

# BETTER TOGETHER:

## Optimizing Nutrition Access During the Earliest Years



### CA Food Policy Advocates

is 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, affordable food.

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### Pregnant women and young children in California need better access to nutritious, affordable foods.

From breastfeeding to picky toddlers – the responsibility of making sure your little one has a tummy full of healthy food can be challenging and carries great weight. All moms feel these pressures, and all too often low-income mothers face additional challenges to accessing healthy foods for their young families.

Nutrition is critically important to healthy development during pregnancy, through infancy, and into early childhood. Being born into a food insecure family can have lifelong consequences. Undernutrition during pregnancy increases the risk of negative birth outcomes, such as low birth weight and preterm labor, whereas proper nutrition fuels the rapid brain development that occurs in the first three years of life.<sup>1</sup> This report will investigate factors affecting young families' access to healthy foods, assess opportunities to increase food resources, and provide recommendations that can improve the overall health and well being of California's mothers, infants, and young children.

## Struggling to Make Ends Meet

The basics costs of raising a family in California often far exceed the annual income of full-time working parents. With limited resources, low-income families are commonly forced to make tough decisions between basic necessities – electricity or groceries? Despite an increase to California's minimum wage and an improving economy, the lowest paying jobs in the labor force have seen stagnated wages and inconsistent full time work availability.

### California's Minimum Wage

\$10 per hour or \$20,800 annually\*

### Annual Expenses for Families, Statewide<sup>2</sup>

	Single Parent, 2 Children	2 Adults, 2 Children
Food	\$8,023	\$10,608
Child Care	\$10,111	\$10,111
Medical	\$6,152	\$6,313
Housing	\$17,501	\$17,501
Transportation	\$9,346	\$9,346
Other	\$5,497	\$5,497
<b>TOTAL</b>	<b>\$67,101</b>	<b>\$73,184</b>

### California's Median Comprehensive Income<sup>†</sup> for Families with Children Ages 0-5 Years<sup>3</sup>

\$52,000 annually

Nearly 80% of **poor families are working**, more than half full-time.<sup>4</sup>

### Annual income is severely polarized across demographics:<sup>5</sup>

- Latino families with children earn nearly half of white families, surviving on just \$45,000 annually.
- Families with children in Northern California, Central Valley, the Inland Empire, and Los Angeles County are surviving on less than \$60,000 annually.

California has the **highest child poverty rate** in the nation (27%) and nearly **1 in 4 children** are living in food insecure households.<sup>6, 7</sup>

\* Annual wage calculated as full time employment of 2,080 hours.

† Median comprehensive income is an estimate of family resources that includes earned income and resources from publicly provided programs



A parent says:

**"Children should not have to worry about this. This is an adult problem, it is very sad and they are suffering."**



**1 in 2 children in California live with a foreign-born parent.<sup>10</sup>**

**More than 5 million children live in a mixed-status family.<sup>11</sup>**

## **Vulnerable families are at risk of becoming hungrier.**

Low-income families in California face compounding obstacles to reaching economic stability and good health, including: high housing costs, inadequate wages, fewer job opportunities, inconsistent work hours, unaffordable child care, lack of reliable transportation, and food insecurity, to name a few. In these turbulent political times, such challenges are exacerbated for low-income immigrant families who may fear backlash against their own or a family member's immigration status. As a result, these families are at increased risk of being isolated and losing access to the resources and services that provide them a hand-up in times of need. The National Immigrant Law Center explains how current policies and proposals are quickly altering the circumstances:



***...actions on immigration have caused tremendous fear in immigrant communities, undermining trust in government programs and chilling access to health, food, and other critical benefits and services.<sup>8</sup>***

More than 5 million U.S. children live in a mixed-status family with one or more undocumented members and it is these children who suffer the consequences of harsh rhetoric and threatening policies.<sup>9</sup> A climate of fear limits children's access to education, public benefits, and other services, and strips them of their basic right to grow and thrive. Despite there being no actual changes to immigrant eligibility for public benefits, reports from clients and communities suggest that families are fearful that accessing vital services and nutrition benefits, such as Medi-Cal, WIC, and CalFresh could adversely impact their immigration status. Some public health advocates worry that if fears translate into lower participation in health and nutrition services among pregnant women, we could begin to see worsening birth outcomes in the coming years. As we seek to improve health outcomes in our communities, this is a population we must not leave behind.

