

ISSUE BRIEF

Nutrition and Health Barriers Facing California Latinos: Latino Community Leaders Recommend Practical Solutions

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The Latino community is the fastest growing segment of California's population. Latinos comprise one-third of the state's population.¹ Over 75 percent are of Mexican descent and 45 percent are foreign-born. In 2001, more than one-half of the state's live births were to Latina mothers.² Within 15 years, demographers project that the majority of young adults entering the California workforce will be of Latino descent.³ Despite the growing presence of this culturally rich and important community, Latinos suffer disproportionately from preventable health problems. Without sufficient access to health-promoting services and environments, Latino health issues will have an ever increasing impact on California's prosperity and economic growth.

A review of current health data reveals that California Latinos are less likely to have access to health care and in some places less access to nutritious foods, both which are needed to maintain good health.^{4,5} Latinos experience more food insecurity⁶ and are less likely to be covered by health insurance compared to the state's population as a whole.⁷ The health effects of this "prevention gap" are alarming and include the following:

- Thirty-two (32) percent of adult Latinos in California self-report being in fair or poor health, as compared to 14 percent of adult non-Hispanic whites.⁸
- Sixty-nine (69) percent of California Latino adults are overweight or obese.⁹
- Heart disease, cancer, stroke, and diabetes account for nearly 60 percent of deaths among California Latinos.¹⁰





CALIFORNIA LATINO 5 A DAY CAMPAIGN

To reduce the risks of chronic diseases, especially cancer, heart disease, diabetes, and obesity, the California Department of Health Services' *California Nutrition Network for Healthy, Active Families* created the *California Latino 5 a Day Campaign* to empower low-income Latino adults and their families to consume the recommended amount of fruits and vegetables and enjoy physical activity every day. Funding for the *Latino Campaign* is provided by the United States Department of Agriculture Food Stamp Program. The *Campaign* operates nearly statewide and uses culturally appropriate and proven community interventions to directly reach 1.3 million low-income Latino adults annually.

CALIFORNIA-MEXICO HEALTH INITIATIVE

To help overcome fundamental challenges to preventive health facing Mexican immigrants, the California-Mexico Health Initiative (CMHI) was created in January 2001. As detailed on the CMHI website, this collaborative effort involves government, academia, private sectors, and community-based organizations of both countries working to coordinate and optimize the availability of health resources for Mexican immigrants and their families through bilateral training, research, and health promotion activities.

- Almost one out of five Latino adults over the age of 50 years (19.7%) report having diabetes; a rate which is among the highest for all ethnic/racial groups and almost twice the rate for non-Hispanic whites.¹¹
- Thirty-eight (38) percent of low-income Latinos (<200% of the Federal Poverty Level (FPL)) are food insecure (not able to afford enough food).¹²
- California Latinos report lower screening rates than non-Hispanic whites for breast cancer, colorectal cancer, and prostate cancer.¹³

HEALTH BARRIERS

A number of barriers prevent California Latinos from accessing preventive health care and good nutrition. Inequities in health are linked to some of the most fundamental challenges facing our country and state – poverty, language barriers, cultural isolation, lack of access to insurance and racial prejudice.¹⁴ In California, a greater percentage of Latinos (52%) are classified as “low-income” (having incomes less than 200% FPL) compared to the state’s other major racial/ethnic groups; White Non-Hispanics (20%), Asian (28%) and African American (42%) (US Census, 2000). For example, nearly one in four Latino children in California (23.9%) and 43.5 percent of Latino adults (18-64) lacked insurance at least some of the year; representing more than 3 million persons and the highest rates across ethnic/racial groups.¹⁵ Latino’s high uninsured rate is largely due to the very low rate of health insurance provided by their employers, just 43 percent compared with 76 percent for whites.¹⁶

Lack of access to quality, affordable, and nutritious foods in low-income communities is yet another barrier that Latinos face when they attempt to make choices that benefit both their short- and long-term health. In addition, not all eligible Latinos participate in federal food assistance programs, such as the Food Stamp Program and the National School Lunch Program. Many immigrants are unaware that they may be eligible for food stamps, or they are reluctant to apply thinking it will affect their immigration status.¹⁷ Given these and other significant impediments for California Latinos to obtain nutrition assistance, rates of participation will not improve until barriers are removed. Without significant improvements to these and other barriers, health disparities among Latinos will widen and future generations will increasingly bear the burden of chronic diseases that can be prevented.

