

July 15, 2022

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Submitted via email [whhungerhealth@hhs.gov](mailto:whhungerhealth@hhs.gov)

Dear White House Conference Planning Team:

On behalf of UnidosUS, we respectfully submit these comments with regard to the upcoming White House Conference on Hunger, Nutrition, and Health. Our comments provide recommendations to inform our national strategy to reduce hunger and increase healthy eating and physical activity.

UnidosUS, previously known as the National Council of La Raza, is the nation's largest Hispanic civil rights and advocacy organization. Through its unique combination of expert research, advocacy, programs, and an Affiliate Network of nearly 300 community-based organizations (CBOs) across the United States and Puerto Rico, UnidosUS simultaneously challenges the social, economic, and political barriers to the success and well-being of Latinos at the national, state, and local levels. For more than 50 years, UnidosUS has united communities and different groups that seek common ground through collaboration and share a desire to make our country stronger.

UnidosUS has long advocated for strengthening federal programs to alleviate food insecurity, such as the Supplemental Nutrition Assistance Program (SNAP) and the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), to help families obtain food for a healthy and productive life.

*Specifically, we recommend the following:*

1. The U.S. Department of Agriculture (USDA) should make further investments in targeted outreach and enrollment assistance for food insecurity programs that are culturally competent and linguistically appropriate.
2. Congress should be asked to increase Community Eligibility Provision (CEP) enrollment to address food insecurity in high-poverty districts.
3. Congress should expand COVID-19 waiver flexibilities beyond the pandemic.
4. USDA should permit direct certification for SNAP based on Medicaid eligibility data.
5. Congress should be asked to make the P-EBT program permanent.
6. Congress should be asked to increase funding and flexibility for the SNAP Online Purchasing Pilot.

7. USDA should increase the availability of traditional and ethnic foods for SNAP participants.
8. USDA should move urgently to strengthen school nutrition standards.
9. USDA should eliminate the three-month time limit for able-bodied adults without dependents (ABAWDs) to access SNAP benefits.
10. USDA should continue to build trust to increase program enrollment and address confusion around the public charge rule, and should conduct communications research with trusted partners to inform its strategies.
11. Agencies should increase the availability of translated nutrition, food security, and hunger-related education materials, considering cultural differences and language nuances.
12. Government agencies should hold recurring meetings with Latino and immigrant-serving organizations to gather information and data.
13. Policies are needed from the U.S. Department of Health and Human Services (HHS) and other agencies to bolster efforts to address the impacts of housing on hunger and nutrition.
14. Agencies must invest in research on the impacts of nutrition programs when families receive culturally relevant and linguistically appropriate information.
15. Agencies should gather data on causes for decreased enrollment in food insecurity programs to determine why participation rates are declining and to inform policymakers.
16. Congress should be asked to rescind the five-year bar.
17. The Biden Administration and Congress should work in a coordinated manner to address inequities in food assistance in Puerto Rico.
18. To improve the food environment, the Centers for Medicaid and Medicare Services (CMS) should develop and fund a sustainable produce prescription or veggie Rx pilot program.

### **Background: The Latino Community Faces High Levels of Food Insecurity**

Food insecurity affects more than 38 million Americans, including 11.7 million children.<sup>1</sup> Moreover, the Latino community is disproportionately impacted. Data from the USDA show that before the COVID-19 pandemic, 17% of Latino families with children were food insecure, compared to 10.7% of non-Hispanic White households with children.<sup>2</sup> Since the onset of the pandemic, an estimated 47% of Latino households with children have struggled with food insecurity—the highest percentage reported for all racial and ethnic groups.<sup>3</sup>

Federal nutrition programs, such as SNAP and WIC, are critical for reducing food insecurity among Latino children and families. More than 41 million individuals participate in SNAP, including more than one in six who are Latino.<sup>4</sup> More than 40% of WIC participants are Latino women and children.<sup>5</sup>

Investments by the Biden Administration and Congress in response to the pandemic have provided resources for Latino families and children to mitigate food insecurity.<sup>6</sup> Prior to this

administration, access to and interest in federal nutrition programs were negatively impacted by the prior administration's anti-immigrant policies, including the public charge rule.<sup>7</sup> We appreciate the steps being taken to revise that rule, and to communicate the new eligibility changes, yet we note that Latino families and children continue to encounter barriers that prevent them from taking full advantage of the benefits they are eligible for, as we describe below.

