

# Rhode Island Commission for Health Advocacy and Equity

## 2022 Brief

Impacts of the COVID-19 pandemic on  
Food Security in Rhode Island Communities



# PURPOSE

## The Commission for Health Advocacy and Equity

The purpose of the Commission for Health Advocacy and Equity (CHAE) is to serve as Rhode Island's state-wide body for monitoring health disparities and promoting strategies that advance health equity.

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# MISSION

1. Advocate for the integration of activities that will help to achieve health equity;
2. Advise the Governor, Rhode Island Department of Health (RIDOH), and General Assembly on health disparities;
3. Develop and coordinate the expertise and experience of the State's health and human services, housing, transportation, education, environment, community development, and labor systems to develop a comprehensive health equity plan that addresses the social determinants of health;
4. Develop health equity goals and plans in alignment with other statewide planning activities; and
5. Educate State agencies on health disparities.

*Health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness, and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.*

~ Robert Wood Johnson Foundation (RWJF)

# ABOUT THIS REPORT

The CHAE provides this brief as a tool to inform program and policy development and resource investment at the community and state government levels. This brief aims to highlight how Rhode Islanders have been affected by the COVID-19 pandemic by focusing specifically on food security and the State's response to emerging food access challenges. Additional briefs will be released to address other social determinants of health (SDOH) that have been impacted by COVID-19. SDOH are defined by the Centers for Disease Control and Prevention (CDC) as the conditions in which people are born, grow, live, work, and age. SDOH are influenced by the distribution of money, power, and resources,<sup>1,2</sup> and they can have direct and indirect impacts on health. SDOH can influence access and quality of care, health behaviors, and risk of physical exposure to harmful environments. Unequal distribution of social determinants can lead to health inequities. Although the effects of the pandemic are still unfolding, this brief will report on how communities in Rhode Island have been impacted and highlight specific needs and recommendations to better inform recovery efforts and planning for future health emergencies.

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## DEFINITIONS

**Health equity:** the state where every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances

**Health inequity:** differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment

**Health disparities:** preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations

**Social determinants of health:** conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks

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## STATE-SPONSORED HEALTH EQUITY PROGRAMS

The CHAE works with several state agencies to eliminate health disparities and address the root causes of health inequity. For the purpose of this policy brief, the Commission drew from the work of three initiatives to assess the state of food security in Rhode Island: the Rhode Island Health Equity Institute, the Rhode Island Health Equity Zone Initiative, and Rhode Island Health Equity Measures.

# THE RIDOH HEALTH EQUITY INSTITUTE

The RIDOH Health Equity Institute (HEI) collaborates with other department staff, State leaders, and community partners to ensure every Rhode Islander has a fair and just opportunity to be healthy.

HEI fulfills its mission by:

1. Identifying the root causes of uneven health outcomes across population groups;
  2. Collaborating with partners to address those root causes; and
  3. Monitoring Rhode Island's progress toward more equitable outcomes for all.
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## RHODE ISLAND HEALTH EQUITY ZONE INITIATIVE

The Rhode Island Health Equity Zone (HEZ) initiative was established in 2015 to address health inequities. The initiative uses a health equity approach to develop prevention mechanisms that address social determinants of health. All HEZ initiatives must have the following key components: health equity-centered approach; leverage place-based, community-led solutions; and address the social determinants of health. Survey and focus group discussion results from HEZ members have been included in this brief and can be found in the addendum section.

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## RHODE ISLAND HEALTH EQUITY MEASURES

Rhode Island health equity measures were established to serve as Rhode Island's statewide standard for assessing progress toward health equity. Five domains that are encompassed within the measures were selected to help identify systems and policies that affect the ability of every Rhode Islander to live a healthy life and achieve their full potential: integrated healthcare, community resilience, physical environment, socioeconomics, and community trauma. Some sections of this report contain data from the integrated healthcare and socioeconomics domains.



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# 01 | COVID-19 PANDEMIC

Since it emerged in December 2019, COVID-19 has had devastating impacts around the world. Since the first confirmed US case on January 20, 2020, more than 88 million cases and one million deaths have been reported (as of July 2022).<sup>3</sup> Within communities where social and economic inequities exist, the impacts of COVID-19 have been disproportionately felt.