## Nutrition Assistance in California

Parents facing food insecurity do everything within their power to protect their children from feeling the effects of hunger. According to the U.S. Department of Agriculture, about half of food insecure households are able to ensure that the children in the household are never without sufficient food.<sup>12</sup> **Many food insecure families turn to programs like WIC and CalFresh to help make ends meet.** We know that support from nutrition assistance programs not only reduces hunger, but also reduces poverty and health care costs while improving birth, health, and academic outcomes.<sup>13</sup>

### A mother says:

“[El WIC] es una ayuda que no se puede rechazar, uno se ahorra dinero y aportamos con los gastos de la casa.”

“[WIC] is an aid that can not be rejected, [we] save money [that can] contribute with the expenses of the house.”



### The Special Supplemental Nutrition Program for Women, Infant, and Children (WIC)

WIC is a federally funded program that provides supplemental foods, health care referrals, and nutrition education to low-income pregnant and postpartum women and to infants and children up to age 5 who are found to be at nutritional risk. California has the best WIC coverage in the nation: in 2014 71% of Californians eligible for WIC received benefits.<sup>14</sup> In 2016, more than one million women, infants, and children participated in California’s WIC program.<sup>15</sup>



### WIC in March 2017...<sup>16</sup>



**247,785**  
Women



**230,961**  
Infants

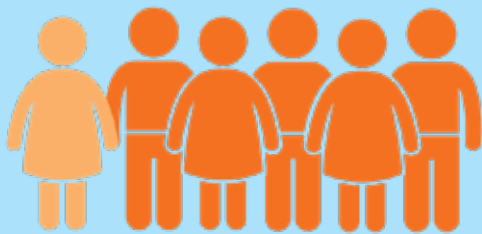


**612,124**  
Children



**\$61.58**  
Average  
Benefit  
(food package  
+ rebates)

**Retention in WIC is worsening. The percentage of mothers, infants, and children enrolled in the WIC program but not claiming their food benefits has increased since 2011, most significantly impacting children.**

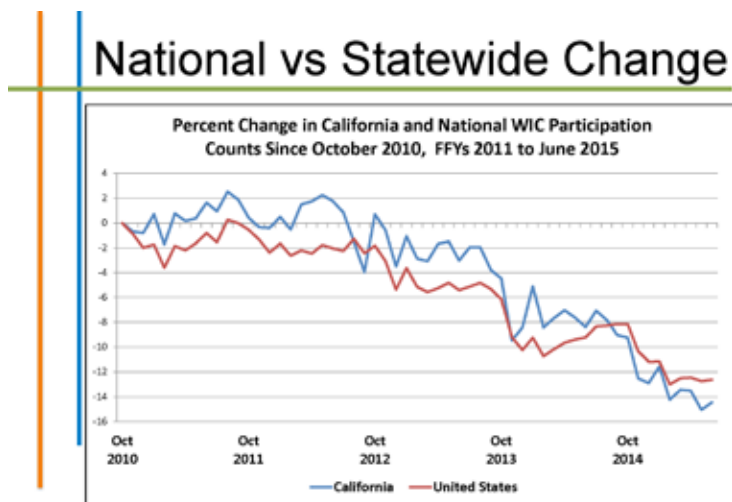


**In 2015, 17% of children enrolled in WIC did not receive their food benefits, as compared to 8% of children in 2011.**<sup>22</sup>



**Despite the substantial increase in the state's Medicaid income limit for children, WIC infant participation fell more rapidly in California than in other states.**<sup>23</sup>

However, nationally and locally, WIC participation is declining. Since 2012, **California has seen a 20 percent drop in caseload, resulting in nearly 300,000 fewer WIC participants in 2016.**<sup>17</sup> Declining participation is likely related to California's steadily declining birthrate and an improving economy. Still, the downward trend is significant and complicated – California seems to be experiencing a faster decline in WIC participation than the rest of the nation; participation varies greatly by geography and race/ethnicity; and retention (enrolled families' continued participation in WIC) is worsening.<sup>18, 19, 20, 21</sup>



Note: Percent changes for U.S. WIC participation counts include California WIC participation counts.  
Source: CBPP/WIC MAP 2010-2015, FFOA 2010-2015.



