



COMER BIEN:



THE CHALLENGES OF
NOURISHING LATINO
CHILDREN AND FAMILIES

The National Council of La Raza (NCLR)—the largest national Hispanic civil rights and advocacy organization in the United States—works to improve opportunities for Hispanic Americans. Through its network of nearly 300 affiliated community-based organizations, NCLR reaches millions of Hispanics each year in 41 states, Puerto Rico, and the District of Columbia. To achieve its mission, NCLR conducts applied research, policy analysis, and advocacy, providing a Latino perspective in five key areas—assets/investments, civil rights/immigration, education, employment and economic status, and health. In addition, it provides capacity-building assistance to its Affiliates who work at the state and local level to advance opportunities for individuals and families.

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NATIONAL COUNCIL OF LA RAZA

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INTRODUCTION: FOOD FOR THOUGHT

Millions of American children are suffering from hunger or obesity, nutritional deficits that place them at great risk for developing health conditions that plague them into adulthood. The threats of both child hunger and obesity endanger the physical, mental, and emotional health of a growing number of the nation's youth. Adding to the problem is that child hunger and obesity are often connected; contrary to assumptions, an overweight child might not have access to sufficient food. More often than not, efforts to respond to these issues are discussed in isolation rather than as part of a larger dialogue on child nutrition that examines all of the factors that go into creating a healthy nutritional environment for children.

The voices of vulnerable communities whose children are most at risk for poor nutrition outcomes must be heard in the national conversation. Latinos¹—the fastest-growing segment of the child population—have some of the highest rates of child obesity; nearly 40% of Latino children are overweight or obese. At the same time, Hispanics are among the most likely to live with food insecurity,² and they account for nearly 40% of the one million children in this country who are living with hunger. Understanding Latino perspectives on child nutrition is essential to crafting effective solutions and improving the health and well-being of children and families.

Many factors influence a family's ability to give children healthy foods. Parental education is one component. For many families, however, structural factors may prevent them from putting nutrition information into action. Such a complex issue requires a deeper understanding of the experiences of Hispanic parents and children. To gain their perspectives, the National Council of La Raza (NCLR) undertook a video and storybanking project, talking to parents and caregivers in different regions of the country about their families and children. These stories highlight the barriers that many Latino families experience and also point to many positive solutions. We hope that the stories will spark a more inclusive discourse on child nutrition.

How We Collected Stories

To interview a robust cross section of Latino families, NCLR partnered with five Affiliates³ in four cities throughout the country: Washington, DC; San Antonio, Texas; El Paso, Texas; and Caldwell, Idaho. NCLR chose locations



About Our Affiliate Partners

Although the mission of the community-based organizations with whom we worked are similar—all work to improve opportunities and well-being for Latinos in their communities—the primary programs and services they provide are diverse.

In Washington, DC, we partnered with two community health centers, Mary's Center and La Clínica del Pueblo, which provide culturally and linguistically appropriate primary health care and other services to patients regardless of ability to pay or insurance status.

In San Antonio, we worked with La Fe Policy Research and Education Center (La Fe PREC), a multiservice nonprofit dedicated to policy analysis, advocacy, and civic engagement to improve the well-being of Latinos in Texas.

In El Paso, we visited La Fe Preparatory School, a public charter school that provides bilingual education and emphasizes cultural education and wellness and that is closely connected to its parent organization, community health clinic Centro de Salud Familiar La Fe, Inc. (also the parent organization of La Fe PREC in San Antonio).

Finally, we worked with Community Council of Idaho, a nonprofit headquartered in Caldwell, Idaho with several locations throughout the state that provide services for housing, education, health, and employment.

based on environments and community composition. These stories come from people living in urban centers and rural areas as well as border communities. Some locations, such as San Antonio, have a large and longstanding Latino population, while others, such as Idaho, have not traditionally had a large Hispanic presence but have experienced recent, rapid growth. Each Affiliate is a nonprofit, community-based organization providing critical services—such as health care, education, policy analysis and advocacy, and housing—to Latinos and other underserved populations in their area.

More than 30 community members sat down to talk with NCLR about buying and preparing food, community resources, and the health of their children. Often, participants came to interviews with their spouses, partners, and children, enriching discussions and demonstrating firsthand their commitment to family. While the vast majority were

parents or grandparents caring for children, we also met with several youth who spoke about their own nutrition experiences. Participants ranged from multigenerational U.S. citizens to first-generation immigrants raising U.S.-born children. In Texas and Idaho, most people traced their heritage to Mexico, while the majority of participants in Washington, DC originally hailed from Central America.



Although the stories within are not meant to represent the experiences of all Hispanics, the themes that the stories reveal are shared by millions of other Latino families throughout the U.S. who are coping with multiple structural factors that hinder their ability to feed their children nutritious foods. Several of the stories show how community-based strategies tailored to the needs of families have helped parents and caregivers improve their children's nutrition.



What These Stories Reveal

Families are concerned about their children's well-being. The most prominent theme woven throughout all of these stories is that for Latinos, family is paramount. Parents and grandparents who we interviewed explained in many ways that the well-being of their children is their highest priority. Over and over, people described their healthiest meals as those during which they eat together as family, emphasizing that the people sitting around the table matter as much as the food that is on it. Family togetherness is critical to the concept of *comer bien*, “eating well,” a shared cultural value that good nourishment is more than the nutritional content of food.

The Latino parents and caregivers introduced here are striving to give their children the best futures that they can provide, and they see their children's nutrition as an important component. Juan from Idaho, father of two girls, explained that he wanted to give his daughters the food that they need to become stronger and healthier. “One tries to give to one's children so they don't have to go through...what I am going through,” Juan said. “I want them to be healthy, to be okay.” In San Antonio, we heard a similar story from Crystal, who looks for food that will help her son, who suffers from a chronic health condition. “I find out different types of food that are good for his bones,” she said. Parents also saw a connection between their children's nutrition and their social and academic performance. In El Paso, Geanette said that when her daughter began eating healthful meals at school, “She would perform better throughout the day, and she would focus more.” The notion of *comer bien* is about sharing life in the present while also ensuring that children will be strong and healthy enough to succeed in the future.

Latino families are also finding creative ways to make meals healthier without abandoning their culture and traditions. In Washington, DC, 21-year-old Jose described his mother's strategy: “With Hispanic food, the pupusa, I eat it every day. But then I found out there's like carrots inside, there's onions, there's lettuce!” In other cases, families are taking traditional meals handed down throughout generations and incorporating healthier ingredients or preparations; replacing lard and vegetable oil with the more heart-healthy canola oil was one of the most commonly cited substitutions. Guadalupe of El Paso explained that she wants to pass on her culture but not her health conditions to her children, so she modifies family recipes like tamales. “Not losing traditions,” she emphasizes, “but improving recipes.”

