Health and Hunger through the Lens of Race, Ethnicity and Culture
Thanks to the support of the Walmart Foundation, what began in 2011 as an AASA initiative to implement alternative methods of serving breakfast in school in four school districts, has blossomed into a 30-district effort to alleviate hunger and food insecurity, reduce health disparities, eliminate stigmas associated with school breakfast, provide access to healthy foods, impact a variety of positive outcomes for students, bolster family economics, and embrace cultural preferences.
Dear Readers:

AASA, The School Superintendents Association, evidences its commitment to educational equity by supporting school system leaders to remove systemic barriers, address inequities in outcomes, and provide robust access to opportunities so that all children may succeed. We see feeding hungry children at school as a leadership issue and have always viewed health, hunger relief, chronic conditions and their relationships to learning and achievement through an equity lens.

In and out of the classroom, the United States is becoming more and more diverse. As demographics shift, so do our paradigms. The metaphor of the melting pot does not adequately describe the rich diversity of America. Eclectic or mosaic may be more appropriate terms as children maintain the values, customs and beliefs of their own cultures, while assuming some traits of the prevailing or dominant culture, like dress, language and food. Values, customs, beliefs and language are key cultural constructs that we must recognize, accept, affirm and use as tools to relieve hunger and increase healthy outcomes among racial and ethnic minority groups.

What follows are not AASA’s words, but the words of parents, students, school system leaders and other administrators that reflect the impact of race, ethnicity and culture on health and hunger. This information is the result of focus groups with African-American, Latinx, and Asian-American stakeholders. I would like to thank Rebecca Nelson Roberts, Kelly Beckwith and Kayla Jackson for their amazing commitment to and leadership of this work and Rebecca Shaw for her unfailing support. AASA is also grateful for the past participation of our sister organizations – the National Alliance of Black School Educators and the Association for Latino Administrators and Superintendents. Special thanks goes to the the students, parents, and administrators who shared their stories with us.

Sincerely,

Sharon Adams-Taylor
ASSOCIATE EXECUTIVE DIRECTOR
Hunger

Millions of low-income children are growing up in families that can barely afford to put food on the table. According to the U.S. Department of Agriculture, 15 million households experienced food insecurity in 2017. Children in 2.9 million households were food insecure at times during 2017. As in 2015 and 2016, the 2017 prevalence of food insecurity among children was near the 2007 prerecession levels of 8.3 percent. Populations with rates higher than average include Hispanic and Black non-Hispanic households, and households with an income below 185 percent of the poverty threshold. A study of 700 neighborhoods revealed low-income areas have access to half as many supermarkets as wealthy areas, and families of color have access to half as many supermarkets as white neighborhoods.

These data are not just numbers; they reflect real families, real children. They also reflect the reality many superintendents are seeing in local school districts—seemingly insurmountable want in a land of plenty. Hunger is a social justice issue, as are the health issues that arise from not eating enough, from eating too much, and from eating foods that do not nourish one’s body, mind and soul.

FINDING
Food insecurity and food deserts are a concern for African-American, Latinx and Asian-American students, parents and administrators. Social justice themes of poverty and access emerged.

“I have a couple of friends who struggle at home, so they depend on the food at school. On the weekends, they must figure it out.”
LATINX HIGH SCHOOL STUDENT

“Our parents do their best. They may not be able to make the healthiest of nutritional choices because they don’t have the money.”
LATINX ADMINISTRATOR

“The major grocery store chain moved out of the neighborhood because of high crime. It’s like economic racism.”
AFRICAN-AMERICAN PARENT

“There are real food deserts here. There are plenty of bodegas and make-shift supermarkets, but they are not selling real food.”
LATINX ADMINISTRATOR

“Two years ago, when we had to pay for breakfast at school, my daughter said she felt sorry for a friend who couldn’t afford breakfast or lunch.”
LATINX PARENT

“Hunger is a social justice issue.”
AFRICAN-AMERICAN ADMINISTRATOR

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“We have children in our district, specifically children of color, who do not know where their next meal is coming from or when it will be . . . whether the roof they sleep under tonight will be the same roof tomorrow.”
LATINX ADMINISTRATOR

“We have farmers’ markets in our county, but how can my community’s families get access to those markets without a means of transportation?”
LATINX ADMINISTRATOR