Used with permission of the California Department of Public Health, WIC Program. (2015, October).

### WIC Infant Participation in California Fell Faster Than in Rest of the U.S.

Percentage change from January 2012 in monthly WIC participation



Note: California implemented an increase in Medicaid's income limits for infants between January 2013 and January 2014.

Source: CBPP analysis of U.S. Department of Agriculture data.

CENTER ON BUDGET AND POLICY PRIORITIES | CBPP.ORG

Center on Budget & Policy Priorities. (2017, July). WIC Participation and Costs Are Stable: Have Returned to Pre-Recession Levels. Retrieved from <https://www.cbpp.org/research/food-assistance/wic-participation-and-costs-are-stable>

Despite a strong statewide WIC coverage rate, county-level data show that there are a handful of high-performing counties that mask low coverage rates elsewhere. What is blocking eligible families from accessing WIC and why are we seeing an increasing rate of WIC families falling off the program? Several studies have shown that the most common reason for not enrolling in WIC is that eligible mothers do not believe they qualify.<sup>24</sup> And while the retention challenges are yet to be fully understood, we know that the antiquated, cumbersome, and confusing paper voucher system for redeeming WIC benefits is a significant barrier, particularly as the financial value of WIC benefits are lower for toddlers than for infants.

### CalFresh

CalFresh, known federally as the Supplemental Nutrition Assistance Program (SNAP), provides a monthly benefit to low-



income households for food purchases. CalFresh benefits are delivered via a debit-like card (Electronic Benefit Transfer or EBT), and are accepted at most grocery and food stores. Eligibility is determined by several factors, including income, citizenship status, age, and disability. Generally, applicants must have gross income below 200 percent of the federal poverty level (\$48,600 annually for a family of four), and must have net income (which represents a family's income minus allowable deductions for earned income and other basic needs expenses like housing and utilities) below the federal poverty level (\$24,300 annually for a family of four).

**CalFresh is particularly important and effective at helping young families put nutritious food on the table and lifting low-income families out of poverty.**

Annually, between 2009 and 2012, CalFresh kept 806,000 people out of poverty in California, including 417,000 children.<sup>25</sup>



**The Golden State Advantage card is California's EBT card. It is similar to a bank debit card. CalFresh issues monthly benefits into the client's EBT account, which can be used to buy most foods at many markets and food stores.**

## Spotlight on Promising Innovation: Simplifying the Application Process



In 2016, the state Office of Horizontal Integration activated an online application “bridge” that can link Covered California health insurance applicants who qualify for Medi-Cal to the online CalFresh application. The process simplifies the CalFresh application process by removing certain duplicate questions. Initial data show the bridge works to provide health care applicants an easy, direct link to a CalFresh application. Through April 2017, nearly 15,000 households gained CalFresh benefits through this dual process. The state could improve the process through comprehensive data-sharing between Medi-Cal, CalFresh, and WIC throughout the application process, so that Californians need only provide all income and household information once to enroll in all programs for which they are eligible.

While CalFresh benefits are modest—the average monthly CalFresh benefit for families with children is only \$382, about \$1.52 per person, per meal—they are effective at improving food insecurity, long-term health, and economic outcomes.<sup>26</sup>

- Food insecurity among children falls by one-third after families have received SNAP/CalFresh for six months.
- Studies conducted during the SNAP program’s early rollout showed that pregnant women who used SNAP gave birth to fewer low birth-weight babies.