Economic insecurity, adverse working conditions, limited access to sick leave, immigration status, and high-exposure living and working conditions are significant predictors of infectious disease transmission.<sup>4</sup> Several factors have been found to make individuals more susceptible to COVID-19 exposure, including limited resources, pre-existing medical conditions, and poor SDOH. Furthermore, the pandemic has also exacerbated health problems among groups that were already experiencing health inequities before the start of the pandemic.

## SOCIAL DETERMINANTS OF HEALTH AND COVID-19 DISPARITIES

Several studies in the US have identified associations between racial and ethnic disparities in SDOH and COVID-19 cases and death rates.<sup>5,6</sup> In Rhode Island, the impact of COVID-19 is evident. Rhode Islanders of all ages have been affected by COVID-19. Compared with other states, Rhode Island has one of the highest vaccination rates.<sup>7</sup> Racial and ethnic disparities have been reported and COVID-19 rates are highest in Rhode Island among people who are Hispanic, Latino, Black, or African American.<sup>8</sup>

Identifying and addressing social risks that make individuals more susceptible to COVID-19 can help reduce health disparities in Rhode Island. Furthermore, research and policy solutions can aid in closing gaps and inequities in COVID-19. The CHAE has chosen to highlight **food security** in this brief. This outcome was selected based on the implications that food security can have on health outcomes.



# 02 | FOOD SECURITY

Food security is defined as the state of having reliable access to a sufficient quantity of affordable, nutritious food. Families are food insecure if they do not have reliable access to affordable food. Food security can be impacted by factors like income, employment, race/ethnicity, disability, neighborhood conditions, and lack of transportation. Food insecure adults are at an increased risk of experiencing negative health outcomes and health disparities. Food-insecure children are more likely to develop chronic illnesses and developmental challenges when compared to food-secure children.

Before the COVID-19 pandemic, approximately 11% of US households were food insecure.<sup>9</sup> The pandemic has impacted many factors that influence food access. High unemployment rates, supply chain interruptions, and lockdowns have all contributed to increasing levels of food insecurity. School closure also made it more difficult for children to access low-cost or free meals.<sup>10</sup> The COVID-19 pandemic has resulted in increased food insecurity among populations in Rhode Island.

## STATEWIDE HEALTH EQUITY MEASURES

The Rhode Island statewide food insecurity measure provides data on the percentage of Rhode Island’s population who are food insecure. This measure uses data from Feeding America. Results from this measure are recorded in Figures 1, 2, and 3.

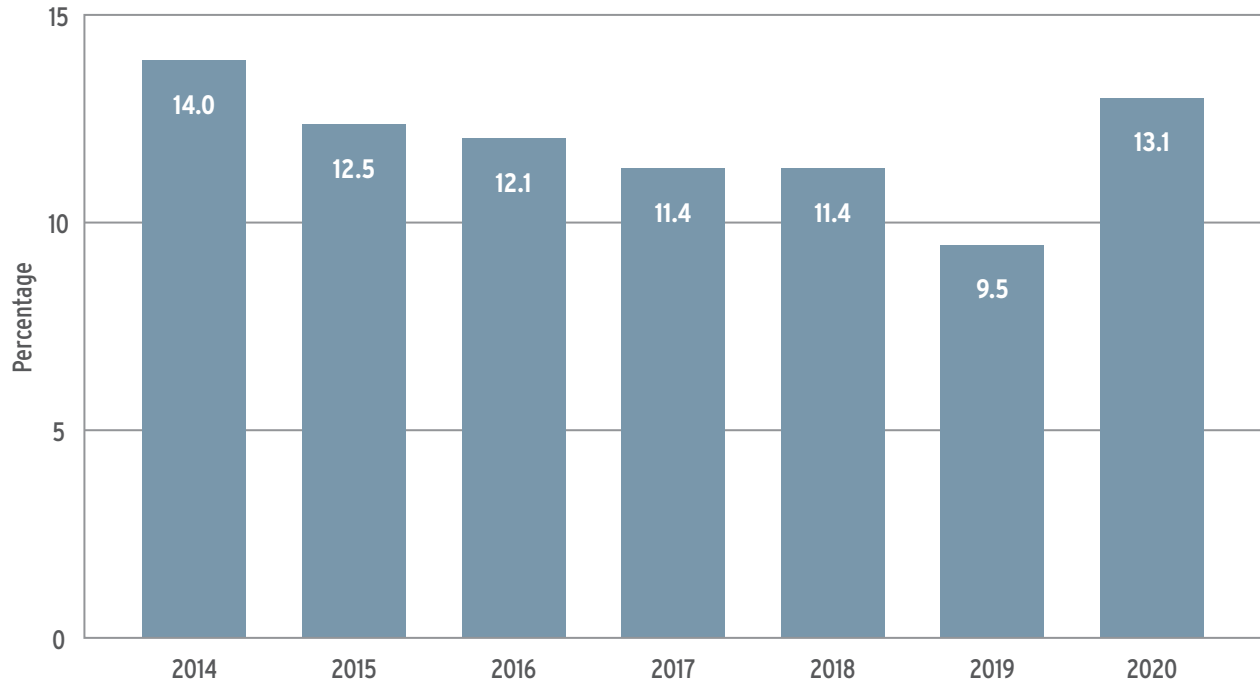
Figure 1 illustrates the percentage of Rhode Island populations who were food insecure in the last eight years. From 2014-2019, Rhode Island saw a significant decrease (32%) in the percentage of the population who were food insecure, down from 14% to a record five-year low of 9.5%. Since the start of the pandemic, there has been an increase in food insecurity in Rhode Island. In 2020, the percentage of Rhode Islanders who were food insecure increased by 3.6% when compared to 2019 (see Table 1). Figures 2 and 6 illustrate food insecurity trends in Providence and Washington counties, respectively.

