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### Addressing Food Insecurity Among Undocumented Immigrants in California – An Expansion and Outreach Approach

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**Addressing Food Insecurity Among Undocumented Immigrants in California – An  
Expansion and Outreach Approach**

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MPH 683-H2 Integrated Learning Experience

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August 2023

## Table of Contents

Abstract.....	2
Introduction.....	3
Background.....	4
Methods.....	9
Recommendation.....	10
Discussion.....	13
Conclusion.....	14
Reference.....	16
Appendix.....	19

## **Abstract**

A challenge that undocumented immigrants in California face with is the insecurity of food. The experience of food insecurity for undocumented immigrants is more than just a shortage of food, but rather it is the limited access and poor quality of food. Having accessibility to food is important for one's wellbeing and in lowering the rate of other health disparities that is a public health problem. This paper will discuss the prevalence of food insecurity among undocumented immigrants in California and the barriers that they face with food assistance programs. Further discussion will focus on current interventions that are being made and will be explained through policy, organizational, interpersonal, and individual levels. Recommendations will then be made to improve food accessibility to undocumented immigrants in expansion and outreach. The aim is to improve the challenge of food insecurity through creating more food programs that can be accessible to undocumented regardless of age or status.

*Keywords:* undocumented immigrants, food insecurity, food accessibility, food assistance programs, expansion, outreach

## Introduction

Food insecurity is the limited access or inability to obtain the necessary food to live a sustainable life. Undocumented immigrants in California are vulnerable and face food insecurity hardships. There is an estimate of 11 million immigrants including approximately 2.3 million undocumented immigrants who are at stake with food insecurity (Food4All, 2022.). The astonishing data suggest that undocumented immigrant experience food insecurity two times more than the general population. The disparity is tied to poor physical, mental, and social well-being that links to an increase in health costs that some are not able to afford. Although there are certain programs and benefits that address these hardships, it does however need to be reevaluated and implemented in other ways that can better meet the needs of undocumented immigrants who are not getting access to food.

The following recommendations are to be considered. First, California Food Assistance Program (CFAP) should consider expanding their age group by including families who have younger individuals that are ages 26 and under. The eligibility requirement should not solely be for those who are 55 or older. Second, implementing community-based models for outreach and enrollments. Many undocumented immigrants are unaware and not knowledgeable about food assistance programs, therefore there is a need to increase health literacy and community outreach to such populations. Third, increasing the amount and types of free and accessible food available to the community. This can be through organizations like churches, food banks and schools so people can have access to more and healthier food.

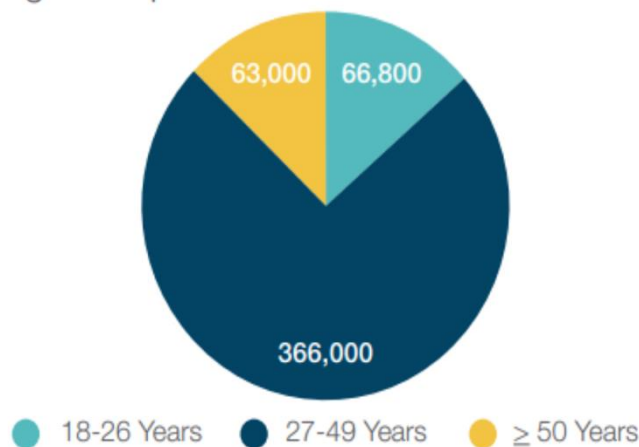
The recommendations are aimed to reduce the numbers of food insecurity in undocumented immigrants residing in California. The access to food should not be a hardship that anyone should face let alone undocumented immigrants. There should be an equitable

system that provides resources and accessible food for this population who are struggling the most in trying to obtain food to survive. By reducing the numbers of food insecurity, it is taking a preventative measure in reducing the numbers of poor health outcomes.

## Background

Undocumented immigrants in California face food insecurity because they are excluded or ineligible for social services or safety net programs due to their immigration status. According to the California Health Interview Survey, 45% of undocumented immigrants are affected by food insecurity where 0–17 year olds account for 64%, 18-26 year olds are 36% and 27-49 year olds are 46% (see Figure 1). Food insecurity can have a great effect on poor physical and mental health that can be preventable from chronic conditions in the first place. Those who face this challenge tend to have a higher rate in health care expenditure compared to those who are food secured. Despite this problem, there are few health care providers and hospitals that screen for food insecurity (Fraze et al., 2019). The screening for food insecurity at hospitals and physician

Figure 1. Number of Undocumented Adults by Age Group in Food-Insecure Households<sup>2</sup>



*Figure 1.* Number of Undocumented Adults by Age group in Food-Insecure Households

Source: California Health Interview Survey. CHIS 2017-2020 (pooled). Food insecurity by age group among non-citizens without legal permanent resident status and with household income below 200% of the official federal poverty threshold. Percentages rounded to the nearest whole number.

practices in the United States is approximately 24% done at hospitals and 16% at physician practices (Fraze et al., 2019).

