

**Wisconsin Public Health Council
State Health Plan Committee
2/9/07**

**Progress Report: *Healthiest Wisconsin 2010*
Health Priority: Adequate and Appropriate Nutrition**

Part I: Introduction:

The nutrition goals in Healthiest Wisconsin 2010 include:

- increasing access to a culturally competent public health nutrition workforce,
- improving healthy food choices among Wisconsin residents,
- increasing the adequacy and safety of the food supply in Wisconsin.

Statewide, Wisconsin residents are among the most overweight in the nation, especially in those with few resources for a healthy diet. Yet, although the public health nutrition workforce is minimal, there are improvements where there has been targeted public health nutrition education.

These improvements include:

- A slight increase in the percentage of African American, American Indian, Asian, and Hispanic adults who eat five or more servings of vegetables and fruits per day since the year 2000 (Wisconsin Behavioral Risk Factor Survey, Division of Public Health, Department of Health and Family Services).
- A slight increase among all Wisconsin mothers who breastfeed their infants, and an 8% increase in the percentage of Wisconsin mothers who breastfeed their infants for at least six months.
- These increases are most marked in WIC infants with increases of 9-20% among ethnic minority populations (Pediatric Nutrition Surveillance System, Wisconsin, Summary, Unpublished Tables, Centers for Disease Control and Prevention, Table 19C).

Interestingly, these increases are among those who have increased access to public health nutritionists and nurses through the WIC program.

Our lack of attention to nutrition is costly. In Wisconsin, the estimated annual total cost of cardiovascular disease is \$5.2 billion, or over \$1000 for every man, woman and child (American Heart Association, 1998). On the other end of the lifespan, a low birth-weight child is 50 percent more likely to score below average on reading and mathematics tests (Children's Defense Fund, 2006). In addition, good nutrition can impact numerous other health conditions across the lifespan.

In Wisconsin, the infrastructure for public health nutrition is mostly supported by categorical funding. Although there is some private support, most funding comes through the Federal WIC and Maternal and Child Health Block grant programs. The direction and priorities for improving nutrition across the state has been outlined in the newly released "Wisconsin Nutrition and Physical Activity Plan." The infrastructure is further supported

by the development of nutrition coalitions across the state. These are focused on improving overall nutrition and physical activity, breastfeeding and food security. Since 2000, there has been about a 50% increase in the number of coalitions across the state focused on these priorities. These demonstrate the willingness of local volunteers to support improved nutrition.

There are currently about six health departments in the state with nutritionists who support community nutrition projects other than the WIC program. The La Crosse Health Department is the only health department with nutritionists dedicated to general “public health nutrition.” The need for public health nutritionists that are culturally competent has never been greater as the disparities in health outcomes, many associated with nutrition, among various groups in Wisconsin are real.

Food security means having an adequate supply of nutritious and safe foods. It is estimated that about 9% of Wisconsin residents are food insecure. This includes about one-third of households that are poor, headed by single mothers and about one-quarter of the disabled. Almost half of WIC households across the state are food insecure. The rate of food insecurity in African Americans in Wisconsin is estimated to be three times that of the white population (Wisconsin Food Security Project). Public health professionals help to secure adequate supplies of food by organizing coalitions and providing access to local food pantries and food programs. They also assure a safe food supply through inspections of restaurants, grocery stores, and other purveyors of food. The outbreak of an antibiotic resistant strain of *e coli* in spinach in the summer of 2006 highlights the need for ongoing vigilance of our food supply. The USDA's Economic Research Service (ERS) estimates that medical costs and losses in productivity resulting from five bacterial foodborne pathogens in 2000 was \$6.9 billion. Specific data for Wisconsin is not readily available and these estimates indicate the need to better track the number and economic impact of foodborne illnesses across the state. Furthermore, there is little data for specific high risk groups, such as the elderly, concerning nutrition and food security.

