



## About the Northeast Hunger Action Team

The Northeast Hunger Action Team (HAT) was formed in December 2013 as part of a Foodshare initiative to build a movement of organizations and local citizens committed to creating solutions that would tackle the root causes of hunger locally. This team worked together over an eight month period to develop the survey used in this project, collect data, analyze data and write this report. The findings from this project will be shared with other community stakeholders and inform the work the Hunger Action Team as they collaborate to systemically address the issue of hunger.

### Acknowledgements:

*Northeast Hunger Action Team and Community Organizations that Contributed to this Project:*

#### Hunger Action Team

YMCA of Greater Hartford  
Urban Alliance  
Community Solutions  
End Hunger CT!  
Foodshare  
Hartford Food System  
REACH Coalition  
Capital Region Education Council  
The Village for Families & Children  
Catholic Charities  
Northeast NRZ  
Knox Parks Foundation  
Public Allies CT

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## HARTFORD'S NORTHEAST NEIGHBORHOOD FOOD SURVEY REPORT

The Northeast neighborhood is one of the poorest neighborhoods in one of America's poorest cities, despite Connecticut's place among the nation's wealthiest states. According to the report "2012 Community Food Security in Connecticut: An Evaluation and Ranking of 169 Towns," Hartford ranked 169th out of 169 towns in the state as having the highest population at risk for food insecurity. Other findings from this report regarding hunger in the City of Hartford include:

- Poverty and unemployment rates in Hartford create a higher risk for food insecurity;
- Households that lack a private vehicle may find it more difficult to find affordable, nutritious, healthy food; and
- Increases in educational attainment of City residents may reduce the population at-risk and thus help reduce the risk of food insecurity.

These findings suggest that residents of the Northeast neighborhood are at significant risk of being food insecure. Food security is defined by the World Health Organization as a state where all people at all times have access to sufficient, safe, nutritious food to maintain a healthy and active life. This generally includes both physical and economic access to food that meets people's dietary needs as well as their food preferences. Food security is built on three pillars: food availability, food access, and food use. In 2006 the USDA introduced language to describe degrees of food security and insecurity and associated measurement tools.

### *Food Security*

- High food security: no reported indications of food-access problems or limitations.
- Marginal food security: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.

### *Food Insecurity*

- 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.

While data exists describing food security levels at the county level, this report is unique in that it offers stakeholders information about the level of food security among those receiving food at local pantries as well as resident's barriers to accessing food, eating habits, and needed support services.

### **Northeast Hunger Action Team**

Foodshare has taken a lead in facilitating conversations and action through local Hunger Action Teams. Through Hunger Action Teams, groups of community stakeholders meet monthly and develop strategies to build their community's capacity for efficiently and effectively meeting local needs. This survey was a project of Hartford's Northeast Hunger Action Team. The Northeast Hunger Action Team (HAT) was formed in December 2013 as part of a Foodshare initiative to build a movement of organizations and local citizens committed to creating solutions that would tackle the root causes of hunger locally. Early on it was suggested that the Northeast HAT consider the experiences and reports of residents regarding food security. To that end, the Northeast HAT decided their first project would be to develop a survey to learn more about how to meet the food and nutritional needs of residents receiving supplemental food

assistance within Hartford's Northeast neighborhood. More specifically, this survey aims to answer the following research questions about those receiving food at food pantries and mobile Foodshare sites within Hartford's Northeast neighborhood:

- What are the demographics of this population?
- Where do they most frequently purchase groceries?
- What is this population's level of food insecurity?
- What barriers keep them from eating healthy food daily?
- What are the eating habits of this population?
- What types of additional services would be helpful to this population?

## METHODS

### About the Survey

The survey used in this study was designed specifically for this project to answer the questions outlined above. This survey contained questions about demographic variables, locations where residents most frequently shop for groceries, barriers to eating healthy food, typical eating habits, and the types of support services needed. In addition, the survey used the *U.S. Household Food Security Survey Module: Six-Item Short Form* to learn more about respondent's level of food security. This measure has been shown to identify food-insecure households and households with very low food security with reasonably high specificity and sensitivity and minimal bias (Blumberg, Bialostosky, Hamilton & Briefel, 1999).

The survey was distributed to individuals receiving food at either a food pantry or mobile Foodshare site. Individuals were given the option of completing the self-report survey independently or having a volunteer read the questions aloud and mark their response choices. An English and Spanish version of the survey was available. Individuals who completed the survey were offered a small incentive (a small food or toiletry item).

