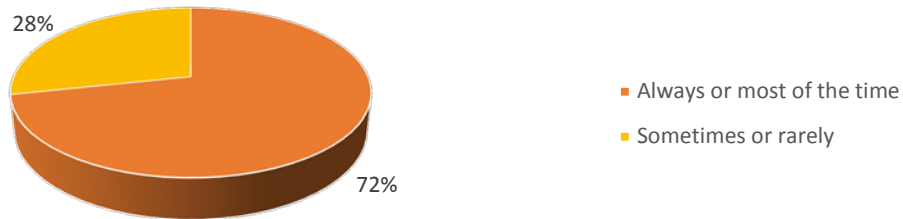
Figure 2-16. Doesn't receive CalFresh



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.

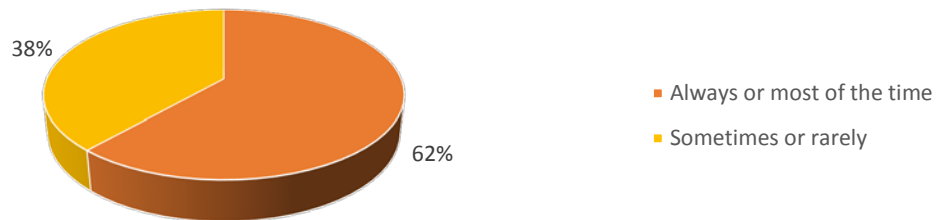
CalFresh x Transportation to Healthcare

Figure 2-17. Receives CalFresh



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

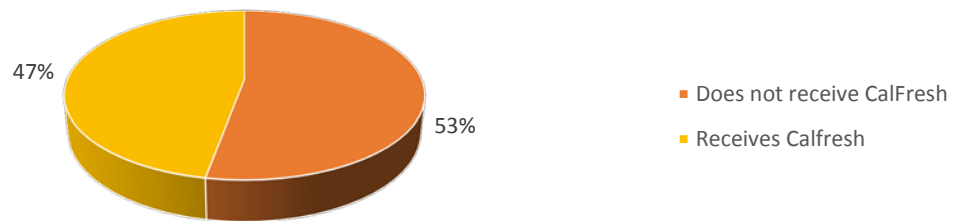
Figure 2-18. Doesn't receive CalFresh



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

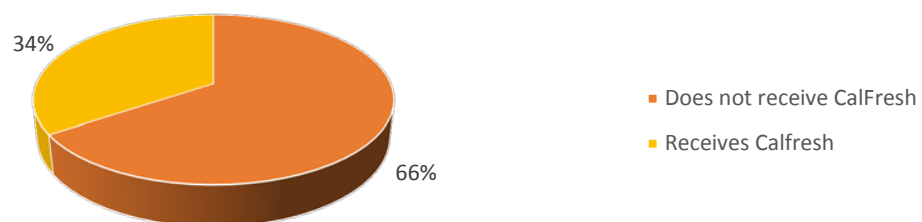
CalFresh x Jobless Household

Figure 2-19. Yes job in household



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

Figure 2-20. No job in household

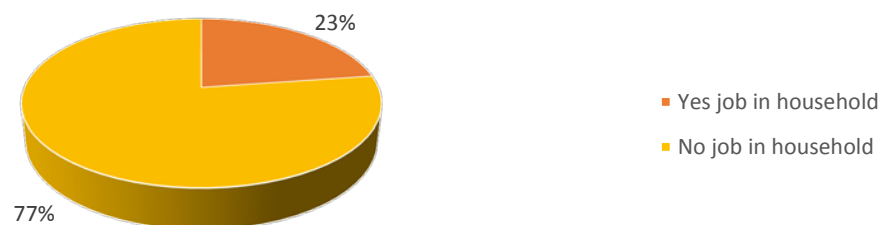


Thirty-four (34%) of respondents who report having no job in their household receive CalFresh.

Appendix B: Employment Cross Tabulations

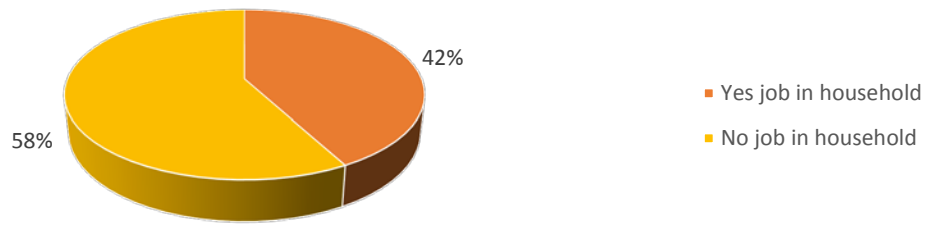
Jobless Household x Food Security

Figure 6-1. High food security



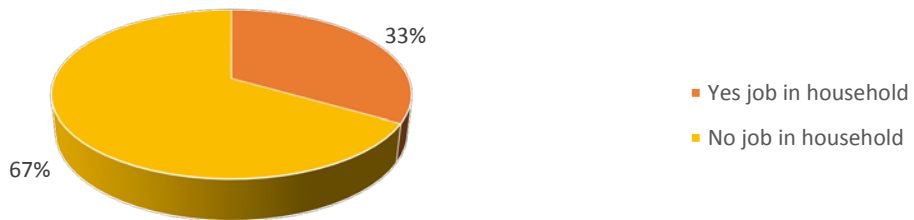
Seventy-seven percent (77%) of respondents who report having high food security also report having no jobs in their household.

Figure 6-2. Marginal food security



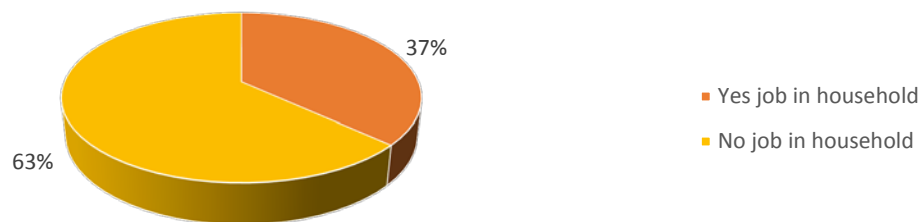
Fifty-eight percent (58%) of respondents who report having marginal food security also report having no job in their household.

Figure 6-3. Low food security



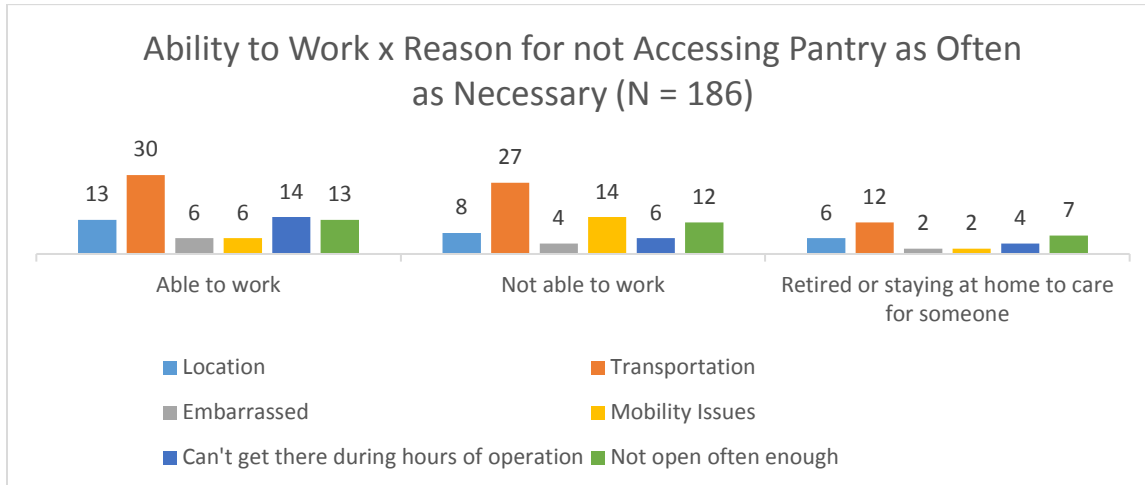
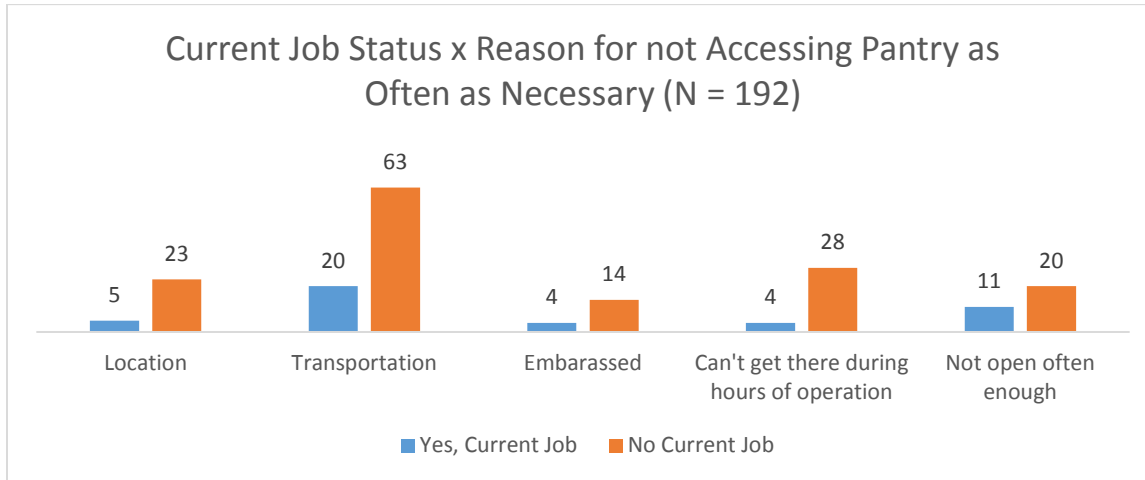
Sixty-seven percent (67%) of respondents who report having low food security also report having no job in their household.

Figure 6-4. Very low food security



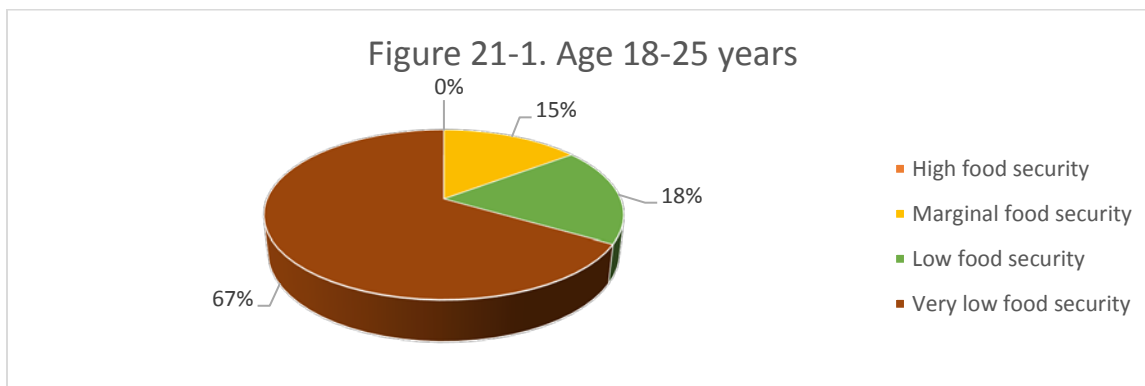
Sixty-three percent (63%) of respondents who report having very low food security also report having no job in their household.

Appendix C: Reasons for not Accessing Pantry as Often as Necessary Cross Tabulations



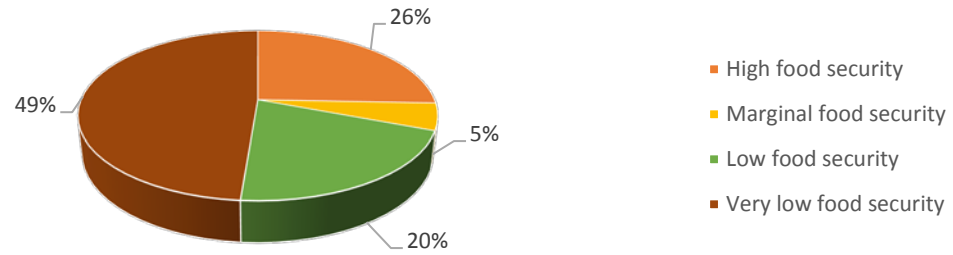
Appendix D: Food Security Cross Tabulations

Food Security x Age



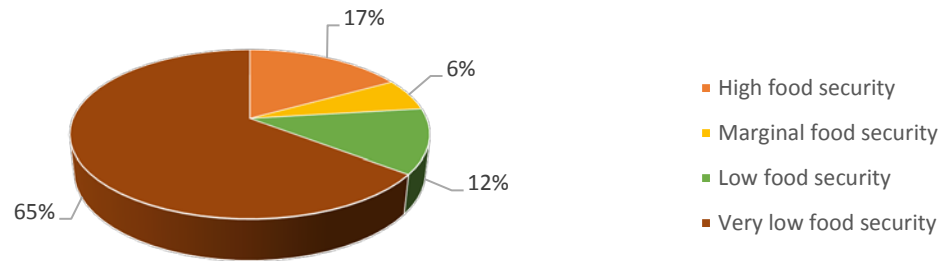
Sixty-seven percent (67%) of respondents in the 18-25 age group report having very low food security.

