

ACKNOWLEDGMENTS

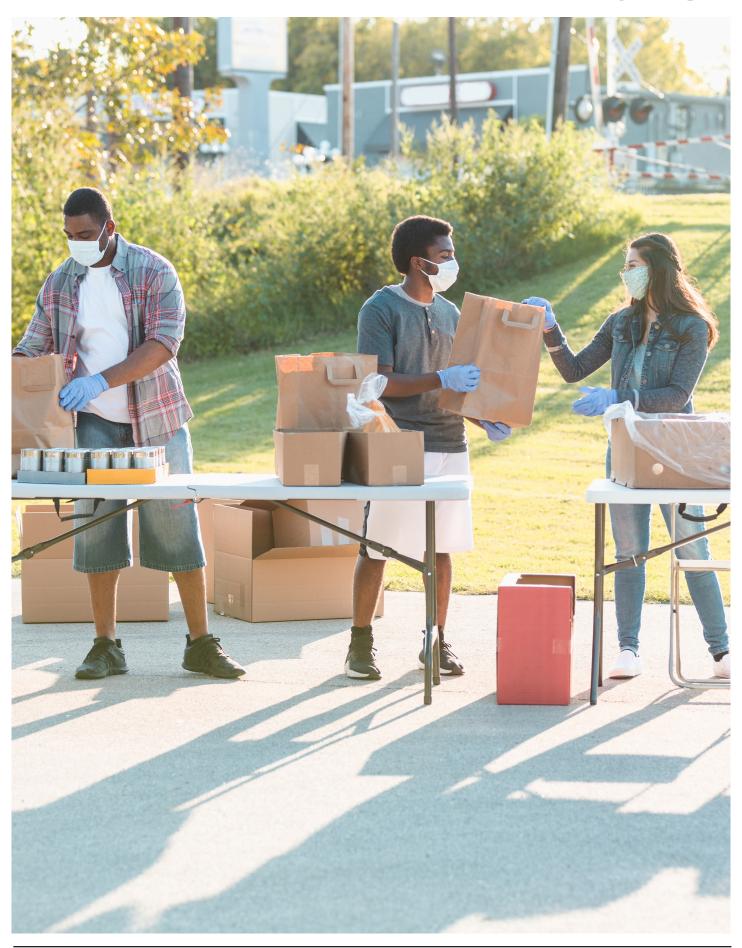
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OVERVIEW

This is the third report in a series on food insecurity in Virginia during the COVID-19 pandemic.^{1,2} In 2020, 8.0% of all households in Virginia were experiencing food insecurity.³ However, the number of households experiencing food insecurity likely increased during the pandemic.¹ Additionally, food costs have been rising considerably since May 2021 due to inflation, which may have contributed to ongoing food security challenges.⁴ The purpose of this report was to provide an update on changes in food security status among Virginia households to inform programming efforts by Virginia SNAP-Ed.

Methodology

A statewide food security survey was developed by researchers at Virginia Tech. The survey asked respondents about socio-demographic characteristics, food security status, access to healthful food, and mental health. Food security status was measured using the USDA Economic Research Service (ERS) Household Food Security Module questions and categories are outlined in Figure 1. Items related to access were adapted from the validated EFNEP Adult Evaluation Survey. Mental health status was assessed with a CDC Health-Related Quality of Life measure. The survey was initially pilottested with a sample of fifty respondents.

Figure 1: USDA Food Security Status Levels Defined⁵

High Food Security

The household can steadily access enough of the kinds of food they want

Marginal Food Security

Household may occasionally experience issues with accessing food, though these issues do not substantially impact dietary quality or quantity

USDA Food Security Status Definitions

Low Food Security

Food access issues substantially reduce diet quality or variety, but do not impact quantity

Very Low Food Security

Food access issues leading to acute or chronic reductions in diet quantity for at least one household member

