Introduction

All children and families should have the opportunity to lead a long and healthy life. However, too many Americans lack critical building blocks for good health, including consistent access to affordable, nutritious food. In 2014, 48.1 million Americans lived in a food-insecure household.¹ Research shows that children and adults experiencing poverty are particularly vulnerable to higher rates of food insecurity, as well as adverse health outcomes like obesity and diabetes.² These issues disproportionately affect Latinos—³ the largest and one of the fastest-growing ethnic minorities in the United States—as they are more likely to experience poverty and associated negative health outcomes than other groups.

The state of California has the largest Latino population in the nation. Currently, there are 15.4 million Latinos living in California, accounting for nearly four in 10 state residents, as well as more than half of all children in the state.³ As the Latino population grows in states across the country, an examination of Latinos’ health in California may help other states prepare for demographic shifts and ensure the health of their burgeoning Latino communities.

This profile describes the nutrition landscape that Latino children and families face in California, and the state’s participation in key federal nutrition programs, which work to improve access to healthy, affordable food for millions of children and families.⁴

DEFINITIONS

- **Food insecurity**: A household-level economic and social condition of limited or uncertain access to adequate food.⁵
- **Household poverty**: Household income is below 100% of the Federal Poverty Level (FPL), or $24,300 for a family of four.
- **Low-income households**: Household income is below 200% of the FPL, or $48,600 for a family of four.⁶

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† The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Unless otherwise noted, estimates in this document do not include the 3.7 million residents of Puerto Rico. Comparison data for non-Hispanic Whites and non-Hispanic Blacks will be identified respectively as “Whites” and “Blacks.”

‡ Data presented in this profile was obtained from several sources. In some cases, data was not available for all years in all datasets. Therefore, comparison years in this profile may vary based on best available data.
Latino children in California are more likely to live in low-income and food-insecure households.

Poverty and food insecurity are closely linked, as families living in poverty often lack sufficient income or resources to regularly purchase affordable, nutritious food. Across the United States, just one-third of households are categorized as low-income. However, two-thirds of the food-insecure population live in a low-income household.

- An estimated 5.2 million Californians are food-insecure, including 2.3 million children.
- Latino children in California are more likely to live in a low-income household than White children, and Latino households are more likely to experience food insecurity (see Figures 1 and 2).
- Food insecurity has particularly negative consequences for children, affecting cognitive development, school achievement, and overall health.

**FIGURE 1**

Children Living in Low-Income Households

<table>
<thead>
<tr>
<th></th>
<th>Latinos (California)</th>
<th>California (Overall)</th>
<th>Whites (California)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>62%</td>
<td>46%</td>
<td>24%</td>
</tr>
</tbody>
</table>


**FIGURE 2**

Household Food Insecurity

<table>
<thead>
<tr>
<th></th>
<th>Latinos (California)</th>
<th>California (Overall)</th>
<th>Whites (California)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.7%</td>
<td>40.4%</td>
<td>35.7%</td>
</tr>
</tbody>
</table>

*Source: UCLA Center for Health Policy Research, “Nearly Four Million Californians Are Food Insecure,” (2009)*
Latinos in California have less access to healthy food retailers than other racial or ethnic groups.

Where people live, as well as their community’s retail food environment, has a significant effect on their ability to lead a healthy life. More healthy food retailers in a community—including chain supermarkets and produce stands—means a larger variety of healthy food is available.\(^9\)

- The Centers for Disease Control and Prevention uses an index score to measure a community’s retail food environment.\(^{10}\) Higher index scores indicate greater numbers of healthy food retailers in the community and on average, communities in California have a comparatively better index score (11) than the nation as a whole (10).\(^{11}\)
- However, on average, Latinos live in communities where healthy food retailers represent 11.9% of all food vendors, less than the statewide average of 12.2%, and below the 12.9% average for Whites.\(^{12}\)

Latinos in California are more likely to be overweight and obese, and experience associated chronic conditions.