There is also a substantial and urgent need for policies to improve diet quality for the Latino community. Common diet-related health conditions, including obesity and cardiovascular disease, disproportionately impact Latino adults and children.<sup>8</sup> As measured between 2015 and 2018, more than half (50.6%) of Hispanic men and more than four in ten (40.8%) Hispanic women had high blood pressure.<sup>9</sup> In 2019 alone, cardiovascular diseases were linked to nearly 60,000 Latino deaths.<sup>10</sup>

Latino children also experience higher rates of diet-related adverse health and diseases, including obesity and chronic conditions such as diabetes and hypertension. In 2019–2020, more than one in five (21.4%) Latino youth was obese, compared to nearly one in eight (12.1%) non-Hispanic White youth.<sup>11</sup> According to the Centers for Disease Control and Prevention (CDC), Latino children and teens are also at higher risk for type 2 diabetes, compared to non-Hispanic White children and teens.<sup>12</sup> Moreover, Mexican American youth have a greater prevalence of high blood pressure than do non-Hispanic White youth.<sup>13</sup>

The White House Conference is focused, appropriately, on five “pillars” to:

- **Improve food access and affordability:** End hunger by making it easier for everyone—including urban, suburban, rural, and Tribal communities—to access and afford food.
- **Integrate nutrition and health:** Prioritize the role of nutrition and food security in overall health, including disease prevention and management, and ensure that our health care system addresses the nutrition needs of all people.
- **Empower all consumers to make and have access to healthy choices:** Foster environments that enable all people to easily make informed healthy choices, increase access to healthy food, encourage healthy workplace and school policies, and invest in public messaging and education campaigns that are culturally appropriate and resonate with specific communities.
- **Support physical activity for all:** Make it easier for people to be more physically active (in part by ensuring that everyone has access to safe places to be active), increase awareness of the benefits of physical activity, and conduct research on and measure physical activity.
- **Enhance nutrition and food security research:** Improve nutrition metrics, data collection, and research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities.

We broadly agree that these are important public health and food policy areas of focus for the White House and for attention across the agencies. As to the first pillar, our comments propose

specific ways to increase participation in food assistance programs by addressing barriers to program access and affordability and eliminating arbitrary barriers that make malnourished families ineligible for food assistance programs. We also provide suggestions below with regard to pillars two and three by highlighting ways to integrate food security, nutrition, and health to promote disease prevention and management and to improve the food environment. And last, we call for improvements that would enhance research and data collection to inform food security and nutrition policy, particularly on issues of health equity.

**1. USDA should make further investments in targeted outreach and enrollment assistance for food insecurity programs that are culturally competent and linguistically appropriate.**

According to data from the USDA, more than 4 million Latinos are eligible, but remain unenrolled, in SNAP.<sup>14</sup> Additionally, WIC enrollment among eligible participants has declined over the past decade.<sup>15</sup>

Currently, state agencies may receive up to 50% of federal matching funds to develop and implement SNAP outreach plans in collaboration with community-based partners.<sup>16</sup> Trusted community-based organizations that serve Latino and immigrant families require additional and consistent funding at several levels (capacity-building as well as institutional) to meet the community's urgent needs through culturally and linguistically appropriate outreach, education, and enrollment. Increasing investments in CBOs for targeted outreach and enrollment assistance would help eligible families learn about and apply to programs such as SNAP and WIC. It is also important to nurture infrastructure and capacity-building by identifying nascent organizations that could be new partners, providing learning hubs and resources, and helping organizations start or scale up to meet the needs.

Limited language access services and outreach prevent many eligible Latino children, particularly those in mixed-status households, from participating in food assistance programs, including the National School Lunch Program (NSLP). Therefore, targeted funding should similarly be provided to support a culturally competent and linguistically appropriate outreach campaign to increase enrollment in NSLP, which would also help identify students who may benefit from the Pandemic Electronic Benefit Transfer (P-EBT) Program.

**2. Congress should be asked to increase Community Eligibility Provision (CEP) enrollment to address food insecurity in high-poverty districts.**

CEP allows schools in high-poverty areas to provide meals to all low-income students at no cost. It increases participation in free school meals, reduces paperwork for parents, and reduces administrative work for schools.

The identified student percentage (ISP) determines eligibility for CEP. The ISP calculation accounts for the number of students enrolled in federal welfare programs. To qualify for CEP, schools must have an ISP of at least 40%.