In order to meet the objectives in improving nutrition and food securing outlined in Healthiest Wisconsin 2010, GPR funding is needed to increase the number of public health professionals who provide nutrition education to the general public. Categorical funding will not provide the support needed to improve the health of all Wisconsin residents. These public health professionals can extend current nutrition activities through continued expansion of local coalitions and implementation of local and statewide nutrition plans. Finally, more specific data is needed about the extent of food insecurity and appropriate nutrition in Wisconsin and this data should be regularly provided to local and state legislators to establish policies that support improving the health status of Wisconsin residents. Reducing the costs of cardiovascular disease and low birth weight alone will pay for this type of funding.

Part II. Results: Achievement of the 10-year Outcome objectives

Infrastructure

Objective 1: By 2010, Wisconsin will have a public health nutrition infrastructure to assure that local health departments have qualified and culturally competent public health nutritionists.

Performance as of 2004: No indicators available

Performance Status: No change

Breastfeeding and Healthy Eating

Objective 2: By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.

Performance as of 2005: 22% of adults aged 18+ and 28% of high school students (No difference from respective 2000 baseline proportions.)

Performance Status: No change

There was an increase in the percentage of African American, American Indian, Asian, and Hispanic adults who eat five or more servings of vegetables and fruits per day since the year 2000 (Wisconsin Behavioral Risk Factor Survey, Division of Public Health, Department of Health and Family Services).

Objective 3: By 2010, increase the proportion of mothers who initiate breastfeeding their infants in the hospital to 80 percent.

Performance as of 2004: 68 percent (No difference from 2000 baseline)

Performance Status: No change

There was a slight increase among all Wisconsin mothers who breastfeed their infants, and an 8% increase in the percentage of Wisconsin mothers who breastfeed their infants for at least six months.

These increases are most marked in WIC infants with increases of 9-20% among ethnic minority populations (Pediatric Nutrition Surveillance System, Wisconsin, Summary, Unpublished Tables, Centers for Disease Control and Prevention, Table 19C).

Adequate, Safe, and Appropriate Food

Objective 4: By 2010, increase the number of Wisconsin households that have access to adequate, safe, and appropriate foods at all times.

Performance as of 2004: 197,000 households (compared with 179,000 households in 2000; difference is not statistically significant.)

Performance Status: Improved, but not a significant difference.

Objective 5: By 2010, increase the proportion of Wisconsin households that have access (physical and economic) to adequate, safe, and appropriate foods at all times.

Performance as of 2004: 9% (compared with 8% in 2000; difference is not statistically significant.)

Performance Status: Slight improvement, but not a significant difference

Although current data are not shown by race, in the baseline period the proportion of households reporting food insecurity was four times greater among African Americans than the statewide average (30 percent compared with 8 percent).

Nutrition and Overweight, Obesity and Lack of Physical Activity

Recommendations:

1. **Food Insecurity:** Promote awareness of the levels of food insecurity throughout the state and support funding mechanisms to expand continued improvement, particularly among at-risk populations.
2. **State nutrition plan:** Endorse and support funding mechanisms to disseminate and implement the *Wisconsin Nutrition and Physical Activity State Plan*, a comprehensive plan to prevent obesity and reduce chronic disease in Wisconsin as highlighted below:
 - a. Strengthen and sustain the statewide nutrition and physical activity infrastructure to prevent and manage obesity and related chronic disease.
 - b. Develop materials and provide technical support to facilitate consistent messages and initiatives.
 - c. Create environments that support and promote health eating, daily physical activity and a health weight.
 - d. Develop and implement a comprehensive policy agenda to affect positive change.
 - e. Increase the coordination of interventions and the number of evidenced-based or best proactive interventions that are implemented.
 - f. Expand and implement a Nutrition and Physical Activities surveillance and evaluation system to facilitate data-driven decisions.
 - g. Eliminate disparities among those who are disproportionately affected by obesity and chronic diseases.
3. **Nutrition Workforce:**
 - a. Endorse DHFS and other partner efforts to secure funding for a full time epidemiologist within the Division of Public Health nutrition program to provide the leadership and expertise necessary to establish and maintain a nutrition and physical activity surveillance system that best describes the status of nutrition and food security in the state.
 - b. Endorse and support funding to assure that public health nutrition expertise is available for each local health department.
 - c. Advocate for a public health nutritionists in state statute.
4. **Nutrition Surveillance:** Support DHFS and other partner efforts to expand nutrition surveillance to identify those populations that are at disproportionate risk of food insecurity, overweight and obesity, including young children and youth where data is lacking.
5. **Evidenced-based practices:** Promote awareness, disseminate, and implement best practices and improve resources among state policy partners,