NUTRITION BARRIERS

California Latinos report consuming on average only 4.1 daily servings of fruits and vegetables which is well below the 7 to 13 daily servings (3½ to 6½ cups) that are recommended for good health.¹⁸ In fact, more than one-third eat just two or fewer servings daily.¹⁹ Barriers to good nutrition and access to quality, nutritious foods, like fruits and vegetables, include a perceived high cost of fruits and vegetables and a lack of retail outlets and farmers' markets in low-income communities and the ones that exist may not be able to utilize the state's new electronic benefits transfer card. There are also concerns about the availability of fruits and vegetables at worksites, schools, and fast food restaurants and other eating establishments.²⁰

Perceived High Cost of Fresh Produce

A recent study confirmed the highest rates of obesity occur among population groups with the highest poverty rates. The research states, "energy-dense foods composed of refined grain, added sugars or fats may represent the lowest cost option to the consumer."²¹ The perception that fresh produce is often cost-prohibitive was reflected in



a 2003 survey showing 41 percent of California Latinos agree that fruits and vegetables are too expensive.²²

Despite this common perception, a recent USDA study concluded that fruits and vegetables are not as expensive as many people believe. The study found that consumers can get 7 Food Guide Pyramid servings of fruits and vegetables daily for just 64 cents, or 12 percent of daily food spending per person in 1999.²⁴ The authors conclude while consumers may cite cost as a barrier other factors such as taste, preferences, and availability may be more important.

Common Perception:

"It really costs more to eat right than it is [sic] to eat junk food – it's because of my income."²³

Focus group participant, Oakland, CA

SHUTTLE SERVICES

To help overcome transportation barriers for customers, some grocery stores have set up shuttle services. In Los Angeles, grocery shuttle programs operated by Ralph's and Numero Uno markets have proven effective at generating good will while reducing shopping cart theft. In a report funded by the USDA Food Stamp Program through the California Nutrition Network, UC Davis researchers highlighted successful shuttle programs and suggested their feasibility in other California communities including neighborhoods in San Diego, Long Beach, Fresno, Oakland, and Bakersfield. Assuming 20 percent of the community residents without cars used the shuttle once a week, the study estimated annual shuttle revenues between \$500,000 and \$1.5 million with "break even" (start-up and operating costs relative to revenues) occurring within 2 to 10 months.³⁰

Lack of Places to Shop for Affordable and Nutritious Foods

The issue of perceived cost is amplified by lack of access to nutritious foods. According to one study, 29 percent of Americans live in what nutritionists call "food deserts," places where big supermarkets are at least 10 miles or a 20-minute drive away.²⁵ In these areas, people without access to a vehicle may have few options but to purchase their daily groceries from higher-cost convenience stores or gas stations. Additionally, in California, only 52 percent of residents in low-income areas live within one-half mile (walking distance) of a supermarket,²⁶ and using public transportation, if available, to shop at grocery stores is impractical for many families with children. It is difficult to transport more than one or two bags of groceries, and even more difficult if shoppers have to transfer buses. The cost of transportation adds both to the cost of the groceries and to the time needed to purchase them, which also can be prohibitive.²⁷ Moreover, communities that lack retail establishments most often are void of certified farmers' markets or flea markets that offer fresh, affordable produce. In rural communities and in the inner cities, fresh fruits and

vegetables may be more expensive and harder to find, making it difficult for California Latinos to get the recommended amount of fruits and vegetables every day.^{28, 29}

Limited Ability to Use Food Stamps at Farmers' Markets

California is among the states participating in the USDA Electronic Benefits Transfer (EBT) Farmers' Market Demonstration Project, which facilitates the use of EBT cards at certified farmers' markets and farm stands.³¹ This important source of federal support helps improve access to fresh fruits and vegetables for many low-income residents in inner cities and rural communities. However, some barriers still exist for low-income shoppers, including California Latinos. For example, there is a continued shortage of viable farmers' markets located within low-income neighborhoods and communities, and the ones that exist may not have the necessary wireless technology to accept the EBT cards. Progress is being made in parts of California's Central Valley where for the first-time USDA has certified produce sellers within flea markets to redeem food stamps. Still, there is often limited publicity among food stamp recipients about the opportunity to use their EBT cards at farmers' markets.

Lack of Access to Affordable and Nutritious Foods at Work

Sixty-four percent of California Latinos agree "it's hard to get fruits and vegetables at work."³² For lower income Latinos, good nutrition at work is a particular struggle. Latino agricultural workers participating in focus groups in Fresno and Salinas revealed that they often have no fixed worksites. As a result, they are forced to leave their lunches in hot cars, which is why they rely on non-perishable items. They also worry that if they eat lighter meals, they will feel less satisfied.³³ Low-income Latina workers also voiced their opinions about worksite food choices during focus groups in Los Angeles and Oakland. They mentioned that the vending machines in their worksites primarily stock "junk



food,” and that a lack of access to clean break rooms dissuades them from bringing food or preparing their own lunches at work.³⁴

Lack of Access to Affordable and Nutritious Foods at School

For many Latino children, access to nutritious food at school is key to having a well-balanced diet. Research shows that children who eat breakfast in school have higher standardized achievement test scores, improved attendance, and reduced tardiness.³⁵ According to the *1999 California Children’s Healthy Eating and Exercise Practices Survey*, 9- to 11-year-old children who participated in the school meal program ate more fruits and vegetables than those who did not participate.³⁶ A large number of Latino students could greatly improve their access to nutritious foods, as an estimated 56 percent of Latino school-age children in California are eligible for the National School Lunch Program.³⁷ However, of the total number of children in California who were eligible for free or reduced priced school meal benefits in the past 12 months, only about half participated.³⁸