The underlying factors of children’s nutrition are complex. Improving children’s nutrition is more complicated than recommending more servings of fruits and vegetables and asking families to cut calories from their diets. Access to resources is a critical determinant of whether this is possible. Family income is perhaps the most obvious factor; workers in low-wage jobs, those who cannot find work, and those who are experiencing seasonal unemployment often struggle to consistently afford adequate healthy foods to feed their families. If there is no money for grocery shopping toward the end of a pay cycle, for example, then families will make meals with the foods that are left in the pantry, even if they do not have the highest nutritional content. In San Antonio, we met Karen, who recently lost her father and deeply misses him. She remembers eating together as a girl. Money was sometimes tight, and during these times, they ate differently. “I’m not sure it’s even a bad thing, but [growing up] we did eat a lot of the tortillas, so we always had, you know, tacos and rice and beans... They would buy what they could afford and make a lot of it.”

The food environment in neighborhoods is also a substantial factor. For example, Emily in San Antonio noticed that the chain supermarket in her location “doesn’t really have a lot of fruit or a lot of vegetables in the produce section.” If healthy food is not available in the stores where families live, then parents like Emily must sacrifice either the quality of foods they buy or their time and resources to travel outside their neighborhood to find more nutritious items. Moreover, fast food restaurants offering inexpensive fare are more likely to proliferate in low-income neighborhoods and often are the logical choice for families with little time or money to spare.

This problem is often compounded by poor community infrastructure. For example, the ease of traveling between neighborhoods may determine whether grocery shopping for healthy items in other locations is even possible. In Washington, DC, families did not often report difficulty traveling outside their neighborhoods to do the shopping thanks to the city’s robust public transit system. In Idaho, however, transportation was more likely to be a problem for families living in the fields who had to find ways to travel downtown. In Texas, families who would prefer to shop at a discount retailer or buy in bulk but did not have transportation were likely to report shopping at local markets with more limited selection or higher prices.

There is usually not just one factor at play. All of the community members described situations where multiple structural factors were affecting their ability to access healthy foods for themselves and their children. Low-wage workers often struggle with having sufficient money

to buy food for their families after paying the rent and other necessary expenses, and they are also likely to live in low-income areas where healthy food is harder to find and more expensive. These same families lack health insurance and the means to afford medical visits where nutrition counseling is available and may not be connected to nutrition assistance programs that can help shore up food security between paychecks. Improving Hispanic children’s nutrition outcomes will require a comprehensive strategy that tackles these and other barriers that make it difficult for families to be healthy.

Although everyone we interviewed described multiple factors affecting their access to healthy foods, one theme often dominated each narrative. First, we hear from Emily, whose neighborhood infrastructure makes it difficult for her to access healthy foods. Next, Guadalupe demonstrates how culture and traditions of family meals need not be sacrificed to achieve better nutrition. Then, Velma and Ana Maria show how cyclical food insecurity—due to living on a fixed income in Velma’s case, or thanks to seasonal demand for jobs in Ana Maria’s—affects the health of the entire family as caregivers cut back spending in other areas, such as heat, to put food on the table. Esperanza’s story shows why accessible, affordable health coverage and care are key resources that parents need to ensure their children’s good nutrition outcomes. Next, Geanette shows us that time is another critical resource and how “time poverty” poses substantial barriers to parents’ ability to buy and prepare healthy foods. In Yvette’s story, we see how nutrition education has the most potential when paired with budget-conscious strategies that allow parents to make healthier choices that are still affordable. Finally, Yesenia shows us how a confluence of community-based resources has helped her improve the nutrition of herself and her daughter.



Community infrastructure plays an important role in access to healthy foods. In San Antonio, we met Emily, who believes that her neighborhood makes it hard for her family to be healthy. Her local supermarket has higher prices and lower-quality foods than the supermarket across town, and fast food chains are concentrated on the blocks near her home. To buy healthy foods, she must travel across town by bus, limiting her purchases to what she can carry and what she can afford that week with her fluctuating income.

Lifelong San Antonio resident Emily is a single mother raising three girls: her two daughters, four-year-old Gianna and three-year-old Adiva, and her seven-year-old niece, Mona, who recently came into her care. Emily cleans houses part time, and her income varies with the amount of work she is able to schedule; if she has only one or two jobs during the week, her take-home pay is much lower than when more work is available. At the time of the interview, Emily was starting classes to become certified as a medical assistant. In the short run, seeking advanced training may temporarily cut back her ability to take on more house cleaning jobs, but it promises to increase her family's financial stability in the long run.

“I think it's difficult for me to be healthy in my community.”

Emily recently moved to the west side of San Antonio with the children, where she observes differences from where she used to live in the types and quality of food available. In her old neighborhood, there were few fast food chains. “I lived...down the street, and there's hardly any fast food here. You would have to go way down the street on the other side.” In her new neighborhood, there are six or seven fast food restaurants on her block, clustered together in a way that she doesn't see in other parts of the city. When they first moved, Emily ate fast food more often than she had in the past. She explains, “I just didn't have time to cook at home, and it was just there. And sometimes it was cheap. I would buy a burger for my kids, and they wouldn't even eat all of it, so I'd halve it and buy some fries and it would be \$2 for their meal. So it was cheap, and it was faster to pick up and go.” Since then, however, Emily noticed that she had gained weight and was feeling unhappy. She began making changes to the way that she ate and has not only lost weight, but also models healthy eating for the children.

This change was not easy to make, however, for she noticed that her neighborhood's local supermarket chain has a different selection and pricing than the same store in other parts of town. She says,

It's kind of hard because [the grocery store] in my neighborhood location doesn't really have a lot of fruit or a lot of vegetables in the produce section, so I have to go all the way to the south side to [a different store location of same chain] to get all that stuff.. At [the far location], there's a lot of good deals on stuff and they're a lot cheaper than [the store] over here on this side.

Since her neighborhood store stocks low-quality food, Emily spends more time and effort on the grocery shopping. “I would go grocery shopping on the bus and be carrying five or six bags. And I would have to cut down on the stuff that I would get because of that...I would have my two little ones so I would go to the store on the bus with them and it was hard.”

With an income that is somewhat unpredictable from week to week, buying healthy food can be difficult. “I always look at the price first. If it’s something better looking, or whatever, I still look at the price. A lot of the stuff that my kids do like, like the raspberries, were kind of expensive for me, so I would skip that and just get, bananas and oranges and apples, just the basics.” The children are eligible for the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), which have helped Emily stretch her budget, but on certain weeks when her money is running low, she passes on costly produce. “That’s when I don’t look for the fruits and vegetables. I just get the meats and...drinks and stuff like that.” Still, Emily ensures that the girls never have to skip meals. “Food is of course more important than my bills, so if I have to wait on my bills, I have to wait. Feeding them is what’s more important to me.”

Emily is a bit worried about Mona, who is overweight for her age. “I don’t want anyone thinking bad about me because I’m worried for her weight, but...she can’t do the things that the other kids do, like bend over and tie her shoes.” Since her niece came to live with them, Emily has tried to provide Mona with a meal schedule and replace unhealthy food with nutritious items. Sometimes it is not easy. “Even at [the grocery store], they put all the stuff that is like fatty foods in front of you, and the healthy food, you have to search for it,” Emily says. “I think it’s difficult for me to be healthy in my community.”