Figure 21-2. Age 26-34 years



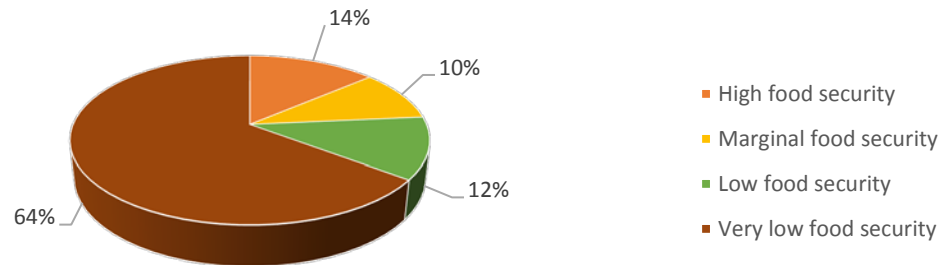
Forty-nine percent (49%) of respondents in the 26-34 age group report having very low food security.

Figure 21-3. Age 35-45 years



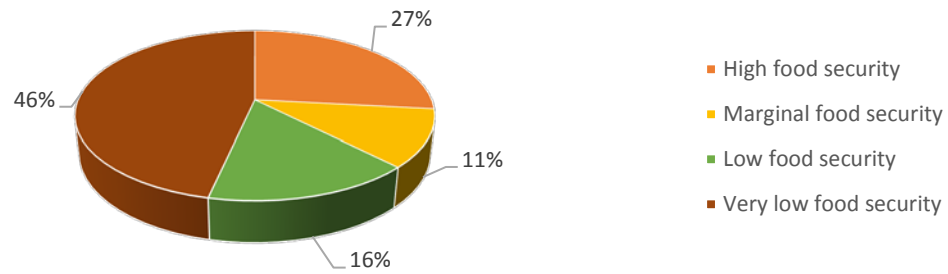
Sixty-five percent (65%) of respondents in the 35-45 age group report having very low food security.

Figure 21-4. Age 46-54 years



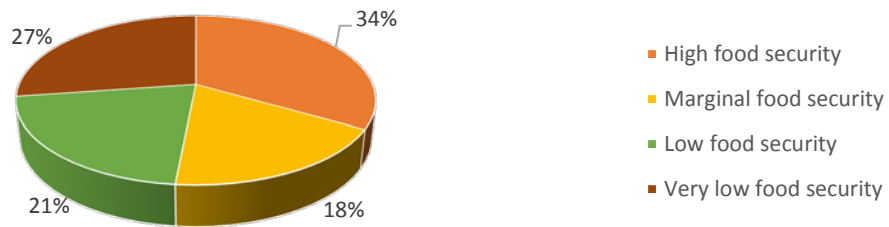
Sixty-four percent (64%) of respondents in the 46-54 age group report having very low food security.

Figure 21-5. Age 55-64 years



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

Figure 21-5. Age 65+ years

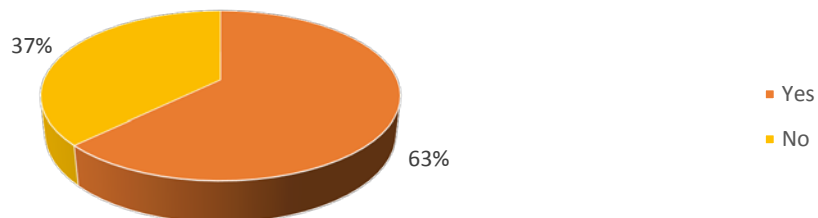


Twenty-seven percent (27%) of respondents in the 65+ age group report having very low food security.

Appendix E: Local Conditions

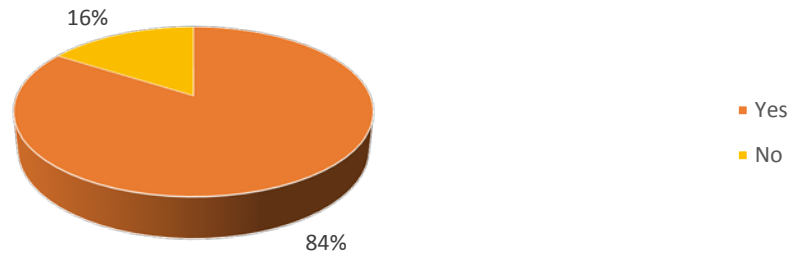
Local Safety x Race/Ethnicity

Figure 23-1. American Indian or Alaskan Native



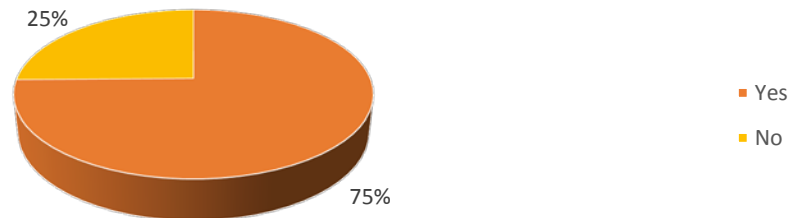
Thirty-seven percent (37%) of American Indian or Alaska Native respondents report that children and older people do not feel that they can move about safely in their local areas.

Figure 23-2. Hispanic/Latino



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.

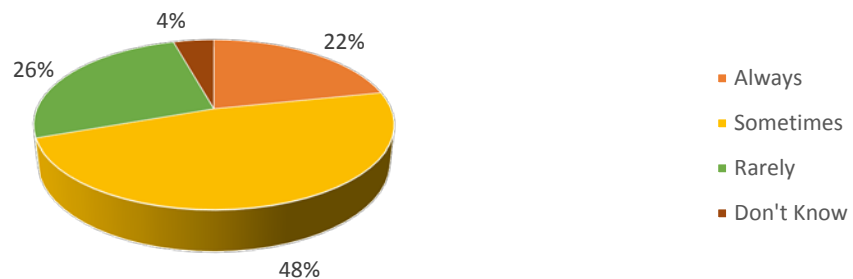
Figure 23-3. White



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.

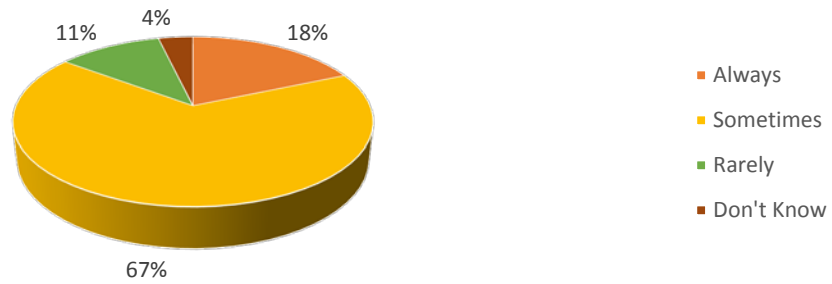
Local Help x Race/Ethnicity

Figure 24-1. American Indian or Alaska Native



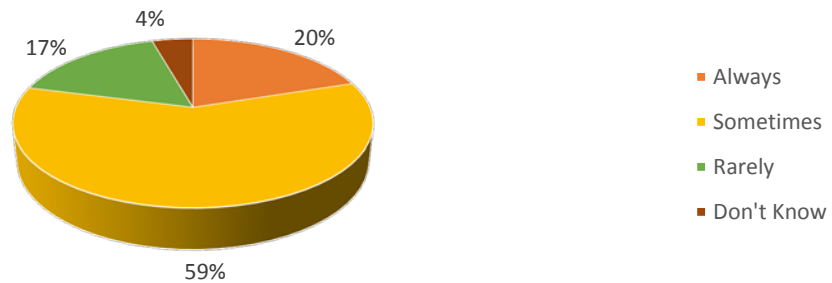
Twenty-six percent (26%) of American Indian or Alaskan Native respondents report that people in their local area rarely help each other.

Figure 24-2. Hispanic/Latino



Eleven percent (11%) of Hispanic/Latino respondents report that people in their local area rarely help each other.

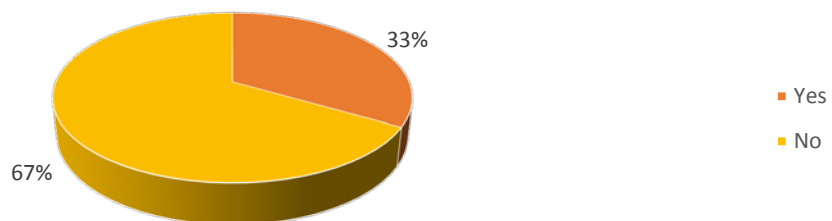
Figure 24-3. White



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

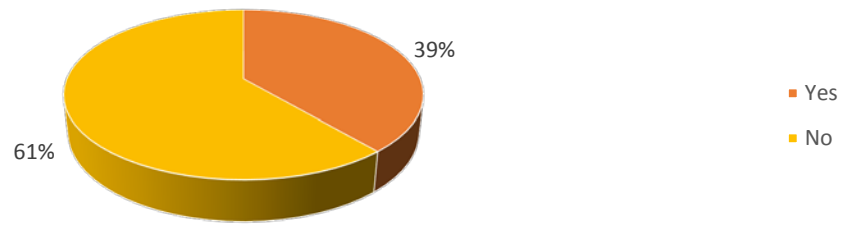
Victim of a Crime x Age

Figure 25-1. Age: 18-25 years



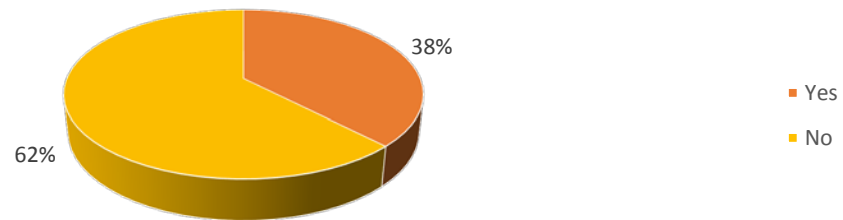
Thirty-three percent (33%) of respondents in the 18-25 age group report that they had been a victim of crime in the last 12 months.

Figure 25-2. Age: 26-34 years



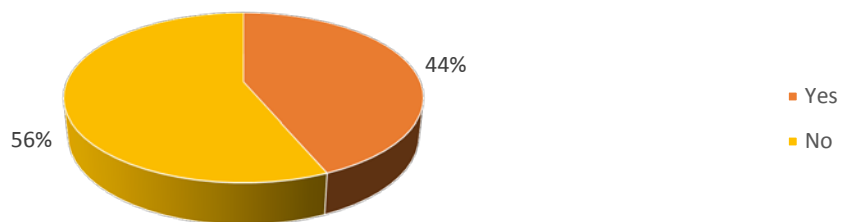
Thirty-nine percent (39%) of respondents in the 26-34 age group report that they had been a victim of a crime in the last 12 months.

Figure 25-3. Age: 35-45 years



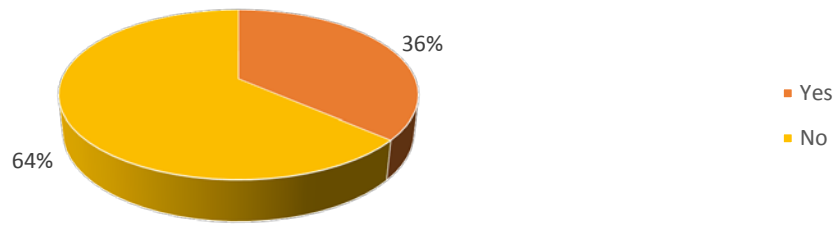
Thirty-eight percent (38%) of respondents in the 35-45 age group report that they had been a victim of a crime in the last 12 months.

Figure 25-4. Age: 46-54 years



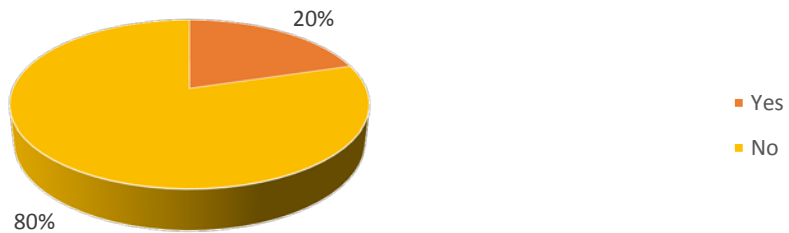
Forty-four percent (44%) of respondents in the 46-54 age group report that they had been the victim of a crime in the last 12 months.

Figure 25-5. Age: 55-64 years



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.