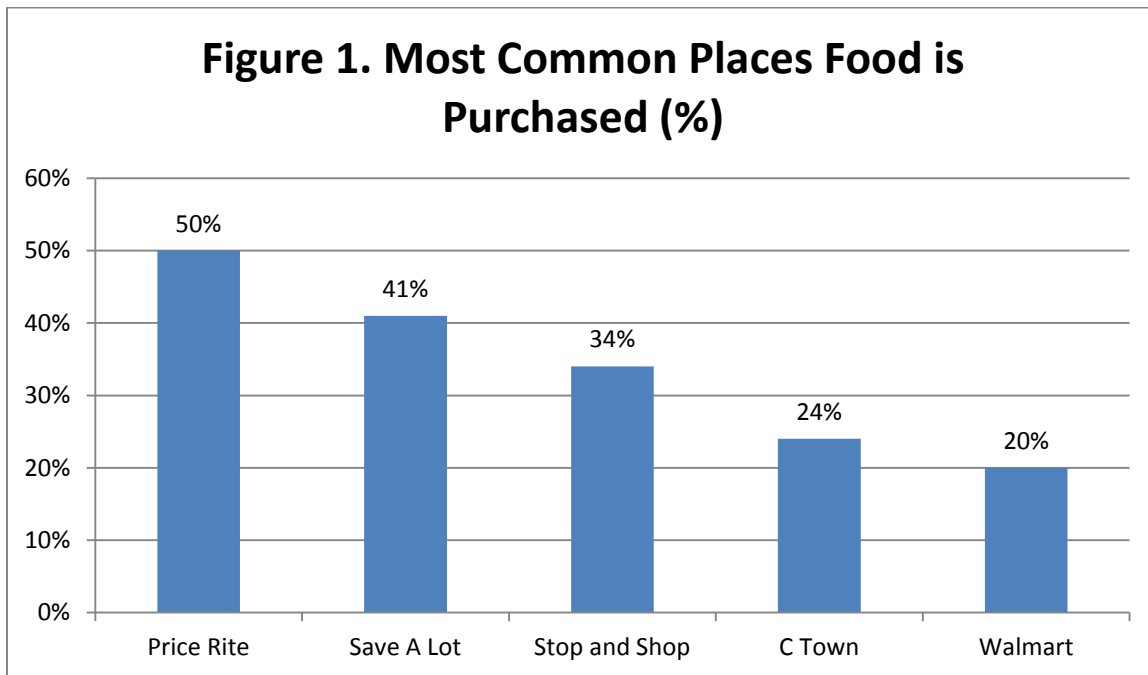
## RESULTS

### Demographic Information

Table 1 provides a summary of participants' demographic information. A total of 394 individuals completed the Northeast Hunger Action Team survey at five food pantries and two mobile Foodshare sites located in Hartford's Northeast neighborhood. The majority of participants were females (n = 270, 70.5%), described themselves as Black/African American (n = 227, 60.9%) or Latino/Hispanic (n = 90, 34.1%), and were either 55 years of age or older (n = 179, 48.0%) or 41-54 years of age (n = 106, 28.4%). The majority received supplemental food assistance such as SNAP (n=190, 53.7%) and reside within Hartford's Northeast neighborhood as indicated by their zip code. Residents reporting that they live within the 06112 and 06120 zip codes are considered to live in the Northend of Hartford which is comprised of the following neighborhoods (Northeast, Blue Hills, Clay Arsenal, and Upper Albany). Finally, residents were asked to report the three places where their household most often purchases food. The most commonly reported stores were Price Rite (n=162, 50%) and Save A Lot (n=132, 41%).

Table 1. Demographic Data

<p><b>Gender (n=383)</b>                  Female: 70.5%                  Male: 29.5%</p> <p><b>Ethnicity (n=373)</b>                  Latino/a or Hispanic: 34.1%    White: 3.2%                  West Indian: 4.8%    Asian: 0.0%                  Black/African American: 60.9%    Other: 2.4%</p> <p><b>Age (n=373)</b>                  18-25 years: 4.0%    41-54 years: 28.4%                  26-40 years: 19.6%    55+ years: 48.0%</p> <p><b>Household Composition (n=314)</b>                  Average Number of Adults: 2.0                  Average Number of Children: 1.5                  (60.2% of households had at least 1 child)</p>	<p><b>Service Utilization (n=354)</b>                  SNAP: 53.7%    Soup Kitchen: 10.2%                  WIC: 11.3%    Mobile Foodshare: 41.5%                  Food Pantry: 46.6%    Other: 3.4%                  Reduced Lunch: 10.2%</p> <p><b>Zip Codes (n=333):</b>                  06120: 45.6%    06105: 10.8%                  06112: 24.0%    06095: 6.9%</p> <p><b>Most Common Places Food is Purchased (n=325)</b>                  Price Rite: 50.0%                  Save A Lot: 41.0%                  Stop and Shop: 34.0%                  C Town: 24.0%                  Walmart: 20.0%</p>
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**Food Security**

Tables 2-4 provide information about participants’ levels of food insecurity. These tables demonstrate responses to questions from the *U.S. Household Food Security Survey Module: Six-Item Short Form*. These questions measure participants’ levels of food security and ask questions about the food eaten in each respondent’s household each month.

