

AT FIRST GLANCE

# HUNGER HEALTH EQUITY



Spotlight on Latinos

**+** HEAL is Feeding America's Health Equity Action League. We focus on solutions and supports that inform models of community health, free from injustices and inequities.

## Introduction

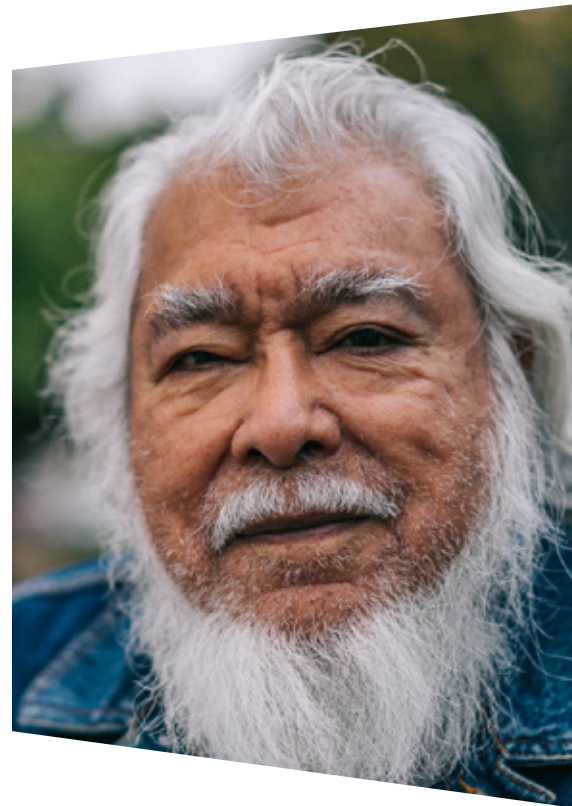
Food insecurity, defined as having limited access to enough food to lead a healthy and active lifestyle, impacted more than 35 million people, including more than 10 million children, in the United States in 2019.<sup>1</sup> Latinos persistently experience food insecurity<sup>2</sup> at high rates and face added social, economic and environmental challenges.<sup>3</sup>

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If a health outcome is seen to a greater or lesser extent between populations, there is disparity<sup>4</sup>. Health disparities among the Latino community are seen based on nationality of the individual, and whether or not they are an immigrant, or were born in the United States. The greatest health disparity among the Latino population is diabetes, with a death rate of 50 percent.<sup>5</sup> Additionally, Latinos are at greater risk to develop high blood pressure, have high rates of obesity, and Latino children are twice as likely to die from asthma.<sup>6</sup>

COVID-19 has amplified food insecurity and health disparities in the U.S. Feeding America estimates that over 50 million people may face hunger in 2020 as a result of the pandemic.<sup>7</sup> COVID-19 has also wreaked havoc on the health and wellbeing of people of color in every corner of the nation; Latinos have significantly higher hospitalization and death rates compared to whites.<sup>8</sup> To achieve our vision of a hunger-free America, Feeding America commits to reducing the racial equity gap by understanding and addressing the priorities and needs of our most impacted communities, individuals and families served.

**This foundational issue brief describes food and health disparities within Latino communities, provides key research questions and offers suggestions on immediate action to take so we all have a fair opportunity to live long and healthy lives.**



**Latinos are the largest racial/ethnic minority group in the U.S. The Latino population is projected to increase to 119 million by 2060 and make up 29% of the total U.S. population.**

— U.S. Census Bureau





## Hunger

Latino communities experience many unique challenges and are more likely to face hunger compared to non-Hispanic whites. One in six Latinos in the U.S. struggle with food insecurity, with nineteen percent of Latino children at risk of hunger.<sup>9</sup> Food insecurity rates among Latino immigrants who arrived to the U.S. after the year 2000 are higher than among those who arrived prior. Naturalized citizens have the lowest rates of food insecurity among the U.S. Latino population.<sup>10</sup>

Predominantly Latino communities often have limited access to healthy food outlets. Latino neighborhoods have one third the number of supermarkets as non-Latino neighborhoods.<sup>11</sup> To address food insecurity in Latino communities, Feeding America is working with national organizations such as UnidosUS to develop partnerships to meet the need in local communities, and address the root causes of these persistent inequities.