### ***Food Insecurity: Scale and Scope***

California state and the federal food assistance has never been able to address this health disparity of food insecurity for undocumented immigrants. There are about 11 million immigrants and about 2.3 million undocumented immigrants who reside in California. Forty five percent of undocumented immigrants said they are affected by food insecurity (Kreidler, 2019). There is limited knowledge about food resource, language or cultural barriers that may prevent undocumented immigrants from gaining access to food assistance programs. Undocumented Latino immigrants are an example of a group who often struggle to have enough food or have a variety of food that they prefer (Munger et al., 2014). Some families deal with food insecurity by reducing their intake or go without food so that their children do not go hungry. Additionally, obtaining food was difficult due to their proficiency in English, lack of education, and documentation status. Some are unaware of food assistance programs in the community and wished that they had greater knowledge about such programs. The experience of food insecurity for undocumented immigrants is more than just a shortage of food. Rather, it is a means of insufficient food of limited access and poor quality of food.

There is a difference between non-immigrants and immigrants where studies have shown that there is a tremendous reverse outcome in food insecurity (Walsemann et al., 2017). The largest ethnic communities living in California are Asians and Latinos. The analysis of food insecurity among these ethnic groups between 2001-2011 went from 10.3% to 15.1% of becoming food insecure over the decade (Hayley, 2017). The study found that among Latino non-legal permanent residents (LPR) there is no difference in food insecurity rate compared to non-LPR Asians. With these two groups being ineligible for certain program benefits, they can still receive food through an eligible family member like a U.S born child. However, the benefits

may not be sufficient to provide for the entire family needs, placing these households at risk for food insecurity.

### ***Current Interventions***

Through the theoretical framework of the Social Ecological model (*see, Appendix A*), which shows the interplay between policy, organizational, interpersonal, and individual levels of different factors that can put people at risk and how current prevention strategies are being used. At different levels, interventions were identified in addressing food insecurity for undocumented immigrants.

#### *Policy level*

Current interventions that have been made under the policy level is the CalFresh Program or federally known as the Supplemental Nutrition Assistance Program (SNAP), which helps low-income households in putting healthy and nutritious food on the table. Although this program aims to provide benefits to low-income families, there is an eligibility requirement where it is only open to U.S. citizens and legal residents. Despite this program qualification being for legal residents only, as of 2022 California opened a new program that aims to provide state funded CalFresh benefits through the California Food Assistance Program (CFAP). The budget bill that was passed included a proposal by Governor Gavin Newsom to allow age 55 and older non-citizens regardless of their immigration status to receive food stamp benefits. CFAP estimated that it would help between 690,000 to 840,000 undocumented immigrants ages 55 and older to be eligible for food assistance and not be food insecure (CalMatters, 2023). With this program currently in the developmental phase, it however has not been available yet. While the program is in the works, it is said that California would be the first state in the nation to remove exclusions from food assistance programs for undocumented immigrants. The Legislature passed



a 2022-23 budget of \$35 million for the expansion and may grow to \$113.4 million by 2025-26 after a few years of providing benefits and the increase of take ups (CalMatters, 2023).

However, when the Senate President Toni Atkins proposed a \$284 million budget to expand benefits to all undocumented immigrants regardless of age, the bill stalled and did not make it into the budget agreement.

Additionally, one other program that is advocating for the equitable access to food, resources, and opportunity is Nourish California. Their objective is to collaborate with community partners for policy change in making California a place where everyone can have the equitable access to food, health, and well-being. A campaign that they successfully have fought for and was able to pass was bringing equity to childcare nutrition programs. This is done by restoring the state funding for childcare meals for low-income families. A budget was signed into law, passing \$15 million in additional funding to help childcare providers and centers to serve meal to low-income children (Cannon, 2021). Furthermore, a policy that they are currently working on is the Food4All campaign where they would expand CalFresh to provide state-funded nutrition benefits to those residing in California regardless of their immigration status or age. The 2021-22 state budget issues an action of preparation for the implementation of Food4All campaign and CFAP to secure a long-term investment in providing nutrition benefits to those who are ineligible for CalFresh due to their immigration status.