Most people think of food deserts as places without supermarkets, but in some communities, it may be more about what foods are available in the grocery store than whether a brick-and-mortar store is present. The food environment in Emily’s neighborhood makes it difficult for her to access nutritious food for herself and her children. She must make a significant investment in time and money—both of which are scarce—to travel across town to purchase healthier foods at lower prices. Even though federal nutrition assistance programs have helped Emily provide her girls with fresh, healthy foods such as fruits and vegetables, when money runs low, she must choose to buy only the basics for family meals. Improving the quality and price of healthy foods in Emily’s neighborhood may even increase the family’s food security, as Emily would be able to redirect the time and resources that she currently spends on seeking out healthy food.



Food is not just fuel for the body—it also has powerful emotional and cultural components. A key strategy to improve children’s nutrition outcomes is recognizing and harnessing these elements of family meals. In El Paso, Guadalupe explains that she learned about nutrition after she had already become overweight and developed health problems, but it was not too late to prevent her children from suffering from these conditions. However, she does not want her children to lose their traditions from her Mexican background, such as eating homemade, handmade tamales during holidays and celebrations. As a solution, she modifies traditional recipes with healthier ingredients and gives her children more nutritious versions of meals that are a treasured part of her heritage.

Guadalupe was born in the U.S., but she grew up largely in Mexico until she moved to El Paso more than 12 years ago. She and her husband, Humberto, are high school sweethearts who have been together for 28 years. They live in downtown El Paso with their three children. Their oldest sons are in high school and looking forward to studying astronomy and engineering in college. Their daughter Francis, age ten, is a fourth grader at La Fe Preparatory School, a public charter school that provides bilingual instruction and emphasizes wellness and culture through fine arts and cultural education.

“Not losing traditions, but improving recipes.”

These values are important to Guadalupe. “My life priority is their education...every parent says the same, right? I want them to have a better life...most Hispanics never had many opportunities. I want them to have them, to take advantage of them.” She particularly appreciates the school’s emphasis on health and wellness,

which reflects the environment she tries to provide at home. “Health is everything, because without health, well, they don’t go to school, they don’t go to work, and all the things that have to get done are not done... without good nutrition, there is no health.”

Guadalupe suffers from several health problems, many of them related to excess weight. She knows that her mother died from complications of diabetes, after enduring painful dialysis treatments. She wants to prevent her children from both the physical and mental health complications that often plague overweight or obese children. “You suffer along with your children [if they are overweight] and see the problems they have dressing, the problems they have exercising, with people, with children, jokes.”

She knows that while genetics plays a role, the food that her children eat is also critical to their health. Guadalupe says, “I don’t think it was wrong, the way my parents educated me about nutrition. It wasn’t wrong; it was love, tradition.” Still, Guadalupe knows that a lot of the foods she grew up eating can lead to weight gain and other health problems. For her children, then, she has learned to modify recipes that have been passed down through generations in order to make them healthier. “The recipe base is the same...for example, pork butter was very traditional.” She has switched to canola oil, and now buys low-fat milk and whole-grain breads.

It is important to Guadalupe and Humberto to hold on to old customs but also create new ones. “We have two traditions: Mexican and American.” For example, she says, every year during the Thanksgiving and Christmas holidays, the whole family makes tamales. Part of the custom is making their own masa; they buy corn and grind it themselves. Guadalupe explains, “It is a ritual for us...and I don’t want my children to lose traditions.”



Although they use a traditional recipe as a base, they substitute some healthier ingredients. To lighten the recipe, they use chicken instead of pork. “Not losing traditions,” she emphasizes, “but improving recipes.”

Guadalupe and Humberto are always looking for new techniques to increase the nutritional content of cultural foods. They enjoyed cooking classes offered by a program at their sons’ school where, Humberto explains, “They made us prepare flour tortillas, but with whole-grain flour.” Guadalupe adds, “With mashed apples instead of butter, to mimic the butter consistency.”

Even with healthier recipes, it can be challenging to prepare all the healthy meals that Guadalupe would like to give her children. Some weeks, money is tight and they need to spend less at the grocery store. Sometimes, she says, “We have refrained from buying healthy food because it’s expensive.” For instance, Guadalupe says, their daughter Francis likes fruit, especially apples, grapes, and strawberries. “So when it’s very expensive, I tell her no...I’d rather take this, and then wait until this is on sale and I’ll get it for her. I’d rather buy, for example, two pounds of apples instead of one strawberry box.” Although Guadalupe prefers the taste of fresh produce, she will occasionally pick up canned or frozen vegetables, which are not only cheaper but do not spoil quickly.

Guadalupe and Humberto are able to give their children healthier versions of the foods that they grew up with, providing them better nutrition without sacrificing their traditions or culture. Although they cannot always buy all of the healthy foods that they would like, they are generally able to access affordable alternatives to staples, including fruits, vegetables, and grains. Working with—not against—many different cultural backgrounds and menus is an important lesson for those who are developing comprehensive solutions to the national child nutrition crisis.



Families struggling with severe food insecurity must often turn to inexpensive, energy-dense foods that fill stomachs and stave off hunger. In San Antonio, we met Velma, who does everything she can to insulate her six grandchildren from the cyclical food insecurity that often comes with living on a fixed income. Velma must make tough choices when it comes to her budget, sometimes falling behind on the bills to ensure that there is food on the table. Although she might skip a meal herself, she ensures that the boys always have something filling to eat by making energy-dense meals, like bean and cheese tacos, that are inexpensive to prepare.

A retired chef who worked in hotel kitchens for 35 years, Velma raised four children largely on her own, taking extra jobs to make ends meet. She is a two-time cancer survivor who loves her big family—she comes from a family of 12 and has 21 grandchildren and three great-grandchildren, whose framed photos cover the walls of her San Antonio home. Velma has a full house again, having taken in six of her grandsons over the past several years to raise as her own: Carlos, age 16; Ciro, 14; Isaac, 13; Nathan, 12; Ruben, ten; and Nicholas, eight. Velma makes sacrifices to ensure that the boys are brought up well in her home, explaining, “First my priority was my kids, and my priority right now is my grandkids.”

Velma is disabled and is no longer able to work. She lives on a fixed income, stretching the Social Security check she receives at the start of the month over the four weeks that follow. She shops twice a month, buying inexpensive, filling foods such as beans, potatoes, eggs, and cheese. She makes her own flour tortillas every morning for the bean and cheese tacos that are a staple in her household. She looks for bargains, buying meat only occasionally, and she buys large bags of frozen mixed vegetables in addition to fresh broccoli. Although the boys would like prepared snacks, she buys them only once in a while, preferring to prepare food herself that she knows will feed the whole family.