There is also a need to improve the healthy food options available to children in schools. A recent survey of California school districts found that 90 percent of the school districts with high schools sold fast foods as a la carte items, particularly pizza, chips, cookies and soda.³⁹ Legislation that would deliver healthy food options for California students includes California Senate Bill 12 (Escutia 2005) which would place standards on total fat,

FOOD FOR THOUGHT

There are many groups in California committed to bringing healthier food and nutrition education to the state’s public schools (see *Understanding Nutrition: A Primer on Programs and Policies in California*). Programs such as the *California Nutrition Network’s* Local Incentive Award Program and the *California Children’s 5 a Day—Power Play! Campaign* work to improve children’s fruit and vegetable consumption by partnering with schools and other community organizations.⁴⁰ Incorporated into their nutrition education activities these programs also promote the Food Stamp Program and other school-based nutrition assistance programs.⁴¹

LOCAL WELLNESS POLICY

The Child Nutrition and WIC Reauthorization Act of 2004, Section 204 - Local Wellness Policy, requires school districts participating in the National School Lunch Program and/or School Breakfast to establish a policy that addresses student wellness and the growing problem of childhood obesity by the beginning of School Year 2006-2007. The policy must include goals for nutrition education and physical activity; nutrition guidelines for all foods available on campus; guidelines for reimbursable school meals that meet or exceed those established by USDA; a plan for measuring the implementation of the policy; and community involvement in the development of the policy (Public Law 108-265).



saturated fat, and added sugar for foods sold and served in grades K-12 and California Senate Bill 965 (Escutia 2005) which would phase in the elimination of soda and other highly sweetened drinks from high schools. Both bills are sponsored by Governor Schwarzenegger.

Lack of Access to Affordable and Nutritious Foods at Restaurants

Fifty-four percent of California Latinos agree that it is hard to get fruits and vegetables at restaurants, and 70 percent report that fruits and vegetables are hard to buy in fast food restaurants.⁴² Despite this barrier, fast food restaurants are heavily promoted and low-priced, so they remain a popular source of meals for low-income California Latinos, especially children. In a survey of families participating in the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) – 70 percent of whom are Latina – 7 out of 10 mothers indicated that their children eat fast food at least once a week.⁴³ Children who eat fast food tend to eat less fruit and non-starchy vegetables, more fat, more sugar, and more total calories per gram of food, compared to other children.⁴⁴ As a result, experts such as Surgeon General Dr. Richard Carmona warn that today's children might be the first generation in modern history to live shorter lives than their parents because of poor diet.⁴⁵

LATINO COMMUNITY LEADERS RECOMMEND PRACTICAL SOLUTIONS

In the summer of 2004, the California Department of Health Services' *California Latino 5 a Day Campaign*, with support from members of the California Legislature's Latino Caucus, local officials and community members throughout major regions in California, convened three large stakeholder forums to discuss barriers to healthy eating that specifically affect California Latinos. In Fresno, San Diego, and San Bernardino, forum attendees worked together to identify barriers to healthy eating, namely access to low-cost, quality fruits and vegetables among Latinos and to draft specific recommendations to help ease or eliminate these barriers.

The following are the top five barriers and recommended solutions to help build long-term, sustainable, community-level change that support fruit and vegetable consumption among low-income Latino adults and families:

Existing policies do not fully encourage fruit and vegetable consumption in low-income communities.

Recommendations:

- Federal policymakers can make available supplementary WIC vouchers restricted only to fruit and vegetable purchase.

- Government entities can ensure public buildings and sub-contracting vendors offer employees healthy and affordable foods through their vending machines and on-site cafeterias.
- Cities and counties can introduce zoning and planning policies that maximize access to healthy foods and establish restrictions on the density and location of fast food restaurants in low-income communities.
- Cities and counties can adopt local ordinances that limit outdoor advertising of unhealthy foods and beverages in low-income communities especially those targeting children.

Many low-income community members do not have transportation to retail outlets and/or farmers' markets where they can buy quality, low-cost fruits and vegetables.

Recommendations:

- City and county transportation planners can work with retail owners and managers to initiate specialized transportation or shuttle programs in low-income neighborhoods.
- Cities and counties can adopt zoning ordinances that require sidewalks and bike paths, and establish safe routes to food, especially in low-income communities.
- Cities and counties can adopt zoning ordinances supporting certified farmers' markets and community gardens in low-income communities.
- Local governments can encourage the establishment of retail outlets in low-income neighborhoods by offering tax incentives and other assistance to responsible retail businesses.

Many low-income Latinos are afraid to access available nutrition resources due to fears regarding their residency status.

Recommendations:

- Federal, State, and local agencies along with community based organizations can work together to promote and increase participation in food assistance programs to eligible families



including clarifying, promoting, and, if necessary, amending consequences related to utilization and immigration status.

- State officials can adopt a more efficient statewide system that allow the Department of Social Services to provide the Department of Education with the necessary data to ensure all eligible children are automatically enrolled in Child Nutrition Programs. Therefore removing a duplication of paperwork for parents and schools.
- Government entities that work with immigrant families (such as the United States Citizen and Immigration Services and foreign consulates) can provide ongoing and up-to-date information about eligibility rules for food security programs.