**Table 1.**  
**PERCENTAGE OF POPULATION FOOD INSECURE IN RI OVER TIME**

Food Insecurity: Percentage of population who are food insecure							Projected COVID Impact	
	2014	2015	2016	2017	2018	2019	Projected 2020	Projected 2021
<b>RI Statewide</b>	<b>14.0</b>	<b>12.5</b>	<b>12.1</b>	<b>11.4</b>	<b>11.4</b>	<b>9.5</b>	<b>13.1</b>	
Providence Co	15.1	13.5	13.2	12.6	12.0	11.0	11.0	13.3
Kent Co	12.1	11.0	10.4	9.7	9.2	8.6	8.6	10.7
Newport Co	12.5	12.1	11.5	10.6	9.0	8.6	8.6	10.6
Bristol Co	11.1	10.5	10.0	9.5	8.1	7.6	7.6	9.6
Washington Co	11.5	11.1	10.7	9.7	7.8	7.4	7.4	9.3

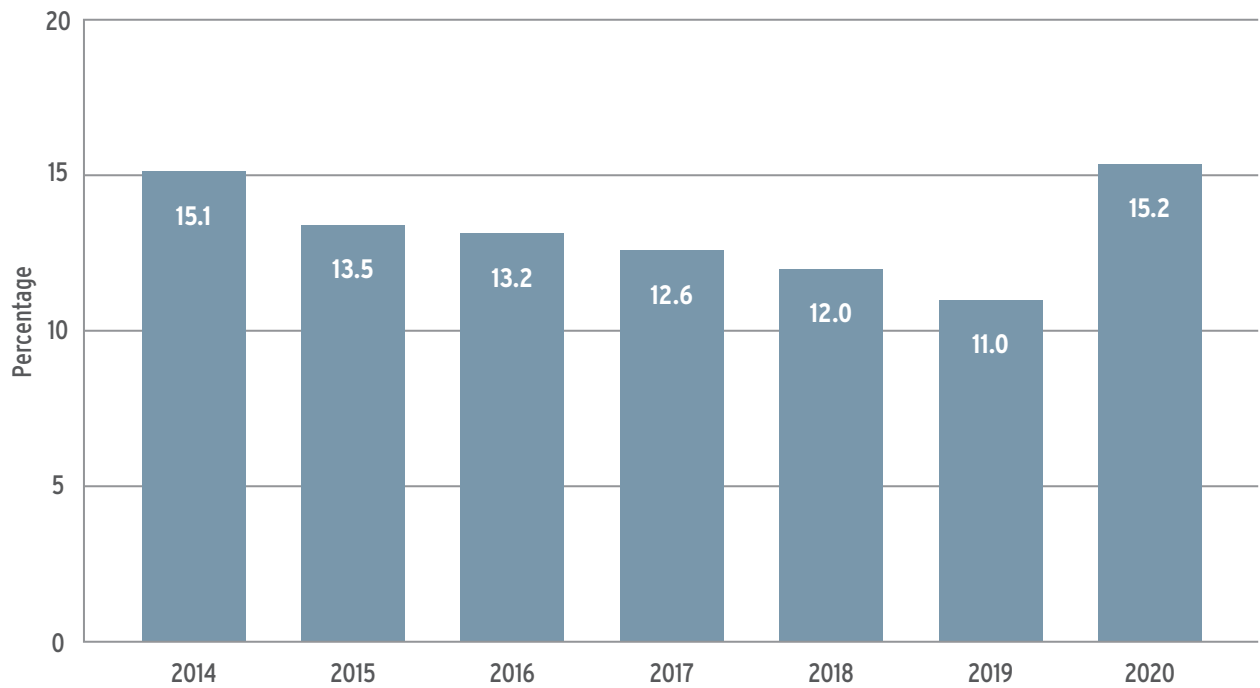
**FIGURE 1**

**PERCENTAGE OF RHODE ISLANDERS WHO ARE FOOD INSECURE (STATEWIDE)**



**FIGURE 2**

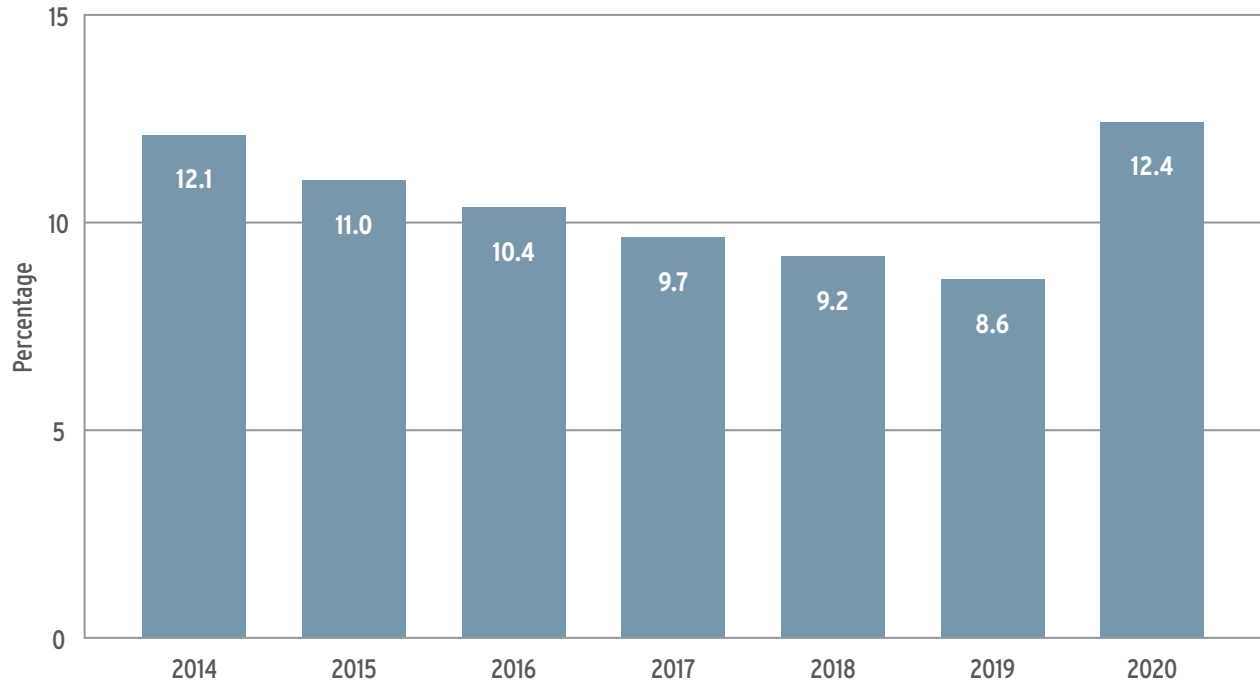
**PERCENTAGE OF RHODE ISLANDERS WHO ARE FOOD INSECURE (PROVIDENCE CO)**





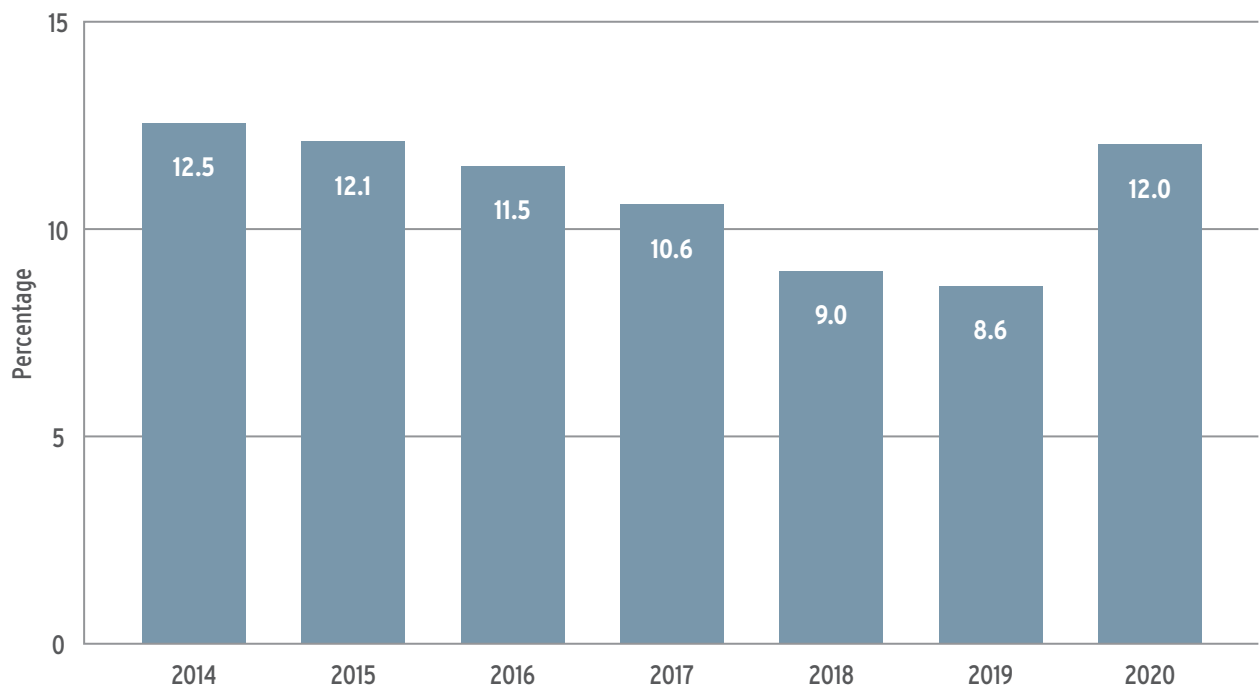