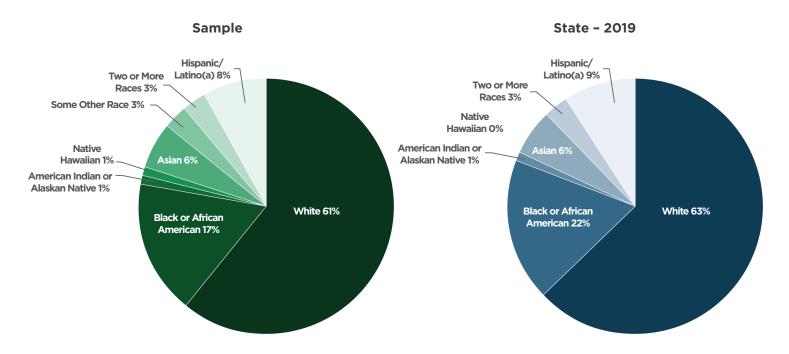
The online survey platform Qualtrics (Orem, Utah) implemented the survey using existing survey panels and email listservs to reach potential respondents. To be eligible, participants were required to be 18 years or older, live in Virginia, and speak English. Survey results were cleaned and analyzed by the research team.

FINDINGS

Respondents

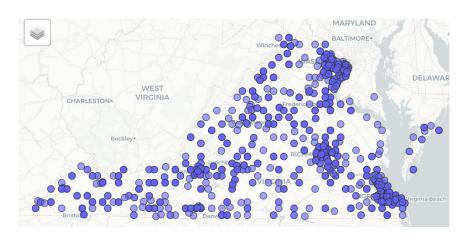
There were 2,018 responses by eligible participants between February to July of 2022. About half of respondents (50.4%) identified as men, 48.4% as women, and 1.2% as another gender or preferred not to say. Three-quarters of respondents were under the age of 55 (74.7%). Just over one-third (35.6%) of respondents reported having children. The racial and ethnic profiles of the sample were similar to the state (Figure 2), with respondents reporting being predominantly white (66.3%) and Black or African American (18.6%). More than half (59.2%) reported their highest education level as graduating high school or less.

Figure 2: Race and Ethnicity of Respondents Compared to State Average (n=2018)⁶



There were respondents from 130 counties and independent cities within Virginia. The most commonly identified localities were Virginia Beach (4.8%), Norfolk (4.1%), and Richmond (4.1%). Figure 3 shows the distribution of responses across the state.

Figure 3: Distribution of Respondents Throughout Virginia



Overall, 33.2% of respondents reported an annual income of \$20,000 or less. Nearly half of respondents (48.2%) indicated they had worked in the past 7 days. Respondents reported an average of 2.8 household members, including themselves. Almost one-third of respondents (32.4%) respondents reported living below the federal poverty level and 32.6% participated in the Supplemental Nutrition Assistance Program (SNAP). Outside of SNAP, food pantries (16.7%), SNAP-Ed and the Expanded Food and Nutrition Education Program (EFNEP; 14.4%), and free or reduced-price school meals (12.7%) were the most common assistance and education programs they participated in. More than half of the participants (61.5%) reported no program usage. Overall, 46.7% of respondents indicated they would be interested in education regarding budgeting, shopping, and cooking healthful meals.

Figure 4 shows the food security status of respondents overall and separated for those households with and without children. Food insecurity was highest among households with children (73.0%). Approximately one-fifth of respondents (21.5%) reported that they sometimes or often did not have sufficient food.

Households without Children Households with Children Overall High 14.3% High 25.2% High **Very Low Very Low** 31.2% Marginal 39.9% 36.0% **Very Low** 13.0% 47.1% **Marginal** 14.9% Low Marginal Low 25.6% Low 15.9% 20.0% 16.9%

Figure 4: Household Food Security Status of Respondents

Technology Access

Most respondents (94.8%) had access to digital equipment (i.e. smartphones, tablets, computers) and 89.5% had access to internet broadband services for personal use. One-third of respondents (33.3%) purchased their groceries online.

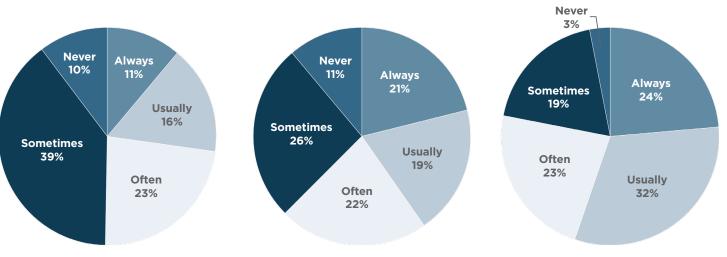
Meal Planning Habits

Improving food resource management practices has been associated with improved food security and diet quality.⁷⁻¹⁰ Only 14.7% of respondents indicated that they considered MyPlate when planning meals and snacks for their household. Figures 5,6, and 7 show the frequency with which respondents plan meals before shopping, shop with a list, and cook dinner at home. Overall, respondents reported cooking dinner at home more frequently than the other meal planning habits with 23.5% reporting "always" and 32.3% "usually" cooking dinner at home. Almost one-half (49.7%) of respondents reported "never" or "sometimes" planning meals before shopping and over one-third (37.1%) "never" or only "sometimes" shopping with a list.