The most recent data from USDA indicate that **over one-third of eligible CalFresh participants do not receive benefits**, ranking California third to last in participation among all states and the District of Columbia.<sup>27</sup> However, California is more successful at enrolling children in CalFresh, and almost three-quarters of CalFresh participants are in families with children.

The number of households receiving CalFresh rose notably during the economic downturn, but have recently leveled off as the economy improves.<sup>28</sup> As the unemployment rate continues to drop and recent minimum wage increases take effect, it is likely that a smaller share of Californians will be eligible for CalFresh. Though families incomes’ may be too high to qualify for CalFresh, **California’s high cost of living means many are still likely to face significant challenges meeting their basic needs, including food.** The state’s low CalFresh participation rate still represents a significant opportunity to improve program participation and associated nutrition and health outcomes for almost two million Californians who remain eligible but do not receive benefits.

### CalFresh in March 2017...<sup>29</sup>



**4.1 Million  
Individuals**



**2.5 Million  
Children**



**\$382  
Average Benefit  
for Families  
with Children**

## Success Story: Adams Farmers' Market Enrollment

Since 2014, PHFE WIC has partnered with farmers' market organizers to distribute WIC Farmers' Market Nutrition Program (FMNP) vouchers. Through this program, moms are able to redeem their vouchers for fresh, locally-grown produce at the market PHFE WIC has seen more families use their FMNP vouchers to purchase fresh vegetables and fruits, and is partnering with LA County DPSS to conduct CalFresh outreach and application assistance for WIC clients (and other interested farmers' market customers).

**"CalFresh enrollment is going full blast at the Adams market. The table is always busy... I think they have found a winning formula for enrollment by engaging the WIC participants."**

**– FRANK TAMBORELLO, EXECUTIVE DIRECTOR, HUNGER ACTION LOS ANGELES**

## Better Together

In a state as notoriously expensive as California, household budgets are tight. Raising a family is costly and many are struggling to make ends meet. Take Sofia, who lives in Alameda County and is a mother of two, a son and one daughter.<sup>30</sup> Sofia works an average of 34 hours a week at a retail store. Her gross income is \$2,301

a month and her take home pay is only \$1,459. Sofia's rent is \$1,535 a month plus electricity and phone. Despite working nearly full time, Sofia still can't afford all of her basic needs and would benefit from programs like CalFresh. Sadly, Sofia and her family are not unique – this story of financial struggle is real for many families across California, because the cost of raising a family simply exceeds annual income.

Nutrition assistance can help. **When families are able to use WIC or CalFresh to cover the cost of food, it frees up money in their budgets to afford other important expenses, like rent or medical bills.** When young families are able to access both WIC and CalFresh their outcomes improve even more: the average monthly value of the two programs combined is equal to \$443.

Furthermore, additional grocery dollars lead to healthier diets. Economists have recently found that increasing SNAP recipients' food budgets by \$30-per-person a month would increase consumption of nutritious food, decrease consumption of fast food, and reduce food insecurity.<sup>31</sup> With a few extra dollars each month for groceries, families can purchase the healthy foods they need, like fresh vegetables, fruits, whole grains, and lean proteins.





## State Funding for Testing Local Strategies



The California Department of Public Health - WIC Division has recently funded local agency projects to identify, implement, and evaluate innovative strategies and methods that will improve the recruitment, re-engagement, and retention of WIC eligible applicants and participants.

To learn more about CDPH-WIC's programs, visit:

<https://www.cdph.ca.gov/Programs/CFH/DWICSN/Pages/LocalAgencies/InnovativeStrategies.aspx>