There is a need for increased education and outreach in low-income communities regarding the health benefits of fruits and vegetables.

Recommendations:

- Policymakers can add nutrition education as part of primary care family health coverage.
- Community foundations and government entities can work together to identify funding sources and build partnerships to expand existing, proven

CASE STUDIES:



nutrition education programs that are culturally and linguistically appropriate.

- Policymakers and county health departments can pass and implement policies that require eating establishments to provide nutritional content of menu items as criterion for passing its county health inspection.
- State educators and local school boards can adopt policies that require the incorporation of comprehensive, grade-specific nutrition and physical activity education standards into their core curriculum for all students K-12.

Fruits and vegetables in low-income communities are considered to be too expensive.

Recommendations:

- Local governments can work together to establish farmers' markets and grocery stores in low-income neighborhoods.
- Counties can adopt policies that require and facilitate implementation of the Food Stamp Program's EBT card at certified farmers' markets in low-income communities.
- Government entities can identify funding to expand services of community based organizations that provide life-skills education (e.g., cooking lessons and cost-saving shopping skills) to low-income communities.

WIC Farmers' Market Nutrition Program: Increasing Fruit and Vegetable Purchases in San Bernardino County

Identifying the need to increase access to fresh, affordable fruits and vegetables at local farmers' markets in San Bernardino County, the regional *Latino 5 a Day Campaign* spearheaded a partnership, including WIC, High Desert Certified Farmers' Market, *California Children's 5 a Day—Power Play! Campaign*, and the San Bernardino County Public Health

Department, to establish a more effective delivery of the Farmers' Market Nutrition Program (FMNP) vouchers. The vouchers, which are given out once a year to eligible mothers with a dollar amount ranging between \$10 and \$20, were terribly underutilized by qualified recipients. The partners agreed to implement a plan that would increase access to fruits and vegetables by providing a convenient on-site voucher redemption program at a local farmers' market. Using posters, flyers, and one-on-one opportunities from WIC staff, the partners increased the awareness of the voucher redemption program soon to take place at the High Desert Farmers' Market.

At the market, trained WIC staff accessed eligibility lists from laptop computers and provided the appropriate voucher for the purchase of nutritious food. Additionally, *Latino 5 a Day* staff provided nutrition education and life-skills, such as popular cooking demonstrations and food sampling. The on-site strategy resulted in historically high redemption rates, as well as a tremendous increase in sales

Marisela, WIC participant

"Getting the coupons at the market is a very easy process. I like the different kinds and freshness of the fruits and vegetables. I hope to see the program again next year."



for local farmers. In 2002, for example, voucher redemption rates were about 30 percent. After the implementation of the new voucher distribution strategy in 2004, redemption rates soared to 65 percent. The on-site activity also encouraged promotion of WIC enrollment for other eligible mothers.

Gazzali's Supermarket: Providing Groceries to Residents of East Oakland

A low-income community in East Oakland is now home to a large, new grocery store, thanks to a partnership among the Algazzali family, the *California African American 5 a Day Campaign's* East Oakland Faith Deliverance Center, and the East Oakland Diabetes Work Group.

Gazzali's Supermarket opened its doors with a pledge to provide the East Oakland community with quality and affordable fruits and vegetables, making it the first supermarket to open in East Oakland in nearly a decade. The public and private partners worked with city officials to secure the space, permits, and community buy-in to bring a grocery store back into the community.

During the planning stage, the partners considered factors such as community health needs and consumer preferences for convenience, product variety, and competitive pricing to bolster the profitability of the store. As a result, the store is located in a convenient location for community members and offers an even larger fresh fruit and vegetable section than was originally planned. Prominent placement of *California 5 a Day Retail*

Program signage and recipes throughout the store promote healthy food choices and help to ensure the best possible shopping experience.

Worksite Wellness LA Reaches Out to Underserved Populations⁴⁶

Founded in 1996 as the Worksite Wellness Project, Worksite Wellness LA (WWLA) is a non-profit organization dedicated to improving the health status of low-income, medically underserved workers in Los Angeles County. WWLA services worksites in Central Los Angeles, South Los Angeles, and Vernon. Its mission includes helping workers get access to health care and giving them information to improve their overall health. As part of this mission, WWLA conducts on-site nutrition workshops at small businesses employing low-wage workers. The sessions are conducted in Spanish and are geared to the lower literacy level of many of the workers. Sessions involve a presentation and distribution of flyers and collateral materials, including brochures and cookbooks provided by the *California Nutrition Network*,

Amani Gazzali,
Gazzali's Supermarket

"The store has been a convenient place for all age groups to purchase food... we get new customers in the store every day."



which encourage fruit and vegetable consumption and physical activity. Currently, WWLA works with approximately 30 businesses, 70 percent of which are garment businesses, while others include food processors, community-based organizations, and even a hotel. In a recent evaluation of employer satisfaction, most employers report being pleased to have had the opportunity to bring WWLA to their worksites. "If the employees are happy, then we are happy because the employees are the company," wrote one participating employer.⁴⁷