Despite a 1.6 multiplier being used to account for SNAP-eligible families who do not participate in the program, one in three eligible schools do not participate in CEP.<sup>17</sup> This is often because the federal reimbursement for meals does not always cover schools' total costs for serving free meals to all low-income students. The White House should work with Congress to increase the multiplier for reimbursement to incentivize schools to enroll in CEP.

### **3. Congress should expand COVID-19 waiver flexibilities beyond the pandemic.**

In response to the COVID-19 pandemic, Congress authorized USDA Food and Nutrition Service (FNS) to implement waivers to progress food security for children while minimizing the risk of COVID-19 transmission. Several waiver flexibilities, such as those that ease remote enrollment and reporting requirements, have been critical in reducing food insecurity among Latino communities. We appreciate President Biden's signage of the Keep Kids Fed Act, which fully extended some of the waiver flexibilities throughout the summer. However, the Keep Kids Fed Act excludes the waiver flexibilities that suspended eligibility requirements for free and reduced-price meal applications.

Although it is unclear when the federal government will end the Public Health Emergency (PHE), Congress has the authority to extend COVID-19-related waiver flexibilities beyond the pandemic to ensure that food-insecure children and families have consistent access to healthy food. Regardless of extensions of the PHE, the White House should work with Congress to pass a more permanent solution to address the harmful cliff coming for children, families, and schools.

### **4. USDA should permit direct certification for SNAP based on Medicaid eligibility data.**

In 2021, Medicaid and the Children's Health Insurance Program (CHIP) provided coverage for more than 50% of Latino children.<sup>18</sup> However, despite similar application processes, Latino children participate in SNAP and the Temporary Assistance for Needy Families (TANF) program at lower rates.<sup>19</sup>

Direct certification eliminates barriers for food-insecure families by removing an application process that may be confusing for mixed-status families, reducing administrative costs, and lowering churn. SNAP's broad-based categorical eligibility (BBCE) provides states with the option to allow people to automatically qualify for SNAP if they participate in assistance programs like TANF.

Since Medicaid specifies SNAP as a data source for states to utilize in determining Medicaid eligibility, Medicaid eligibility should provide direct certification for SNAP. Under the Healthy, Hunger-Free Kids Act of 2010 (HHFKA; P.L. 111-296), FNS conducted a demonstration adding Medicaid as a program used to directly certify students for free school meals in selected states.<sup>20</sup> The evaluation of this demonstration found that, in SY 2019–2020, more than 1.2 million students gained access to free meals through direct certification with Medicaid data

across 13 states.<sup>42</sup> We urge USDA to use its authority to expand direct certification for SNAP by allowing for Medicaid to become a basis for BBCE in all states.

### **5. Congress should be asked to make the P-EBT program permanent.**

Extension of the P-EBT program allowed states to support the nutrition of children who had lost access to free or reduced-price school meals when schools closed nationwide and, in some states, throughout the summer. However, once the PHE ends, students will lose access to P-EBT when schools close during the summer. Research from the Brookings Institution demonstrates that between 2020 and 2021, P-EBT significantly reduced food hardship for children in families with very low food security.<sup>21</sup>

While the program has been particularly beneficial in states with higher rates of school closures, evidence suggests that a permanent P-EBT program could provide similar impacts when schools are closed in the future.<sup>22</sup> The persistent need for food assistance among Latino children and families will not end when the COVID-19 pandemic ends. Thus, P-EBT should be made permanent during the summer months and when schools are closed.

### **6. Congress should be asked to increase funding and flexibility for the SNAP Online Purchasing Pilot.**

Many Latino families face barriers to SNAP participation, including a lack of transportation, mobility limitations, and time constraints. In addition, the growing population of Latinos in rural areas faces additional obstacles.<sup>23</sup> The SNAP Online Purchasing Pilot improves access to nutritious foods for SNAP participants. However, it is not available to all SNAP participants due to unreliable access to broadband and digital devices, a lack of understanding of online ordering, and limited delivery options. Therefore, USDA must improve equity in the program.

Although most states participate, not all ZIP Codes in states are served by the Online Purchasing Pilot. From 2018 to 2019, online purchasing and delivery services were an option in 94% of urban food deserts,<sup>24</sup> yet they were available in only 31% of rural food deserts.<sup>17</sup>

To fill gaps in food access, USDA must work toward advancements in the program, such as providing SNAP participants in rural areas with infrastructure and services to make online ordering and delivery more accessible. In addition, USDA should increase funding and flexibility for states to utilize SNAP Education (SNAP-Ed) to offer resources about the online program, including the option of ordering over the phone, issuing loaner laptops, and sharing tutorials on online ordering through trusted CBOs, including providers of broadband access points.