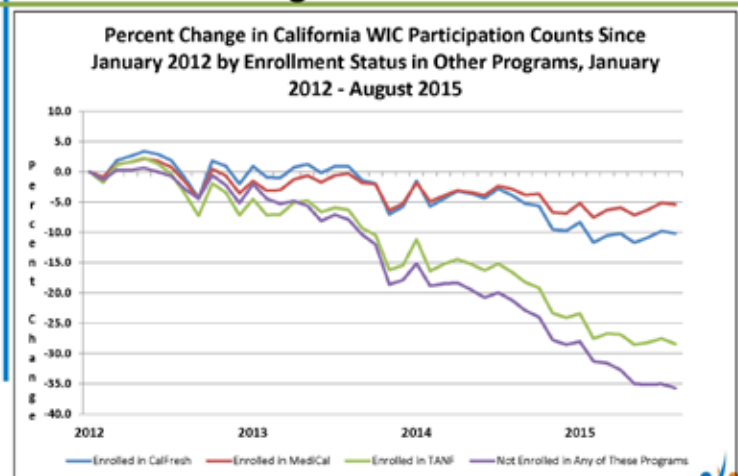
Contrary to common belief, **when WIC families also access CalFresh, they are more likely to continuing engaging with WIC staff and accessing the multitude of benefits that come along with the public health program**, including

parenting classes, better access to health care referrals, and nutrition education. And since CalFresh benefits are

often not adequate on their own to last through the month, families with young children can stretch their food budgets further by combining CalFresh with WIC benefits.<sup>32</sup>

Recent data from the California Department of Public Health, as seen in the graph below, indicate that WIC families who were also enrolled in CalFresh or Medi-Cal were less likely to stop participating in WIC.<sup>34</sup> Similarly, the PHFE-WIC Program in Los Angeles recently observed fewer children dropping off their WIC programs when the families utilized both WIC and CalFresh.<sup>35</sup>

### WIC Engagement and Enrollment in Other Programs



Source: CDPH/WIC MPCR 2010-2015



California Department of Public Health, WIC Program. (2015, October). Increasing Participation through Retention and Recruitment: Reviewing the Data for Insights and Strategies. Presented at Fall 2015 WIC Local Agency Directors State Meeting.

## State Update



**KIM McCOY WADE**  
**CALFRESH & NUTRITION**  
**BRANCH CHIEF**

**DECEMBER 2017**

California's state nutrition departments are working together in new ways to help eligible young children have easier access to both CalFresh and WIC benefits, in order to boost nutritional health and meet basic needs. CDSS, CDPH, and the Department of Health Care Services have collaborated to analyze young children's participation in WIC and CalFresh.

In early 2017, CDPH and CDSS conducted site visits to WIC clinics and CalFresh offices to survey families and program staff about barriers and supports for dual-enrollment. Geo-maps with cross-program participation levels are being developed and shared with stakeholders to inform program and policy planning, at both the local and state level. Ongoing analysis, training, and tools are planned for 2018 to help more young children easily access the healthy food they need.

## Policy Recommendations

The wants and needs of families are universal: stability, safety, affection, community, and good health. Parents seek to provide their children with every opportunity to succeed and thrive, but here in California, many low-income families are at risk of missing out on basic resources, like healthy food, which ensure children are able to achieve their full potential. California's decision makers are well positioned to address these inequities and put families first.

### The Vision

1. All of California's women and young children are healthy and stable, which derives in part from having the resources they need to access and consume a healthy diet.
2. The state of California leads the way in creating nutrition programs that are client-centered, easy to access and navigate, and coordinated with other supports for best outcomes.

### The Opportunity



Californians are looking to policymakers to lead. At this pivotal moment in our nation's history, California can take a stand by re-envisioning how government works for all people. In 2016-17, the California Departments of Social Services (CDSS) and Public Health (CDPH) showed evidence of this progressive leadership by committing to working collaboratively to enroll an additional 400,000 children into CalFresh and an additional five percent of children in WIC by June 30, 2018.

California leaders have a policy window in which they can immediately connect more families with the nutritious foods they need and look forward by creating more streamlined social service programs in order to address the health inequities and persistent poverty seen across our state.

## The Pathway

### ▶ Listen and learn from families and communities.

**Goal:** Engage families, community leaders, healthcare systems, and other local stakeholders to ensure state-level planning and decision-making meets the needs of California's diverse communities.