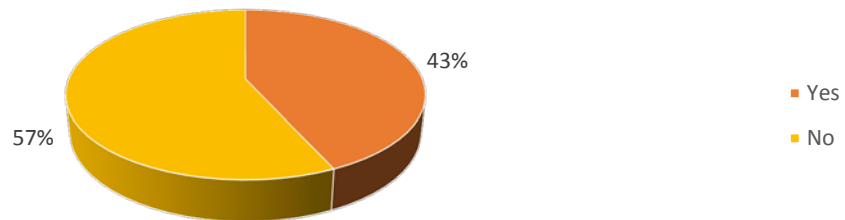
Figure 25-6. Age: 65+ years



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.

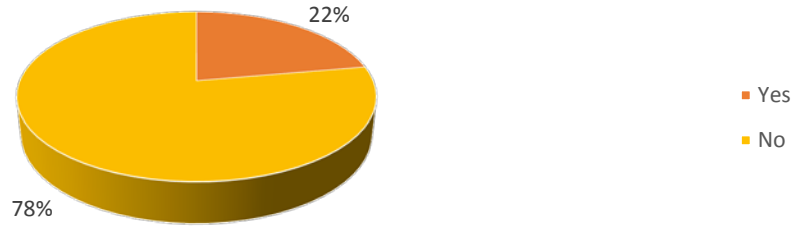
Victim of a Crime x Race/Ethnicity

Figure 25-7. American Indian or Alaskan Native



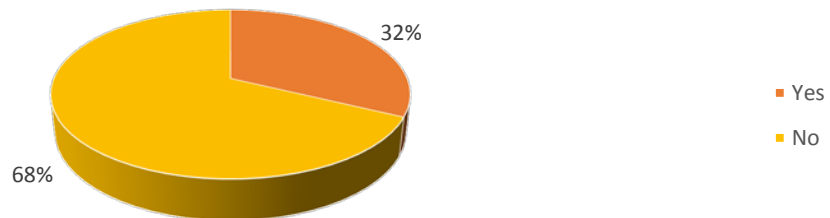
Forty-three percent (43%) of American Indian or Alaskan Native respondents report that they had been a victim of a crime in the last 12 months.

Figure 25-8. Hispanic/Latino



Twenty-two percent (22%) of Hispanic/Latino respondents report that they had been a victim of a crime in the last 12 months.

Figure 25-9. White

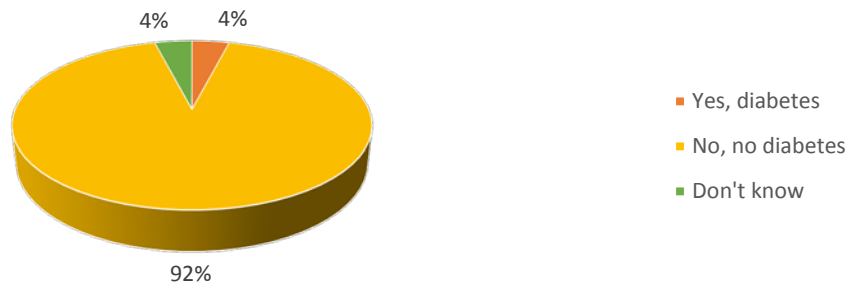


Thirty-two percent (32%) of White respondents report that they had been a victim of a crime in the last 12 months.

Appendix F: Diabetes Cross Tabulations

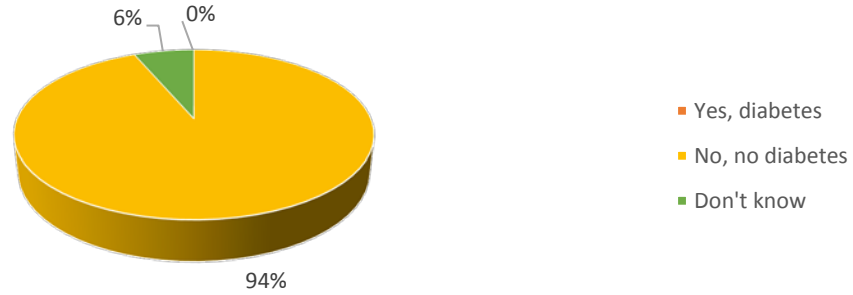
Diabetes x Age

Figure 26-1. Age 18-25 years



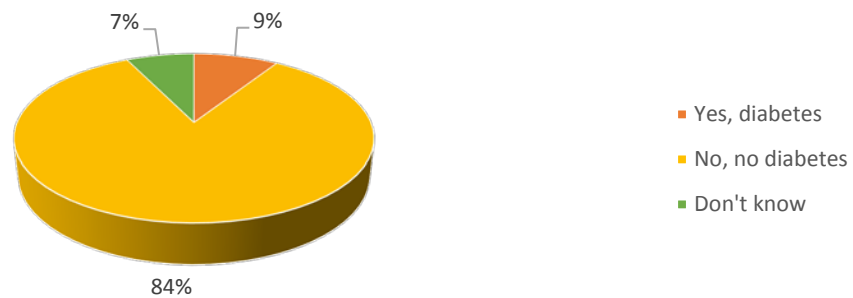
Four percent (4%) of respondents in the 18-25 age group report that they have diabetes.

Figure 26-2. Age 26-34 years



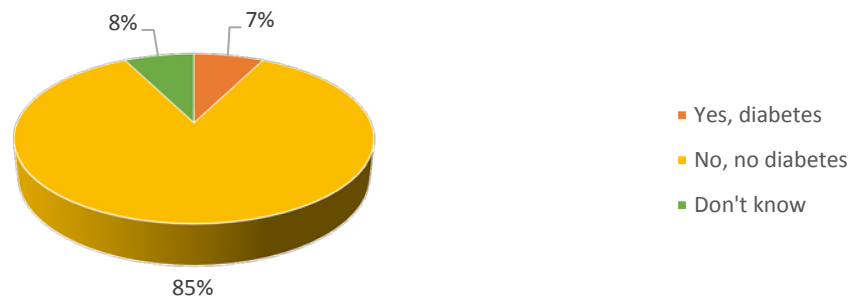
Six percent (6%) of respondents in the 26-34 age group report that they don't know if they have diabetes. No respondents in this age group report having diabetes.

Figure 26-3. Age 35-45 years



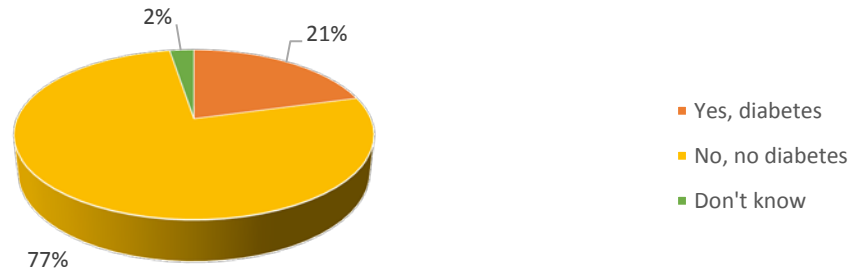
Nine percent (9%) of respondents in the 35-45 age group report that they have diabetes.

Figure 26-4. Age 46-54 years



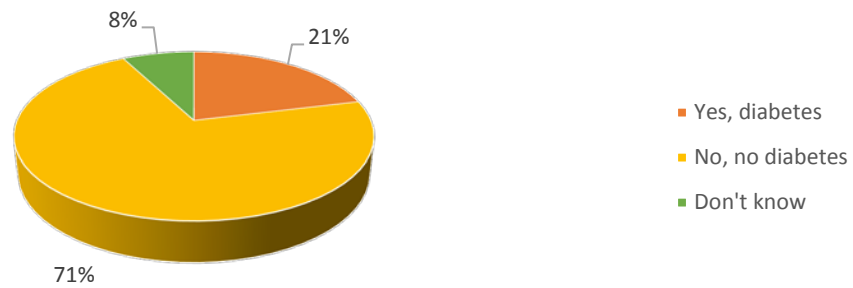
Seven percent (7%) of respondents in the 46-54 age group report having diabetes.

Figure 26-5. Age 55-64 years



Twenty-one percent (21%) of respondents in the 55-64 years report having diabetes.

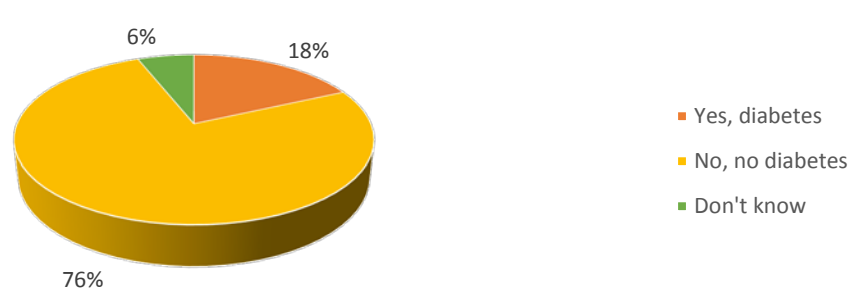
Figure 26-6. Age 65+ years



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

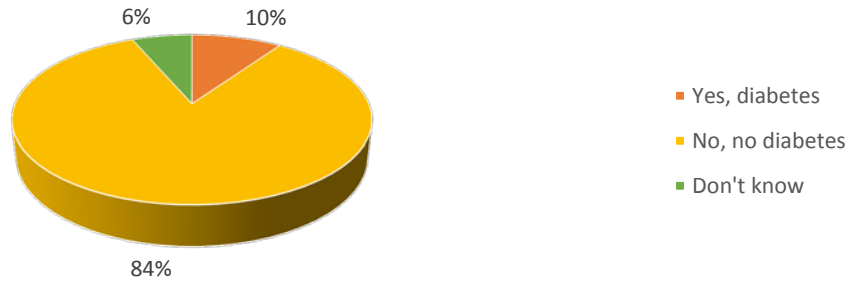
Diabetes x Food Security

Figure 26-7. High food security



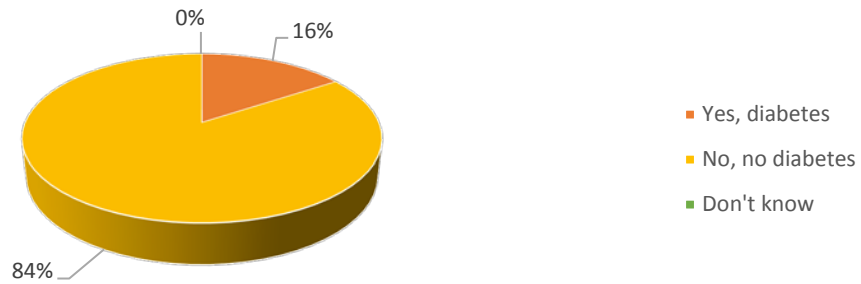
Eighteen percent (18%) of respondents with high food security also report that they have diabetes.

Figure 26-8. Marginal food security



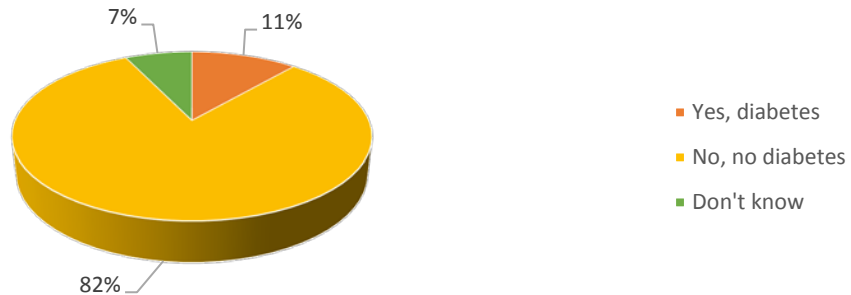
Ten percent (10%) of respondents with marginal food security also report that they have diabetes.

Figure 26-9. Low food security



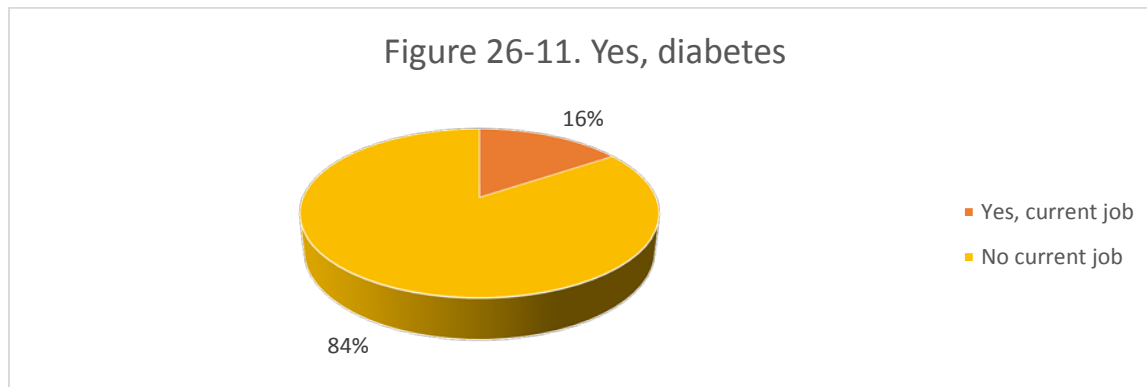
Sixteen percent (16%) of respondents with low food security also report that they have diabetes.