**FIGURE 3**

**PERCENTAGE OF RHODE ISLANDERS WHO ARE FOOD INSECURE (KENT CO)**



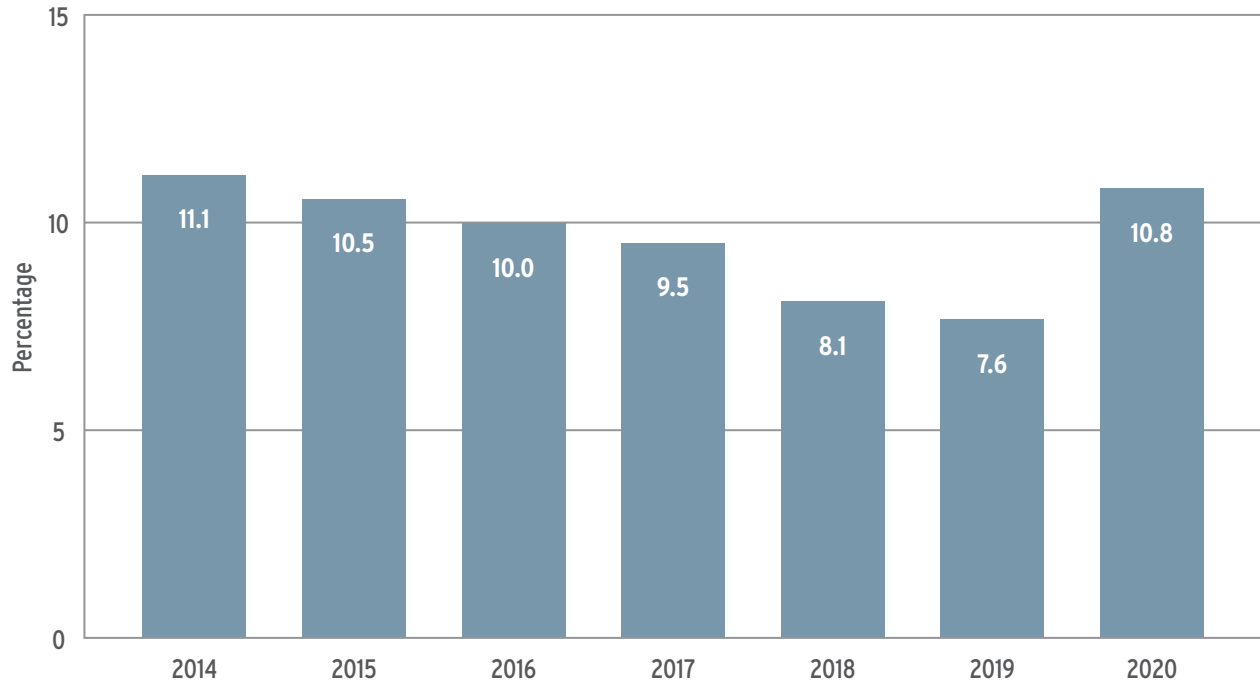
**FIGURE 4**

**PERCENTAGE OF RHODE ISLANDERS WHO ARE FOOD INSECURE (NEWPORT CO)**



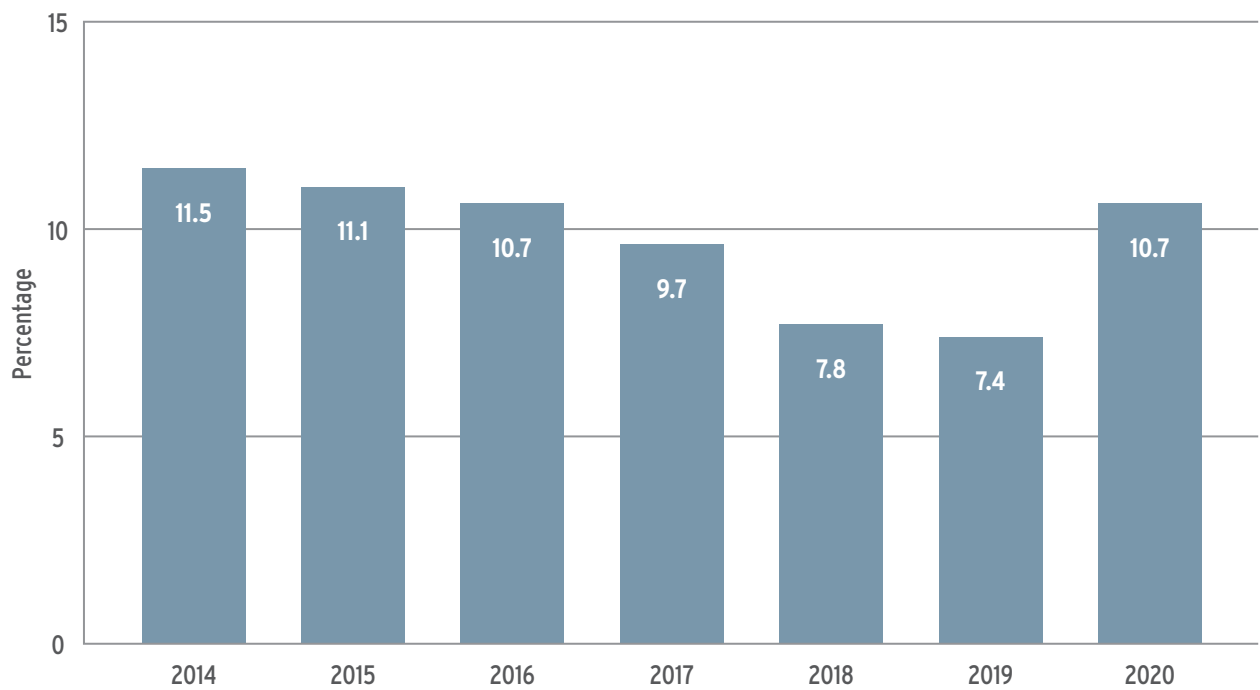
**FIGURE 5**

**PERCENTAGE OF RHODE ISLANDERS WHO ARE FOOD INSECURE (BRISTOL CO)**



**FIGURE 6**

**PERCENTAGE OF RHODE ISLANDERS WHO ARE FOOD INSECURE (WASHINGTON CO)**



# 03 | KEY FINDINGS

- In 2020, the first year of the COVID-19 pandemic, statewide food insecurity increased in each of the five counties in Rhode Island: Providence, Kent, Newport, Bristol, and Washington (see Figures 1-6).
- Providence County had the highest rate of food insecurity in 2020 (15.2%).
- Before the pandemic, Providence County and Washington County had the largest percentage point decrease (4.1) in the rate of food insecurity.
- After the onset of the pandemic, 2020 Providence County had the highest percentage point increase (4.2) in food insecurity.