organizations, and health care providers, state policy partners, and organizations that serve communities most at risk.

6. **Nutrition Policies:** Encourage a specific action for policy strategies at the state or local level that impact healthy food choices and a physically active lifestyle such as those highlighted in the *Wisconsin Nutrition and Physical Activity State Plan*:
 - a. Adoption of K-8 school policies for physical education
 - b. Adoption of school wellness policies that includes goals for nutrition education, physical activity and guidelines for foods.
 - c. Policies for health insurance providers and plans to include coverage for prevention, assessment and management of overweight and obesity
 - d. Worksite health promotion policies
 - e. State and local policies (such as food security, breastfeeding policies, access to facilities, bike trails, or food assistance programs, etc.).

Appendix 1: Fruit and vegetable consumption, adults 18+

Health Priority B: Adequate and Appropriate Nutrition

Objective B2a: By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.

2010 Target: 40%

Indicator: Fruit and vegetable consumption, adults 18+

Percent of Wisconsin Adults Aged 18+ Who Eat Five or More Servings of Fruits and Vegetables Per Day

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
2000	22%	2%	16%	2%	27%	2%
(N)	2,720		1,222		1,498	
2001	21%	1%	15%	2%	27%	2%
(N)	3,603		1,622		1,981	
2002	24%	1%	19%	2%	28%	2%
(N)	4,356		1,789		2,567	
2003	22%	1%	16%	2%	27%	2%
(N)	4,054		1,633		2,421	
2004	23%	1%	16%	2%	29%	3%
(N)	4,231		1,686		2,545	

Source: Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

Percent of Wisconsin Adults Aged 18+ Who Eat Five or More Servings of Fruits and Vegetables Per Day, by Age

Year (N)	Ages 18-24		Ages 25-34		Ages 35-44		Ages 45-54		Ages 55-64		Ages 65+	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
2000	14%	5%	17%	3%	17%	3%	22%	3%	23%	4%	36%	4%
(N)	194		491		636		566		351		471	
2001	13%	3%	17%	3%	17%	2%	21%	3%	25%	4%	35%	4%
(N)	361		659		874		694		411		590	
2002	18%	4%	20%	3%	19%	3%	21%	3%	27%	4%	36%	3%
(N)	347		723		934		862		616		847	
2003	20%	5%	16%	3%	20%	3%	20%	3%	22%	3%	31%	3%
(N)	303		653		865		841		557		805	
2004	18%	5%	22%	4%	19%	3%	20%	3%	24%	4%	33%	4%
(N)	269		683		825		914		641		868	

Source: Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.
Appendix 1: Fruit and vegetable consumption, adults 18+

Percent of Wisconsin Adults Aged 18+ Who Eat Five or More Servings of Fruits and Vegetables Per Day, by Race/Ethnicity

Years (N)	Total		African American*		American Indian*		Asian*		Hispanic	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
2000-2002	22%	1%	21%	3%	15%	6%	28%	9%	21%	4%
(N)	10,679		830		135		102		475	
2001-2003	22%	1%	23%	3%	18%	6%	28%	8%	21%	4%
(N)	12,011		996		138		110		510	
2002-2004	23%	1%	24%	4%	21%	9%	29%	10%	17%	5%
(N)	12,652		1,120		139		116		260	