Figure 26-10. Very low food security

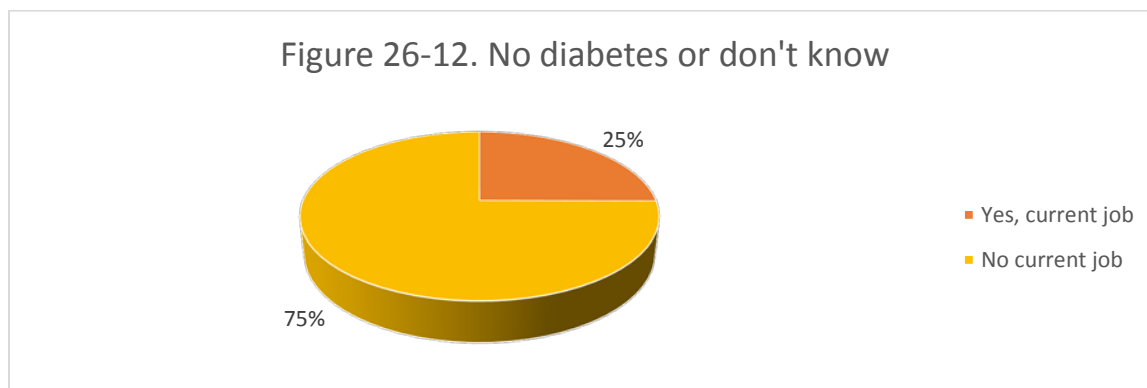


Eleven percent (11%) of respondents with very low food security also report that they have diabetes.

Diabetes x Job Status

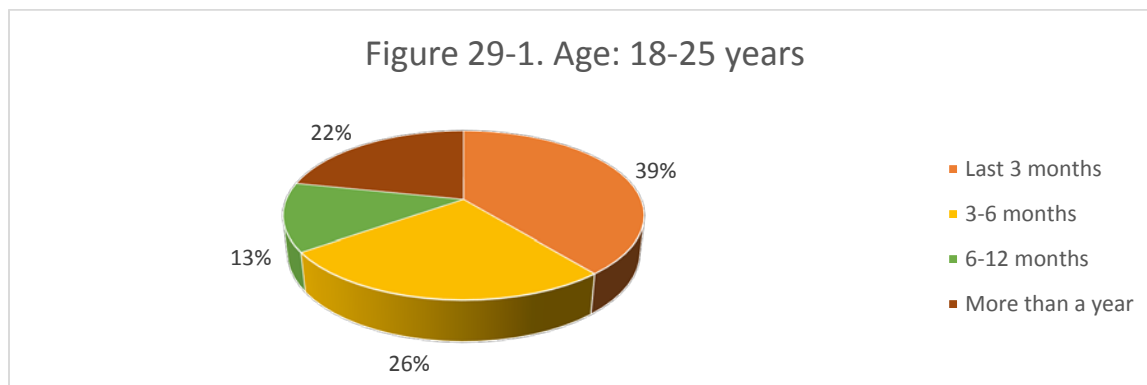


Sixteen percent (16%) of respondents who report having diabetes also report having a job.



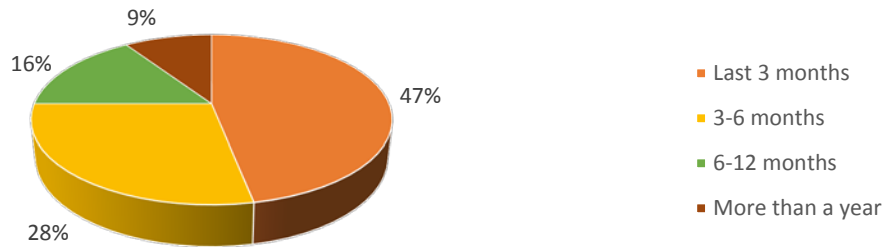
Twenty-five percent (25%) of respondents who report not having diabetes or not knowing if they have diabetes, also report currently having a job.

Appendix G: Timing of Dr. Visit Cross Tabulations



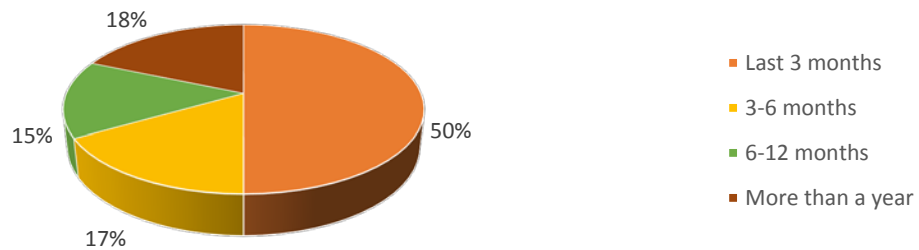
Twenty-two percent (22%) of respondents in the 18-25 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Figure 29-2. Age: 26-34 years



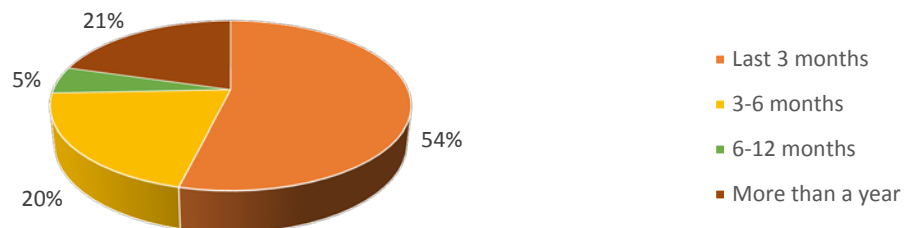
Nine percent (9%) of respondents in the 26-34 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Figure 29-3. Age: 35-45 years



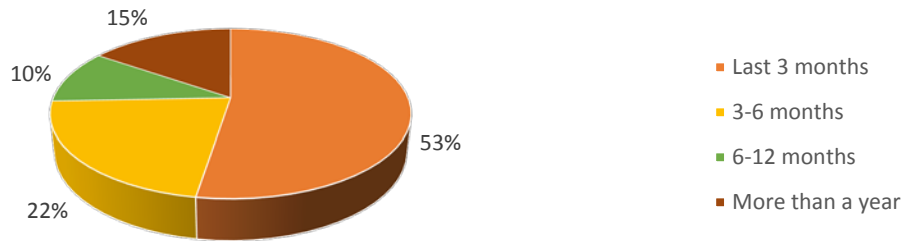
Eighteen percent (18%) of respondents in the 35-45 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Figure 29-4. Age: 46-54 years



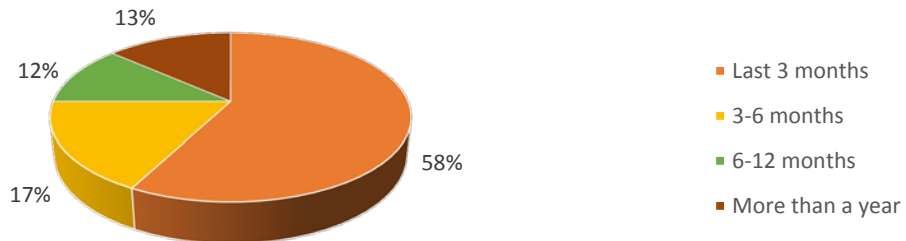
Twenty-one percent (21%) of respondents in the 46-54 age group report that it has been more than a year since they or anyone in their households have been to a doctor.

Figure 29-5. Age: 55-64 years



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.

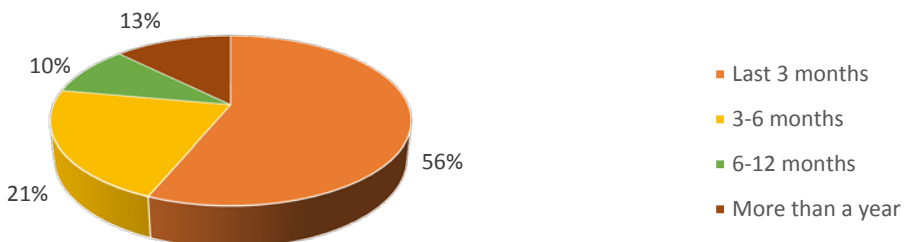
Figure 29-6. Age: 65+ years



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.

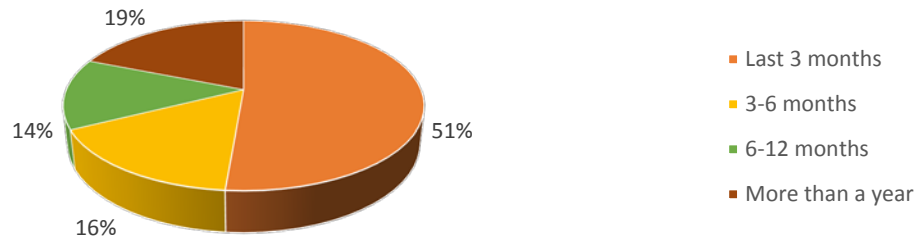
Dr. Visit x Transportation to Healthcare

Figure 29-7. Always or most of the time



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.

Figure 29-8. Sometimes or rarely

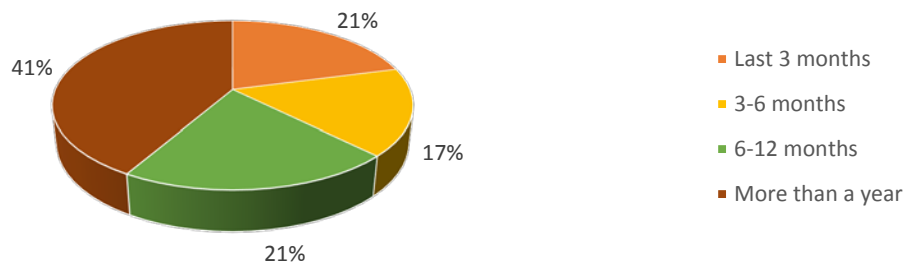


Nineteen percent (19%) of respondents having transportation to healthcare either sometimes or rarely, also report that it has been more than a year since they or anyone in their households have been to a doctor.

Appendix H: Timing of Dentist Visit Cross Tabulations

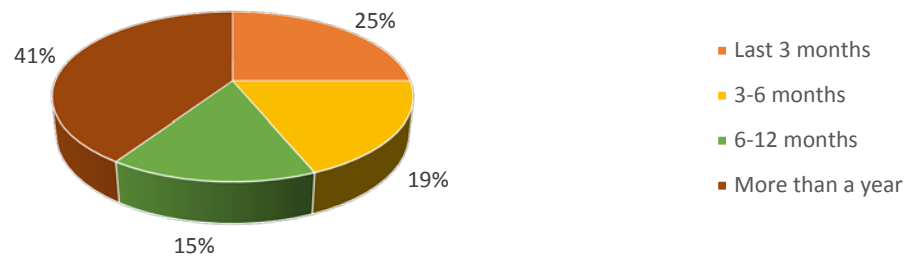
Dentist x Age

Figure 30-1. Age: 18-25 years



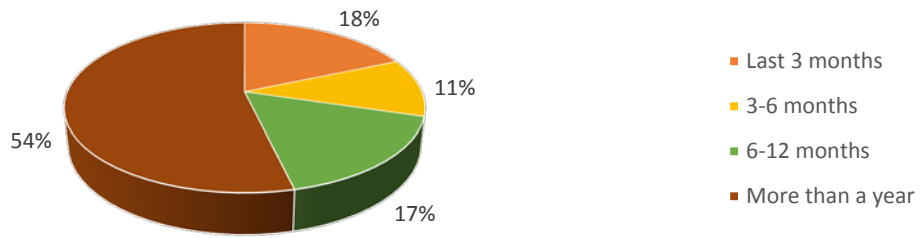
Forty-one percent (41%) of respondents in the 18-25 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Figure 30-2. Age: 26-34 years



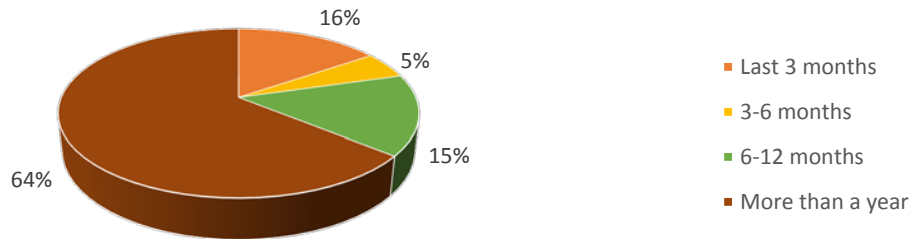
Forty-one percent (41%) of respondents in the 26-34 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Figure 30-3. Age: 35-45 years



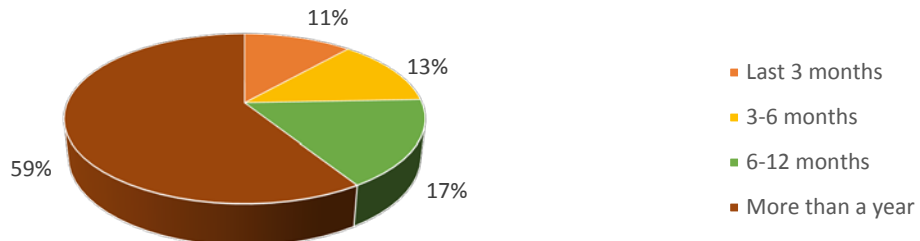
Fifty-four percent (54%) of respondents in the 35-45 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Figure 30-4. Age: 46-54 years



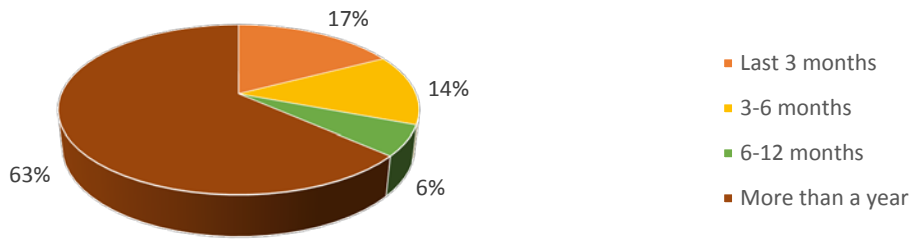
Sixty-four percent (64%) of respondents in the 46-54 age group report that it has been more than a year since they or anyone in their households have been to a dentist.