### **7. USDA should increase the availability of traditional and ethnic foods for SNAP participants.**

To demonstrate a commitment to equity in addressing food security, USDA should work to expand and diversify SNAP retailers. Culturally appropriate food options are critical to addressing hunger in immigrant communities—foods that these communities are familiar with

preparing and consuming. However, specialized goods, such as particular produce or meat, are largely unavailable in mainstream grocery stores.<sup>25</sup>

Evidence demonstrates that supermarkets are the recipients of nearly all SNAP benefits in suburban areas.<sup>26</sup> However, among those in low-income neighborhoods, where many Latinos live, these stores demonstrate lower SNAP redemptions, even in places where supermarkets are accessible.<sup>27</sup> Recent data show that for retailers catering to a particular ethnic group, SNAP redemption rates reach up to 54% in areas with high populations of low-income immigrant communities.<sup>28</sup> USDA should increase the accessibility of diverse retailers participating in SNAP by providing technical and financial assistance to local retailers and producers catering to underserved ethnic groups, including Latinos.

#### **8. USDA should move urgently to strengthen school nutrition standards.**

Data suggest that the nutrition gap between Latino families and the average American family has widened from 4% at the onset of the pandemic to nearly 7% today.<sup>29</sup> USDA research demonstrates that Latino children participate in school meal programs at higher rates than non-Hispanic White children.<sup>30</sup>

We agree with USDA that nutrition standards for school meals are a critical tool to leverage in addressing health disparities and promoting equity. School meal standards effectively improve children's diets, as school meals are often a primary food source and the healthiest meal children consume daily.<sup>31</sup> Data show that once the 2012 nutrition standards were implemented, the Healthy Eating Index (HEI) fruit scores increased from 77% to 95% of the maximum score. Similarly, the scores for vegetables increased from 75% to 82%.<sup>32</sup>

We urge the USDA to act urgently to strengthen school nutrition standards to ensure that Latino and all school children have access to healthier and more nutritious meals.

#### **9. USDA should eliminate the three-month time limit for able-bodied adults without dependents (ABAWDs) to access SNAP benefits.**

Under current law, most able-bodied adults who are not working or enrolled in a training program for a minimum of 20 hours each week are prevented from receiving more than three months of SNAP benefits over three years. While the time limit's stated objective is to address high unemployment rates and the lack of sufficient employment opportunities, data demonstrate that it does not significantly impact employment or earnings.<sup>33</sup>

Currently, states may ask USDA FNS to temporarily waive the ABAWD time limit if there is evidence showing that an area has an unemployment rate of more than 10% or does not have a sufficient number of jobs.

The evidence indicates that reinstatement of the time limit significantly reduced SNAP participation among ABAWDs subjected to the three-month time limit.<sup>34</sup> We urge USDA to eliminate the three-month time limit to improve Latino health and financial security.

**10. USDA should continue to build trust to increase program enrollment and address confusion around the public charge rule and should conduct communications research with trusted partners to inform its strategies.**

Despite the reversal of the public charge rule, confusion surrounding the law and concerns related to immigration status continue to be a barrier to enrollment in food assistance programs, such as SNAP and WIC, particularly for Latino and mixed immigration status families. Immigration enforcement and administrative actions led to a 10% decrease in eligible SNAP enrollment nationwide and a concurrent increase in child food insecurity among immigrant families.<sup>35</sup> Furthermore, there was a 22.5% drop in SNAP participation among U.S. citizen children in households with a noncitizen between 2018 and 2019, demonstrating significant confusion and fear among mixed-status families.<sup>36</sup>

The Biden Administration should invest in efforts to ensure that all Latino and immigrant families are fully aware of their SNAP eligibility and ability to participate in federal nutrition programs without fear of public charge considerations. Culturally competent and linguistically appropriate outreach, education, and enrollment programs must continue to be developed and to reach all eligible Latino families who have missed out on benefits due to fears and confusion around the public charge rule.

The experiences of those in mixed-status households should be addressed to provide access to the necessary support that individuals and families need. We urge the administration to continue to invest in communications efforts and to partner with CBOs to conduct research to show the most effective ways to heal stigma and to address the damaging effects of the public charge rule.