Table 2. U.S. Household Food Security Survey Module: Six-Item Short Form (Items 9-10)

	<i>n</i>	Often	Sometimes	Never true
<b>9. The food that we bought just didn't last and we didn't have money to get more.</b>	353	27.2%	62.3%	10.5%
<b>10. We couldn't afford to eat balanced meals. (e.g. a variety of healthy food such as protein, fruit, vegetables, grains and dairy)</b>	349	18.3%	65.9%	16.3%

Table 3. U.S. Household Food Security Survey Module: Six-Item Short Form (Items 11-13)

	<i>n</i>	Yes	No
<b>11. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?</b>	361	55.1%	44.9%
<b>12. Were you ever hungry, but didn't eat, because there wasn't enough money for food?</b>	355	44.5%	55.5%
<b>13. Did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?</b>	366	57.7%	42.4%

Table 4. U.S. Household Food Security Survey Module: Six-Item Short Form (Items 13a and 13b: added for this survey)

	<i>n</i>	Almost every month	Some months
<b>13a. If yes, how often did this happen?</b>	200	26.0%	57.5%
<b>13b. When this happened, how many days did you have enough food? M = 22.6 (n=72)</b>			

Responses to all six questions can be combined to form a composite score indicating overall level of food security. Composite scores indicate that the majority of participants evidenced low food security (n=170, 46.2%) or very low food insecurity (n=84, 22.8%). Interestingly, about one third of the sample (n=114, 31.0%) evidenced high or marginal food security. See Table 5 and Figure 2.

Table 5. Overall Level of Food Security (n=368)

	Percent
High or marginal food security	31.0%
Low food security	46.2%
Very low food security	22.8%

**Barriers to Eating Healthy, Balanced Meals**

Participants were asked a series of questions about barriers to eating healthy, balanced meals every day. Their responses to these questions are reported in Table 6 and Figure 3. The most commonly reported barriers to eating healthy, balanced meals included ‘Not enough money to purchase food’ (n=210, 66.0%), ‘lack of transportation’ (n=104, 32.7%) and ‘I have a health condition that makes shopping difficult’ (n=49, 15.4%). A relatively small number of participants (n=42, 13.2%) did not experience any barriers to eating healthy food.