*“I always take care of the kids.
If there’s some leftover,
I eat. If not, I’ll survive.”*

On weekdays, Velma wakes her grandchildren at 5:45 a.m., cooking breakfast and getting them ready for school. The boys eat lunch at school, but they often come home in the afternoon hungry for a filling snack. Each night, Velma cooks dinner, always waiting for her grandchildren to finish eating before feeding herself. About twice a week, she skips meals altogether. “I always take care of the kids. If there’s some leftover, I eat. If not, I’ll survive.” Velma likes weekends the best, when she feels they eat the healthiest; she cooks a full meal, such as chicken, rice, and beans, and they sit around the table together. Carlos, the oldest, often helps Velma cook. She says, “They’re getting to be more open with me. ‘Ah, Grandma, tell us a story.’”

Sometimes, midmonth, Velma's grocery money runs out. She compensates by using resources designated for other expenses to buy food. Velma says, "Sometimes I have to cut back on the bills. Not pay the whole month of the light. I say, 'This month, I'll pay so much.' If it's \$200, I give \$150. And then if it's \$80, I'll give \$60 on the water...I have gotten the disconnected notice. And it's hard because I try not to ask for help." She explains, "If I can feed the boys, if I don't have enough—there're times that I have three dollars, my last three dollars and five cents that I have, and I'm saving them because I know I'm going to need bread...The truck needs gas? Well, let's wait until next month."



Despite challenges, she loves raising her grandsons and is an active member of a local support group for grandparents raising grandchildren. Of the boys, Velma says, "They give me the little push. I'm blessed. Because if it wasn't for them, and I didn't have my grandkids and was by

myself, probably I'd be sick, and this and that. But you know what? That's the little push they give me. That's my hope for tomorrow."

Living on a fixed income, Velma has to ensure that her money does not run out before the next Social Security check arrives. Her biggest priority is ensuring that all of her grandchildren have full stomachs, and if that means falling behind in other household expenses or going without supper herself, she will still make the tradeoff. To make her money last, Velma also cooks meals that feature cheaper, filling ingredients that, in spite of having nutrients, are high in calories and fat. Over the long term, these foods can contribute to excess weight or other nutritional deficits that compromise children's health. If healthy foods like fresh produce were more affordable in comparison to energy-dense items, then they would be easier for Velma—and other parents and caregivers—to buy, even during the days when money is running low.



- 1 A student at La Fe Preparatory School in El Paso, Texas shows off his school lunch: spaghetti, broccoli, yellow squash with chili and lime, and low-fat milk. The school provides healthy menus that incorporate recipes traditional to local cultures and serve children breakfast, lunch, and—for after-school program participants—a healthy snack.
- 2 Dr. Christian Cornejo examines a young patient at Mary's Center, a federally qualified community health center that also provides nutrition counseling and facilitates access to nutrition programs for at-risk children in the Washington, DC metro area.
- 3 This small store, located in a farmworker village in southwest Idaho is—aside from a gas station down the road—the sole source of food shopping for residents without adequate transportation into the main town.
- 4 A La Fe student plays the role of chef for a day and learns about food and nutrition.





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- 5 El Jardín de la Esperanza Community Garden, a project of San Antonio Time Dollar Community Connections, provides families a place to grow fresh produce to harvest for their kitchen tables.
- 6 Many families we interviewed preferred doing some, if not all, of their food shopping at local Latino markets like this one in Washington, DC, where they could buy fresh produce, high-quality meats, and culturally relevant ingredients and foods.
- 7 Students at La Fe Preparatory School enjoy a dance class. The school integrates messages of health, nutrition, and wellness throughout its curriculum and activities.
- 8 A family enters La Clínica del Pueblo, a community clinic that serves thousands of Latino patients and children in the Washington, DC metro area. Community-based organizations like La Clínica provide Latino families across the country with culturally and linguistically appropriate services and programs that are critical to children's nutrition outcomes.



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Agricultural workers who spend long hours harvesting foods for America's dinner tables are among the most at risk for cyclical food insecurity. The demand for this work is seasonal, and families must save up a portion of their earnings to live off during the winter months when there are no jobs available. In Idaho, we met Ana Maria and Bartolo, a mixed-immigration-status family who recently moved to Idaho from Arizona. Even in times of relative plenty, Ana Maria's long work days leave little time to buy and prepare healthy foods for the family. In leaner months when there is no work to be found, she cuts back expenses in any way possible while still making sure that her children go to bed warm and fed.

More than a decade ago, Ana Maria and Bartolo moved to the U.S. with their two-year-old child. They put down roots in Arizona, where Ana Maria worked as a cook in a hotel kitchen and Bartolo was a roofer. Over time, they had two more children. As the political climate became more hostile toward anyone profiled as being an immigrant, Ana Maria and Bartolo worried about protecting their children. They set off for Idaho, where friends told them they could find work and live more peacefully.

“When we are working in the fields, it’s very hard because we get in very early, and we leave late...We would do grocery shopping at 9:00 or 10:00 p.m.”

At the time of the interview, Ana Maria and her family had lived in Idaho for eight months. Although she likes it there, she explains, making a living requires more planning. “There’s less work. When we got here, we worked about four months in the fields...and since it’s—what do you call it—just seasonal, we worked the four months and right now we don’t work until the season starts again.” They harvested onions and then potatoes, rising early and often working into the evening while their oldest daughter, now 15, watched her younger brother and sister after school. They are adjusting. Ana Maria says, “I like the way that my children are happier, calmer...and us, well, it’s a little different because we are thinking about the work, seeing if the money will run out.”

Working such long hours often left little time for household chores such as shopping for food. Ana Maria says, “When we are working in the fields, it’s very hard because we get in very early, and we leave late... We would do grocery shopping at 9:00 or 10:00 p.m.” Knowing that they had to build up their savings, they worked as much as they could. “Toward the end, they sent us to the potato company, and there, we worked more hours. We’d start at 6:00 a.m. and we didn’t finish until 10:00 p.m.” Once the season ended, Ana Maria and Bartolo had more time to buy and prepare food, but they also had a set amount of money

for all of their expenses that must be rationed over the winter months. Ana Maria says, “The main thing for us was to pay rent first...and we waited. We didn’t pay the electricity bill until we had money. We accumulated like \$270 in bills.”



They could not put off buying food for the family, however, so Ana Maria developed a strategy for keeping costs low. She waits until their food stores have run very low. “When I have almost no food at home, I try to come and do all of [the food shopping], to do it in one day.” That’s because it takes about half a day to do the shopping; Ana Maria travels about 30 minutes from the fields, where they live, to downtown, and goes to multiple stores—sometimes doubling back. “I go to four stores. I look for more economical prices and the things we use the most.” She visits different types of stores looking for deals: a full-service chain supermarket, a large discount retailer, a local butcher, and a small Latino market. Bartolo teases, “Sometimes, I tell her, ‘What you save on tomatoes, you are going to spend on gas.’” Even with her bargain shopping, Ana Maria is spending a large

portion of their budget on groceries. “Food is what we spend the most on—I think 50%.”