#### **Strategies:**

- **Develop a feedback channel** to regularly assess families' needs and collect program experiences. Specific tools to accomplish this could include client surveys, focus groups, and "mystery shopper" campaigns.
- **Create opportunities to learn from community leaders and service providers**, like social service agencies and health care providers, to continue identifying new opportunities for streamlining and integrating services.
- **Incorporate participant and community input** into policy and programmatic decisions, new technology, business processes, and departments' organizational culture.





► **Set locally-informed, statewide standards to address inequities in food access and drive the use of best practices.**

**Goal:** Families across California have equitable and consistent access to social service programs in their communities, and these programs are driven to adopt best enrollment practices.

**Strategies:**

- **Track multi-program enrollment data** in order to make well-informed, client-centered policy decisions. The CDSS and CDPH should continue their recent efforts to track dual enrollment in WIC and CalFresh and find additional ways to monitor simultaneous enrollment (or lack thereof) in other programs, including but not limited to, Medi-Cal, CalWORKS, Unemployment, Disability, and Paid Family Leave, and Earned Income Tax Credits.
- **Share multi-program enrollment data** in a meaningful way with local WIC agencies and local County Welfare Departments so that they can help eligible families expand their food buying power with WIC and CalFresh benefits.
- **Set minimum standards**, with input from stakeholders, for cross enrollment of eligible individuals in WIC, CalFresh, and Medi-Cal. From county to county, customer service and support in accessing nutrition and health benefits should be consistent.
- **Produce quarterly reports that track progress** in meeting multi-program enrollment standards for WIC eligible families.
- **On an annual basis, the state should develop and implement performance improvement plans** for counties that do not meet the agreed upon minimum standards.



► **Leverage technology to advance client-centered customer service and build connectivity across social service programs.**

**Goals:**

1. Link families and young children in California to nutrition programs based on information already known (such as household income and composition) from enrollment in other social service programs, which will make the nutrition programs modern, easy to navigate, accessible, and streamlined.
2. California leads the way in technology innovation and integration of social services, which is informed by client needs and experiences; improves access to nutritious food; and supports stability and wellbeing for families and young children.

**Strategies:**

- Leverage the opportunity from the forthcoming WIC EBT system to **develop and provide complementary online programs and smartphone apps** that advance case-management; track benefit redemption; support healthy eating and breastfeeding; and build bridges between social service programs.\*
- Work collaboratively with state agencies to **build a WIC Management Information System (MIS) that allows for integration of social service programs** by securely sharing client data and supporting cross-program referrals. Create a MIS that is forward-thinking and can improve the WIC experience for families, support local agencies in making clinic processes more efficient, and drive connectivity with other programs, like CalFresh and Medi-Cal.

\* In "Using Behavioral Science to Improve the WIC Experience," ideas42 and Nutrition Policy Institute offer a range of potential designs aimed at optimizing the client experience of engaging with WIC. The report can be accessed at [http://www.ideas42.org/wp-content/uploads/2017/07/42\\_WIC-Paper-Final.pdf](http://www.ideas42.org/wp-content/uploads/2017/07/42_WIC-Paper-Final.pdf).

- **Develop a referral system so that clients will be electronically referred from Medi-Cal to WIC**, when they are likely eligible, and so that relevant information can be securely shared with local WIC agencies:
  - » when applying for healthcare;
  - » when relevant life changes occur, such as a reduction in income, pregnancy, or adoption; and
  - » when Medi-Cal coverage is renewed or "redetermined."
- **Collaboratively with WIC and CalFresh, healthcare systems test models for seamless referral** in order to better reach food insecure pregnant women and children. This would mean that when families who face food insecurity visit the doctor or hospital, they are not just referred to WIC and/or CalFresh, but their information is also securely shared with local WIC agencies and/or County Welfare Departments for active follow-up.



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## Where to Find Us

Food insecurity exists in all 58 counties in California, but so do solutions. That's why CFPA staff travel by plane, train, car, and bike to advocate for improved nutrition and health. No matter where we are in the state, we are only a click away.