Source: Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

* Non-Hispanic

Percent of Wisconsin Adults Aged 18+ Who Eat Five or More Servings of Fruits and Vegetables Per Day, by Race/Ethnicity

Years (N)	White*		Multiple Races*	
	Percent	+/-	Percent	+/-
2000-2002	22%	1%	**	
(N)	8,869			
2001-2003	22%	1%	20%	7%
(N)	10,000		119	
2002-2004	22%	1%	30%	11%
(N)	10,741		127	

Source: Wisconsin Behavioral Risk Factor Survey, Bureau of Health Information and Policy, Division of Public Health, Department of Health and Family Services.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

* Non-Hispanic

** Multiple races category not used in 2000

Appendix 2: Fruit and vegetable consumption, high school students

Health Priority B: Adequate and Appropriate Nutrition

Objective B2a: By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.

2010 Target: 40%

Indicator: Fruit and vegetable consumption, high school students

Percent of Wisconsin High School Students Who Eat Five or More Servings of Fruits and Vegetables Per Day

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
1999	28%	3%	29%	4%	27%	4%
(N)	1,336		682		648	
2001	26%	2%	29%	3%	24%	3%
(N)	2,120		1,031		1,084	
2003	28%	2%	29%	3%	27%	3%
(N)	2,121		1,019		1,097	
2005	28%	2%	29%	2%	26%	3%
(N)	2,389		1,163		1,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

Percent of Wisconsin High School Students Who Eat Five or More Servings of Fruits and Vegetables Per Day, by Race/Ethnicity

Years (N)	Total		African American*		American Indian*		Asian*		Hispanic		White*	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
1999-2003	28%	1%	25%	4%	28%	9%	31%	6%	29%	7%	28%	1%
(N)	5,577		397		104		213		154		4,379	
2001-2005	27%	1%	22%	5%	29%	8%	26%	6%	27%	7%	28%	1%
(N)	6,630		468		136		272		203		5,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

* Non-Hispanic

Appendix 2: Fruit and vegetable consumption, high school students, continued

Percent of Wisconsin High School Students Who Eat Two or More Servings of Fruit Per Day

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
1999	61%	3%	62%	4%	60%	4%
(N)	1,336		682		648	
2001	57%	2%	58%	3%	56%	3%
(N)	2,120		1,031		1,084	
2003	60%	2%	63%	3%	57%	3%
(N)	2,121		1,019		1,097	
2005	58%	2%	59%	3%	57%	3%
(N)	2,389		1,163		1,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

Percent of Wisconsin High School Students Who Eat Two or More Servings of Fruit Per Day, by Race/Ethnicity

Years (N)	Total		African American*		American Indian*		Asian*		Hispanic		White*	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
1999-2003	59%	1%	57%	6%	60%	11%	54%	8%	57%	9%	60%	2%
(N)	5,577		397		104		213		154		4,379	
2001-2005	58%	1%	53%	6%	62%	8%	52%	6%	59%	7%	59%	1%
(N)	6,630		468		136		272		203		5,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

- Non-Hispanic

Appendix 2: Fruit and vegetable consumption, high school students, continued

Percent of Wisconsin High School Students Who Eat Three or More Servings of Vegetables Per Day

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
1999	15%	2%	14%	3%	15%	3%
(N)	1,336		682		648	
2001	15%	2%	16%	3%	13%	2%
(N)	2,120		1,031		1,084	
2003	18%	2%	18%	3%	18%	3%
(N)	2,121		1,019		1,097	
2005	18%	2%	19%	2%	17%	2%
(N)	2,389		1,163		1,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

Percent of Wisconsin High School Students Who Eat Three or More Servings of Vegetables Per Day, by Race/Ethnicity

Years (N)	Total		African American*		American Indian*		Asian*		Hispanic		White*	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
1999-2003	16%	1%	13%	5%	11%	7%	20%	6%	16%	7%	16%	1%
(N)	5,577		397		104		213		154		4,379	
2001-2005	17%	1%	16%	5%	11%	5%	19%	5%	16%	5%	17%	1%
(N)	6,630		468		136		272		203		5,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

* Non-Hispanic

Appendix 3: Dairy consumption, high school students

Health Priority B: Adequate and Appropriate Nutrition

Objective B2a: By 2010, increase the proportion of Wisconsin's population that makes healthy food choices to 40 percent.

