

KEY CONSIDERATIONS

PRIORITIZING HEALTH EQUITY & FOOD SECURITY



Spotlight on Latinos

Feeding America focuses on solutions and supports that inform models of community health, free from injustices and inequities.



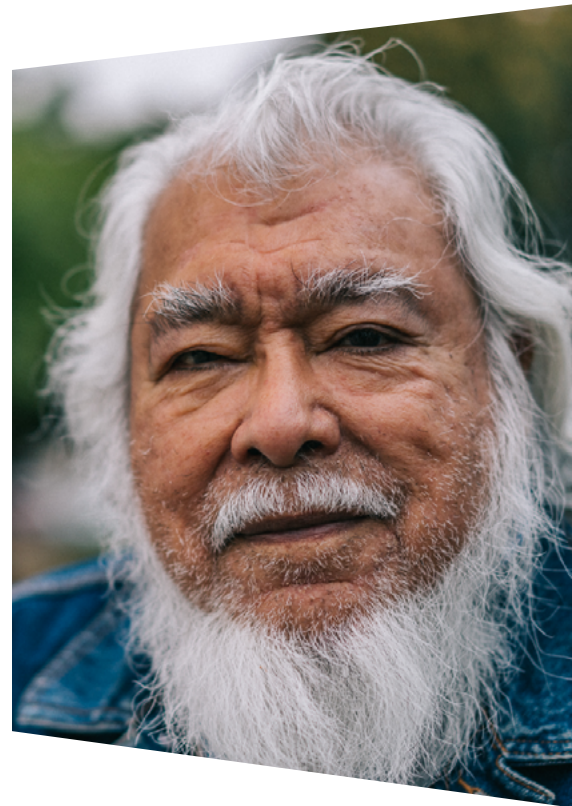
Introduction

Food insecurity, defined as having limited or uncertain access to enough food to lead a healthy and active lifestyle, impacted more than 44 million people, including more than 13 million children, in the United States in 2022.¹ Latinos persistently experience food insecurity at higher rates than people from other racial and ethnic backgrounds and face added social, economic and environmental challenges due to systemic and structural inequities.²



If a health condition is experienced to a greater or lesser extent across population groups, there is disparity.³ Health disparities among the Latino community are differential based on nationality of the individual, and whether or not they are an immigrant or were born in the United States.⁴ One of the greatest health disparities experienced among the Latino community is diabetes; Latinos are 1.7 times more likely to be diagnosed with and 1.3 times more likely to die from diabetes than non-Hispanic white individuals.⁵ Among children, Latino children are 40% more likely to die from asthma compared to non-Hispanic white children.⁶ Many of these disparities in diagnosis, treatment, and mortality are likely due to language and cultural barriers, lack of access to preventative care, and lack of health insurance. Health equity is achieved when historical and contemporary injustices are addressed; social, economic and other obstacles to health and healthcare are overcome; and preventable health disparities are eliminated.³

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



Latinos are the largest racial/ethnic 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

On average, only 1 in 10 people living in the U.S. eat enough fruits and vegetables. Most Americans consume too much sodium, which can increase one's blood pressure and risk for heart disease and stroke.

— Centers for Disease Control and Prevention

Hunger

Latino communities experience many unique challenges and are more likely to experience food insecurity compared to non-Hispanic white individuals. One in five Latino households in the U.S. experienced food insecurity in 2022, with 25% of Latino children not having reliable access to food.¹

Latino communities are more likely to have limited access to healthy food outlets due to inequities in the physical/built environment.⁷ Neighborhoods that have predominantly Latino residents have less healthy food outlets (e.g. grocery stores, bodegas) compared to neighborhoods with predominantly non-Latino residents.⁸ Racism and discrimination, language and cultural barriers, and immigration challenges have also been shown to make it harder for Latinos to get good jobs, fair pay, and access to other life securities, such as housing and transportation. All of these challenges can lead to food insecurity.⁹ To address food insecurity in Latino communities, Feeding America is working with national organizations such as UnidosUS to develop partnerships to meet the needs in local communities, and address the root causes of persistent inequities in access to affordable, nutritious food.