While they wait out the winter for the spring carrot harvest to begin, Ana Maria and Bartolo find other ways to cut back on expenses—by eating fewer meals themselves and turning off the heat during the day while the children are at school. Ana Maria explains, “We get up. They have cereal before going to school, and they have lunch in school.” Ana Maria and Bartolo wait until late morning to eat their first meal and do not eat again until suppertime, when they eat as a family. It’s then that Ana Maria turns the heat back on to ensure that her children are warm. “I just tried to have heat on in the children’s rooms so they wouldn’t feel so much cold.”

Although their seasonal food insecurity is a source of stress, SNAP has helped Ana Maria insulate her children from hunger—although she cannot access supplemental resources for all of the children in the family. The two youngest children qualify for SNAP, which has helped her buy food to feed them, but their oldest daughter is ineligible for the program. If she were eligible, their eldest child would have more protection from the nutritional deficits that often accompany cyclical food insecurity.

Demand for labor will pick up again in the spring, but Ana Maria knows that they will face seasonal unemployment and financial instability again as winter closes in. Both Ana Maria and Bartolo are looking for jobs that are not seasonal. “That way we would be more at peace, that one of us has a stable job all year round.” Nutrition assistance programs such as SNAP help stave off hunger, but program restrictions prevent some children within the same family from accessing resources to buffer the harm of food insecurity. Food insecurity often ebbs and flows, and members of the same family may have different access to anti-hunger resources, meaning that a once-size-fits-all approach to child nutrition problems will not be effective for many Latino families.



Medical care plays a critical role in children's nutrition issues, identifying and intervening in the nutritional deficits caused by both hunger and obesity. Yet these services are often out of reach for Latinos, particularly if they are among the nearly 16 million who have no health coverage. In Washington, DC, we met Esperanza, whose ability to access culturally and linguistically competent health care and enroll her child in affordable health insurance allowed her son's nutrition problem to be identified at an early age. Without access to her community health center, Esperanza may not have received the nutrition counseling that helped her make changes for her child until much later in his life.

Eight years ago, Esperanza placed her children in the care of her sister and moved from Central America to Washington, DC to seek greater economic opportunities for her family. In DC, she and her husband have two children: Francisco, age three, and Roxana, four months. Esperanza loves all of her children. She has dreams for Francisco and Roxana, who are growing up as U.S. citizens and have greater opportunities than her older children. She is excited about the educational opportunities that lay before them. She wants her children “to get an education, to become something.”

“It’s rare to see a fat child over there. But maybe because there, children eat and it’s an open field, they eat and they play in the fields and they sweat under the sun.”

Esperanza and her husband are uninsured, which has always been a source of worry to her. She was relieved to find La Clínica del Pueblo, a community health center that accepts patients regardless of insurance status or ability to pay. “When I came, they welcomed me at this clinic without insurance.” Esperanza was also happy to find that the clinic is bilingual and bicultural, so she could have conversations in Spanish about her health with doctors, nurses, and staff. When her children were born, La Clínica staff helped her enroll them in public health coverage and make regular appointments with their family doctors for routine screenings to monitor their development.

It was during these visits that doctors first flagged that Francisco was gaining too much weight too quickly; at his five-month checkup, he weighed 15 pounds. By the time Francisco was two, he weighed 45 pounds and was approaching the 50-pound mark. Fast food is often assumed to be the culprit for children’s rapid weight gain, so Esperanza’s doctor asked whether she was giving her child meals from fast food restaurants. No, she explained. She only fed Francisco home-cooked foods—he did not even like pizza or hamburgers. Still, the child

continued to gain weight at a rate of about two pounds every three months. Worried for his health, doctors referred Esperanza to a child obesity specialist practicing at the children's hospital in DC.



Since Francisco had health coverage, his mother was able to take him to the appointment to talk more in depth about her feeding practices. “The problem was [that] we gave him a lot to eat.” When Francisco learned to talk, he began asking for more food. “He eats a lot of rice, too much...If he said, ‘I want more,’ I’d give him more, until he said, ‘No more.’ He ate a lot of tortillas.” Esperanza explains that in El Salvador, “If a child cries, you feed him.” But, she says, “It’s very different over there. It’s rare to see a fat child over there. But maybe because there, children eat and it’s an open field, they eat and they play in the fields and they sweat under the sun. And the child is looking for something to eat a little while later, but he is running under the sun.”

After working with the specialist and the staff at La Clínica, she says, she gives Francisco only one serving of rice—“one, not two”—and a bit of beans. Although she still largely cooks the same meals, she replaces a second helping of filling foods with fruits and other healthy, low-calorie snacks. “After he [had eaten] and was still hungry, I had to have some chopped fruit for Francisco to keep on eating.” It has not always been easy to buy healthy foods, however. When they went through a period where money was particularly tight, “We had to give him what was available at the house.” Overall, however, the strategies have worked. In five months, Francisco has dropped his weight down to 38 pounds.

Although clinical care is not the sole approach to preventing nutritional deficits in children, it is a resource that is often beyond the means of low-income Latinos struggling with food insecurity. Thanks to Esperanza’s local community health center, her son’s Medicaid coverage, and the presence of linguistically appropriate services, Esperanza is generally able to act on the nutrition education she received to reduce her child’s weight and lower his probability of developing risk factors for chronic disease later in his childhood. These resources are an important component of a comprehensive approach to improving Latino children’s nutrition.



For many Hispanic families, “time poverty” is another factor that makes buying and preparing healthy food for children difficult. In El Paso, we met Geanette, who attends community college classes while her two daughters are in school and works a low-wage job in the evenings to put food on the table. She spends her days off shopping for food at her local markets, since without a car, traveling to a discount retailer and buying in bulk is out of the question. Geanette hopes that by improving her financial situation, she will have more time to spend with her daughters, including eating around the table together as a family.

El Paso native Geanette has two daughters, Lindsey, age six, and Annette, age five. She is married, but might as well live worlds apart from her husband, whose visa allows him only temporary visits to the U.S.; for now, he resides across the U.S.-Mexico border in El Paso's sister city of Ciudad Juárez. Although her husband helps Geanette financially, it is not enough to pay all of her expenses. To make ends meet, she shares a house with a friend and her daughter in the Segundo Barrio, one of the city's most impoverished neighborhoods. Since Geanette is working and going to school as well as raising her children, she has little free time available for other necessary activities like shopping for healthy foods.

“Sometimes it takes me a long time because the bags are heavy. Up to one hour—and it’s not that far away.”

Her weekday routine is the same. She readies her children for school, and the three leave the house at 8:00 a.m. to drop Lindsey at her first-grade classroom. Next, Geanette heads to La Fe Preparatory School, where Annette is in kindergarten, and spends a few moments in the cafeteria with her daughter while she eats breakfast. She appreciates that the girls eat healthy meals at school, she says, since it saves her time—which is scarce. “Otherwise, I’d have to spend the time to prepare [breakfast and lunch] too. And it would take me a long time.”