## Fewer than 1 in 10 people living in the U.S. eat enough fruits and vegetables. Nine in 10 consume too much sodium.

— Centers for Disease Control and Prevention

## Health

Food insecurity is associated with adverse health outcomes and higher rates of chronic disease.<sup>12</sup> Latinos experience more negative health outcomes than whites, including higher rates of high blood pressure, diabetes, obesity and other chronic illnesses.<sup>13</sup>

### OBSESITY

In 2018, Latinos were 1.2 times more likely to be obese than non-Hispanic whites. From 2013-2016, Latino children were 1.8 times more likely to be obese as compared to their white peers.<sup>14</sup>

### DIABETES

Latino adults are 1.7 times more likely than non-Hispanic white adults to have been diagnosed with diabetes. In 2017, Latinos were 1.4 times more likely than non-Hispanic whites to die from diabetes.<sup>15</sup>

### HEART DISEASE

In general, Latino American adults are less likely to have or die from coronary heart disease than non-Hispanic white adults.<sup>16</sup>

### MENTAL HEALTH/ TRAUMA

Latinos living below the poverty level, as compared to Latinos over twice the poverty level, are more than two times as likely to report psychological distress. Non-Hispanic whites received mental health treatment twice as often as Latinos.<sup>17</sup>



**Approximately 80-90% of a person's health can be attributed to non-medical factors, often referred to as social determinants of health, which include, but are not limited to, food security, housing, transportation, education, and employment.**

— National Academy of Medicine

## Equity

We know that food insecurity is linked to poor nutrition and chronic disease, and that poverty is a driver of food insecurity. Latinos make up 28% of individuals in poverty in the U.S., which is 1.5 times their share of the general population.<sup>18</sup> Contributing factors include language barriers (one in three Latino individuals do not speak fluent English); lower high school graduation rates than whites; and employment in low wage jobs.<sup>19</sup>

Racial inequity is embedded in historical, political, cultural, socio-economic systems and institutions.<sup>20</sup> These inequities exist due to language, education, and cultural barriers, along with historical prejudice against the Latino community throughout the United States.

In order to improve health outcomes, structural and systemic circumstances must always be considered, acknowledged and addressed. Racism in the health care industry, systemic barriers that limit access to care, and environmental factors all impact health implications for Latinos. Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association (AMA), provider bias can determine if a patient gets proper care.<sup>21</sup> Reports show that even when controlling for insurance status, income, age, and condition severity, Latinos tend to receive lower-quality health care than their white counterparts.<sup>22</sup>

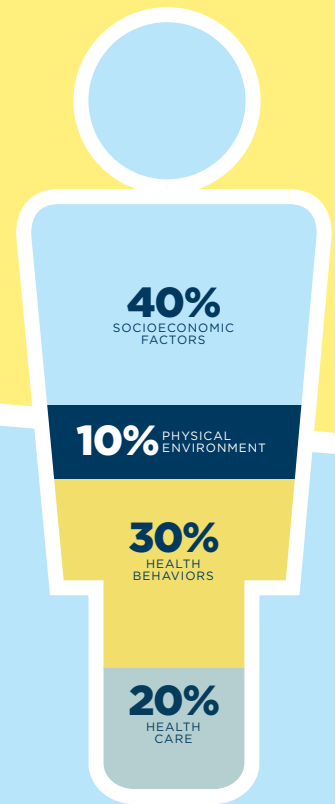


Figure 1:  
County Health Rankings  
& Roadmaps (2014)