Living in a low-income household in a community with few healthy food retailers is associated with an increased likelihood of food insecurity, as well as an increased likelihood of developing a chronic health condition.\(^{13}\)

- In California, studies show that adults living in cities or counties where less than one out of six retailers can be categorized as healthy are significantly more likely to be obese and to suffer from diabetes than adults living in areas where at least one out of four retailers are healthy (see Figure 3).\(^{14}\)
- In California, Latinos are overweight and obese at higher rates at all stages of life. For children, the largest disparity is seen in those aged 10–17, where 40% of Latino children are overweight or obese, compared to 30.5% of all children.\(^{15}\) Trends continue into adulthood, as nearly three-quarters of Latino adults are overweight or obese, well above state and national rates for all adults.\(^{16}\)
- Latinos in California have twice the prevalence of diabetes as Whites.\(^{17}\)

**FIGURE 3**

*Food Retail Environment and Rates of Obesity and Diabetes*

<table>
<thead>
<tr>
<th></th>
<th>Healthy Food Retail Environment</th>
<th>Less Than Healthy Food Retail Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obesity</td>
<td>20%</td>
<td>24%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>6.6%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Federal nutrition programs help alleviate the burden of hunger for millions of Californians, including Latinos.

Collectively, federal nutrition programs help fill gaps in food access by connecting children and families to important resources at home, school, and the larger community, as well as buffering against poverty. While each federal nutrition program serves a critical role, the Supplemental Nutrition Assistance Program (SNAP) is the nation’s largest food assistance program, providing 47.6 million Americans with monthly cash assistance to enable them to purchase healthy food for themselves and their families.

- California’s SNAP program, CalFresh, serves 4.38 million Californians every month, and in 2013 helped lift nearly 900,000 Californians out of poverty.\(^{21}\)
- While Latinos account for one in six SNAP participants nationally, they account for more than half of all participants in California (see Figure 4).\(^{22}\)
- A state’s SNAP participation rate, measured by the number of beneficiaries compared to the eligible population, is an important indicator of a state’s effectiveness at reaching its most vulnerable residents. California continues to rank among the lowest in the nation with 66% compared to 85% nationally in 2014.\(^{23}\)
- While millions of Latinos participate in CalFresh, Latino participation rates have historically lagged behind state and national averages.\(^{24}\)
ENROLLMENT IN SELECT FEDERAL NUTRITION PROGRAMS*

<table>
<thead>
<tr>
<th>Program</th>
<th>National Enrollment</th>
<th>California Enrollment</th>
<th>California Latino Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supplemental Nutrition Assistance Program (Cal-Fresh)</td>
<td>47.6 million</td>
<td>4.38 million</td>
<td>~2.4 million</td>
</tr>
<tr>
<td>Supplemental Security Income Program (SSI)</td>
<td>8.4 million</td>
<td>1.3 million</td>
<td>~182,000</td>
</tr>
<tr>
<td>Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)</td>
<td>9.73 million</td>
<td>1.66 million</td>
<td>1.15 million</td>
</tr>
<tr>
<td>National School Lunch Program (NSLP)</td>
<td>31 million</td>
<td>3.27 million</td>
<td>N/A</td>
</tr>
<tr>
<td>School Breakfast Program (SBP)</td>
<td>14.09 million</td>
<td>1.69 million</td>
<td>N/A</td>
</tr>
<tr>
<td>Child and Adult Care Food Program (CACFP)</td>
<td>3.4 million</td>
<td>440,000</td>
<td>N/A</td>
</tr>
</tbody>
</table>

* For additional information on California’s enrollment in select federal nutrition programs, see Appendix.
† NCLR Calculation based on California State Department of Social Services, CalFresh Program Information.
± Data breaking down state enrollment by ethnicity was not available.
Conclusion