“Nearly 85 percent of our students qualify for free and reduced lunch. We do try to identify which kids are food insecure. While it is probably skewed a bit towards our Black families, the pool of students who are food insecure is diverse.”
ADMINISTRATOR

“Our goal in this district is to eliminate the look and feel of poverty.”
ADMINISTRATOR

“I have a heart for making sure that students that have so little actually have an equal opportunity to learn and equal access to learn by having a meal. And many of our students are so poor, they wouldn’t have an opportunity to have a meal if we didn’t provide it for them.”
LATINX ADMINISTRATOR
Health

Research indicates causal relationships between physical activity and academic success and between a healthy diet and cognitive performance. School system leaders understand these relationships and can bear witness that students perform better when they are physically active and think better when they have consumed nutritious food. Childhood obesity cuts across all categories of race, ethnicity, family income and locale, but some populations are at higher risk than others. Among those under age 19, 26 percent of Hispanics and 22 percent of non-Hispanic Black children are obese. Non-Hispanic Asians had lower obesity prevalence — 11 percent — than these other population groups.3

Children who are overweight or obese are at greater risk for developing chronic health problems including high blood pressure, heart disease, type 2 diabetes, stroke, asthma, joint problems and certain types of cancer. In addition, overweight and obese children are more likely to suffer serious social and psychological consequences because they are more frequently rejected by their peers, chosen less as friends and are generally not as well liked as normal-weight children.

Dietary practices are deeply rooted in history and culture, and food carries distinctive social meanings in communities of color. There may also be differences in preferences and beliefs about what’s real and what’s ideal in terms of body size and image. Parents generally see themselves as role models for eating right. Because of changes in school food and the opportunity to explore various fruits, vegetables and food preparation techniques, many students say they are encouraging their parents to eat better at home.

The obesity epidemic that has overtaken the US in the last 20-25 years is shaped by behaviors learned early from other important contributing factors or social determinants of health. These determinants are the conditions in which we are born, grow, live, work and play and are shaped by the distribution of money, power and resources at all levels. Examples include income/economic stability, education, access to health care, neighborhood and physical environment, social context, and race/ethnicity. Examining just one of these determinants — income—we know that the majority of students attending public schools live in low-income families. In addition, 45 percent of Latinx students, 44 percent of African-American students and 34 percent of Asian and Pacific Islander students attend schools considered extremely high poverty, with “high poverty” defined as schools where more than 75 percent of the students are eligible for free-and reduced-price meals.4

Maintaining good health, consuming a nutritious diet, having consistent access to health care, and managing a chronic disease can be challenging for families living in or near poverty. Addressing social determinants of health is a primary approach to achieving health equity, where everyone has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of their social position or other socially determined circumstance.

“As a big city district, we can say with some predictability what health issues are important, like asthma and diabetes. When we collect data, it’s ours, but when a health partner in the community collects the data, they may or may not share data due to HIPPA concerns. Our kids have a lot of health issues, mental health issues and some significant mental illness.”

ADMINISTRATOR

“In my community, we are very concerned about diabetes among adults and children. Recruiting school nurses was a priority for me. Local funds pay for our four registered nurses and 12 licensed practical nurses so that there is a nurse in every school building every day.”

LATINX ADMINISTRATOR


**Finding**  
Nutrition and exercise habits are often changed because of personal or family illness.

“My little brother is overweight. He is eating healthier now, which means our whole family is eating healthier.”  
LATINX MIDDLE SCHOOL STUDENT

“My sister has high cholesterol so she’s on a strict diet. My whole family is eating healthier as well.”  
LATINX MIDDLE SCHOOL STUDENT

“My sister is a high school junior and has diabetes. She is on track to lose weight and carries snacks in her backpack to adjust her sugar levels.”  
LATINX HIGH SCHOOL STUDENT

“We have eliminated all sugar, fried foods, including our traditional tacos and fajitas, white bread, and whole milk from our breakfast and lunch menus and have periodic health fairs where we test blood pressure and blood sugar because of the number of students and adults with high blood pressure and diabetes in our district.”  
LATINX ADMINISTRATOR

“I fry food less and do more baked meats. I’ve added more vegetables, and use less salt, substituting the salt for spices like cumin.”  
AFRICAN-AMERICAN PARENT