## KEY FINDINGS FROM FOCUS GROUPS

Food insecurity was a recurring issue expressed among focus group participants. Many communities experienced increased burdens in obtaining fresh and culturally appropriated food during the height of the pandemic and afterward. Multiple agencies expressed increased utilization of food networks and resources available through RIDOH, United Way of Rhode Island, Rhode Island Health Equity Zones and other community partners. Listed below are direct quotations from participants regarding food security.

## FEEDBACK FROM RESPONSE WORKERS ABOUT FOOD SECURITY AMONG RHODE ISLAND COMMUNITIES

*“We’ve seen an increase in folks utilizing...programs that our partners have been launching. But we’re seeing a high need. Everybody, honestly, on our food access team is responding to a lot more folks who would not have needed assistance previously.”*

~ HEZ Agency Staff

*“Everyone needs the services because literally, folks can’t afford it [food].”*

~ HEZ Agency Staff

*“In another community, West Warwick, that I work in which already has food insecurity needs, we just lost one of two grocery stores so on top of that just inflation and things closing is just a huge barrier for those two communities.”*

~ HEZ Agency Staff

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## MEASURES TO ADDRESS FOOD SECURITY

Several state and community-based agencies, such as RIDOH, the United Way of Rhode Island, The Elijah Project and many others worked to help alleviate food insecurity in Rhode Island through working groups, healthy cooking/nutrition classes, food pantries, provision of meals to residents in need, diabetes/healthy eating learning and classes, farmers' markets and local neighborhood markets, and population-specific programs. In addition, since June 2020, HEZs have delivered 658,525 meals and have supported 14,338 residents in quarantine and isolation by providing food deliveries. However, a sustainable policy solution is needed to ensure all Rhode Islanders have access to sufficient food to meet dietary needs for a productive and healthy life.



## 04 | SUMMARY

The COVID-19 pandemic has impacted communities across the world, in the United States, and in Rhode Island. The pandemic has resulted in an increase in food insecurity in Rhode Island, with the percentage of the Rhode Island population experiencing food insecurity increasing from a five-year low of 9.5% in 2019 to a near-record high of 13.1% in 2020. The CHAE recommends using these data and feedback to guide actions that will advance health equity and address structural and institutional racism as primary drivers of inequitable health outcomes. The CHAE will use the information provided in this brief to inform its 2023 legislative report which will include a robust set of evidence-based and equity-focused recommendations.