**Figure 2. Level of Household Food Security**

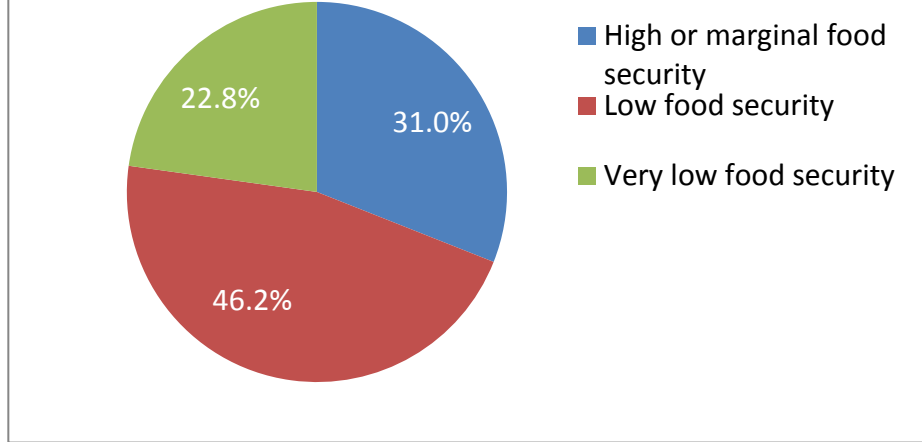
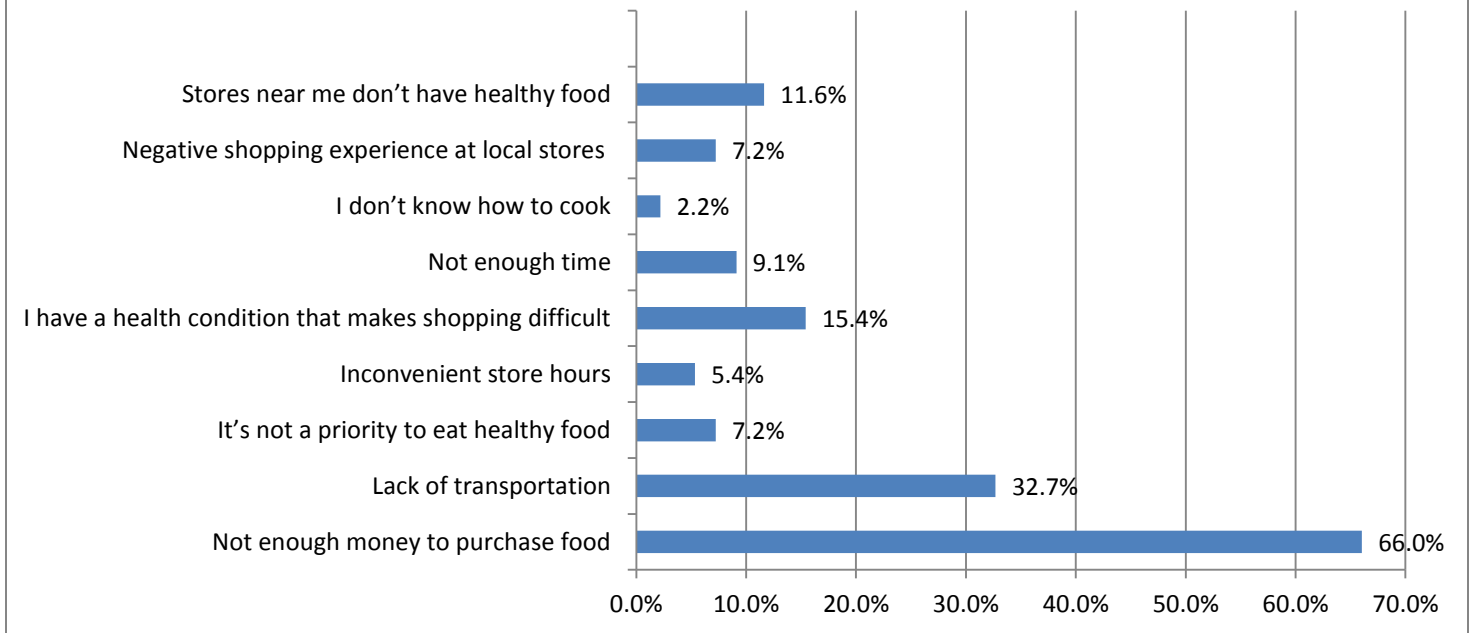


Table 6. Barriers to Healthy Eating (n=318)

	Percent
Not enough money to purchase food	66.0%
Lack of transportation	32.7%
It's not a priority to eat healthy food	7.2%
Inconvenient store hours	5.4%
I have a health condition that makes shopping difficult	15.4%
Not enough time	9.1%
I don't know how to cook	2.2%
Negative shopping experience at local stores (e.g. poor customer service or lack of cleanliness)	7.2%
Stores near me don't have healthy food	11.6%
<i>None of these keep me from eating healthy balanced meals</i>	13.2%