“My wife’s feet started swelling up. So, a couple of years ago, our family stopped eating wheat. Since then, we have eliminated fats and pushed more vegetables. Our high schooler is more conscious of what she eats. It’s a cultural thing…what we’re eating, how much we’re eating and what we are not eating. For us, it matters. We’ve made some changes and noticed some good things.”  
LATINX PARENT

“My mother died of a heart attack. I believe in prevention and jog three miles four times per week. My family participates in an exercise regime. We have changed our diets dramatically.”  
LATINX ADMINISTRATOR

“I had a triple bypass 14 months ago, so this is personal. I lost weight and have been able to maintain my weight loss. I work with my nieces to ensure they are educated and aware of the consequences of unhealthy eating/lifestyle choices.”  
LATINX ADMINISTRATOR

“My family eats a lot of fried foods at home. There is lots of fried food in my Vietnamese culture.”  
ASIAN-AMERICAN STUDENT

“School food doesn’t represent my culture…white rice at home, brown rice at school.”  
ASIAN-AMERICAN STUDENT

“This is the South; we eat grits for breakfast!”  
AFRICAN-AMERICAN ADMINISTRATOR

“You have to have barbacoa. That is all there is to it!”  
LATINX ADMINISTRATOR

“I eat more carbs and filling food at home than at school.”  
ASIAN-AMERICAN STUDENT

“I make special waters from the Mexican culture rather than give my children sweetened juices.”  
LATINX PARENT

“In our culture, as a courtesy, we insist on a second or third serving of food. We are brought up with the joy of eating.”  
LATINX PARENT

“In some cultures, heaviness is equated with being healthy. If you are skinny, you are perceived as unhealthy.”  
AFRICAN-AMERICAN PARENT

“My child likes when school food choices represent our culture…like orange chicken instead of mac and cheese. This affects whether she eats the school meals in general.”  
AFRICAN-AMERICAN PARENT

“I am not willing to try new foods at home. I am person of routine and in my culture, children eat what they are served.”  
AFRICAN-AMERICAN PARENT

“No one takes the time to cook anymore. This is a microwave society that focuses on convenience and instant gratification. Technology is both a burden and a blessing.”  
AFRICAN-AMERICAN PARENT

“I not only want nutritious foods for my children; I also want foods that reflect the values of my community.”  
AFRICAN-AMERICAN PARENT

“We should be involved in planning the breakfast program to help with diversity. It’s important because we, the students, eat the food.”  
LATINX STUDENT

**Finding**  
Many question whether eating healthy means relinquishing part of their cultural heritage and conforming to the dominant culture. Culture may have a greater influence than biology on eating habits and attitudes towards food and body weight.

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LATINX STUDENT
Benefits Of Alternative School Breakfast Models

There are many reasons for supporting alternate ways of serving breakfast in school, but the results are the same: fewer hungry students in schools; improved attendance; less tardiness; fewer visits to the nurse’s office; fewer suspensions; and better academic outcomes.  

FINDING

African-American and Latinx students, parents and administrators understand the benefits of eating breakfast and appreciate models of serving school breakfast that encourage more students to eat healthy foods.

“Breakfast comes straight to our classroom. I now spend less time trying to get breakfast and more time eating it.”

African-American Middle School Student

“I’m thankful for school breakfast because it is good . . . eating breakfast at school has helped me so much in my life and has improved my skin.”

Latinx Middle School Student

“So many of our students were not eating a nutritious breakfast, and I would watch them start each day going to the corner store buying chips, sugary drinks, and coming to school and eating these things. And then they couldn’t focus, they couldn’t concentrate. It is important to eat a healthy breakfast to learn.”

Latinx Administrator

“Breakfast is essential; it’s important—it’s where you get your energy. If I don’t eat, I can’t focus. I can’t function in class.”

Latinx Middle School Student

“Whenever I don’t have breakfast, I shut down and I’m less aware.”

Latinx Middle School Student

“A lot of people used to go to the nurse in the morning, but now there are not so many.”

Asian-American Middle School Student

“Breakfast is convenient and efficient. We clean up as we go, so no mess. Even when we’re late, we still have a chance to eat.”