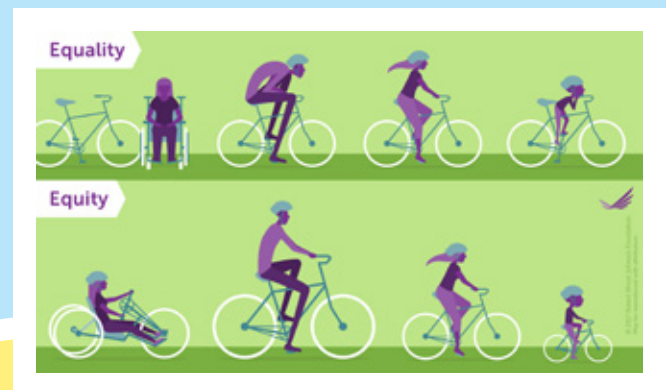


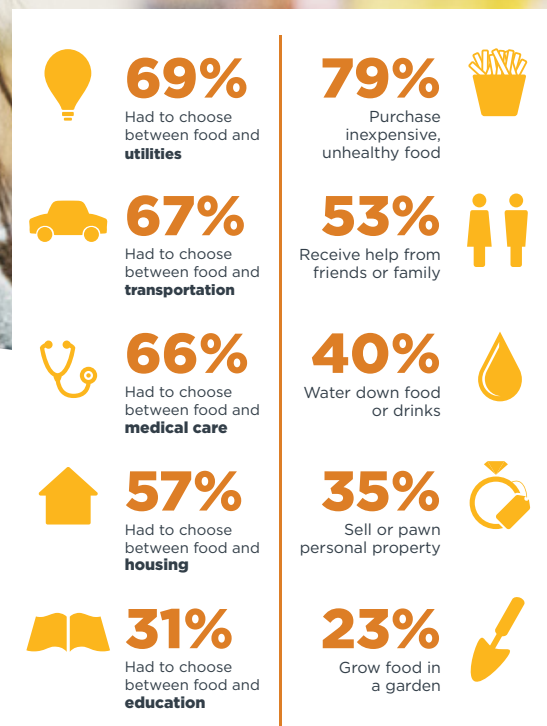
Figure 2: Robert Wood Johnson Foundation (2017)

**At Feeding America, we pledge to identify and work towards solutions to eliminate social, structural, and systemic inequities that contribute to food insecurity for individuals that have been historically disadvantaged and/or adversely impacted by racial inequities.**

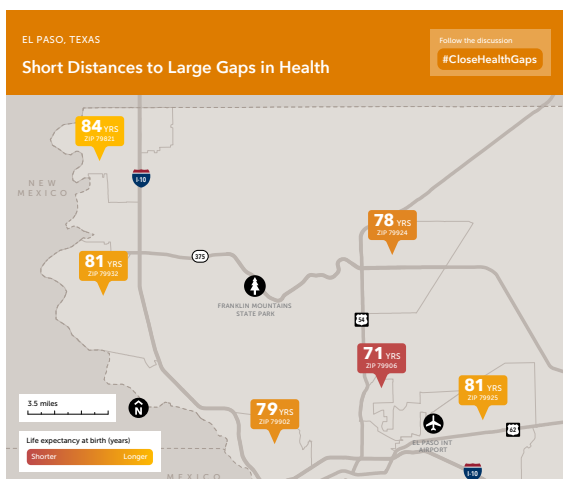


## Consequences of Hunger and Inequity

**Health and Wellbeing:** Healthy bodies and minds require nutritious meals at every age. When people facing hunger are forced to choose between food or other resources, the result is often long-term negative effects on health and wellbeing. These individuals often stretch already limited budgets and use other coping strategies such as underusing medication, postponing or discontinuing medical care, or forgoing the foods needed for disease specific diets. For example, over 65 % of households served by the Feeding America network reported having to choose between food and medical care due to limited resources, and close to 80 % of households reported having to choose inexpensive, unhealthy food to feed their families.<sup>23</sup> Difficult choices can lead to higher rates of chronic conditions, complications from uncontrolled disease, and delayed development in children. Members of food-insecure households are also more likely to struggle with psychological and behavioral health issues.<sup>24</sup> Since Latinos face hunger at a disproportionate rate, accompanying health risks are also higher for them.