Figure 30-5. Age: 55-64 years



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.

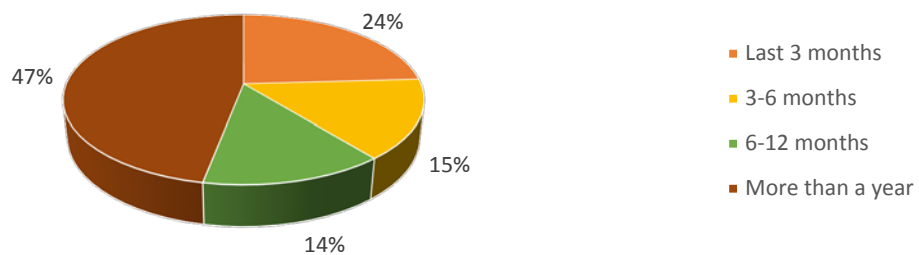
Figure 30-6. Age: 65+ years



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.

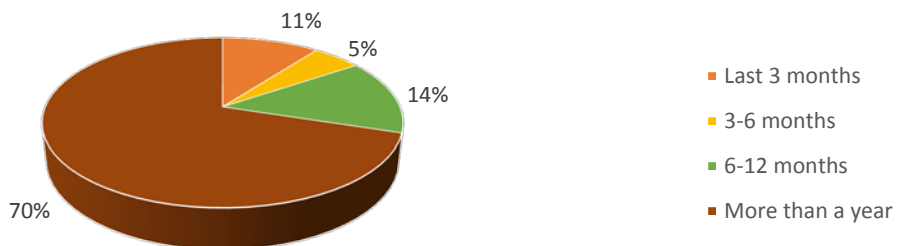
Dentist x Transportation to Healthcare

Figure 30-7. Always or most of the time



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.

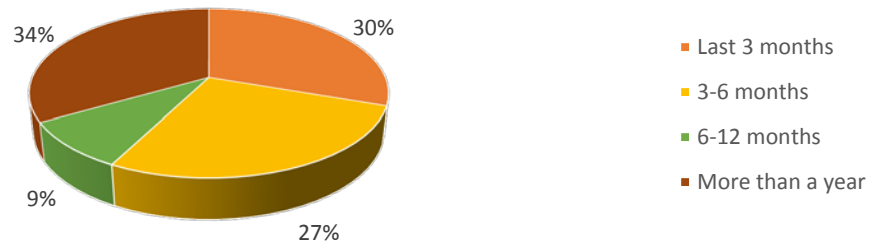
Figure 30-8. Sometimes or rarely



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.

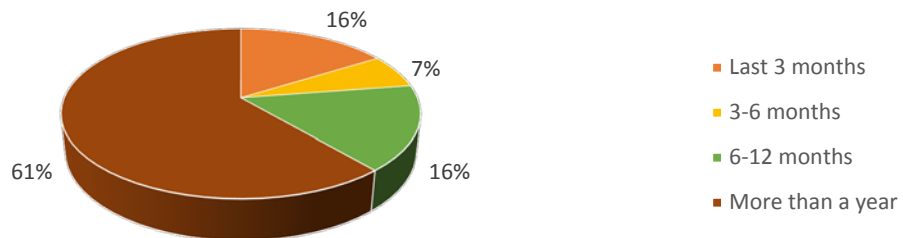
Dentist x Food Security

Figure 30-9. High food security



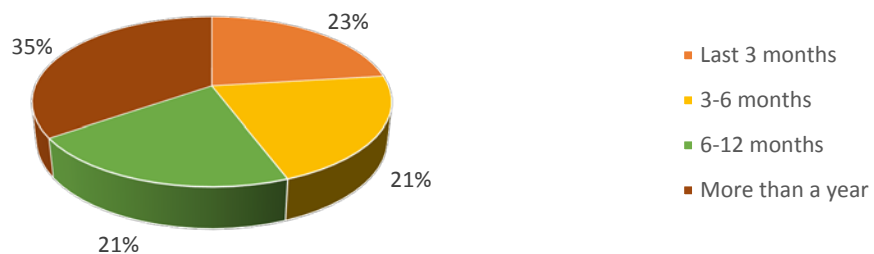
Thirty-four percent (34%) of respondents who report having high food security also report that it has been more than a year since they or anyone in their households have been to a dentist.

Figure 30-10. Marginal food security



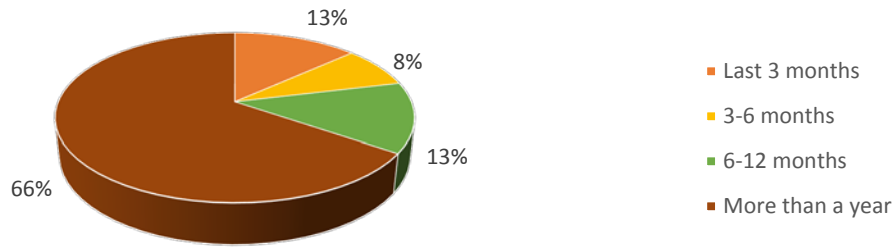
Sixty-one percent (61%) of respondents who report having marginal food security also report that it has been more than a year since they or anyone in their households have been to a dentist.

Figure 30-11. Low food security



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.

Figure 30-12. Very low food security

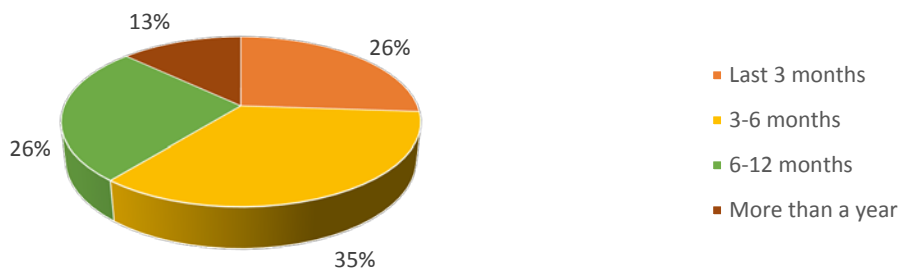


Sixty-six percent (66%) of respondents who report having very low food security also report that it has been more than a year since they or anyone in their households have been to a dentist.

Appendix I: Timing of Emergency Room Visit Cross Tabulations

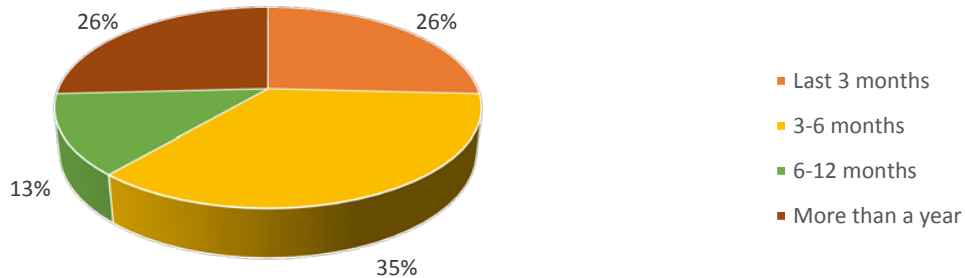
Emergency Room x Age

Figure 31-1. Age 18-25 years



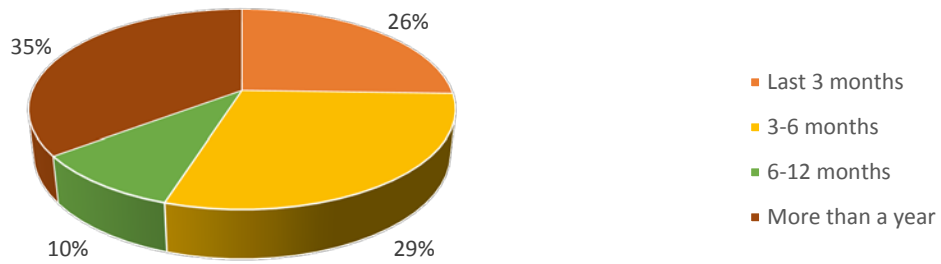
Thirteen percent (13%) of respondents in the 18-25 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Figure 31-2. Age 26-34 years



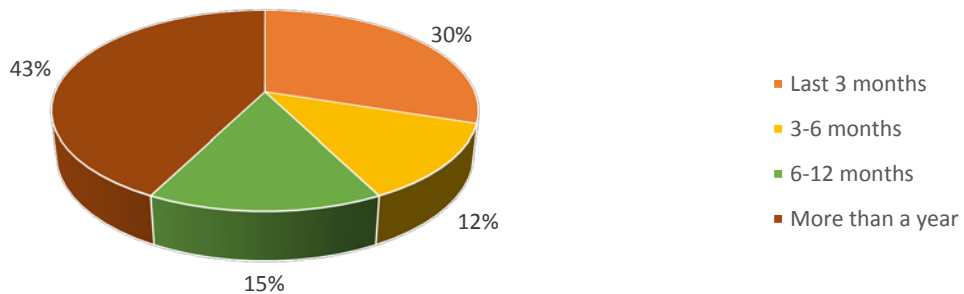
Twenty-six percent (26%) of respondents in the 26-34 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Figure 31-3. Age 35-45 years



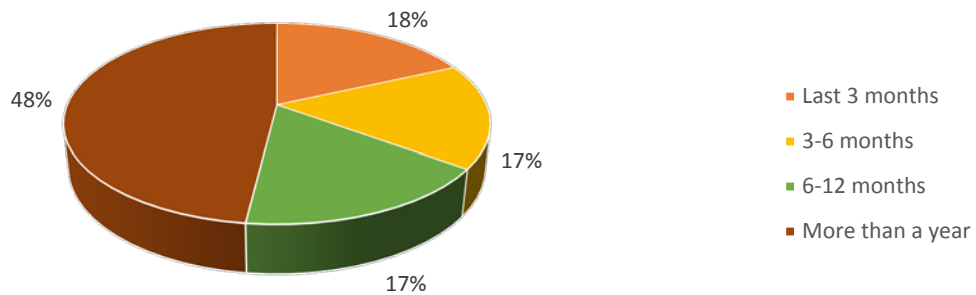
Thirty-five percent (35%) of respondents in the 35-45 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Figure 31-4. Age 46-54 years

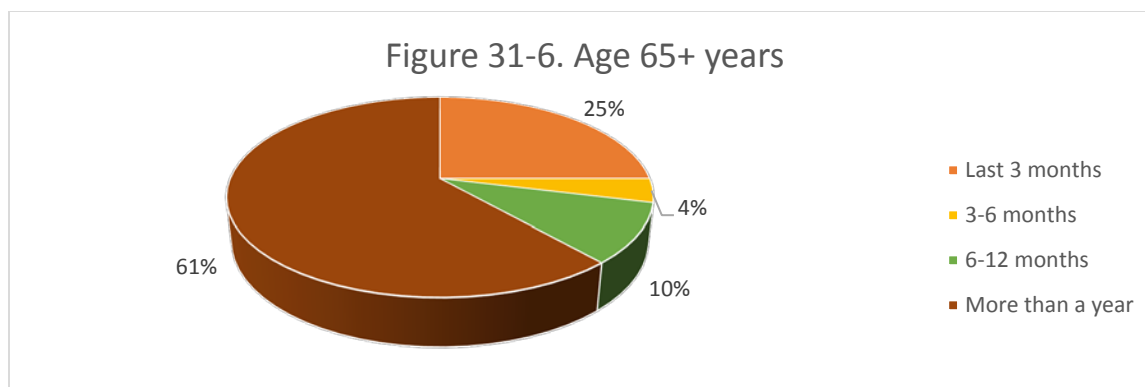


Forty-three percent (43%) of respondents in the 46-54 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Figure 31-5. Age 55-64 years