Once the children are dropped off, she rides the bus to the community college more than an hour away where she takes four hours of classes before she buses back to her neighborhood. “When I get back from school...I’m practically running.” Once home, she has 45 minutes to prepare the girls’ dinner before she must pick them up from school. “For example,” she says, “I’d prepare spaghetti with vegetables. Then, since they love fruit...I leave chopped fruit.” Although Geanette likes to eat with her daughters, she often does not have time before her work shift begins, so she leaves the girls with their sitter and goes to her job as a cashier with a fried chicken fast food chain. On those nights, she eats at work. She comes home late, often at midnight, and begins again the following day.

She does not like missing dinner with her children. “I think it’s wrong because...the table is for everyone to eat together, the family, all together.” But, she says, that is why she is studying for a career in information systems: “To be able to have a better job and...mostly [to be] able to spend more time with them, stay at home and share more.”



On Saturday—her day off—Geanette spends a large part of the day traveling to and from the market. She would prefer to shop at the discount retailer where prices are cheaper, but without a car, it is too far away. Instead, she walks to one or more of the stores in her neighborhood. “Sometimes it takes me a long time because the bags are heavy. Up to one hour—and it’s not that far away.” Milk gallons, she says, are particularly heavy. If she had a car, she could transport more groceries on each trip. Walking, “I must limit myself and bring [groceries home] little by little...I’d rather be able to...go and get everything I need for the whole week, or what

my daughters need, so I don't have to keep going." On days when there is not enough food at home, Geanette brings home chicken and side dishes from work.

Even though she works long hours at her job, Geanette's take-home pay is depleted quickly by her living expenses. When she completes her schooling, she expects to have a better-paying career, and in the meantime, she credits SNAP for her ability to buy healthy foods for her daughters. "Actually, with my salary, if I didn't have [SNAP], no, I don't think I could even buy food...I work a lot and I make a little." With her schedule, it might have been difficult to apply for the program on behalf of her children, but the agency allows the requisite interview to be conducted by telephone as well as in person. She explains, "That is helpful to me not having to go over there [to the agency], because I might have to miss school or a day of work."

Despite low levels of time, Geanette devotes everything she can to making sure that her daughters have nutritious meals. Resources such as the school breakfast and lunch programs not only bolster the girls' food security, but also allow Geanette use the time she saves in preparing those meals to spend a few extra moments with her daughters. Similarly, SNAP is more accessible to Geanette because she can interview over the phone as well as in person, which saves her from the potential consequences of missing school or work, such as falling behind in class or a diminished paycheck. Strategies to improve children's nutrition must take on the reality of "time poverty" within working, low-income families who need solutions that will fit into hectic schedules or, even better, save them precious time.



Education about healthy eating is only half the battle when it comes to good nutrition—if good foods are not affordable or accessible, then families will not be able to act on their knowledge. Approaches to nutrition education paired with tips and tools to improve nutrition while living on a limited budget are often valuable to working, low-income Latino families. Yvette from San Antonio has developed her own strategies to get the best value for her dollar while still staying within the family budget, which has dropped to one income while she pursues her nursing degree.

Yvette and her husband Gilbert live with their two sons, Joshua, 16, and Elijah, 11, in their home in northwest San Antonio. Last year, Yvette decided to better her family's long-term circumstances by investing in classes to become a licensed vocational nurse through Project QUEST, a local workforce development program. Now that she is no longer working, the family of four is living only on her husband Gilbert's income—and belt-tightening at home includes the food budget. “I like to prepare healthy food for my kids,” she says. “But with the way the economy is right now, with my husband the only one working—I'm trying to go to school to better my education and get a degree so that I can earn more money to provide that healthy food.”

“It's not always easy to buy the healthy food that's more expensive rather than the bulkier food that's cheaper but not always healthy.”

Yvette is conscious of eating healthfully because she knows that diabetes and heart disease run in her family. When she learned several years ago that she had developed hypertension, she was determined to make changes in the family diet. “When I first found out I had high blood pressure—that was a big thing for me because that leads down the road to other things...I'm trying not to pass that on to my kids. I'm trying to be healthy and be a good example.”

She has learned about good nutrition through doctors, but her foundation comes from participation in WIC when the children were small. Back then, WIC helped Yvette not only by making healthy foods such as eggs and peanut butter more affordable, but also through classes in family nutrition. Even with this knowledge, she says, “It's not always easy to buy the healthy food that's more expensive rather than the bulkier food that's cheaper but not always healthy.”

Sticking to her list and armed with coupons, Yvette shops at her local grocery store, where she prefers the quality of fresh produce and often finds cheaper prices than at discount retailers. She looks for less expensive store-brand products and more nutritious versions of filling staples, like whole-grain bread and brown rice. If the family budget



is unexpectedly pinched, Yvette makes adjustments to the quantity or quality of the foods she buys. “It depends. If my husband got a good check, we’ll spend a little more, but if it’s a tight check—he didn’t get paid what we expected—then we’ll constrict what we’re going to buy.” When that happens, however, Yvette has a plan to maximize the healthfulness of cheaper items. She says, “As an example—I’m going to get a big pack of...nice chicken breasts [that are] already ready or I’m going to buy a bag of leg quarters, which is not as healthy because it’s got the skin and you’ve got to do it all yourself. And I don’t have a problem taking the skin off and all that...it’s just a matter of whether I can afford to buy [chicken breasts] this week.”

Once Yvette earns her degree and begins her new career as a nurse, she would prefer to pay more for high-quality foods, including organic items and meat that has been healthfully raised. She thinks that would cost about double what she normally spends. “If I can spend that for [the children] to eat better, I will do that.”

Yvette learned about good nutrition through several sources, including participation in the WIC program when her children were small, and she puts that knowledge to use when choosing foods for her family at the grocery store. However, nutritional content is not the only consideration, particularly when the family income has dipped temporarily while Yvette earns her degree. Still, she is able to combine strategies—price-shopping, purchasing the healthiest items when possible, and investing her time to prepare ingredients more healthfully—to put her knowledge to work and give her children nutritious meals. Teaching families such budget-conscious strategies alongside traditional nutrition education is a promising way to increase their ability to make healthier choices when in the grocery store.



As many factors contribute to Latino families' ability to access healthy foods for their children, these issues are too complex to solve through a single approach. Fortunately, multiple solutions tailored to the specific needs of communities are often able to create good results. Yesenia's story illustrates how several barriers that might have stood in the way were overcome or minimized through not only her determination to care for her daughter, but also with the help of community-oriented solutions. In this case, community-based organizations and retailers have developed strategies to surmount some of the inequality between neighborhoods, such as access to affordable healthy foods and health care. These resources made it easier for Yesenia to change the way that she feeds her daughter and lower her risk of developing nutritional deficits and poor health.