### *Organizational Level*

At an organizational level, San Francisco-Marín Food Bank provides emergency assistance as well as weekly groceries in neighborhoods around San Francisco and the Bay Area. Those who are experiencing food insecurity hardships can use this source to find different food banks that are available to them in their community. When obtaining food there is very little to

basic information that are required by participants. Their effort is to focus on the immediate distribution of food while working to solve long term strategies in addressing hunger and empowering neighborhoods in need. Their strategy is to advocate for policy reform and program improvements that can address the root causes of hunger and improve social safety net at a local, state, and national levels. For those who live in the remote area of West Marin County, they started a mobile pantry food bank for those who are isolated and not able to get fresh groceries. Furthermore, the San Francisco-Marín Food Bank offers CalFresh outreach for low-income individuals and families to those who are eligible. They have successfully helped enrolled \$12.6 million families in obtaining the benefit to help buy groceries and have food on the table.

### *Interpersonal*

The level of food insecurity at an interpersonal level is affected by the factors of how an individual is influenced by who they surround themselves with. There are barriers that have been identified that limit the access to food program services. The main source is the language barriers that have been identified where limited information can only be exchanged, which makes it hard for individuals to apply to food assistance programs, reading food labels, asking for certain food items at the store, or food related information from media and printed materials like flyers or discounted coupons (Vahabi et al., 2013).

### *Individual*

At an individual level, factors that affect undocumented immigrants in food insecurity are limited food choices, the time available for food purchasing and preparation, and nonpublic transportation for individuals (Caswell et al., 2013). Even with few individuals obtaining food through other sources, individuals still face these hardships. The influence of food choices is

reflected through personal and cultural ideals. With the limited amount of cultural food, this makes it harder for undocumented immigrants to gain access to their food preference. Cultural food barriers are limited where an individual is limited to only obtaining the basic ingredients and produce or to Western food.

The socioecological model used above allows a better understanding of the challenges that undocumented immigrants face with food insecurity. California Food Assistance Program (CFPA) is currently still in the work and has not been fully implemented at this time. A fall to this program is that it is only targeting undocumented immigrants who are ages 55 and older to be eligible. There is a need to further address the remaining population of undocumented immigrants in which the Food4All campaign is currently trying to implement. Although there are current food banks that are in San Francisco, there is a remaining number of undocumented immigrants who are not aware of them. This is due to the limited resources, language barriers, and health literacy that they have. Being an immigrant in California means that there will be more Western food given at food banks. This makes it harder to get access to their own food preference that they have been accustomed to. Overall, undocumented immigrants in California face many barriers that are presented and by not addressing them it will cause poor health outcomes which will lead to more health disparities in California.

### **Methods**

A literature search was conducted using PubMed and Scopus. Search strategies included a combination of keywords that describe the topic of the paper (undocumented immigrants OR food insecurity OR California OR food assistance OR food programs). The search was then limited to free full text, English language only, and publication date between 2013-2023. The

criteria for inclusion include article reviews that mainly addressed food insecurity and undocumented immigrants. Additionally, a google search to gather other online sources was conducted for primary sources of data and a more in-depth description of programs that are currently in the intervention phase. This included key searches for Supplemental Nutrition Assistance Program (SNAP), San Francisco-Marin Food Bank, California Food Assistance Program (CFAP), CalFresh, Food4All campaign, Governor Gavin Newsom Budget Summary Proposal, and Food Insecurity in California.

### **Recommendations**

The following recommendations address in providing undocumented immigrants in California the accessibility to food resources. Each recommendation is targeted in addressing the gaps between food access and expansion of programs to create an effective and efficient system. Having an equitable food system is appropriate in targeting this population to protect the social system and further health disparities in California. The recommendations are shown through an expansion and outreach approach that can effectively be delivered in addressing food insecurity for undocumented immigrants. This approach is needed to improve overall health outcomes for individuals who are having a hard time in meeting eligibility requirements of current nutritional food programs.

#### **Expansion of California Food Assistance Program (CFAP)**

While the Governor's budget is expanding CFAP to all individuals ages 55 and older regardless of their immigration status, CFAP should also consider including undocumented immigrants' families with younger individuals who are ages 26 and under. This age is put into

perspective considering that undocumented immigrants make up 20 percent of the undocumented population in California and about 24 percent who are likely income eligible for CFAP (Legislative Analyst's Office, 2022). Although not having an age eligibility requirement is most desirably, it is however incredibly difficult to have funding for that amount of large population.

Funding can be established through federal governments, state general fund, and other state and local funds. While much allocation of funding will be from federal governments, it is important to consider having a portion of fundings from those who can provide consistent long-term funding that can grow over time. If major policy changes were to happen at the federal level, then that state will have difficulty in further expanding the state funding. CFAP can also use other states and local funding sources such as the California Health Care Foundation, which is a nonprofit philanthropy that works to improve the health care system of Californians.