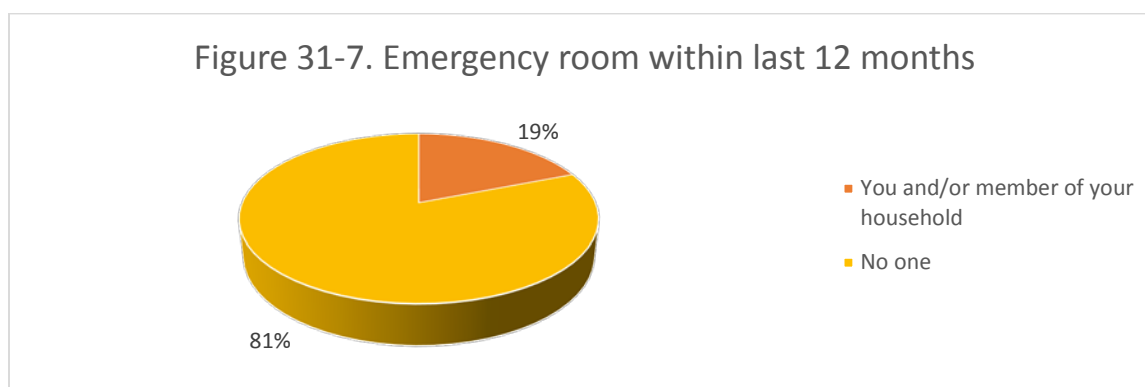


Forty-eight percent (48%) of respondents in the 55-64 age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

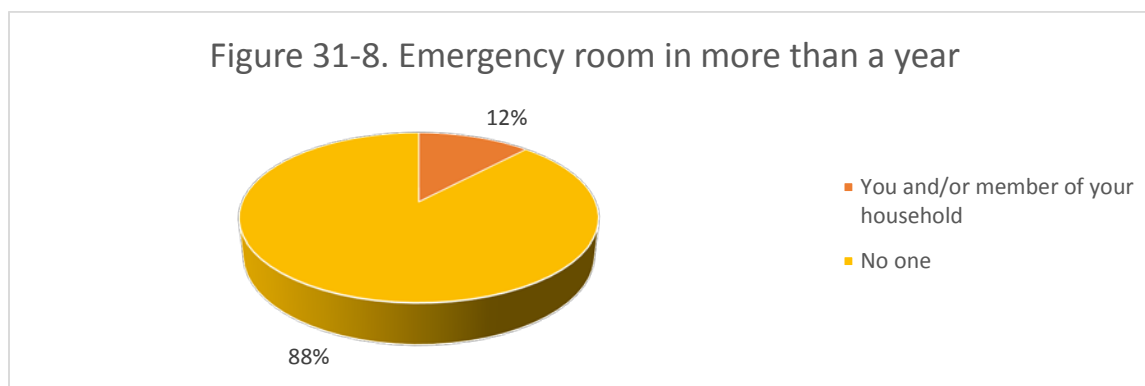


Sixty-one percent (61%) of respondents in the 65+ age group report that it has been more than a year since they or anyone in their households has been to an emergency room.

Emergency Room x E-cig

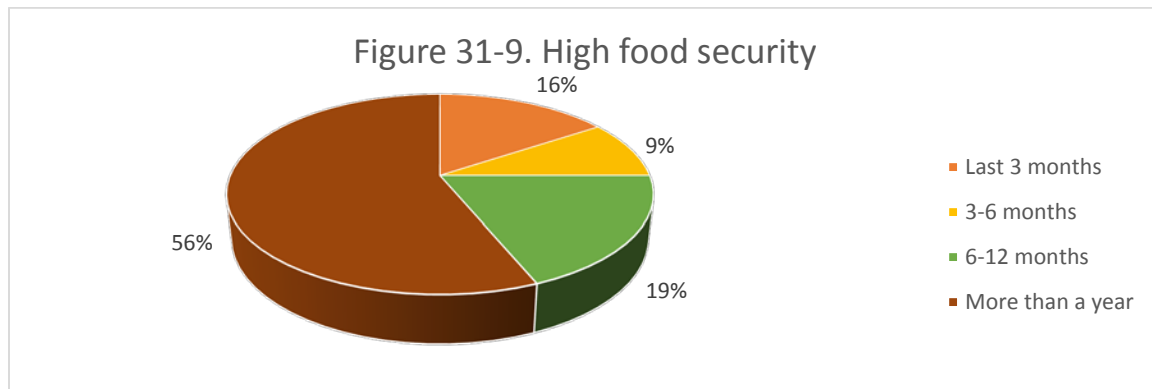


Nineteen percent (19%) of respondents who have been or have household members who have been to the emergency room within the last 12 months, also report that they and/or a member of their household are E-cigarette users.

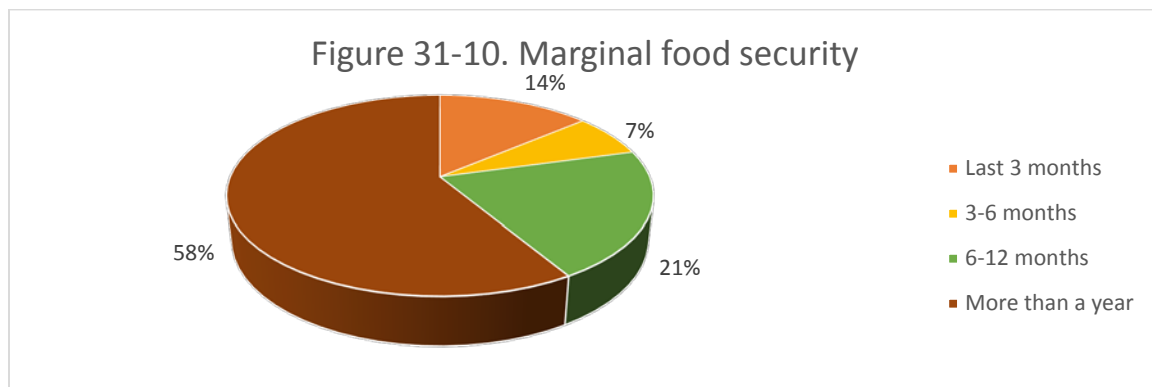


Twelve percent (12%) of respondents who haven't been or have household members who haven't been to the emergency room in more than a year, also report that they and/or a member of their household are E-cigarette users.

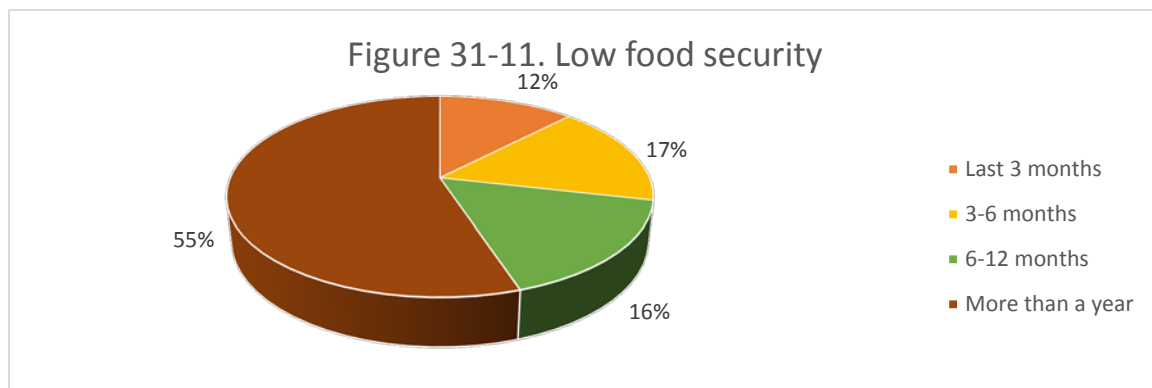
Emergency Room x Food Security



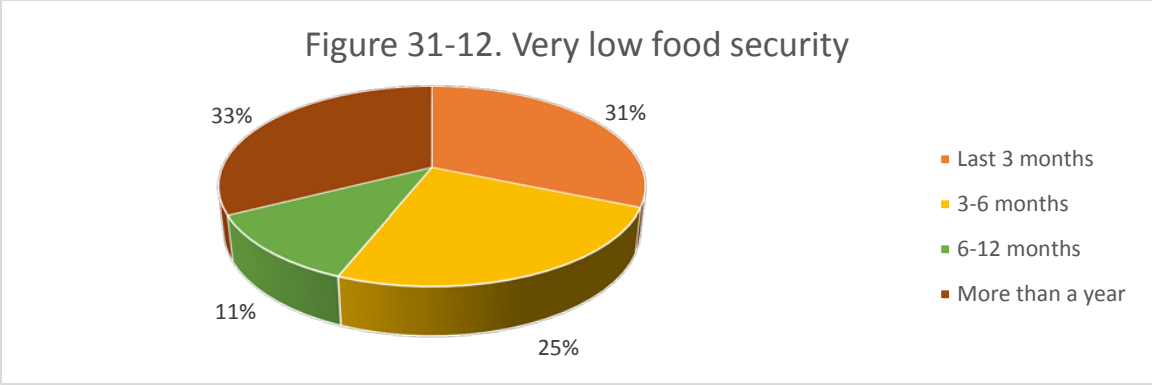
Fifty-six percent (56%) of respondents with high food security report that it has been more than a year since they or anyone in their households have been to the emergency room.



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.



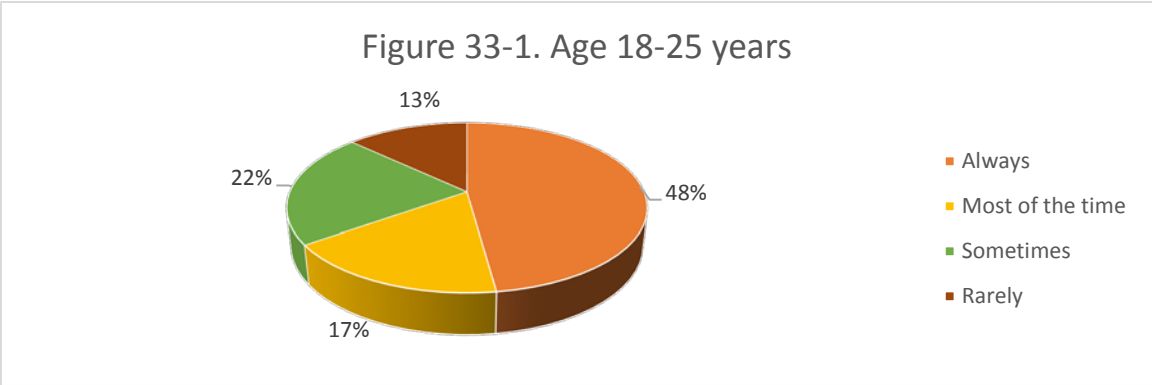
Fifty-five percent (55%) of respondents with low food security report that it has been more than a year since they or anyone in their households have been to the emergency room.



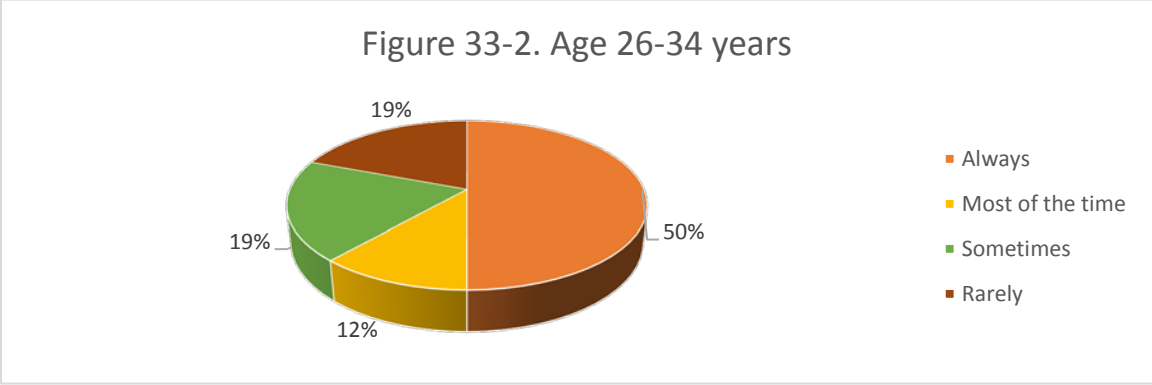
Thirty-three percent (33%) of respondents with very low food security report that it has been more than a year since they or anyone in their households have been to the emergency room.