San Diego Nutrition Network's Healthy Kids Choice Initiative: Making Out-of-Home Eating More Nutritious for Children

The Healthy Kids Choice Initiative was developed by the San Diego Nutrition Network to increase the number, quality, and availability of healthier restaurant menu options for children. Participating restaurants were identified with the help of the Women Infant and Children (WIC) program and targeted consumer surveys ensuring Latino patronage of seventy percent or higher at the participating establishments. Restaurants participating in the initiative were asked to develop and promote healthier menu options and offer them at an equal or lower price than other options, offering more choices rather than substitutions.

To date, the initiative has been very successful in achieving the desired goals.

- Sammy's Woodfired Pizza, a family restaurant, has added two leaner menu options and a new side salad with the kid's meals. All kid's meals

are \$3.95 and include a non-soda beverage like 100% juice or lowfat milk. In addition, they are helping the San Diego Nutrition Network with media and public relations outreach securing two television spots that included an in-studio cooking demonstration with children.

- Pat & Oscars casual family restaurant added a choice of fresh fruits or vegetables as new side items with all their kids meals and added a new salad meal option with a side of fruit. In addition, Tuesday nights are family night where kids 12 and under eat for free when accompanied by an adult.
- Chili's has rolled-out a kids "A-B-C" menu concept with dishes ranging from \$3.59 to \$5.99 at 11 San Diego locations. The menu includes:
 - o A = Two new lean entrees (grilled chicken breast and pasta with marinara sauce)
 - o B = Four new side dish options (corn on the cob, steamed broccoli, mashed potatoes, black beans)
 - o C = Free refills of milk or 100% juice
- Miguel's Cocina Mexican Food has substituted baked chicken (animal cut-out shapes) from its fried chicken entree in the kid's meals. Six side items are offered to the children, with French fries at the bottom of the list. Other sides include fresh steamed vegetables and a fresh fruit cup.

HEALTH AND POLICY RESOURCES

California 5 a Day – for Better Health! Campaign & California Latino 5 a Day Campaign
www.ca5aday.com

www.dhs.ca.gov/ps/cdic/cpns/lat5aday/default.htm

Empowers low-income Californians to consume the recommended daily amount of fruits and vegetables and enjoy physical activity every day.

California Association of Food Banks (CAFB)
www.cafoodbanks.org

Founded as a unified voice in response to emerging social, economic, and legislative challenges impacting hungry people throughout California.

California Center for Public Health Advocacy
www.publichealthadvocacy.org

Raises awareness about public health issues and mobilizes communities to promote the establishment of effective health policies.

California Center for Research on Women and Facilities
www.ccrwf.org/publications/index.html

Provides nutrition resources to assist practitioners and policy leaders, such as Understanding Nutrition: A Primer on Programs and Policies in California.

California Department of Education-School Wellness
www.cde.ca.gov/eo/in/se/yr05healthychildrenwp.asp

Provides School Wellness resources such as “Healthy Children, Ready to Learn: A White Paper on Health, Nutrition, and Physical Education”.

The California Endowment
www.calendow.org/index.stm

Works to expand access to affordable, quality health care for underserved individuals and communities, and to promote fundamental improvements in the health status of all Californians.

California Food Policy Advocates (CFPA)
www.cfpa.net

A statewide public policy and advocacy organization dedicated to improving the health and well being of low-income Californians by increasing their access to nutritious and affordable food.

The California-Mexico Health Initiative
www.ucop.edu/cprc/aboutcmhi04.html

Coordinates and optimizes the availability of health resources for Mexican immigrants and their families through bilateral training, research, and health promotion activities.

California Project LEAN (CPL)
www.californiaprojectlean.org

Focuses on youth empowerment, policy and environmental change strategies, and community-based solutions to increase healthy eating and physical activity.

California School Boards Association-School Wellness
www.csba.org/ps/hf.htm

Offers resources such as the “Healthy Food Policy Resource Guide”, providing sample school district policies and tools; outlines the link between nutrition, physical activity, and learning.

California State Legislative Latino Caucus
www.assembly.ca.gov/latinocaucus

Legislative website committed to addressing issues that affect all Californians, in particular California Latinos.

Center for Collaborative Planning
www.connectccp.org

Promotes health and social justice by providing training, technical assistance, and consultation on community building and development, leadership development, community engagement and collaboration.

Center for the Study of Latino Health and Culture at UCLA

www.cesla.med.ucla.edu/

Offers information about Latino health data and posts research studies, press releases, and reviews of studies regarding Latino Health.

Centers for Disease Control and Prevention (CDC)

www.cdc.gov

Protects the health and safety of all Americans and provides essential human services, especially for those people who are least able to help themselves.

Community Food Security Coalition (CFSC)

www.foodsecurity.org

Builds strong, sustainable, local and regional food systems that ensure access to affordable, nutritious, and culturally appropriate food for all people at all times.