**11. Agencies should increase the availability of translated nutrition, food security, and hunger-related education materials, considering cultural differences and language nuances.**

For many Latino families, limited English proficiency (LEP) presents a barrier to obtaining nutrition- and food-related resources and information, significantly harming many families' health. More than 41 million Americans speak Spanish at home, and more than 25 million people have LEP.<sup>37</sup> Most Spanish-translated health documents have a higher level of complexity and a high reading grade level when compared to health documents in English.<sup>38</sup>

In addressing health equity, government agencies should translate health materials to account for cultural and linguistic complexities and lower levels of health literacy. Additionally, to improve the comprehension of these materials, professionals and community-based partners should evaluate documents and marketing materials for ease of readability.

**12. Government agencies should hold recurring meetings with Latino and immigrant-serving organizations to gather information and data.**

We thank the administration for the work done thus far in convening stakeholders to discuss health equity strategies to reach underserved communities better. We urge the administration to host meetings and focus groups on an ongoing basis with local, state, and national-level advocacy organizations that represent and serve Latino and immigrant communities to continue to identify barriers, challenges, and best practices to ensure that low-income, food-insecure children and families have equitable access to federal nutrition programs.

**13. Policies are needed from HHS and other agencies to bolster efforts to address the impacts of housing on hunger and nutrition.**

A critical relationship exists between housing stability and food access, as those experiencing housing instability or low socioeconomic status often have limited funds left over for purchasing, preparing, or storing healthy and nutritious food.<sup>39</sup>

Latinos make up 22% of those experiencing homelessness, despite making up 18% of the U.S. population.<sup>40</sup> Evidence shows that Latinos are also vulnerable to experiencing other forms of housing insecurity.<sup>41</sup> These issues are worsened for people experiencing homelessness in food deserts.

Local-level interventions include food pantries, soup kitchens, and other charitable food outlets. However, the relief provided by these entities is often neither sufficient nor sustainable for those experiencing housing instability. Therefore, the administration should prioritize a holistic approach to addressing hunger, nutrition, housing, and health.

**14. Agencies must invest in research on the impacts of nutrition programs when families receive culturally relevant and linguistically appropriate information.**

We appreciate recent efforts to focus on improving health equity overall. However, health disparities persist. We must better understand the effect of culturally relevant and linguistically appropriate information and disparate food environments on such disparities.

To improve research to inform nutrition and food security policy, particularly on issues of equity, access, and disparities, and to inform work to improve the food environment, the Biden Administration should invest in funding for the National Institutes of Health's National Institute on Minority Health and Health Disparities to provide grants for research in this area.

**15. Agencies should gather data on causes for decreased enrollment in food insecurity programs to determine why participation rates are declining and inform policymakers.**

The available data on SNAP disenrollment fails to fully account for the decreased SNAP enrollment among Latinos. From 2019 to 2020, Latino families with children facing hunger increased by 28%.<sup>42</sup> However, evidence shows drops in SNAP enrollment among Latinos.<sup>43</sup>

There are multiple potential causes for decreased enrollment in SNAP. Although 95% of Latino children are citizens, concerns about the immigration status of other household members in mixed-status families prevent many eligible Latinos from participating in SNAP and other federal nutrition programs.<sup>44</sup> In 2018, about one in seven adults in immigrant families reported that they avoided participating in government benefit programs due to immigration-related concerns.<sup>45</sup>

However, since 2018, immigration-related policies have changed, including President Biden formally rescinding the public charge rule. Latino disenrollment in SNAP may result from reduced food insecurity in the Latino community. In areas in which decreased enrollment in nutrition programs occurred, studies should be conducted to investigate the causes, and the administration should explore why individuals are disenrolling in programs like SNAP and WIC and forgoing food assistance altogether.

#### **16. Congress should be asked to rescind the five-year bar.**

The five-year bar—a waiting period that begins when one receives qualified immigration status—prevents millions of noncitizens from accessing nutrition programs, including SNAP and TANF.<sup>46</sup> Those with Deferred Action for Childhood Arrivals (DACA) status or temporary protected status (TPS) are ineligible for several federal programs. In 2003, the five-year bar on SNAP benefits was lifted for qualified immigrant children, but their legal permanent resident parents remain subject to the bar.<sup>47</sup>

Left unaddressed, the five-year bar will worsen health disparities among low-income immigrant communities. Inclusive safety nets must be developed to promote an equitable recovery from the pandemic.