Yesenia and her husband Alexis, originally from El Salvador, have lived together in Washington, DC for four years. They have a daughter, Estefania, age two, who was born in the city. In an area with a high cost of living, they must carefully budget their money. Still, Yesenia enjoys raising her daughter there. There is a park not too far from their apartment where they go to play. “I love taking Estefania there in the summer. We bring a ball to run around with...We go there almost every other day.”

“That’s the first thing we put in the cart, what our child eats. We always get a strawberry basket from there.”

Yesenia and Alexis have carefully budgeted their expenses, including their rent and utilities, necessary care for extended family, and food for the household. In their neighborhood, fast food is often the most convenient and inexpensive option, so Yesenia would frequent a particular fast food restaurant nearby. She began taking Estefania there for meals about three times a week. “Because it’s cheap,” she explains, and Estefania liked the food. It was an inexpensive outing for the family.

One day, Yesenia took her daughter for a checkup at a local community health center, Mary’s Center. The organization provides linguistically and culturally appropriate health care and other services regardless of insurance status or ability to pay, and serves patients throughout the metropolitan area. There, Yesenia learned that her daughter was too heavy for her height and age. A WIC nutritionist sat down with Yesenia and asked her about the foods that she was feeding Estefania. “I told her the truth,” she explains. She felt terrible when she learned that frequently buying fast food meals, however inexpensive, was not good for her daughter’s nutrition. “I said to myself, I’m going to try and give my daughter food at home, so that she doesn’t get fatter. Because [the WIC nutritionist] also told me that if my daughter got fatter, she would suffer from cholesterol, many problems. And she was very little.”

The nutritionist enrolled Estefania in WIC and gave her mother low-cost recipes to prepare healthy meals for Estefania at home. “I started preparing healthy food, but for her to like it—it was very difficult in the beginning.” Estefania would cry and refuse to eat. Yesenia was exasperated, but she did not return to the fast food chain. “Now—a little while back—she’s getting used to eating at home.” Estefania has lost three pounds already, and Yesenia is determined to continue her progress, which has also changed the way she eats. “From the time I started cooking for Estefania at home, I even lost some weight myself.”



Buying and preparing healthy foods requires more resources, but Yesenia is learning how to make the most of her time and money. She goes food shopping with her husband each Saturday at a small local Latino grocery store. They usually take a short bus ride to get to the market, and if they spend more than \$50 in groceries, the store provides a free van ride home.

This service allows her to buy all the food she needs rather than limiting her purchases to what she can carry. The prices are also lower than at the local supermarket chain, she explains. “It’s more convenient than [the chain supermarket], because with the \$75 we take, we bring all the food for the week. And if we buy at [the chain supermarket], we don’t bring anything, with \$75.”

She continues, “We like to buy rice, beans, masa for tortillas, meat, chicken, potatoes [at the Latino market], almost all the food we buy.” However, the Latino market does not accept WIC, she explains, so they make a special trip to the chain store for Estefania’s healthy items. “And what we get from WIC helps us [buy]...eggs, juice, cheese...and our girl’s milk and cereal.” WIC also helps Yesenia buy her daughter more fruits and vegetables. “She likes to eat broccoli, cauliflower, potatoes—so that’s the first thing we put in the cart, what our child eats. We always get a strawberry basket from there for Estefania.”

Despite careful planning and the supplemental resources WIC provides, it is not always easy for Yesenia to budget for their new healthy lifestyle. Once, Yesenia and Alexis got to the checkout counter at the Latino market and realized that they had chosen more food than they had budgeted for, and had to put some items back—an embarrassing experience. “I felt like crawling into a hole, let’s say, because people look at you when you are returning things.” She explains, “I went back the middle of the week, around Wednesday, because he gets paid on Tuesday afternoon. So I went back on Wednesday [to get] what I wasn’t able to buy on Saturday.” Ever since, Yesenia and Alexis have brought a calculator to the store to make sure they are buying only what they can afford and will not have to relive the experience.

Yesenia was able to make substantial changes in her daughter’s nutritional intake thanks to the resources that are available in her community. At Mary’s Center, Estefania’s weight gain was detected at an early age and her mother received both nutrition education and connection to a program that helps her afford the necessary changes. In her neighborhood, public transportation is accessible, and enterprising markets have further contributed by making it easier for patrons to transport their groceries. Still, fast food restaurants line the blocks of Yesenia’s community, and she must invest extra time and money to travel to buy the healthy foods that she needs. Comprehensive strategies to address children’s nutrition should integrate community-based solutions to put healthy choices within reach of Hispanic families.

FINDINGS



Each day, Latino families confront multiple, concurrent factors that contribute not only to food insecurity, but that also make accessing resources to improve their children’s nutrition more difficult. For example, workers experiencing problems with job security and quality are likely to live at or near the poverty line, have inadequate access to health care, and live in neighborhoods with poor community infrastructure. These accounts demonstrate that Latino children’s nutrition is a multifaceted problem, requiring a comprehensive approach that integrates community-based solutions tailored to families’ needs.

From these and other stories emerged important themes that can inform and shape solutions to the child nutrition crisis:

Insufficient household income is the most immediate factor in family food security. To differing degrees, all of the interview participants had difficulty meeting their financial obligations—such as paying the rent and keeping the lights on—and having enough income left to buy the healthy foods that they wanted to feed to their families. Many times, food is the

only necessary expense that can be cut back to make sure that there is not a budget shortfall, either through compromising quantity or quality at the market.

A major factor in these situations is job insecurity, particularly during tough economic times. Some families, like Ana Maria and Bartolo's, described cyclical unemployment due to seasonal demand for labor such as agricultural work, which leaves them to ration their savings during times when work is no longer available. In other cases, the recession has forced employers to cut back on hiring, leaving workers without work or looking for jobs in other sectors, even if they earn less money. In Idaho, where the construction industry has stalled since the downturn, one man told us simply, "Lately, well, I've worked in whatever, because construction is over." Finally, those who are disabled or otherwise unable to work, like Velma, live on fixed incomes that may be less than what they need to cover all of their basic family expenses.

Even when parents or caregivers had steady employment, poor job quality often contributed to household financial instability. Low-wage workers often do not earn enough income to meet all of their needs—even if there is more than one worker in the house. They are also less likely to receive benefits on the job that would contribute to both short- and long-term financial security, such as employer-sponsored health insurance or retirement savings accounts. Some parents, like Yvette, are taking classes or job training in order to achieve economic mobility for their families, but the time commitment means that they must temporarily work less, leaving their families with fewer resources to pay for all of their expenses.

Food assistance plays a positive role in children's nutritional intake.

Nearly all of the families interviewed described federal nutrition programs, particularly WIC and SNAP, as essential to their ability to feed their children when money is tight. Mothers and fathers explained that these programs helped them buy the healthy items that they knew their children needed but that cost more money, such as milk, eggs, cheese, and fruit. Families with school-age children were often grateful for the nutrition that their children receive through school-based meals, such as free breakfast and lunch. These programs not only provide children with healthy meals, they also ease some of the pressure on food-insecure families who are stretching their wallets to capacity to put food on the table.