Health

Those experiencing food insecurity are at higher risk for developing diet-related chronic diseases and increased risk for adverse outcomes related to those diseases.¹⁰ Latinos experience negative physical and mental health outcomes to a greater extent than non-Hispanic white individuals, including higher rates of high blood pressure, diabetes, heart disease and psychological distress.⁵

DIABETES

Latino adults are 1.7 times more likely than non-Hispanic white adults to have been diagnosed with diabetes. In 2018, Latinos were 1.3 times more likely than non-Hispanic white individuals to die from diabetes.⁵

HEART DISEASE

Latino adults are less likely to have or die from heart disease than non-Hispanic white adults in the U.S.¹¹ In 2021, heart disease was the second leading cause of death among Latinos, following COVID-19.¹²

MENTAL HEALTH/TRAUMA

Latinos living below the poverty level are more than two times as likely to report psychological distress compared to Latinos over twice the poverty level. Non-Hispanic white individuals received mental health treatment twice as often as Latinos.¹³



Despite high rates of diet-related disease, 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

Food insecurity is linked to poor nutrition and chronic disease, and poverty is a driver of food insecurity.¹⁰ Latinos make up 17% of individuals in poverty in the U.S., above the U.S. average.¹⁴ Factors that may contribute to poverty include language barriers, educational attainment, and employment in low wage and/or hazardous jobs.¹⁵ Racial inequity is embedded in historical, political, cultural, socio-economic systems and institutions.¹⁶ These inequities exist due to language, education, and cultural barriers, along with historical prejudice against the Latino community throughout the U.S. 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 the Latino community. Bias plays a critical role in health inequity and perpetuates structural inequalities. According to the American Medical Association, provider bias can determine if a patient gets proper care.¹⁷ Reports show that even when accounting for insurance status, income, age, and condition severity, Latinos tend to receive lower-quality healthcare than non-Hispanic white individuals.¹⁸

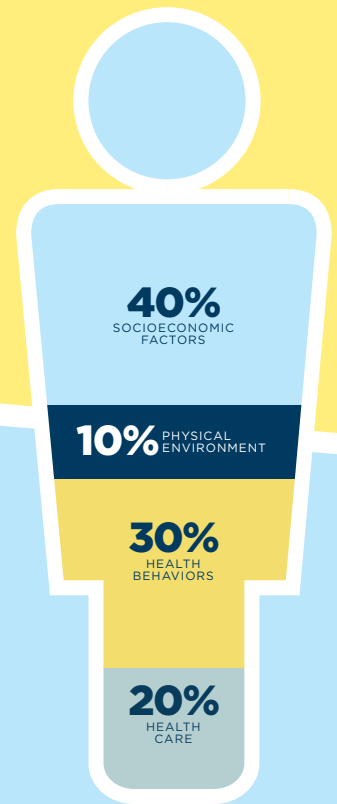


Figure 1:
County Health Rankings
& Roadmaps (2014)

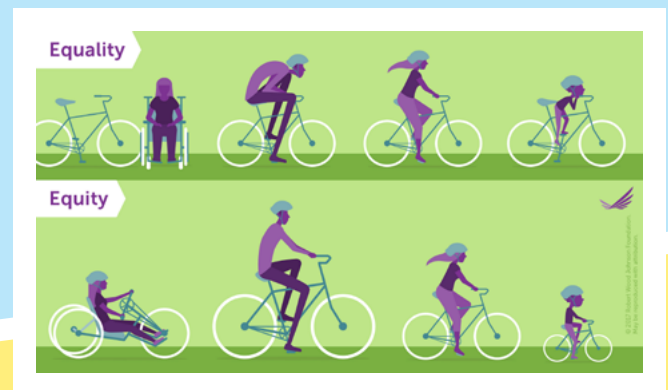


Figure 2: Robert Wood Johnson Foundation (2017)

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 experiencing food insecurity 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.¹⁹ 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. These 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.²⁰ Since Latinos experience food insecurity at a disproportionate rate, accompanying health risks are also higher within this population group.

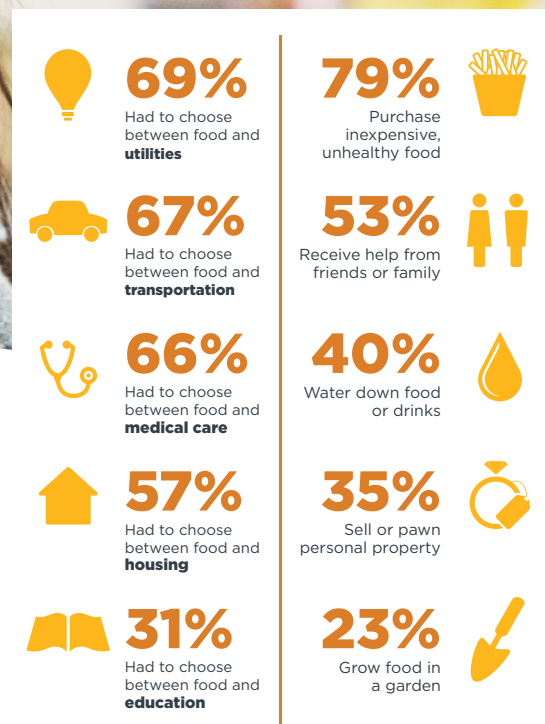


Figure 3: Hunger in America (2014).
The data above represents the more than 60,000 clients served through the Feeding America network who responded to questions about themselves, their households, and the circumstances that led them to seek assistance from the charitable food network.