The administration should work with Congress to rescind the five-year bar and extend SNAP eligibility to all lawful permanent residents. Lifting the bar will address financial and health challenges by increasing the accessibility of critical resources, including SNAP. Expanding access to food assistance programs and health care will have substantial short-term and long-term health benefits.

#### **17. The Biden Administration and Congress should work in a coordinated manner to address inequities in food assistance in Puerto Rico.**

In 2018, about one in three adult residents of Puerto Rico experienced food insecurity.<sup>48</sup> During the pandemic, poverty and food insecurity among Puerto Ricans increased to 40%.<sup>49</sup>

Despite higher levels of poverty than the rest of the United States, Puerto Rico is excluded from SNAP. Instead, it receives a block grant for its food assistance program, known as the Nutrition Assistance Program (NAP). As a result of the block grant, which has a low capped level, the territory's eligibility for NAP is limited, and the benefits levels are lower. In addition, because the block grant is capped, funding levels do not consider or adequately respond to needs.

Due to the pandemic, Congress increased funding for the grant funding NAP in Puerto Rico. Additionally, Congress funded USDA to research the potential for transitioning Puerto Rico to SNAP. To continue progress in addressing the needs of food-insecure Puerto Ricans, the Biden Administration should work with Congress to increase SNAP accessibility and achieve parity in food assistance programs.

**18. To improve the food environment, the Centers for Medicaid and Medicare Services (CMS) should develop and fund a sustainable produce prescription or veggie Rx pilot program.**

Produce prescription programs, also referred to as "veggie Rx," have recently surfaced as a public health intervention to increase produce consumption, decrease food insecurity, and reduce health care costs.

As part of the 2018 Farm Bill, funding for these programs was included as a part of the Gus Schumacher Nutrition Incentives Program (GusNIP)<sup>50</sup> for nonprofits or local and state agencies to collaborate with health care providers to provide fresh produce to low-income people at risk for developing diet-related diseases.

Research suggests that produce prescription programs are successful at increasing access to vegetables and fruit and improving dietary patterns due to the involvement of health care providers.<sup>51</sup> Produce prescription programs are associated with several positive outcomes, including reductions in household food insecurity.<sup>52</sup>

As further research demonstrates the benefits of produce prescription programs, the administration should explore opportunities to sustainably fund these programs through funding streams, such as Medicare, Medicaid, and private insurers. To further explore this option, CMS should develop a pilot program to assess the health care savings and impacts on food security in targeted Medicare and Medicaid populations, including the Latino population.

**Conclusion: There are significant opportunities to improve our nation's food insecurity and nutrition policies to better serve the health and needs of the Latino community.**

We appreciate the White House's efforts to take meaningful steps to address long-standing hunger, nutrition, and food security issues as an opportunity to improve health and health equity. The pandemic has again emphasized the need to address hunger and nutrition in addressing health outcomes that disproportionately harm communities of color. We look forward to working with the White House and the agencies to achieve our shared goals and to improve Latino families' health and well-being.

Please contact Umailla Fatima, Health Policy Analyst, at [ufatima@unidosus.org](mailto:ufatima@unidosus.org) with any questions.

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- <sup>9</sup> Ibid.
- <sup>10</sup> Ibid.
- <sup>11</sup> Data Resource Center for Child and Adolescent Health, “National Survey of Children’s Health Data Query (2016–Present),” Child and Adolescent Health Measurement Initiative, <https://www.childhealthdata.org/browse/survey/results?q=8455&r=1&g=914> (accessed March 14, 2022).
- <sup>12</sup> Centers for Disease Control and Prevention (CDC), *Hispanic or Latino People and Type 2 Diabetes*, (Atlanta, GA: CDC, 2022), <https://www.cdc.gov/diabetes/library/features/hispanic-diabetes.html> (accessed March 14, 2022).
- <sup>13</sup> American Heart Association, *2022 Heart Disease & Stroke Statistical Update*.
- <sup>14</sup> Alejandra Gepp, *Community-Driven Strategies to Reduce Food Insecurity and Hunger among Latinos*, Issue Brief 29 (Washington, DC: UnidosUS, 2018), [http://publications.unidosus.org/bitstream/handle/123456789/1868/-ib29\\_comprandoricoyano\\_53018.pdf?sequence=1&isAllowed=y](http://publications.unidosus.org/bitstream/handle/123456789/1868/-ib29_comprandoricoyano_53018.pdf?sequence=1&isAllowed=y).
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