Congress for the New Urbanism (CNU)

www.cnu.org

Works with architects, developers, planners, and others involved in the creation of cities and towns to help implement coherent regional planning and walkable neighborhoods.

Henry J. Kaiser Family Foundation, Race/Ethnicity and Health Care Program

www.kff.org/about/raceethnicityhealth.cfm

Provides fact sheets, reports, surveys and webcasts to inform policy makers and the general public of major health care issues facing minority communities.

Latino Coalition for a Healthy California

www.lchc.org

Provides policy papers, issue briefs, and information regarding legislation impacting Latino health. Includes regional networks (San Diego, Los Angeles, and Bay Area) that advocate on regional health issues.

League of California Cities-Latino Caucus

www.cacities.org/index.jsp?zone=locc&previewStory=20083

Works as a community resource to improve the quality of life through advocacy by addressing professional, socioeconomics, educational, cultural, and political issues.

National Cancer Institute's National 5 A Day Program

www.5aday.gov

Encourages Americans to eat the recommended daily amount of fruits and vegetables and engage in physical activity every day for better health.

National Association of Latino Elected and Appointed Officials (NALEO) Educational Fund

www.naleo.org

Empowers Latinos to participate fully in the American political process, from citizenship to public service.

Food Stamp Nutrition Connection (FSNC)

www.nal.usda.gov/foodstamp/index.html

www.nal.usda.gov/foodstamp/Topics/physical_activity.html

A resource system for Food Stamp Program nutrition education providers including discussion of the 2005 Dietary Guidelines key recommendations for nutrition and physical activity for special population groups.

National Council of La Raza

www.nclr.org

Provides information about state and federal legislation affecting Hispanics.

Produce for Better Health (PBH)

www.5aday.com

A catalyst for creating a healthier America through increased consumption of a variety of fruits and vegetables.



Public Health Law Program (CDC)

www.cdc.gov/phlp

Works to strengthen the competencies of public health professionals, attorneys, and other practitioners to apply law to public health.

Salud con Health Net

www2.healthnet.com/salud/eng_desc.asp

Spanish-language website providing culturally sensitive information on Health Net's medical coverage for the Latino Community.

The Strategic Alliance for Healthy Food and Activity Environments (Strategic Alliance)

www.preventioninstitute.org/sa/about.html

A coalition of nutrition and physical activity advocates which serves as an independent voice that is separate from, but able to influence, government and industry.

Tomas Rivera Policy Institute

www.trpi.org

A "think tank" on Latino issues advancing critical, insightful thinking on key issues affecting Latino communities through objective, policy-relevant research and its implications.

**United States Department of Agriculture (USDA)
Food & Nutrition Service Food Stamp Program**

www.fns.usda.gov/fsp

Provides information about the USDA Food Stamp Program, food stamp informational materials, and an online pre-screening tool for applicants, recipients, retailers, governments, and public advocacy groups.

USDA Team Nutrition website

www.fns.usda.gov/tn/Healthy/wellnesspolicy.html

Provides a clearinghouse of information on the components to consider when establishing local school wellness policy.

**Women Infants and Children (WIC)
Supplemental Nutrition Program**

www.wicworks.ca.gov

Offers specific supplemental nutritious food and nutrition education to low-income women, infants, and children as a short term intervention and adjunct to ongoing health care.

