Key Comparisons from the 2011 California Dietary Practices Survey:
Opportunities for Improvement in the Health Behaviors of Low-Income Californians

The Nutrition Education and Obesity Prevention Branch (NEOPB) strives to create innovative partnerships that empower low-income Californians to increase consumption of healthy foods, decrease consumption of less healthy foods, increase opportunities for physical activity, and support food security with the goal of preventing obesity and related chronic diseases. Progress related to these goals is measured through surveys that track self-reported dietary behaviors and physical activity while also identifying challenges. This information is used to develop or modify interventions that promote healthy lifestyles. The California Dietary Practices Survey (CDPS) is one of three surveys implemented by the NEOPB. Conducted biennially, it surveys Californian adults aged 18 years and older. Seven key findings from the 2011 survey are summarized in this document. For each finding, comparisons are made across three groups (see box below). Each of the seven findings presented here are statistically significant (p<0.05). Additionally, low-income will represent the group that includes CalFresh participants and likely eligibles with household incomes at or below 130% of the Federal Poverty Level (FPL). Higher-income will refer to and be used interchangeably with those not eligible for CalFresh with household incomes above 185% FPL.

For more information about the survey questions and methodology, see the CDPS website: http://www.cdph.ca.gov/programs/cpns/Pages/CaliforniaStatewideSurveys.aspx#1

<table>
<thead>
<tr>
<th>COMPARISON GROUPS</th>
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<tr>
<td>CalFresh Participant</td>
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<td>Likely Eligibles, ≤ 130% FPL</td>
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<td>131-185% FPL</td>
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<td>Not Eligible, &gt;185% FPL</td>
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<td>Low-Income</td>
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<td>Insufficient sample size for analysis</td>
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<td>Higher-income</td>
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Finding 1

Obesity is disproportionately affecting low-income Californians.

Healthy weight is defined as a Body Mass Index (BMI) of less than 25. Overweight refers to a BMI of greater than or equal to 25, but less than 30. Obese is defined as a BMI of greater than or equal to 30. A major objective of Healthy People 2020 is to decrease the proportion of adults who are obese. The target is to see a 10% reduction by 2020.

In 2011, using self-reported height and weight data, we found that 73.5% of likely eligibles were overweight or obese. Both CalFresh participants and likely eligibles were significantly more likely to be overweight or obese and obese alone than those not eligible for CalFresh. With 36.5% of CalFresh participants obese, to meet the Healthy People goal, the obesity rate must be reduced to 32.9% by 2020.
Low-income Californians report cost as the primary barrier to eating more fruits and vegetables.

Increasing fruit and vegetable consumption is a primary goal of NEOPB, and understanding the barriers low-income Californians encounter is critical to providing effective nutrition education. The CDPS asks respondents for the main reason that they do not eat more fruits and vegetables.

A much higher percentage of low-income Californians reported expense as a barrier to consuming more fruits and vegetables than higher-income adults. The next most common reasons cited by low-income Californians were not being in the habit of eating them and that they take too much time to prepare. Additionally, 25% of likely eligibles reported availability, or not being able to find quality produce where they live and work, as a barrier. This was significantly higher for likely eligibles than CalFresh participants.
Finding 3

Low-income Californians have limited access to healthy food.

Access to healthy foods such as fresh fruits and vegetables, which includes components of expense and availability, has been linked with healthier eating, lower risks of obesity and related diseases, and other benefits.1

While 87% of those not eligible for CalFresh reported that they always or often had access to quality, affordable, and fresh fruits and vegetables, less than 63% of both CalFresh participants and likely eligibles reported the same.

Consistent Access to Healthy Food Was Reported by More Higher-Income Californians than Low-Income Californians

| Access to Quality, Affordable, and Fresh Fruits and Vegetables in Neighborhood |
|-------------------------------|-------------------------------|-----------------|
|                               | CalFresh Participant          | Likely Eligibles |
|                               | 62.2                          | 24.9            |
|                               | 60.3                          | 26.5            |
|                               | 87.0                          | 8.3             |
|                               | 12.9                          | 13.2            |
|                               | 13.2                          | 4.8             |

Access to Quality, Affordable, and Fresh Fruits and Vegetables in Neighborhood

- Always/Often (%): 62.2, 60.3, 87.0
- Sometimes (%): 24.9, 26.5, 8.3
- Seldom/Never (%): 12.9, 13.2, 4.8
Finding 4

More Low-Income Adults Drink Sugar-Sweetened Beverages

Sugary beverages can contribute to overweight and obesity.

Decreasing sugar-sweetened beverage (SSB) consumption among Californians is another focus of NEOPB. The 2010 Dietary Guidelines for Americans indicated that 36% of added sugar consumed by Americans is from SSBs. Sugary drinks have been linked to poor diet quality, weight gain, obesity, and type 2 diabetes in adults. Emerging from this is the recommendation to reduce consumption of added sugars in the diet and to specifically reduce consumption of SSBs. In 2011, nearly twice as many low-income Californians (50% and 47.8%) drank sugary beverages on the previous day as compared to higher-income Californians (25.8%).
Many low-income Californians are not meeting physical activity recommendations.

The 2008 Physical Activity Guidelines for Americans recommend that adults should do the equivalent of 150 minutes of moderate-intensity aerobic activity each week. In addition, adults should take part in muscle strengthening activities at least twice per week. However, in California, less than half of likely eligibles and fewer than 60% of CalFresh participants are meeting the basic aerobic recommendations, significantly fewer than those not eligible for CalFresh. An even smaller percentage of likely eligibles are achieving muscle strengthening recommendations: only 22.8% reported participating in such activity at least twice per week, as compared to 39.1% of higher income adults.
Low-income Californians could benefit from increased access to safe exercise facilities.

The availability of exercise facilities is associated with participation in physical activity. While 72.3% of higher-income Californians reported access to safe exercise facilities, less than 60% of low-income Californians reported the same. Correspondingly, a significantly smaller proportion of low-income Californians (less than 80%) than higher-income Californians (nearly 90%) report participating in any physical activity in the last month.

Low-income Californians spend too much time sedentary.

Hours of television viewing is one measure of sedentary behavior indicating physical inactivity. The U.S. Department of Health and Human Services emphasizes the risks of being inactive and recommends that all adults avoid inactivity. Time spent viewing television is a missed opportunity for physical activity. Both CalFresh participants and likely eligibles reported significantly more hours of television viewing time than adults not eligible for CalFresh. Though Healthy People 2020 does not have an objective regarding screen limits for adults, the objective for children aged 2 years to 12th grade is to increase the proportion who view television, videos, or play video games for no more than two hours per day. In turn, the CDPS uses two hours as a surrogate marker. In 2011, both CalFresh participants and likely eligibles reported television time that exceeded this limit.
Data Source
Data presented here are from the California Department of Public Health, Nutrition Education and Obesity Prevention Branch, Research and Evaluation Section, 2011 California Dietary Practices Survey.

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References