Appendix J: Transportation to Healthcare Cross Tabulations

Transportation to Healthcare x Age

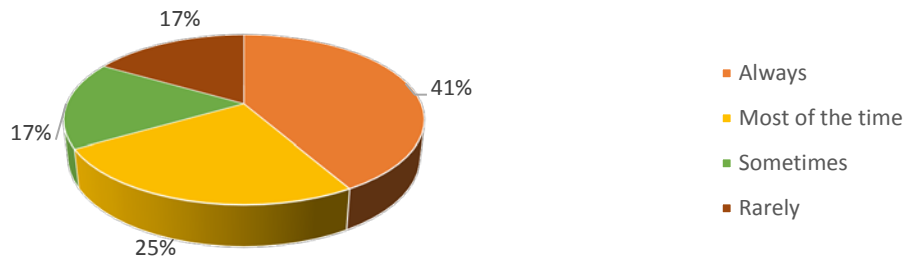


Thirteen percent (13%) of respondents in the 18-25 age group report rarely having transportation to healthcare services.



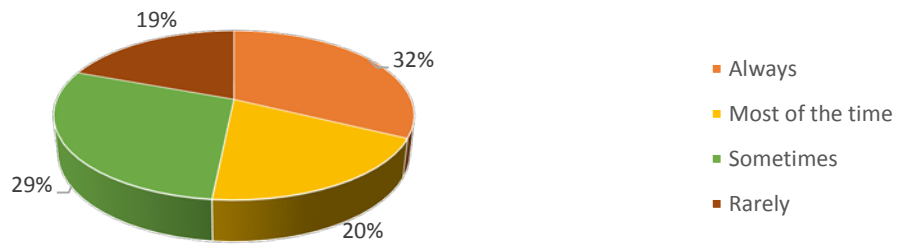
Nineteen percent (19%) of respondents in the 26-34 age group report rarely having transportation to healthcare services.

Figure 33-3. Age 35-45 years



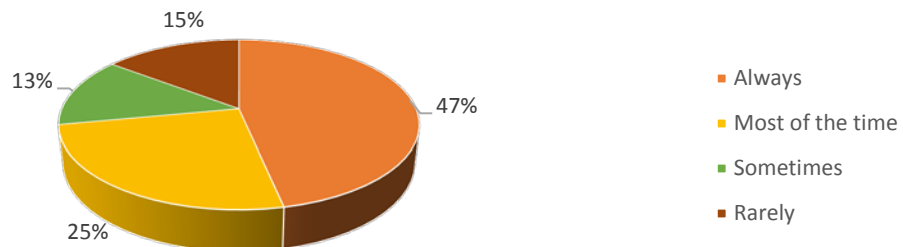
Seventeen percent (17%) of respondents in the 35-45 age group report rarely having transportation to healthcare services.

Figure 33-4. Age 46-54 years

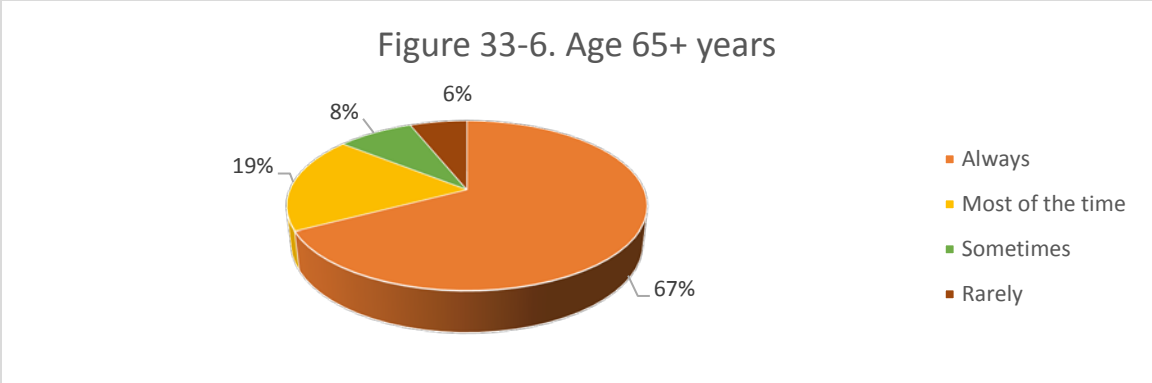


Nineteen percent (19%) of respondents in the 46-54 age group report rarely having transportation to healthcare services.

Figure 33-5. Age 55-64 years

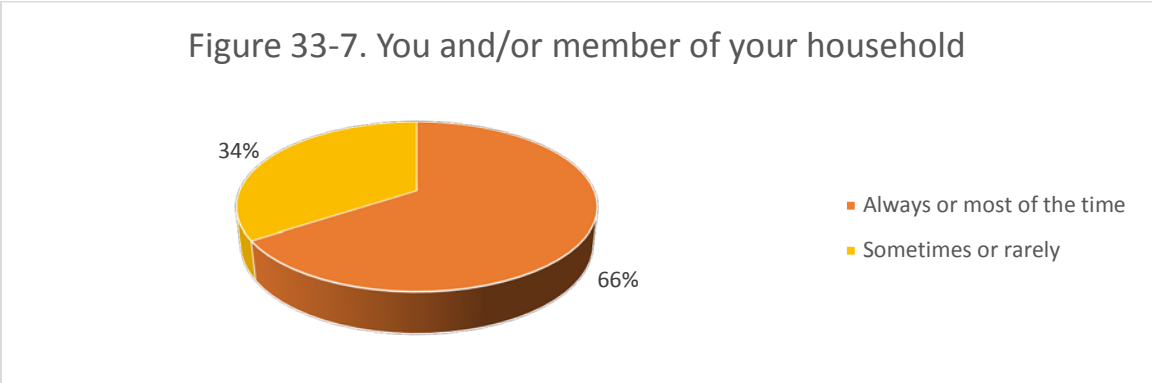


Fifteen percent (15%) of respondents in the 55-64 age group report rarely having transportation to healthcare services.

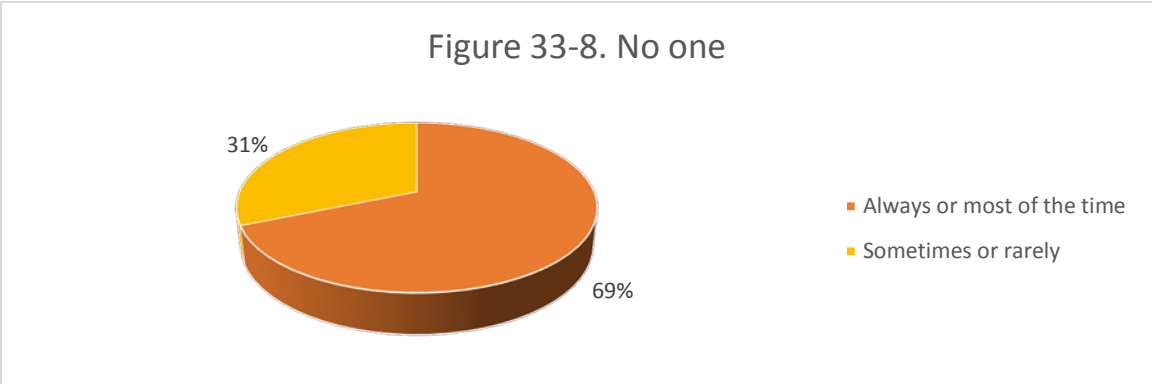


Six percent (6%) of respondents in the 65+ age group report rarely having transportation to healthcare services.

Transportation to Healthcare x E-cig

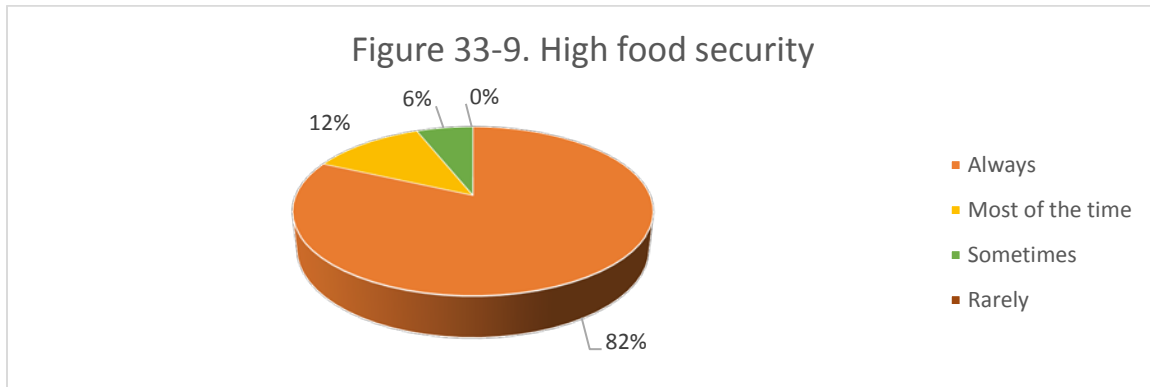


Thirty-four percent (34%) of respondents who are E-cigarette users and/or someone in their households also use E-cigarettes, sometimes or rarely have dependable transportation to healthcare services.

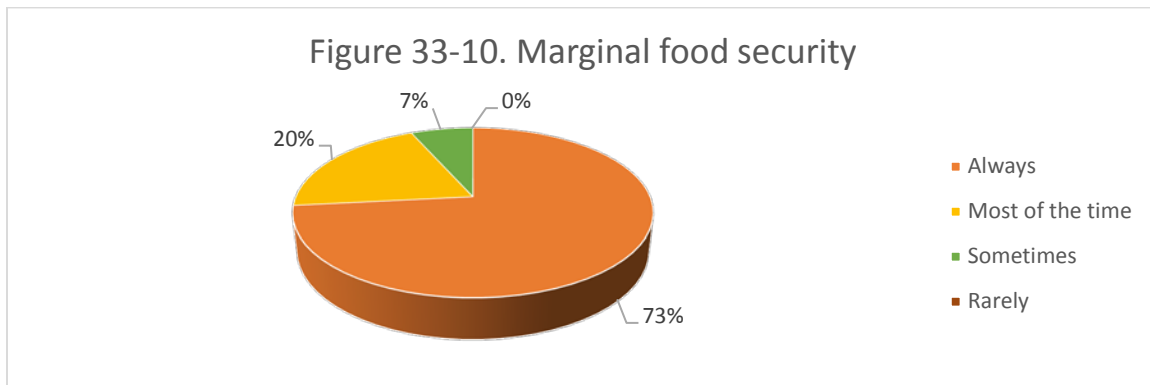


Thirty-one percent (31%) of respondents who live in a household where no one smokes E-cigarettes, sometimes or rarely have dependable transportation to healthcare services.

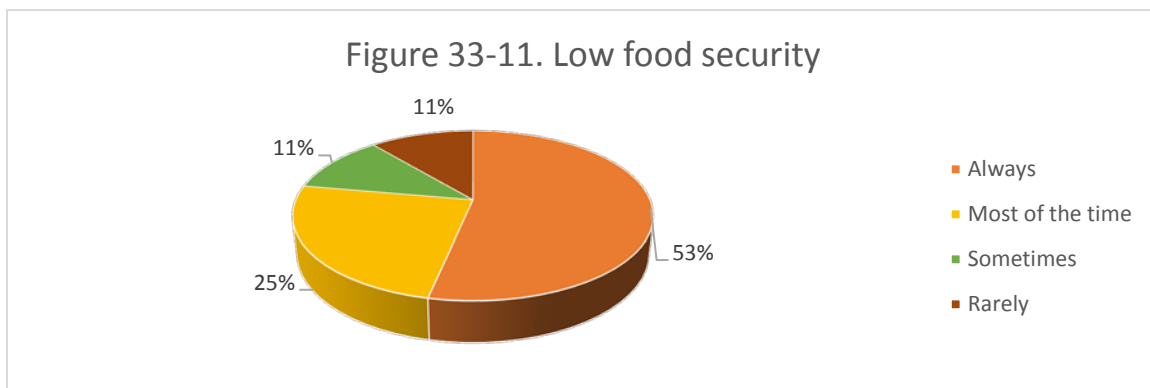
Transportation to Healthcare x Food Security



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

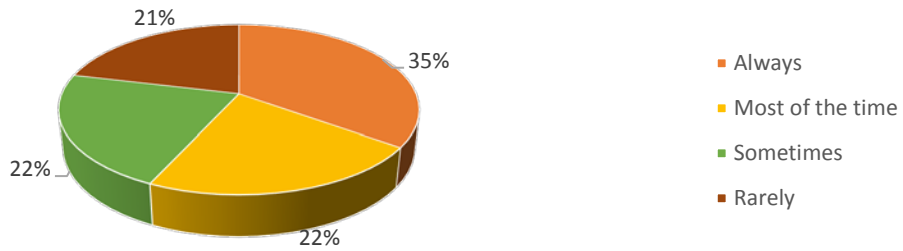


Seven percent (7%) of respondents with marginal food security report having transportation to healthcare services sometimes.



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

Figure 33-12. Very low food security

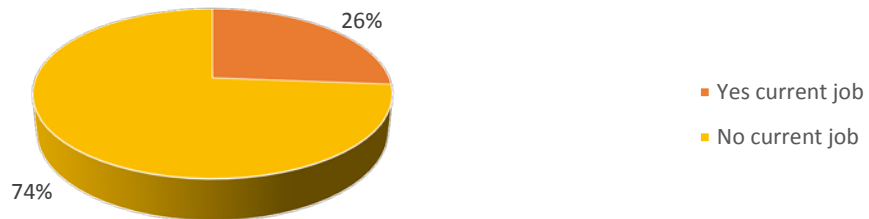


Forty-one percent (41%) of respondents with very low food security report having transportation to healthcare services sometimes or rarely.