California’s Latino community will have an increasing role in shaping the health and socioeconomic well-being of the state and the nation. While California’s overall healthy food retail environment is better than the national average, inequities remain as Latinos in the state are more likely to experience poverty, food insecurity, and related chronic health issues than other racial and ethnic groups. While federal nutrition programs, particularly SNAP/CalFresh, serve as a critical resource for many Latinos in California, more must be done to improve access to healthy food for more Californians. Policymakers at all levels have a role to play in the creation of a more equitable nutrition environment. Investment in a policy agenda that can improve the nutritional well-being for Latino children and families is essential to ensure that this and future generations see improved health trends.
APPENDIX: CALIFORNIA’S ENROLLMENT IN SELECT FEDERAL NUTRITION PROGRAMS

Supplemental Security Income Program

The federal Supplemental Security Income (SSI) program, which provides an additional payment for food to recipients, augments the CalFresh program. The SSI program provides monthly cash assistance to people who are disabled, blind, elderly, and have little income and few assets. About 1.3 million SSI recipients in California receive a small food assistance benefit through the SSI State Supplemental Payment. In California, SSI recipients are ineligible for CalFresh benefits because they receive an extra state-funded cash benefit for food.39

Special Supplemental Nutrition Program for Women, Infants, and Children

The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) program provides important nutrition assistance for pregnant women, infants, and young children. A national study of WIC participants found that accessing WIC services reduced hunger and household food insecurity among pregnant women and children over time.40 In 2012, 1.25 million California Latinos were enrolled in the WIC program, accounting for 75% of all WIC participants in the state.41

National School Meals Programs

In California, 3.27 million children receive 6.1 million nutritious meals every day. Of these children, 81% qualify for free and reduced-price lunch and breakfast through the National School Lunch Program and the School Breakfast Program.42 In addition, the state has been approved to implement a statewide Medicaid Direct Certification program, which has the potential to provide more eligible children the opportunity to access free and reduced-price meals.43

Community Eligibility Provision

The Community Eligibility Provision (CEP) allows schools and school districts with high poverty rates to provide free breakfast and lunch to all students. School districts where at least 40% of students automatically qualify for free school meals via participation in SNAP are eligible to participate in CEP. During the 2015–2016 school year, 74% of CEP-eligible schools in California participated in the program, providing free school meals for 435,000 children.44

Child and Adult Care Food Program

The Child and Adult Care Food Program (CACFP) provides nutritious meals and snacks for preschool-aged children and children in after-school programs. This program is critical for Latino children aged two to five, who face high rates of overweight (30%) and obesity (17%) that are twice the national average.45 California’s Preschools Shaping Healthy Impressions through Nutrition and Exercise (SHINE) program focuses on innovative ways to foster nutritious eating habits at CACFP sites.46
Endnotes


10 California Department of Public Health and University of California, San Francisco, *Healthy Communities Data and Indicators Project* (California Department of Public Health and UCSF, 2013).

11 Ibid.

12 Ibid.


20 Ibid.


24 House Committee on Agriculture, Subcommittee on Department Operations, Oversight, Nutrition and Forestry, *Field Hearing to Review Federal Nutrition Program, 111th Cong., 2nd sess., 2010*.


26 Ibid.

27 California Department of Health Services, *CalFresh Program Information*.


30 Special Supplemental Nutrition Program - *Wic Table IV -- Total Ethnic Enrollment by Region and State* (Alexandria, VA: U.S. Department of Agriculture, 2012), Table IV.

31 Ibid.

32 Ibid.


34 Ibid.


36 Ibid.


39 U.S. Department of Agriculture, Calculating the Supplemental Nutrition Assistance Program (SNAP) Program Access Index.


41 Special Supplemental Nutrition Program -- Wic Table III -- Total Ethnic Enrollment by Region and State (Alexandria, VA: U.S. Department of Agriculture, 2012), Table III.

42 U.S. Department of Agriculture, National School Lunch Program: Total Participation.


44 Becca Segal et al., Community Eligibility Adoption Rises for the 2015-2016 School Year, Increasing Access to School Meals (Washington, DC: FRAC, 2016).

45 Joint Center for Political and Economic Studies Health Policy Institute, Children’s Sentinel Nutrition Assessment Program.