Access to healthy food among youth in our region

A healthy diet is an important contributor to overall health. This is particularly important for children and adolescents, who need nutritional support for growth. When nutritious food is not easily accessible, it is called food insecurity. This can include both reduced food intake or reduced quality and variety in diet. Food insecurity can affect children’s overall health, ability to learn and behavior. The 2017 Child Well Being Survey (CWBS) asked several questions about access to healthy food among youth in our region.

MORE THAN 1 IN 10 FAMILIES IN REGION EXPERIENCE FOOD INSECURITY

CWBS asked parents and guardians about this statement: “Within the past 12 months, we worried whether our food would run out before we got money to buy more. Would you say this is often true, sometimes true or never true?” More than 1 in 10 caregivers (14%) said that this statement was sometimes or often true.

Responses varied by region. In the City of Cincinnati, more than 2 in 10 caregivers (23%) said that this statement was sometimes or often true. This was higher than among caregivers in Northern Kentucky counties (15%), rural counties (15%) and Hamilton County suburbs (14%). Caregivers in Ohio suburban counties (9%) were least likely to say this statement was true.

MOST HAVE ACCESS TO HEALTHY FOODS; BIGGEST BARRIERS COST, DISTANCE

CWBS also asked parents and guardians, “To what degree would you agree with the statement, ‘It is easy to purchase healthy foods in my neighborhood such as whole-grain foods, low-fat options, and fruits and vegetables?’”

Percentage of parents and guardians who said that it was sometimes or often true that in the past 12 months they worried whether food would run out before they got money to buy more.

<table>
<thead>
<tr>
<th>Region</th>
<th>Often true</th>
<th>Sometimes true</th>
<th>Never true</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater Cincinnati children</td>
<td>3%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>City of Cincinnati</td>
<td>4%</td>
<td>19%</td>
<td>23%</td>
</tr>
<tr>
<td>Rural counties</td>
<td>2%</td>
<td>13%</td>
<td>15%</td>
</tr>
<tr>
<td>Northern Kentucky counties</td>
<td>3%</td>
<td>12%</td>
<td>15%</td>
</tr>
<tr>
<td>Hamilton County suburbs</td>
<td>3%</td>
<td>11%</td>
<td>14%</td>
</tr>
<tr>
<td>Ohio counties</td>
<td>2%</td>
<td>7%</td>
<td>9%</td>
</tr>
</tbody>
</table>


3 Boone, Campbell and Kenton.
4 Dearborn, Franklin, Ohio, Ripley and Switzerland in Indiana; Bracken, Carroll, Gallatin, Grant, Owen and Pendleton in Kentucky; and Adams, Brown, Clinton, and Highland in Ohio.

These findings, unless otherwise noted, are from the Child Well-Being Survey, sponsored by Cincinnati Children’s and Interact for Health with support from the United Way of Greater Cincinnati. The Child Well-Being Survey was conducted March 5-Aug. 9, 2017, by the Institute for Policy Research at the University of Cincinnati. A random sample of primary caregivers from the Greater Cincinnati region was interviewed by telephone about one randomly selected child in the household. This included 1,056 interviews conducted over landline telephones and 1,701 interviews conducted over cell phones. In 95 out of 100 cases, the estimates will be accurate to ±1.9%. There are other sources of variation inherent in public opinion studies, such as nonresponse, question wording or context effects that can introduce error or bias. For more information about the Child Well-Being Survey, please visit www.interactforhealth.org/child-well-being-survey or www.cincinnatichildrens.org/service/j/anderson-center/health-policy/well-being.
Most caregivers in our region agreed with this statement (87%). Seven percent said they could not buy healthy foods in their neighborhoods, and 6% neither agreed nor disagreed.

Cost, distance to stores and availability of healthy options in local stores were the barriers most commonly named by those who said it was not easy to buy healthy foods.

FOOD INSECURITY VARIES BY RACE, INCOME

Some groups in our region were more likely to report challenges to accessing healthy food.

One in 4 caregivers of African American children (25%) reported that in the past 12 months they worried whether food would run out before they had money to buy more. The percentage was similar among caregivers of children who were some other race\(^6\) besides White or African American (24%). This compares with only 1 in 10 caregivers of White children (11%).

Among families earning 100% or less of the Federal Poverty Guidelines (FPG),\(^7\) more than 4 in 10 (42%) often or sometimes worried food would run out before they had money to get more. That compares with 3 in 10 families earning between 100% and 200% FPG (31%). Only 3% of families earning more than 200% FPG often or sometimes worried that food would run out before they had money to get more.

WHY WE ASK THESE QUESTIONS

Many organizations work to ensure that children in our region have access to healthy food. These questions give us a snapshot of child hunger: who is experiencing food insecurity, where and why. This can inform planning about how best to address this issue in our region.

\(^6\) Includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or some other race.

\(^7\) In 2016, 100% FPG was $24,250 for a family of four and 200% FPG was $48,500 for a family of four.