Figure 5: Plan Meals Before Shopping

Figure 6: Shop with a List

Figure 7: Cook Dinner at Home



Accessibility of Healthful Foods

Access and availability of nutritious foods is a predictor of nutrition security. Figure 8 shows the responses toward accessibility of healthful foods, including "easy access," quality, and selection for fresh produce and low-fat foods. While the majority of respondents agreed (somewhat agreed or strongly agreed) that they had easy access, high quality, and large selections of fresh produce and low-fat products (see Figure 8), roughly 20% (1 in 5) disagreed (somewhat disagreed or strongly disagreed) with these statements.

Figure 8: Respondents Perceptions of Accessibility, Quality, and Selection of Produce and Low-Fat Products in Their Neighborhood

		Fresh Produce	Low-Fat Products
Easy Access	Strongly Agree	30%	26%
	Somewhat Agree	34%	35%
	Neither Agree nor Disagree	16%	21%
	Somewhat Disagree	12%	11%
	Strongly Disagree	8%	7%
High Quality	Strongly Agree	20%	20%
	Somewhat Agree	38%	32%
	Neither Agree nor Disagree	25%	32%
	Somewhat Disagree	12%	11%
	Strongly Disagree	6%	5%
Large Selection	Strongly Agree	25%	22%
	Somewhat Agree	34%	31%
	Neither Agree nor Disagree	20%	28%
	Somewhat Disagree	14%	12%
	Strongly Disagree	7%	7%

Mental Health

Existing literature suggests a relationship between food security status and mental health.^{2,11} Respondents most commonly reported their overall mental health as fair (31.3%) or good (27.0%). Figure 9 shows the distribution of poor mental health days reported by respondents. Zero (24.1%) and thirty (10.0%) were the most common responses with a median of 5 days per month.

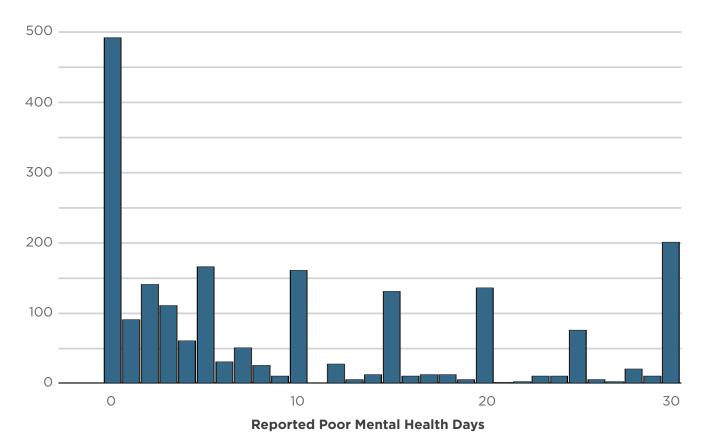


Figure 9. Frequency of Reported Poor Mental Health Days per Month (Out of 30, n=2,018)

Implications

The purpose of this survey was to assess the food security status and shopping habits of Virginia households. Overall, 59.9% of respondents reported experiencing food insecurity with a higher rate of food insecurity among households with children. Nearly half of respondents (46.7%) indicated they would be interested in additional education related to budgeting, shopping, and cooking healthful foods. One in 10 reported never planning meals before shopping and shopping with a list (10.4% and 11.0%), which are two behaviors linked with higher food resource management and food savings and which are components of both SNAP-Ed and EFNEP education. Given the effects of inflation, strategies to reduce food insecurity and improve access to healthful foods among Virginians are needed. Additional SNAP-Ed and EFNEP programming may help households struggling with meal planning and shopping to become more food (and nutrition) secure.

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