2010 Target: 40%

Indicator: Dairy consumption, high school students

Percent of Wisconsin High School Students Who Eat Three or More Servings of Dairy Products Per Day

Year (N)	Total		Males		Females	
	Percent	+/-	Percent	+/-	Percent	+/-
1999	46%	3%	51%	4%	41%	4%
(N)	1,336		682		648	
2001	47%	2%	58%	3%	35%	3%
(N)	2,120		1,031		1,084	
2003	44%	2%	52%	3%	37%	3%
(N)	2,121		1,019		1,097	
2005	46%	2%	54%	3%	39%	3%
(N)	2,389		1,163		1,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

Percent of Wisconsin High School Students Who Eat Three or More Servings of Dairy Products Per Day, by Race/Ethnicity

Year (N)	Total		African American*		American Indian*		Asian*		Hispanic		White*	
	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-	Percent	+/-
1999-2003	46%	1%	22%	4%	38%	9%	27%	6%	36%	8%	49%	1%
(N)	5,577		397		104		213		154		4,379	
2001-2005	46%	1%	23%	5%	40%	9%	23%	5%	30%	7%	49%	1%
(N)	6,630		468		136		272		203		5,219	

Source: Wisconsin Youth Risk Behavior Survey, Wisconsin Department of Public Instruction.

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

* Non-Hispanic

Appendix 4: Breastfeeding

Health Priority B: Adequate and Appropriate Nutrition

Objective B2b: By 2010, increase the proportion of mothers who breastfeed their infants.

2010 Target: 80% for newborns; 50% for infants at age 6 months; 25% for infants at age 12 months

Indicator: Breastfeeding

Percent of Wisconsin Mothers Who Breastfed Their Infants in the Birth Hospital and at Six Months of Age

Year	In Hospital	At Six Months
2000	67.7%	27.7%
2001	70.1%	33.2%
2002	73.0%	33.5%
2003	71.0%	37.5%
2004	68.3%	36.1%

Source: Mothers Survey, Ross Products Division, Abbott Laboratories.
(See data documentation.)

Percent of Wisconsin Infants Who Were Ever Breastfed, Breastfed at Six Months of Age, and Breastfed at 12 Months of Age

Year	(N)	Ever Breastfed		Breastfed at 6 Months		Breastfed at 12 Months	
		Percent	+/-	Percent	+/-	Percent	+/-
2003	--	69.9%	4.4	35.1%	4.6	14.0%	3.2
2004	(752)	69.3%	5.1	38.1%	5.1	14.8%	3.4

Source: National Immunization Survey, Centers for Disease Control and Prevention.
Reflects survey responses for a sample of children aged 19 to 35 months.

N Number in sample. See data documentation.

-- Number in sample not available.

+/- 95% confidence interval. See data documentation.

Appendix 4: Breastfeeding, continued

Percent of Wisconsin Infants in WIC Who Were Ever Breastfed, by Race/Ethnicity

Year	Total	African American*	American Indian*	Asian*	Hispanic	White*
2000	51.0%	34.3%	52.3%	31.1%	67.0%	55.4%
2001	53.4%	35.1%	54.5%	37.1%	70.6%	56.9%
2002	55.0%	37.9%	60.0%	37.0%	72.3%	57.6%
2003	58.2%	43.0%	59.4%	42.2%	76.3%	58.8%
2004	59.3%	43.6%	59.6%	46.5%	77.5%	60.7%

Source: Pediatric Nutrition Surveillance System, Wisconsin, Summary, Unpublished Tables, Centers for Disease Control and Prevention, Table 19C.