Poor community infrastructure often complicates families' access to nutritious food. Whether there are healthy foods available in Latino neighborhoods in the same quantity, price, and quality as in other parts of town makes an enormous difference in how often parents and caregivers are able to feed their children nutritious meals. The families with whom we spoke often noted these inequities in the food environment when asked whether their community makes it easy or difficult to be healthy. “Food deserts” as commonly measured—where families live far from the nearest full-service supermarket, and healthy, affordable food is hard to access—were most prominent among agricultural workers in Idaho, such as Ana Maria and Bartolo, who travel 30 minutes or more from the fields to go grocery shopping. Yet most urban dwellers in these stories had access to nearby grocery stores. Like Emily, they were more likely to report that their local markets stocked food of inferior quality and/or higher prices than in other communities, differences noted not only between competitors but also between store locations within the same chain.

Lack of adequate transportation requires families to spend extra time and money buying food, often compromising their food purchasing. If affordable, healthy foods are not available close to home, Latinos often spend more of their resources shopping for groceries. Some of the families with whom we spoke owned vehicles or had access to one through

a friend or family member. Although they may spend more time in transit than if they shopped in their neighborhood, they were generally able to overcome inequities in the food environment and access the stores with better prices or selection. Families without cars or rides, however, reported that walking or taking public transportation to the store are the only options for shopping outside the neighborhood. In these cases, parents spend more of their time traveling back and forth and often need to return to the stores more frequently to restock, as their purchases are limited to what they can carry. If these parents, like Geanette, do not have the time for an excursion outside the neighborhood and must shop at local markets, they may pay more out of pocket than they had planned.

Access to medical care is a key resource that is often out of reach for Latino families. Many Hispanic parents have difficulty accessing health care for themselves and their children, particularly if they are uninsured and cannot afford to pay for services out of pocket. However, routine screenings, monitoring, and counseling services are critical resources for parents whose children are experiencing nutritional deficits. Parents like Yesenia and Esperanza were able to access these services through community health centers that provided affordable, culturally and linguistically competent care that flagged their children's weight problems early. Health care providers are also valuable sources of nutrition information that parents need in order to make healthy choices for their children.

Families need culturally competent nutrition education and integrated budget-friendly strategies to help them act on information. In these stories, several parents described learning nutrition information that enabled them to make healthier food choices. However, the education that helped them most was information and tools tailored to their circumstances, including culture and traditions as well as resource and budget limitations. For example, Guadalupe and Humberto took cooking classes where traditional recipes were reinvented with healthier ingredients. Yesenia received recipes from her WIC nutritionist that are quick to prepare and use budget-friendly and culturally relevant ingredients. And Yvette has applied her nutrition knowledge to her budget; she purchases healthier foods, such as lean meats, when they are affordable, but maximizes the healthfulness of cheaper items when cost concerns are more pressing. In these examples, parents have the tools to apply nutrition information based on the needs of their families, which increases their ability to put into action what they have learned.

CONCLUSION: CHEW ON THIS!

Many of the barriers discussed in the findings can be addressed through comprehensive policy and program solutions tailored to the needs of Latinos and their families. Yet in designing solutions to the more concrete barriers, it is important to remember that a one-size-fits-all approach will not be the most effective. Additional themes emerged from the stories that provide important context for efforts to improve nutrition among Hispanic families and children. Several of these concepts may be new or surprising to policymakers and advocates and add nuance to solution-oriented discussions.

First, families experiencing food insecurity were choosing—rationally—to sacrifice food quality for quantity. In some cases, families were suffering from deep food insecurity with little food to go around. People reported insulating their children from hunger by giving them adults' portions or by skipping payments on other necessities to ensure that everyone could eat. When income is so low, parents and caregivers may not feel that healthy foods—such as fresh produce, which spoils quickly and is expensive to buy in large quantities—are realistic options. To make the most of a meager budget, families reported buying and preparing inexpensive, calorie-dense, and filling foods that they can make last. For example, Velma described making a meal for her grandchildren when she is down to her last few dollars. “Is there a couple of potatoes?...Three tacos apiece? I’ll do that.” It is because Velma cares about the children’s health that she prioritizes making sure that they have enough food to go around.

A point that may be surprising to many is that while some families found fast food to be the most accessible food option in their neighborhoods, most parents did not see fast food restaurants as affordable food sources. Instead, families viewed fast food as a luxury or as reserved for special occasions. For most people we interviewed, particularly those with big families, eating fast food was not a regular part of their routine. People who were experiencing the most severe food insecurity were, in fact, more likely to describe fast food as unaffordable, particularly compared to making home-cooked food such as rice and beans last longer. Instead, most parents considered going to fast food restaurants as an outing for the family, an occasional treat. Guadalupe in El Paso, for example, does not frequently give her children fast food, “First, because of its cost, and second, because we know it’s very fattening.” Once or twice a month, however, Guadalupe and Humberto take their children out to a fast food

chain for dinner, including their teenagers, who are often out of the house at dinnertime. “It’s a time we all share. That’s when we get together...it’s a way to share time as a family.” Other parents, like Sergio of Caldwell, Idaho, reported using the play areas at fast food chains as a form of recreation. Sergio explains, “We use the restaurants with the indoor games...I use it as a park day, because they play a lot. I do it so they have fun...and mostly during wintertime, because in the summertime, we use the park.”

Culture and language are critical components of food and nutrition. Since we were working with people served by our Affiliates, many families we spoke with were already connected to community-based organizations and resources that provided information, referrals, and services in a linguistically and culturally appropriate manner. When language access was a problem, however, there were missed opportunities to improve children’s nutrition. Juan in Idaho wanted to know more about his children’s nutrition, but he was not sure where to get more information. His daughters’ doctors should be a resource, but he is not always able to talk with them about his concerns. “I’ve taken them to appointments, but...the problem is that there are not many [health care providers] who speak Spanish. Or the doctor speaks Spanish but she’s there just for a little while, and then, well, one wants to ask more things, but they don’t have the time.” This barrier, while common, is surmountable by ensuring that translation and interpretation are available for necessary services. Fabiola in Idaho was able to apply for SNAP on behalf of her children because application materials and assistance were available in Spanish. “It was easy to me,” she said about completing the application process and understanding how the program works.

Finally, the concept of *comer bien*—that for many Latino families, eating well is about not only the meal on the table but also sharing time with family—was universally present in our interviews. Although they may confront numerous barriers, Hispanic parents are motivated to fulfill their children’s needs—this is a powerful asset. Families want to give their children all that they need to grow up to be healthy and have better opportunities than their parents and grandparents did. They recognized that food and nutrition are one component of giving children the best start, and strategies that helped them overcome obstacles—such as nutrition assistance programs, budget-friendly education, and access to health care—have allowed parents to make positive changes in the foods they feed their children.