Between fiscal year 2021-22 they have contributed \$14.77 million to improve access to coverage and care with their sole focus on Medi-Cal itself (Martinez, 2022). Additionally, financing from cities and counties with fees and taxes on food purchases at the grocery stores

With the expansion of CFAP to include families who have younger individuals that are ages 26 and under, there is a need for outreach that can ensure by enrolling in the program, the applicant's will impact their residency in the California in the effort to secure citizenships for the future. Outreach will also allow undocumented immigrants to be more aware and knowledgeable about the program and resources that is readably available to them. To allow more enrollment, from undocumented immigrants, there should be a consideration for applications and infographic flyers that can make it easier for them to understand.

## **Community Based Models for Outreach and Enrollment**

Increasing community-based models for outreach and enrollment is a great method that should be considered. With little food assistance programs and food banks available for undocumented immigrants, there should be a consideration of a language barrier and being able to speak English. There are accessible announcements and flyers about these different ways to get food, but what makes it hard for undocumented immigrants is that they are unable to read and understand what it is about. There needs to be an increase in health literacy and community outreach for families and undocumented immigrants who speak different languages. This will allow for them to be more aware and knowledgeable about the food assistance programs that they do have access to. Additionally, another method in creating outreach is for health providers to refer their patients to access in federal nutrition programs. By doing this, providers are giving them the knowledge and awareness that they do have such programs provided to them if they are unable to seek awareness elsewhere. Individuals can be given information and assistance in filling out the application through another department from the health care organization. Applications will be accessible in languages that will meet their needs and they will also be assisted with a consultant who can give them more information and help if needed. Being enrolled in federal nutrition programs is a step, but it is important to be able to obtain free or a reduced cost of food as well. While these programs, provide a certain amount of money to each family or person, there should also be a consideration of what would happen when that money runs out.

## **Increase of Cultural, Free, and Accessible Food**

There is a need to increase the amount and types of free and accessible food available through organizations like churches, food banks, and schools so people can have access to more

and healthier food. The increase of the variety of these foods will enable undocumented immigrants to have the access to free food within their community or neighborhood. With some undocumented immigrants unable to be enrolled in a food assistance program, this will be another alternative that can be provided to them with no questions about their age or status. Furthermore, food banks should also have different cultural food that allow undocumented immigrants to be familiar with their own food. Food banks tend to only provide the basic food or more Western food, which makes it hard on undocumented immigrants to be accustomed to the new food. Additionally, schools and health providers can provide information on where to get free food at food banks or provide vouchers or coupons on where to get free or reduced cost of food at stores and markets.

### **Discussion**

Food insecurity is linked to negative health outcomes such as heart disease, mental health disorders, and other chronic diseases. It is important to understand that these negative health outcomes stem in why health care professionals, policy makers and program administrators need to always improve health and well-being (Gundersen et al., 2015). The expansion of CFAP would be a great effort in helping with lowering the rates of food insecurity among undocumented immigrants when compared to the Medi-Cal expansion. This expansion expanded eligibility to low-income adults 50 years of age or older regardless of their immigration status. In doing so, it will help address health disparities of coverage to communities who have been disadvantaged. By applying and taking on this initiative to the expansion of CFAP, it will also help address food insecurity among the undocumented population.

It is important to find, mitigate, and resolve the problem before it becomes a bigger issue in the future. These recommendations will help aid in providing the accessibility of food for undocumented immigrants in California to lower the rate of food insecurity and lower the rate of health disparity.

### **Limitation**

Limitations to the recommendations is finding the population of where undocumented immigrants are residing to provide them with the outreach that they need in accessible food. There is an unsure number of how many undocumented immigrants there are in California because they are not providing their residency. This makes it hard to go to certain communities and spread the news about programs that give accessibility to food. Additionally, undocumented immigrants may not go get health check-ups and even if they were, they may not say that they are an undocumented immigrant. Health providers will then not be able to provide them with the information and vouchers or coupons. There is also a maximum limit as to where food banks can continue to provide free food to the public. If cultural food were also added, then this will make it harder on food banks to obtain such types of food.

### **Conclusion**

Food insecurity is a challenge for undocumented immigrants in California where it left people with limitations to food access. Currently, there are no programs that provide undocumented immigrants of all ages the accessibility to food. There is a need to address this issue and to combat the problem. This paper presented recommendations that can be made in policy changes in the expansion of CFAP to include families who have younger individuals that are ages 26 and under to be eligible. Additionally, it discussed the increasement of outreach



through addressing language barriers, health literacy, and the accessibility in cultural, free, and accessible for the targeted population. By drawing upon these recommendations, it will help California in lowering the rate of health disparities that is caused by a factor from food insecurity. Future research and studies should continue to monitor and see if there are increasement in food banks and programs that are helping undocumented immigrants specifically. They should assess and see the numbers of undocumented immigrants who are taking advantage of the resources that are provided for them. This will allow future organizations and policy makers to determine which community is more at risk so future implications can be made. It is important to mitigate the problem of the insecurity of food before it leads to further concerns for the future population.

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Appendix