**Figure 3. Barriers to Eating Healthy Food**



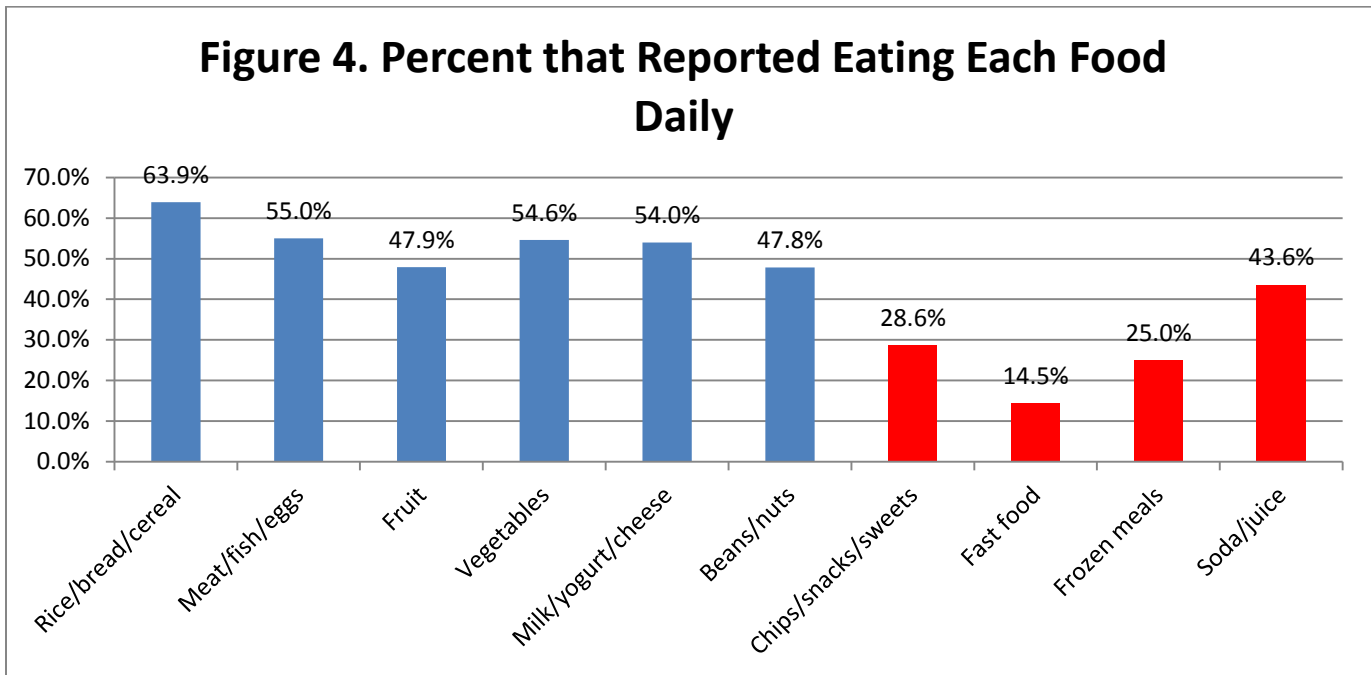
**Eating Habits**

Table 7 and Figure 4 report participants' responses to questions about eating habits. For each healthy food category, (rice/bread/cereal, meat/fish/eggs, fruit, vegetables, milk/yogurt/cheese, and beans/nuts) about half of the sample reported eating each type of food daily.

Table 7. How often participants eat type of food (n=346)

	Every Day	Weekly	Monthly	Never
a. Rice/bread/cereal	63.9%	29.8%	6.1%	0.3%
b. Chips/snacks/sweets	28.6%	40.7%	24.6%	6.1%
c. Meat/fish/eggs	55.0%	34.5%	9.9%	0.6%
d. Fast food	14.5%	21.0%	44.9%	19.6%
e. Fruit	47.9%	37.4%	13.8%	0.9%
f. Vegetables	54.6%	33.5%	11.0%	0.9%
e. Frozen meals	25.0%	31.1%	24.7%	19.2%
f. Soda/juice	43.6%	29.7%	17.1%	9.7%
g. Milk/yogurt/cheese	54.0%	29.3%	14.0%	2.7%
h. Beans/nuts	47.8%	31.1%	17.4%	3.8%