“Health equity is the absence of disparities or avoidable differences among socioeconomic and demographic groups or geographical areas in health status and health outcomes such as disease, disability, or mortality.”

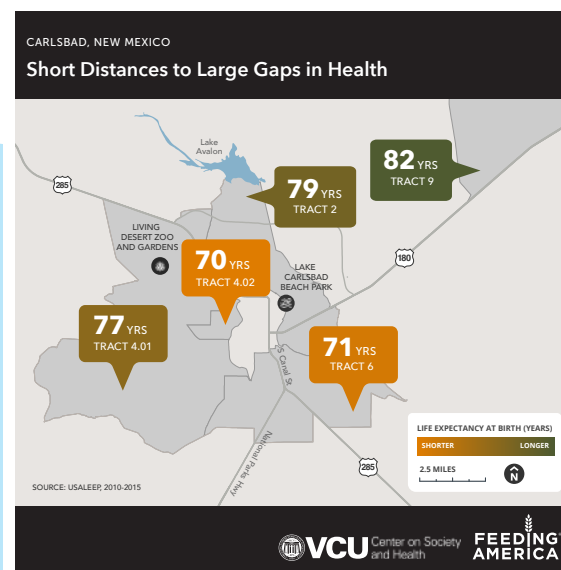
— Health Resources and Services Administration

Quality of Life: There is growing recognition that historical racial segregation by neighborhood plays a role in quality of life.²¹ 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.²¹ These estimates are made evident by health disparities experienced among neighborhoods that are predominantly Latino compared to neighborhoods that are mostly non-Hispanic white. Many Latino neighborhoods have not received key investments and protections customary for predominately white neighborhoods, putting them at a disadvantage for poor health and opportunity, and contributing to lower life expectancy rates.



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 that experience historical and economic disadvantages to advance health equity.



Carlsbad, New Mexico has a 12 year disparity in average life expectancy across city’s neighborhoods depending on zip code. Babies born near city center can expect to live to just 70 years, while others may live 1-12 years longer on average. Short distances can mean large differences in health.

Figure 4. Virginia Commonwealth University (2015)

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

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

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.

Release a statement signaling your joint commitment to equity.

Co-Develop interventions 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 race & ethnicity and food insecurity [here](#) on the Feeding America website and about hunger, health and equity by going [here](#).

Hunger, Health and Equity Discussion 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 insecure 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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Feeding America Lead Authors

Gita Rampersad, JD, MHA
Kelly Goodall, MSW
Traci Simmons, MPH, CHES
Kelsey Kinderknecht, MPH, RDN*

Feeding America Content Advisors

Emily Engelhard
Jeremy Arnold
Jessica Hager, AM
Riley Link
Rucha Kandlur

Feeding America Public Health Disparities Sub-Committee

Ami McReynolds
Amirio Freeman
Charles Dennis
Corey Malone-Smolla
Jessica Jelinski
Junior Martinez
Laura Studee
Morgan Smith, MS, RN
Rocio Diaz
Rose Saltalamacchia
Thea Carlos

Theresa DelVecchio Dys, MPH
Tom Summerfelt
Tre Maebry
Vincent Davis

External Advisors

Angela Odoms-Young, PhD
Eric Paul Meredith MEd, MS, RDN, CHES, CPT
Hilary Seligman, MD, MAS
UnidosUS

*key contributor to updates in Spring 2024



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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**JOIN THE MOVEMENT TO END HUNGER TODAY.
DONATE. VOLUNTEER. ADVOCATE. EDUCATE.**

Feeding America is committed to an America where no one is hungry. We support tens of millions of people who experience food insecurity to get the food and resources they say they need to thrive as part of a nationwide network of food banks, statewide food bank associations, food pantries and meal programs. We also invest in innovative solutions to increase equitable access to nutritious food, advocate for legislation that improves food security and work to address factors that impact food security, such as cost of living, health and employment.

We partner with people experiencing food insecurity, policymakers, organizations, and supporters, united with them in a movement to end hunger.



161 North Clark St.
Suite 700
Chicago, Illinois 60601

1627 I Street NW
Suite 1000
Washington, DC 20006

1.800.771.2303
[FeedingAmerica.org](https://www.FeedingAmerica.org)