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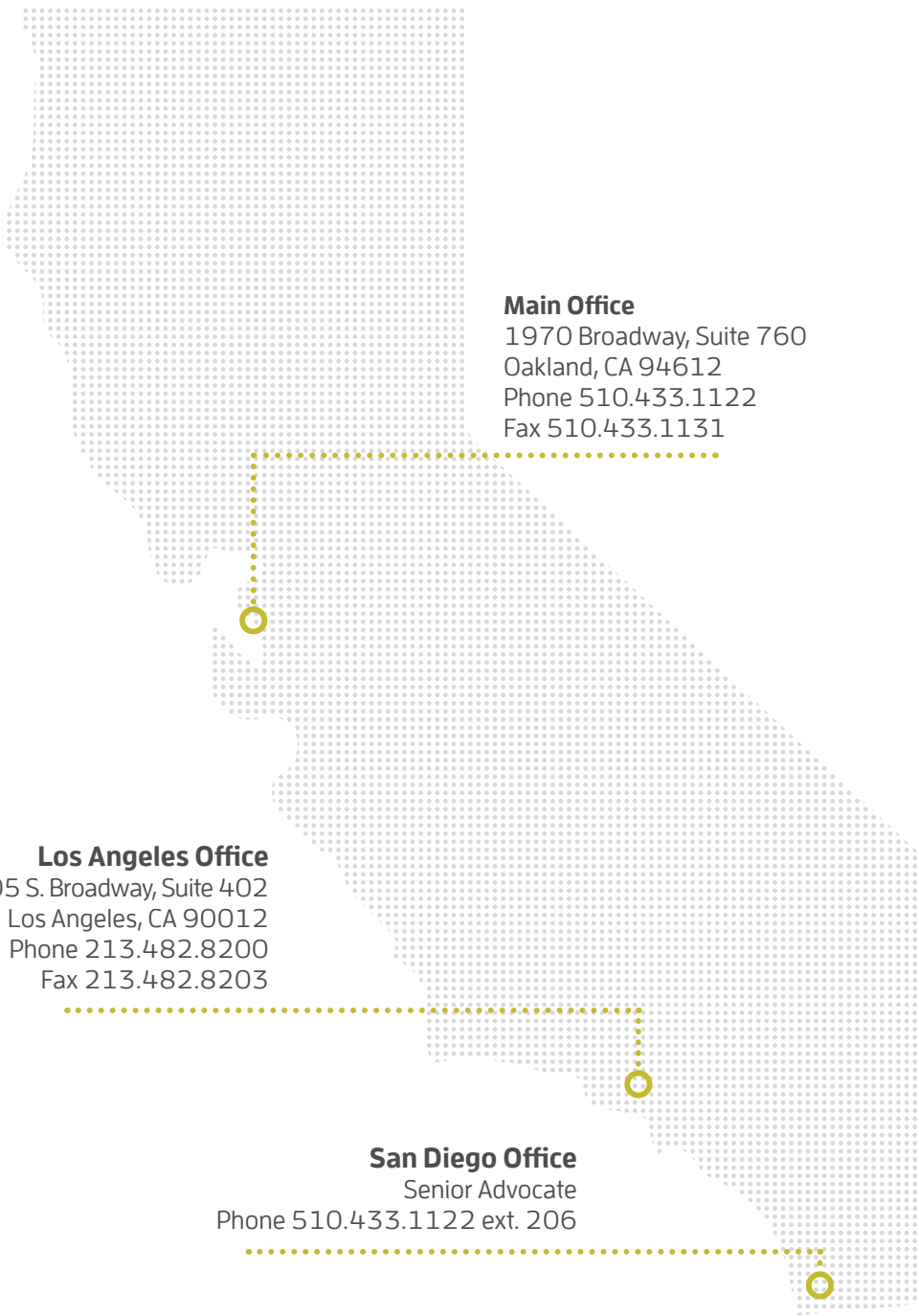
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For 25 years, California Food Policy Advocates has been the leading statewide policy and advocacy organization dedicated to improving the health and well being of low-income Californians by increasing their access to nutritious, affordable food. Learn more at [www.cfpa.net](http://www.cfpa.net).



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