REFERENCES

- ¹ United States Census Bureau. (2004). Fact sheet: California, 2004 American Community Survey data profile highlights. Available from U.S. Census Bureau Web site, <http://www.census.gov/acs/www/index.html>
- ² Hayes-Bautista, D. E., Hsu, P., Pérez, A., & Kahramanian, M.I. (n.d.). *The Latino majority has emerged Latinos comprise more than 50 percent of all births in California*. Retrieved January 1, 2005, from UCLA, Center for the Study of Latino Health and Culture Web site: <http://www.cesla.med.ucla.edu/html/pdf/majority.pdf>
- ³ Hayes-Bautista, D.E. (2003, March). *The Latino health landscape: California and Los Angeles*. University of California, Los Angeles, Center for the Study of Latino Health and Culture.
- ⁴ American Public Health Association, The California Campaign to Eliminate Racial and Ethnic Disparities in Health. (2003, November). *Health for all: California's strategic approach to eliminating racial and ethnic health disparities*. Retrieved February 2, 2005, from the Prevention Institute Web site: http://www.preventioninstitute.org/pdf/H4A_MAIN_1Scites_021304.pdf
- ⁵ National Academy of Science's Institute of Medicine, Cause Communications, & The California Endowment. (2003, September). *Unequal treatment. Unequal health. What data tell us about health gaps in California*. Retrieved February 2, 2005, from The California Endowment Web site: <http://www.calendow.org/reference/publications/pdf/disparities/UNEQUALTREATMENT9-03.pdf>
- ⁶ Harrison, G.G., Manalo-LeClair, G., Ramirez, A., Chia, Y.J., Kurata, J., McGarvey, N., & Sharp, M. (2005, June). *More than 2.9 million Californians now food insecure—one in three low-income, an increase in just two years; 658,000 suffer hunger* (Policy Brief). Retrieved June, 2005, from UCLA, Center for Health Policy Research Web site: http://www.healthpolicy.ucla.edu/pubs/files/Food_Insecure_PB_060105.pdf
- ⁷ Brown, E.R., Lavarreda, S.A., Ponce, N., & Rice, T. (2003, November). *The state of health insurance in California: Long-term and intermittent lack of health insurance coverage*. Retrieved February 2, 2005, from UCLA, Center for Health Policy Research Web site: http://www.healthpolicy.ucla.edu/pubs/files/SHIC_report_11142003.pdf
- ⁸ California Health Interview Survey. (2003). *Health status compared by race*. Available from California Health Interview Survey Web site, <http://www.chis.ucla.edu>
- ⁹ Centers for Disease Control and Prevention. (2003). *Behavioral risk factor surveillance system*. Retrieved June 22, 2005, from <http://apps.nccd.cdc.gov/brfss/race.asp?cat=DE&yr=2003&qkey=4409&state=CA>
- ¹⁰ California Department of Health Services, Center for Health Statistics, Office of Health Information and Research. (2004). *Ten leading causes of death, percent of deaths, death rates, and age-adjusted death rates by sex-Hispanic-California, 2002*. (Table 5-10A) [Data Table]. Retrieved June 22, 2005, from <http://www.dhs.ca.gov/hisp/chs/OHIR/tables/datafiles/vsofca/0510a.pdf>
- ¹¹ Neetu, C., Rodriguez, M. A., Babey, S. H., & Brown, E. R. (2003, September). *Diabetes among Latinos in California: Disparities in access and management* (Fact Sheet). Retrieved February 2, 2005, from UCLA, Center for Health Policy Research Web site: http://www.healthpolicy.ucla.edu/pubs/files/LatinoDiabetes_FactSheet.pdf
- ¹² Harrison, G.G., Manalo-LeClair, G., Ramirez, A., Chia, Y.J., Kurata, J., McGarvey, N., & Sharp, M. (2005, June). *More than 2.9 million Californians now food insecure—one in three low-income, an increase in just two years; 658,000 suffer hunger* (Policy Brief). Retrieved June, 2005, from UCLA, Center for Health Policy Research Web site: http://www.healthpolicy.ucla.edu/pubs/files/Food_Insecure_PB_060105.pdf
- ¹³ Ponce, N.A., Babey, S.H., Etzioni, D.A., Spencer, B.A., Brown, E. R., & Chawla, N. (2003, September). *Cancer screening in California: Racial and ethnic disparities persist* (Policy Brief). Retrieved February 2, 2005, from UCLA, Center for Health Policy Research Web site: http://www.healthpolicy.ucla.edu/pubs/files/Cancer_Policy_Brief_Final_R.pdf