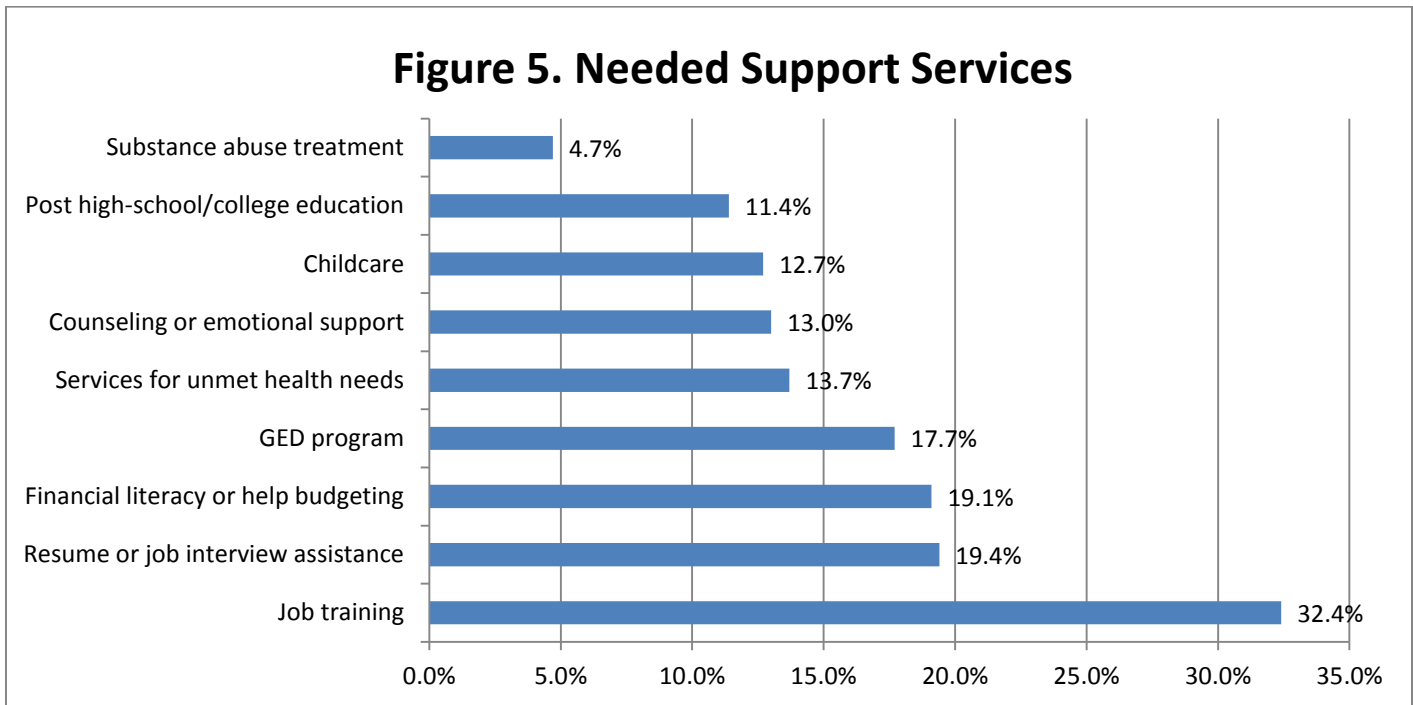


### Needed Support Services

Finally, participants were asked about the types of support services that would be helpful to them or someone in their household. Overall, (n = 233, 76.6%) of participants indicated that someone in their household needed one or more of the following support services. The support services most commonly needed by participants and their household members included job training (n=97, 32.4%), resume or job interview assistance (n=58, 19.4%) and financial literacy or budgeting help (n=57, 19.1%). Just under one quarter of the sample (n=67, 23.4%) indicated that they did not need any of these services. It is interesting that the top two needed services are associated to skill and competency development related to employment. See Table 8 and Figure 5.

Table 8. Needed Support Services

	Percent
Job training	32.4%
Resume or job interview assistance	19.4%
Financial literacy or help budgeting	19.1%
GED program	17.7%
Services for unmet health needs	13.7%
Counseling or emotional support	13.0%
Childcare	12.7%
Post high-school/college education	11.4%
Substance abuse treatment	4.7%
<i>None of these</i>	23.4%



**Comparisons between Residents in each Food Security Group**

*Eating Habits and Food Security*

An ANOVA is a statistical analysis that can be used to explore differences between groups of people. This analysis was used to explore differences between people in the high/marginal, low and very low food security group to determine if food security level was related to healthy and unhealthy eating habits. More specifically, it was hypothesized that participants with lower food security ate less healthy food. However these analyses indicated that there were not statistically significant differences in the consumption of healthy and unhealthy foods between participants in each of the three food security groups. These finds are represented in Tables 9 through 12. For these analyses, a mean score was computed for healthy eating and unhealthy eating based on the number of days each week participants ate healthy (rice/bread/cereal, meat/fish/eggs, fruit, vegetables, milk/yogurt/cheese, and beans/nuts) and unhealthy (chips/snacks/sweets, fast food, frozen meals, and soda/juice) foods.

Table 9. Healthy Eating Mean Scores by Food Security Group

Level of Food Security	n	Healthy Eating	
		M	SD
High or marginal food security	106	3.48	.42
Low food security	157	3.34	.59
Very low food security	76	3.36	.55

Table 10. Healthy Eating and Food Security Comparison of Means

Source	df	SS	MS	F	p
Between groups	2	1.29	.64	2.18	.11
Within groups	336	99.15	.30		
Total	338	100.43			

Table 11. Unhealthy Eating Mean Scores by Food Security Group

Level of Food Security	n	Unhealthy Eating	
		M	SD
High or marginal food security	87	2.23	.78
Low food security	134	2.30	.73
Very low food security	69	2.28	.77

Table 12. Unhealthy Eating and Food Security Comparison of Means

Source	df	SS	MS	F	p
Between groups	2	.26	.13	.23	.80
Within groups	287	164.11	.57		
Total	289	164.37			

*Barriers to Eating Healthy Food and Food Security*

An ANOVA was run to determine if food security level was related to the number of barriers to eating healthy food experienced by participants. This analysis revealed statistically significant differences in the average number of barriers experienced by participants in each of the three food security groups [ $F(2, 367) = 34.46, p < .000$ ]. Greater food insecurity was related to an increased number of barriers. See Tables 13 and 14 and Figure 6.