Note: WIC is the Women, Infants and Children Supplemental Nutrition Program.

* Non-Hispanic

Percent of Wisconsin Infants in WIC Who Were Breastfed at Least 6 Months, by Race/Ethnicity

Year	Total	African American*	American Indian*	Asian*	Hispanic	White*
2000	22.1%	13.0%	23.5%	17.1%	31.3%	23.4%
2001	22.5%	12.5%	20.1%	10.6%	32.9%	24.3%
2002	22.6%	13.5%	30.1%	15.3%	32.8%	23.1%
2003	23.8%	15.1%	21.8%	14.1%	35.0%	24.0%
2004	25.0%	14.9%	28.2%	26.2%	38.0%	23.8%

Source: Pediatric Nutrition Surveillance System, Wisconsin, Summary, Unpublished Tables, Centers for Disease Control and Prevention, Table 19C.

Note: WIC is the Women, Infants and Children Supplemental Nutrition Program.

* Non-Hispanic

Appendix 4: Breastfeeding, continued

Percent of Wisconsin Infants in WIC Who Were Breastfed at Least 12 Months, by Race/Ethnicity

Year	Total	African American*	American Indian*	Asian*	Hispanic	White*
2000	14.6%	8.7%	22.2%	15.9%	20.2%	15.1%
2001	14.4%	8.8%	18.4%	9.9%	20.8%	15.0%
2002	14.9%	8.8%	19.9%	11.3%	21.7%	15.1%
2003	14.8%	9.6%	19.8%	9.9%	21.8%	14.4%
2004	16.1%	10.7%	18.3%	15.8%	22.6%	15.7%

Source: Pediatric Nutrition Surveillance System, Wisconsin, Summary, Unpublished Tables, Centers for Disease Control and Prevention, Table 19C.

Note: WIC is the Women, Infants and Children Supplemental Nutrition Program.

* Non-Hispanic

Appendix 5: Food access, households

Health Priority B: Adequate and Appropriate Nutrition

Objective B3: By 2010, increase the number and proportion of Wisconsin households that have access to adequate, safe, and appropriate food at all times.

2010 Target: No target established

Indicator: Food access, households

Household Food Security in Wisconsin in the Past 12 Months

Years	(N)	Households That Were Food Insecure			Households That Were Food Insecure with Hunger		
		Percent	+/-	Number of Households*	Percent	+/-	Number of Households*
1999-2001	(2,208)	8.4%	1.1	179,000	2.9%	0.6	62,000
2000-2002	(2,711)	8.1%	0.7	172,000	3.3%	0.5	70,000
2001-2003	(3,100)	9.0%	1.0	193,000	3.2%	0.5	69,000
2002-2004	(3,077)	9.0%	1.1	197,000	2.8%	0.5	61,000

Source: *Household Food Security in the United States*, Economic Research Service/United States Department of Agriculture. (Based on Current Population Survey, Food Security Supplement data.)

N Number in sample. See data documentation.

+/- Confidence interval. See data documentation.

* Number of households was estimated by the Bureau of Health Information and Policy. See data documentation.

Note: "Food insecurity" is limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. "Hunger" is involuntary hunger that results from not being able to afford enough food. People are not counted as "hungry" for these statistics if they were hungry only because they were dieting to lose weight, fasting for religious reasons, or were just too busy to eat.

Household Food Security in Wisconsin in the Past 12 Months, by Race of Householder

Years	Percent of Households That Were Food Insecure		
	Total	African American*	White*
1996-2000	8.4%	29.7%	6.7%

Source: *Food Security in Wisconsin 1996-2000*, UW-Madison School of Human Ecology. Based on Current Population Survey, Food Security Supplement data, 1996 through 2000; 1999 National Survey of America's Families.

* Non-Hispanic

Note: "Food insecurity" is limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.