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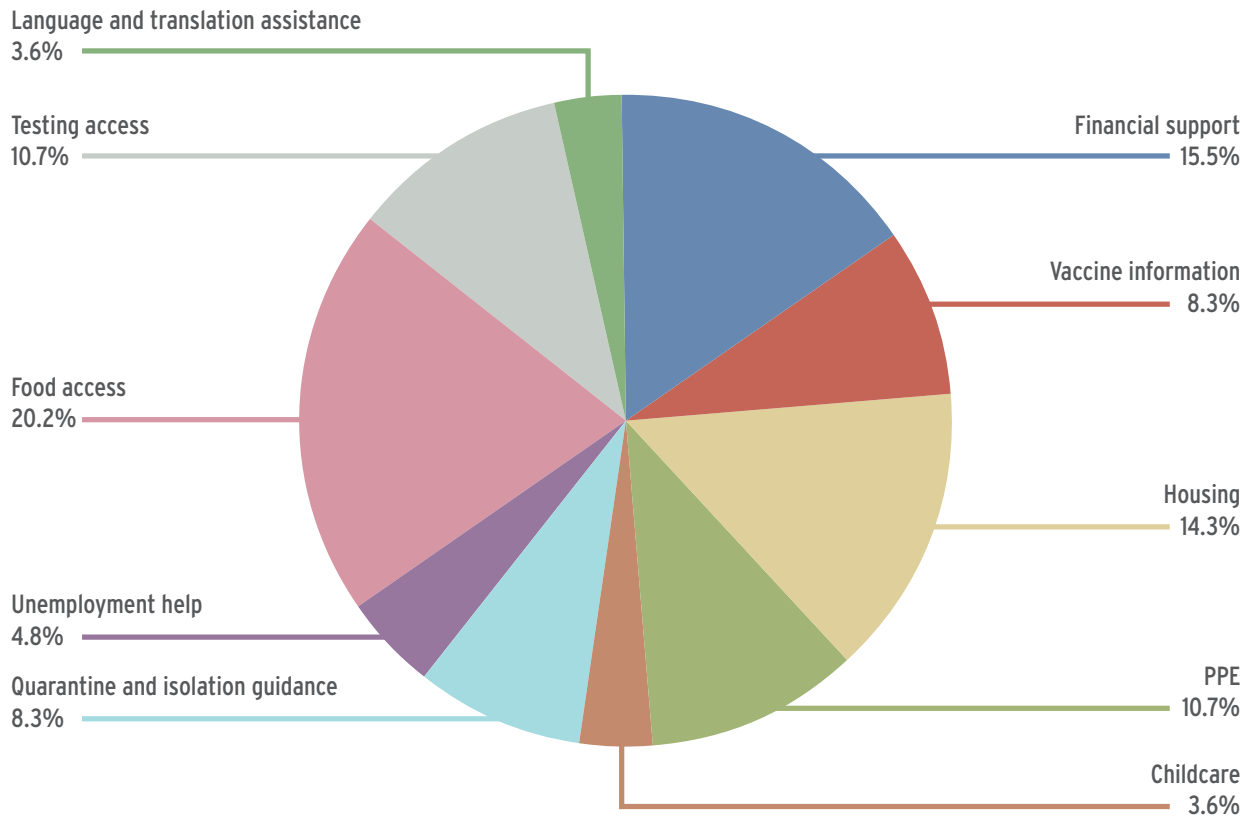
## ADDENDUM

Survey and focus group discussion results from community members have been summarized in the following section. Focus group participants have worked and served in a variety of roles and were involved in responding to community needs, including COVID-19. Their unique perspectives give insight into how different communities experienced the impact of the pandemic.

### Community Survey Results

**FIGURE 7**

**TOP COMMUNITY NEEDS IDENTIFIED BY COVID-19 RESPONSE WORKERS**



Food access (20.2%), financial support (15.5%), and housing (14.3%) were the top three community needs identified by community workers.

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## RHODE ISLAND RESPONSE TO COVID-19

The COVID-19 pandemic has presented many obstacles which several initiatives and interventions helped to address. Summarized below are community members' feedback about the State's response to meeting emerging community needs.



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## KEY FINDINGS FROM COMMUNITY FOCUS GROUPS

### FEEDBACK FROM RESPONSE WORKERS ABOUT THE STATE'S RESPONSE TO COMMUNITY NEEDS

*"So, from my perspective, what went really well was what happened within our actual community, not from the state level. Within the local level and our neighboring communities, we banded together to do what we needed to do in order to get it done, and then those relationships have continued post-COVID-19."*

~ HEZ Agency Administrator

*"When we had the funding to buy groceries for people, that was incredible. It was probably the most valuable resource that we could've had."*

~ HEZ Agency Staff

*"I just wanted to throw out that I think the greatest strength throughout COVID-19 was that RIDOH trusted the people that they hired to do their jobs. They trusted the HEZs to do what was needed and I think that was one of the reasons that the COVID-19 response was as good as it was."*

~ HEZ Staff

*"Lots of things went well and you just heard it just now from all of these folks including myself. Where it went well it was at the grassroots level within the communities themselves."*

~ HEZ Agency Administrator

*"I'd say another thing that went really well was the validation of community health worker work. The pandemic really showed that community health workers were the right people for the job and the ones to get stuff done."*

~ Community Health Worker

*"From the State level the minute you politicize a plague now we are moving at the speed of government. Which is way too slow and people die when that happens."*

~ HEZ Agency Administrator

*"The elephant in the room is that the ordeal kept changing on a daily basis and the state department that should have been in support of a number of different populations outside of the department of health...was woefully insufficient. So we had to rely on the relationships that we already had in state government in order to backdoor a lot of the things that we did in order to serve our community and nobody seems to talk about that."*

~ HEZ Agency Administrator

*"I am wondering how they pull those resources because a lot of the stuff like \*\*\*\* said they were not culturally relevant [food items] at least for the residents in 05 [health equity zone]."*

~ HEZ Staff

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## REFERENCES

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