**Figure 3: Hunger in America (2014).** The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.



El Paso, TX has a 13-year disparity in life expectancy across the border city's neighborhoods depending on neighborhood proximity to highway I-10. Babies born nearby can expect to live just 71 years, while others may live 10-13 years longer. Short distances can mean large differences in health.

**Figure 4: Virginia Commonwealth University (2016)**



**In June 2020, Latinos made up 33% of COVID-19 cases, albeit comprising only 19% of the total U.S. population.**

— Centers for Disease Control and Prevention

**Quality of Life:** There is growing recognition that historical racial segregation by neighborhood plays a role in quality of life. In other words, your zip code may mean more than your genetic code. Among the 500 largest U.S. cities, 56 have very wide life expectancy gaps with stark differences between racial and ethnic groups. On average, people in one neighborhood can expect to live 20 to 30 years longer than their neighbors a few miles away.<sup>25</sup> These estimates are made evident by health disparities seen in predominantly Latino neighborhoods than what is seen in white neighborhoods. Many Latino neighborhoods have not received key investments and protections customary for white neighborhoods, putting them at a disadvantage for poor health and opportunity, and contributing to lower life expectancy rates.

## COVID-19

COVID-19 is exacerbating the ongoing disproportionate hunger and health crisis for Latinos. The pandemic has led to a sharp increase in U.S. food insecurity rates. Feeding America estimates that 50 million people could be food insecure in 2020 as a result of COVID-19.<sup>26</sup> Food insecurity and other consequences of the pandemic are most acute in communities of color. A survey conducted by the Urban Institute among adults with children found that food insecurity rates for Latinos increased to twice the amount as with white families.<sup>27</sup> Latinos are also more likely to contract the virus, be hospitalized with complications, and die from COVID-19.<sup>28</sup>

## CREATING A HEALTHIER AMERICA

A primary goal of Feeding America is providing access to healthy food in all of our communities. This means supplying food banks with more fruits, vegetables, whole grains, low-fat dairy and lean proteins and prioritizing resources for marginalized communities to advance health equity.



**“Hunger in this country existed long before COVID-19, but the pandemic has thrust more and more of our neighbors into food insecurity, and food banks are responding to a sustained, increased demand. With support of the community, together we can end hunger one helping at a time.”**

— Claire Babineaux-Fontenot,  
CEO, Feeding America

## Health Equity Action Items: What Food Banks and Community Partners Can Do

**Align** with national, state and local organizations committed to improving health and advancing equity in communities of color.

**Release** a statement signaling a mutual commitment to health equity and your shared vision on how to advance it.

**Build** trust, positive interactions and communication with people of color in your community to better understand unique social and systemic factors that contribute to food insecurity and poor health.

**Develop** interventions with local health care organizations to connect people of color to critical resources aimed at correcting food insecurity and other social determinants of health.

**Help** make “the healthy choice the easy choice” through improved access to culturally appropriate nutritious food, nutrition education, health literacy programs and other services in your community.

*Learn more about HEAL, and trends in hunger, health and equity by visiting **Hunger + Health** and **Feeding America Action** or contacting [nutritionteam@feedingamerica.org](mailto:nutritionteam@feedingamerica.org).*

## Hunger, Health and Equity Research Questions

- 1 How and why do different racial and ethnic groups move in and out of food insecurity over time and what are the long-term health impacts?
- 2 How does the charitable food system influence food insecurity and health for different racial and ethnic groups?
- 3 What coping strategies and tradeoffs do food secure households make and what are the health consequences of these coping strategies. How does this differ by race and ethnicity?
- 4 How do hunger and health challenges affect multi-generational households of color?

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# References

The terms “Latino” and “Hispanic” are used interchangeably by the U.S. Census Bureau and throughout this document “Latino” will be the term used 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. Latinos are the second largest ethnic group in the United States.

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Feeding America is a nationwide network of food banks that feeds more than 40 million people through food pantries and meal programs in communities across America and leads the nation in the fight against hunger.



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