- ¹⁴ National Academy of Science's Institute of Medicine, Cause Communications, & The California Endowment. (2003, September). *Unequal treatment. Unequal health. What data tell us about health gaps in California*. Retrieved February 2, 2005, from The California Endowment Web site: <http://www.calendow.org/reference/publications/pdf/disparities/UNEQUALTREATMENT9-03.pdf>
- ^{15, 16} Brown, E.R., Lavarreda, S.A., Ponce, N., & Rice, T. (2003, November). *The state of health insurance in California: Long-term and intermittent lack of health insurance coverage*. Retrieved February 2, 2005, from UCLA, Center for Health Policy Research Web site: http://www.healthpolicy.ucla.edu/pubs/files/SHIC_report_11142003.pdf
- ¹⁷ Juárez and Associates, & Chávez, R. (2002, May). *Perceptions of the Food Stamp Program among limited household income residents of California: Results from focus groups*. Sacramento: California Department of Health Services, Cancer Prevention and Nutrition Section.
- ¹⁸⁻²⁰ California Department of Health Services, Cancer Prevention and Nutrition Section. (2003). [California Dietary Practices Survey]. Unpublished data tables.
- ²¹ Drewnowski, A., & Spector, S.E. (2004). Poverty and obesity: the role of energy density and energy costs. *American Journal of Clinical Nutrition*, 79(1), 6-16.
- ²² California Department of Health Services, Cancer Prevention and Nutrition Section. (2003). [California Dietary Practices Survey]. Unpublished data tables.
- ²³ Sandra, T. (2003, May). *Needs assessment: Access to nutritious foods in East Oakland and South Hayward*. Oakland, CA: Alameda County Public Health Department.
- ²⁴ Reed, J., Frazão, E., & Itskowitz, R. (2004, July). How much do Americans pay for fruits and vegetables? *Agricultural Information Bulletin*, 790, 6-39. Retrieved January 21, 2005, from <http://www.ers.usda.gov/publications/aib790/aib790.pdf>
- ²⁵ Blanchard, T., & Lyson, T. (n.d.). *Access to low cost groceries in nonmetropolitan counties: Large retailers and the creation of food deserts*. Paper presented at Measuring Rural Diversity Conference. Retrieved January 21, 2005, from <http://srdc.msstate.edu/measuring/blanchard.pdf>
- ²⁶ Transportation for Healthy Communities Collaborative. (2002, October). *Roadblocks to health: Transportation barriers to healthy communities*. Retrieved January 21, 2005, from <http://www.transcoalition.org/reports/rb/roadblocks.pdf>
- ²⁷ Community Food Security Coalition. (2002). *Weaving the food web: Community food security in California*. Retrieved January 21, 2005, from <http://www.foodsecurity.org/CFSCguide-foodweb.pdf>
- ²⁸ Kolodinsky, J., & Cranwell, M. (2000, March). *The poor pay more? Now they don't even have a store to choose from: Bringing a supermarket back to the city*. Paper presented at Consumer Interests 46th Annual Conference. Retrieved January 21, 2005, from <http://www.consumerinterests.org/files/public/poor.PDF>
- ²⁹ Kaufman, P.R., MacDonald, S. L., & Smallwood, D. (1997, December). *Do the poor pay more for food? Item selection and price differences affect low-income household food costs*. Agricultural Economics Report (Report No. 759). Retrieved January 21, 2005, from U.S. Department of Agriculture, Economic Research Service Web site: <http://www.ers.usda.gov/publications/aer759/AER759.PDF>
- ³⁰ Mohan, V., & Cassady, D. (2002). *Supermarket shuttle programs: A feasibility study for supermarkets located in low-income, transit dependent, urban neighborhoods in California*. Retrieved January 21, 2005, from <http://socialmarketing-nutrition.ucdavis.edu/Downloads/ShuttleReport.pdf>
- ³¹ United States Department of Agriculture, Food and Nutrition Service. (2003). *EBT farmers market demonstration project update*. Retrieved December 22, 2004, from http://www.fns.usda.gov/fsp/ebt/ebt_farmers_markstatus_4_01.htm
- ³² California Department of Health Services, Cancer Prevention and Nutrition Section. (2003). [California Dietary Practices Survey]. Unpublished data tables.
- ^{33, 34} The Lifestyle Research Group (n.d.). *California 5 a Day Worksite Program recommendations: Using worksites to improve nutrition and physical activity*. Unpublished report, California Department of Health Services, Cancer Prevention and Nutrition Section.

- ³⁵ Meyers, A.F., Sampson, A.E., Weitzman, M., Rogers, B.L., & Kayne, H. (1989, October). School breakfast program and performance. *American Journal of Diseases of Children*, 143, 1234-1239.
- ³⁶ Samuels & Associates, Inc. (2003). *The 2003 California High School Fast Food Survey*. Retrieved January 21, 2005, from The California Project LEAN Web site: <http://www.californiaprojectlean.org/Assets/1019/files/2003FastFoodSurvey.pdf>
- ³⁷ Census 2000 Summary File 4—California/ Prepared by the U.S. Census Bureau, 2003.
- ³⁸ California Food Policy Advocates. (n.d.). *California national school lunch program facts*. Retrieved April 9, 2004, from http://www.cfpa.net/school_food/lunch/national_school_lunch_program.htm
- ³⁹ Keihner, A.J., Garbolino, T., & Hudes, M. (2004). *Findings from the 1999 California Children's Healthy Eating and Exercise Practices Survey: Intervention implications and campaign evaluation*. Sacramento: California Department of Health Services, Cancer Prevention and Nutrition Section.
- ^{40,41} California Department of Health Services, Cancer Prevention and Nutrition Section. (n.d.). *California 5 a Day Power Play! Campaign*. Retrieved April 9, 2004, from <http://www.dhs.ca.gov/ps/cdic/cpns/powerplay>
- ⁴² California Department of Health Services, Cancer Prevention and Nutrition Section. (2003). [California Dietary Practices Survey]. Unpublished data tables.
- ⁴³ Strode, P. (n.d.). *California fit WIC: A community partnership*. Retrieved February 2, 2005, from University of California, Berkeley, Center for Weight and Health Web site: <http://www.cnr.berkeley.edu/cwh/PDFs/Strode.pdf>
- ⁴⁴ Bowman, A.S., Gortmaker, S.L., Ebbeling, C.B., Pereira, M.A., & Ludwig, S.L. (2004, January). Effects of fast-food consumption on energy intake and diet quality among children in a national household survey. *Pediatrics*, 113(1), 112-118. Retrieved December 23, 2004, from <http://pediatrics.aappublications.org/cgi/reprint/113/1/112>
- ⁴⁵ Carmona, R.M. (2004, March). *The growing epidemic of childhood obesity*. Subcommittee on Competition, Infrastructure, and Foreign Commerce Committee on Commerce, Science, and Transportation United States Senate. Retrieved December 23, 2004, from <http://www.surgeongeneral.gov/news/testimony/childobesity03022004.htm>
- ⁴⁶ L. Torres, Executive Director, Worksite Wellness LA, personal communication, September 2003.
- ⁴⁷ K. Kubicek, Lodestar Management/Research Inc., personal communication, September 2003.



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