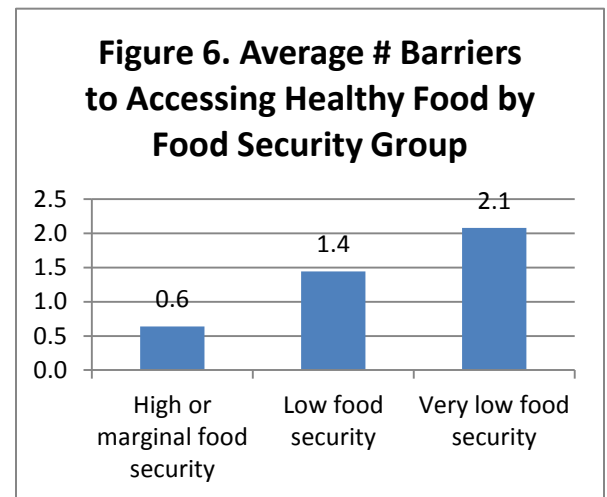


Table 13. Mean Number of Barriers by Food Security Group

Level of Food Security	n	Barriers to accessing healthy food	
		M	SD
High or marginal food security	114	.64	.91
Low food security	170	1.44	1.08
Very low food security	84	2.08	1.76

Table 14. Mean Number of Barriers and Food Security Group Comparison of Means

Source	df	SS	MS	F	p
Between groups	2	103.96	51.98	34.46	.000
Within groups	365	550.58	1.51		
Total	367	654.54			

*Needed Support Services and Food Security*

An ANOVA was run to determine if food security was related to the number of support services needed by participants. This analysis revealed statistically significant differences in the average number of support services needed by participants in each of the three food security groups [ $F(2, 294) = 9.33, p < .000$ ]. Greater food insecurity was related to increased need for support services. See Tables 15 and 16 and Figure 7.

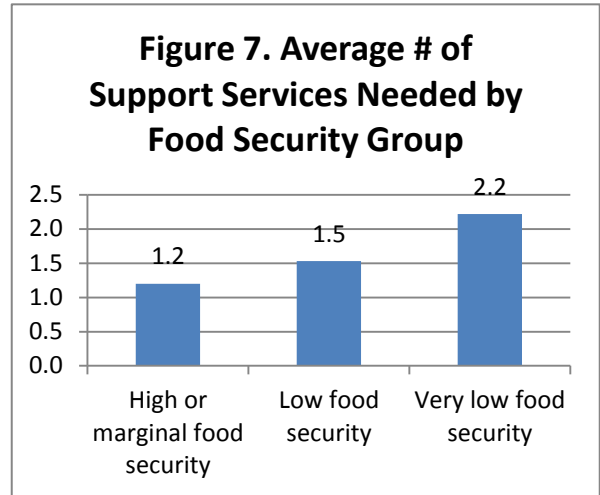


Table 15. Mean Number of Needed Support Services by Food Security Group

Level of Food Security	n	Number of Needed Support Services	
		M	SD
High or marginal food security	92	1.20	1.13
Low food security	135	1.53	1.57
Very low food security	68	2.22	1.76

Table 16. Mean Number of Needed Support Services by Food Security Group Comparison of Means

Source	df	SS	MS	F	p
Between groups	2	41.78	20.89	9.33	.000
Within groups	292	653.77	2.24		
Total	294	695.55			

**CONCLUSION**

This research project explored food security, barriers to accessing healthy food, eating habits, and the needed support services of individuals receiving supplemental food assistance in Hartford’s Northeast neighborhood. A total of 394 residents completed surveys and two-thirds were classified as experiencing either low or very low food security. Based on the results from this project a number of important findings were derived.

Residents Travel to Mid-Sized and Large Grocery Stores to Purchase Food: Survey participants reported that they most commonly purchase food from mid-sized and large-sized grocery stores such as Price Right and Save A Lot, rather than relying on smaller corner stores. It was originally hypothesized that transportation was a barrier to securing food and a strategy of residents to overcome this barrier would be to utilize the smaller stores in closest proximity to their homes. The findings did not support this hypothesis and suggest that although transportation is a struggle, residents travel to larger grocery chains.

Money and Transportation are Significant Barriers to Accessing Food: Not enough money, lack of transportation and having a health condition were the top three reported barriers to eating healthy balanced meals. It is important for

community stakeholders to consider these challenges as they develop and implement new programs addressing the issue of hunger. Additionally, greater food insecurity was related to increased number of barriers which suggests that addressing barriers may result in increased food security.

Supports are Needed to Help Residents Increase their Self-sufficiency: The vast majority of residents indicated that someone in their household needed one or more support services. The support services most often endorsed by residents included job training and resume or job interview assistance. These findings suggest that programs and supports that help increase residents' access to better paying jobs and self-sufficiency would address the issue of hunger in a more holistic way. Often our first inclination is to offer food to a family struggling with food insecurity, but these findings suggest that programs that increase access to employment and self-sufficiency would address the larger issue of poverty which is directly linked to food security. Additionally, residents who were the least food secure indicated that they needed more support services than those who were more food secure. This suggests that this group may benefit greatly from such programs and that pantries might consider incorporating them into their programming as a way to more holistically address hunger.