Appendix K: Children in Household Cross Tabulations

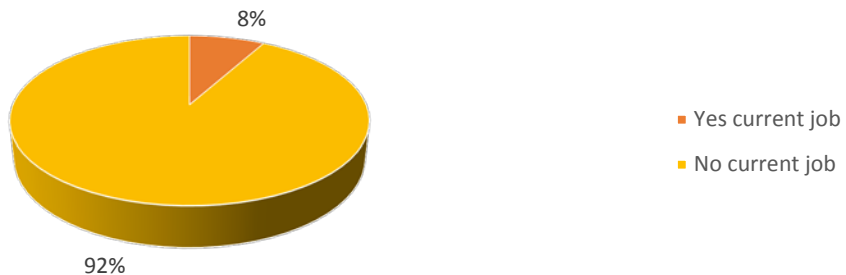
Children x Current Job Status

Figure 38-1. Yes children in household



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



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

References

1. Economic Research Service (USDA). *U.S. Household Food Security Survey Module: Three Stage Design, with Screeners*. Washington, DC: United States Department of Agriculture; 2012. Web. 22 Mar. 2018.
2. United States Bureau of the Census. *QuickFacts: Humboldt County, California*. Washington, DC: United States Bureau of the Census, US Department of Commerce; 2016. Web. 22 Mar. 2018.
3. Humboldt County. *Integrated Progress & Trends Report*. Eureka: Department of Health and Human Services, 2016. Web. 22 Mar. 2018.
4. "CalFresh" *CalFresh- FOOD Share Inc.* Food Share, n.d. Web. 22 Mar. 2018.
5. "Eureka, California." *Eureka City Profile*. City Data, 2016. Web. 22 Mar. 2018.
6. "Arcata, California." *Arcata City Profile*. City Data, 2016. Web. 22 Mar. 2018.
7. "Fortuna, California." *Fortuna City Profile*. City Data, 2016. Web. 22 Mar. 2018.
8. Centers for Disease Control and Prevention. *United States Diabetes Surveillance system, (national, state, and county data)*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2017. Web. 22 Mar. 2018.
9. Centers for Disease Control and Prevention. *National Diabetes Statistics Report, 2017*. Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2017. Web. 22 Mar. 2018.
10. "Humboldt County." *County Health Rankings & Roadmaps*. County Health Rankings, University of Wisconsin Population Health Institute, 2018. Web. 22 Mar. 2018.
11. United States Bureau of the Census. *The Majority of Children live with Two Parents, Census Bureau Report, Nov. 17, 2016*. Washington, DC: United States Bureau of the Census, US Department of Commerce; 2016. Web. 22 Mar. 2018.

References for Literature Review

ⁱ Hampton, T. 2007. Food Insecurity Harms Health, Well-Being of Millions in the United States. *Journal of the American Medical Association* 298(16):1851-3.

ⁱⁱ Coleman-Jensen A, Rabbitt, MP, Gregory, CA, and Singh, A. 2017. Household Food Security in the United States in 2016. *U.S. Department of Agriculture*. 237:1-36.

ⁱⁱⁱ "Nutrition and Food Insecurity Profile: California." *California Food Policy Advocates*, 2016. <<http://cfpa.net/county-profiles>>.

^{iv} "Food Insecurity in California: 2015 Overall County Food Insecurity In California." *Feeding America*. Retrieved October 2017.

^v "Map the Meal Gap 2017: Overall Food Insecurity in California by County in 2015". *Feeding America*. Retrieved October 2017. < http://www.feedingamerica.org/research/map-the-meal-gap/2015/MMG_AllCounties_CDs_MMG_2015_1/CA_AllCounties_CDs_MMG_2015.pdf>

-
- ^{vi} Keith-Jennings, B and Palacios, V. 2017. SNAP Helps Millions of Low-Wage Workers: Crucial Financial Support Assists Workers in Jobs with Low Wages, Volatile Income, and Few Benefits. *Center on Budget and Policy Priorities*. 1-26.
- ^{vii} Reeves R, Rodrigue E, and Kneebone E. 2016. Five evils: multidimensional poverty and race in America. The Brookings Institution. 1-22.
- ^{viii} "US Poverty Report". US Census Bureau. Retrieved October 2017.
<<https://www.census.gov/population/projections/data/national/2014.html>>
- ^{ix} Bauer K, Widome R, Himes J, Smyth M, Holy Rock B, Hannan P, and Story M. 2012. High food insecurity and its correlates among families living on a rural American Indian reservation. *American Journal of Public Health* 102(7):1346-52.
- ^x Mullany B, Neault N, Tsingine D, Powers J, Lovato V, Clitso L, Massey S, Talgo A, Speakman K, and Barlow A. 2012. Food insecurity and household eating patterns among vulnerable American-Indian families: associations with caregiver and food consumption characteristics. *Public Health Nutrition* 16(4):752-760.
- ^{xi} Pardilla M, Prasad D, Suratkar S, and Gittelsohn J. 2014. High levels of household food insecurity on the Navajo Nation. *Public Health Nutrition* 17(1):58-65.
- ^{xii} Chaparro, MP, Zaghoul, SS, Holck, P, and Dobbs, J. 2009. Food Insecurity Prevalence among College Students at the University of Hawai'i at Mānoa. *Public Health Nutrition* 12(11):2097-2103.
- ^{xiii} Edwards, ME., Weber, B, and Bernell, S. 2007. Identifying Factors that Influence State-Specific Hunger Rates in the U.S: A Simple Analytic Method for Understanding A Persistent Problem. *Social Indicators Research* 81(3):579-595.
- ^{xiv} Fletcher, JM., Andreyeva, T, and Busch, SH. 2009. Assessing the Effect of Changes in Housing Costs on Food Insecurity. *Journal of Children and Poverty* 15(2):79-93.
- ^{xv} Gallegos, D, Ramsey, R, and Ong, KW. 2014. Food Insecurity: Is It an Issue among Tertiary Students? *Higher Education* 67(5):497-510.
- ^{xvi} Kirkpatrick, SI., and Tarasuk, V. 2011. Housing Circumstances Are Associated with Household Food Access among Low-Income Urban Families. *Journal of Urban Health: Bulletin of the New York Academy of Medicine* 88(2):284-96.
- ^{xvii} Gorton D, Bullen R, and Mhurchu C. 2010. Environmental influences on food security in high-income countries. *Nutrition Reviews* 68(1):1-29
- ^{xviii} Nolan, M., Rikard-Bell, G., Mohsin, M., and Williams, M. 2006. Food Insecurity in three socially disadvantaged localities in Sydney, Australia. *Health Promotion Journal of Australia* 17(3):247-254.
- ^{xix} Quine, S., and Morrell, S. 2006. Food Insecurity in Community-Dwelling older Australians *Public Health Nutrition* 9(2):219-224.
- ^{xx} "The State of the Nation's Housing 2017". *Joint Center for Housing Studies of Harvard University*. 2017:1-40.
- ^{xxi} "Humboldt County, CA: Rent vs. Own." Data USA. Retrieved October 2017.
<https://datausa.io/profile/geo/humboldt-county-ca/#rent_own>
- ^{xxii} Cutts D, Myers A, Black M, Casey P, Chilton M, Cook J, Geppers J, Ettinger de Cuba S, Heeren T, Coleman S, Rose-Jacobs R, and Frank D. 2011. US housing insecurity and the health of very young children. *American Journal of Public Health* 101(8):1508-14.
- ^{xxiii} "Humboldt County, CA." *Data USA*. Retrieved October 2017. < <https://datausa.io/profile/geo/humboldt-county-ca/#economy>> .
- ^{xxiv} Fusaro, V and Luke Shaefer, H. "How should we define "low-wage" work? An analysis using the Current Population Survey." *Bureau of Labor Statistics, Monthly Labor Review*, October 2016.
<https://www.bls.gov/opub/mlr/2016/article/how-should-we-define-low-wage-work.htm>.
- ^{xxv} Golden, L. "Still falling short on hours and pay." *Economic Policy Institute*, December 2016.
<http://www.epi.org/files/pdf/114028.pdf>.
- ^{xxvi} Laraia, BA., Siega-Riz, AM., Gundersen, C., Dole, N. 2006. Psychosocial factors and socioeconomic indicators are associated with household food insecurity among pregnant women. *J Nutr*. 136:177-82.
- ^{xxvii} Gundersen C, Mahatmya D, Garasky S, Lohman B. 2006. Linking psychosocial stressors and childhood obesity. *Obes Rev*. 12:e54-63.
- ^{xxviii} Weinreb L, Wehler C, Perloff J, Scott R, Hosmer D, Sagor L, Gundersen C. 2002. Hunger: its impact on children's health and mental health. *Pediatrics*. 110:e41.

-
- ^{xxix} Hamelin AM, Habicht JP, Beaudry M. 1999. Food insecurity: consequences for the household and broader social implications. *J Nutr*. 129:525S-8S.
- ^{xxx} Alaimo K, Olson CM, and Frongillo, EA. 2002. Family Food Insufficiency, but not low family income, is positively associated with dysthymia and suicide symptoms in adolescents. *American Society for Nutritional Sciences* 132(4):719-725.
- ^{xxxi} Melchior M, Chastang JM, Falissard B, Galera C, Tremblay R, Cote S, and Boivin M. 2012. Food Insecurity and Children's Mental Health: A prospective birth cohort study. *PLoS One* 7(12):e52615.
- ^{xxxii} Liu Y, Njai R, Greenlund K, Chapman D, and Croft B. 2014. Relationships between housing and food insecurity, frequent mental distress, and insufficient sleep among adults in 12 US states, 2009. *Preventing Chronic Disease* 11.
- ^{xxxiii} Stuff J, Casey P, Szeto K, Gossett J, Robbins J, Simpson P, Connell C, Bogle M. 2004. Household food insecurity is associated with adult health status. *The Journal of Nutrition* 134(9):2330-35.
- ^{xxxiv} Alaimo K, Olson C, and Frongillo E. 2001. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics* 108(1):44-53.
- ^{xxxv} Ashiabi G. 2005. Household food insecurity and children's school engagement. *Journal of Children and Poverty* 11(1):3-17.
- ^{xxxvi} Ashiabi G and O'Neal K. 2007. Food insecurity and adjustment problems in a national sample of adolescents. *Journal of Children and Poverty*. 13(2):111-132.
- ^{xxxvii} Howard L. 2011. Does food insecurity at home affect non-cognitive performance at school? A longitudinal analysis of elementary student classroom behavior. *Economics of Education Review* 30(1):157-176.
- ^{xxxviii} Drewnowski A and Darmon N. 2005. Food choices and diet costs: an economic analysis. *The Journal of Nutrition* 135:900-904.
- ^{xxxix} Holben DH and Pheley AM. 2006. Diabetes risk and obesity in food-insecure households in rural Appalachian Ohio. *Prev Chronic Dis* 3:A82.
- ^{xl} Seligman HK, Bindman AB, Vittinghoff E, Kanaya AM, and Kushel MB. 2007. Food insecurity is associated with diabetes mellitus: results from the National Health Examination and Nutrition Examination Survey (NHANES) 1999-2002. *J Gen Intern Med* 22:1018-23.
- ^{xli} Seligman HJ, Laraia BA, and Kushel MB. 2010. Food insecurity is associated with chronic disease among low-income NHANES participants. *J Nutr* 140:304-10
- ^{xlii} Adams E, Grummer-Strawn L, and Chavez G. 2003. Food insecurity is associated with increased risk of obesity in California women. *The Journal of Nutrition* 133(4):1070-1074.
- ^{xliii} Fitzgerald N, Hromi-Fielder A, Segura-Perez S, and Escamilla R. 2011. Food insecurity is related to increased risk of type 2 diabetes among women. *Ethnicity and Disease* 21(3):328.
- ^{xliv} Hilmers A, Tzu-An C, and Cullen K. 2014. Household food insecurity and dietary intake among Mexican-American women participating in federal food assistance programs. *American Journal of Health Promotion* 28(6):146-154.
- ^{xlv} Jones S and Frongillo E. 2005. Food insecurity and subsequent weight gain in women. *Public Health Nutrition* 10(2):145-151.
- ^{xlvi} Townsend M, Peerson J, Love B, Achterberg C and Murphy S. 2007. Food insecurity is positively related to overweight in women. *The Journal of Nutrition* 131(6):1738-1745.
- ^{xlvii} Hanson K, Sobal J, and Frongillo E. 2007. Gender and marital status clarify associations between food insecurity and body weight. *The Journal of Nutrition* 137(6):1460-65.
- ^{xlviii} Barnett J, and Vornovitsky M. Current Population Reports, P60-257(RV), Health Insurance Coverage in the United States: 2015, U.S. Government Printing Office, Washington, DC, 2016.