### **Next Steps**

The completion of this survey does not mark the end of the Northeast Hunger Action Team's work, but rather it is a beginning. We now have a greater understanding of how we can best help the citizens of the Northeast neighborhood and plan to collaborate with neighbors and other local and statewide agencies to begin breaking down the barriers that prevent food security and financial stability in Hartford from becoming a reality.

Further research is needed to obtain more detailed information about barriers, eating habits and needed support. Focus groups would allow for a more thorough understanding of residents' experiences around these issues. Additionally, including new voices and stakeholders in focus groups discussions (such as grocery store owners or food pantry directors) would provide additional information that would assist the Hunger Action Team in developing and implementing strategies to address the issue of food insecurity.

As with all action research, it is the intent of the Northeast Hunger Action Team to use these findings to inform the development and implementation of strategies to address hunger and connect people to existing services that they may not be aware of. This study will help us create a framework for our next action steps. We've asked questions and listened to the neighbors' answers. We will share the information we've gathered to expand who we work with and leave an open invitation to participate with us on future projects in the Northeast neighborhood. By working together and leveraging resources stakeholders can have a greater impact on the community.

Appendix A. Food Survey

Spanish and English versions of the survey were provided.

**Food Survey**

Please answer the following questions about yourself and your household. There are no right or wrong answers, we simply want to learn more about how we can support the residents of this neighborhood.

1. Gender:  Male  Female

2. Ethnicity:

- Black/African American     Latino/a  
 White/Caucasian         West Indian  
 Asian                             Other: \_\_\_\_\_

3. Age:

- 18-25 years     41-54 years  
 26-40 years     55+ years

4. How many adults live in your household? \_\_\_\_\_

5. How many children live in your household? \_\_\_\_\_  
*(children under 18 years of age)*

6. Which of the following programs do you or someone in your household participate in? *(check all that apply)*

- None of these             Reduced-price school lunches  
 SNAP                       Soup Kitchen  
 WIC                         Mobile Foodshare  
 Food Pantry             Other: \_\_\_\_\_

7. Name the three places where your household purchases food most often:

- a. \_\_\_\_\_  
b. \_\_\_\_\_  
c. \_\_\_\_\_

8. What is your zip code? \_\_\_\_\_

Please answer the following questions about the food eaten in your household. Circle the response that best describes how often or if your household experienced each of the following situations over the last 12 months.

9. The food that we bought just didn't last and we didn't have money to get more.	Often	Sometimes	Never true
10. We couldn't afford to eat balanced meals. <i>(e.g. a variety of healthy food such as protein, fruit, vegetables, grains and dairy)</i>	Often	Sometimes	Never true
11. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?	Yes	No	
12. Were you ever hungry, but didn't eat, because there wasn't enough money for food?	Yes	No	
13. Did you or other adults in the household ever cut the size of your meals or skip meals because there wasn't enough money for food?	Yes	No	
13a. <i>If yes, how often did this happen</i>	Almost every month	Some months but not every month	Only 1 or 2 months
13b. <i>When this happened, how many days did you have enough food?</i> _____			

14. Indicate if any of the following keep you from eating healthy balanced meals every day?

- Not enough money to purchase food  
 Lack of transportation  
 It's not a priority to eat healthy food  
 Inconvenient store hours  
 I have a health condition that makes shopping difficult  
 Not enough time  
 I don't know how to cook  
 Negative shopping experience at local stores (e.g. poor customer service or lack of cleanliness)  
 Stores near me don't have healthy food  
 Other: \_\_\_\_\_  
 None of these keep me from eating healthy balanced meals

15. How often do you eat the following?

	Everyday	Weekly	Monthly	Never
a. Rice/bread/cereal				
b. Chips/snacks/sweets				
c. Meat/fish/eggs				
d. Fast food				
e. Fruit				
f. Vegetables				
e. Frozen meals				
f. Soda/juice				
g. Milk/yogurt/cheese				
h. Beans/nuts				

16. Which of the following types of support would be helpful to you or someone in your household? *(check all that apply)*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> None of these                      | <input type="checkbox"/> Training for a job that allows me to provide for my family | <input type="checkbox"/> Housing assistance                   |
| <input type="checkbox"/> GED Program                        | <input type="checkbox"/> Substance abuse treatment                                  | <input type="checkbox"/> Services for unmet health needs      |
| <input type="checkbox"/> Post high school/college education | <input type="checkbox"/> Counseling/emotional support                               | <input type="checkbox"/> Financial literacy or help budgeting |
| <input type="checkbox"/> Resume or job interview assistance |   | <input type="checkbox"/> Childcare                            |
|   |   | <input type="checkbox"/> Other: _____                         |