Latinx Middle School Student

“It’s efficient. Lines are fast. Everything is in little baggies. They give it to you, and you can take it to class.”

Asian-American High School Student

“My kids eat breakfast at school every day. They get to school early to make sure they don’t miss the carts.”

Asian-American Parent

“My daughter wants to hurry up and get to school. That child no longer ‘drags her feet.’”

Asian-American Parent

“Since the breakfast program began, my children are calmer in school, so they can be more focused.”

Asian-American Parent

“Because of school breakfast, my child can wait longer between meals and bad snacking has stopped.”

Asian-American Parent

“Having carts at both gates is important. It is a comfort to me that my child know that breakfast is there for her.”

Asian-American Parent

“I know my child will not go hungry since the district started offering breakfast to every student in Newburgh.”

Latinx Parent

“My children like trying to make their own salads more since the breakfast program, which focuses on healthy eating, started at their schools.”

Asian-American Parent

“Breakfast in the classroom is a different way of doing business. It is cheap, and you get huge benefits from it.”

Administrator


6 HEALTH AND HUNGER THROUGH THE LENS OF RACE, ETHNICITY AND CULTURE
FINDING

African-American, Latinx and Asian-American students, parents and administrators explicitly stated there are issues around economics, time, and enhanced opportunities for social and emotional learning, communication and reduction in stigma.

“The cafeteria is a hard place to drop a kindergartner off. For the first week of school students report to the cafeteria. Every day my child was crying and saying that the cafeteria was too loud. The classroom is a better place to start day and have breakfast.”

AFRICAN-AMERICAN PARENT

“The cafeteria was loud and crazy... there would be fights in the cafeteria during breakfast time. I like breakfast better in the classroom. No fights, no stabbing with forks, people stop screaming, no jumping on tables. Now we just talk to each other.”

AFRICAN-AMERICAN ELEMENTARY STUDENT

“Breakfast in the classroom means you can have a good time with your friends and get energy for the day.”

LATINX STUDENT

“Our alternative school breakfast program is an impetus for children to come to school early or on time so they can eat breakfast with their classmates. It has helped to promote a positive culture and climate in our schools.”

AFRICAN-AMERICAN ADMINISTRATOR

“We look at the breakfast program as communal and relationship building... making sure children have breakfast is not just to get them some calories.”

ADMINISTRATOR

“Who’s for kids and who’s just kidding? There is a need for leadership and making this a priority. If we really want to take care of the kids, we will work alternative ways of serving breakfast into the school day.”

ADMINISTRATOR

“My family does not live near the school. We must leave the house at 6:30 a.m. My 8th grader looks forward to breakfast at school as her lunch period is at 1 p.m.”

ASIAN-AMERICAN PARENT

“I like breakfast in the classroom because we can talk about something serious, like how a guy in the neighborhood was stabbed last night.”

AFRICAN-AMERICAN ELEMENTARY STUDENT

“We know students who have not had their most basic needs satisfied may not have the energy to work towards academic success. Through leading a universal breakfast program, our district provided the mechanism for students to have this need met while preserving their social standing and preventing ridicule and harassment.”

AFRICAN-AMERICAN ADMINISTRATOR

“Now I can just eat in my classroom and my parents don’t have to pay for breakfast because it’s free. My parents have more money to buy other things for me and my sister.”

AFRICAN-AMERICAN MIDDLE SCHOOL STUDENT
What Should Be Done?

We know that the children at the other end of the achievement gap were the same children at the other end of the health gap and many face food insecurity. From firsthand experience, school administrators have frequently observed that the children who weren’t performing as well academically were also the children that lacked access to quality health care, nutrition and physical activity. What soon became clear is that to better address the needs of children of color, AASA needed to learn from and work alongside schools, communities and like-minded organizations, and align our theories, models and strategies.

AASA examines local and state policies that encourage healthy environments in school, including the nutrition environment. Creating the environment in schools for this to occur is essential. The role that schools must play in the lives of students is complex and ever-expanding. To ensure that students are ready and able to achieve academically, schools must be poised to meet the myriad health, emotional and social needs that can negatively impact students’ academic achievement if they go unmet.

School districts understand that time spent on reinforcing healthy habits, like increasing access to nutritious foods, or making physical activity and health education more readily and consistently available, translates into knowledge and behaviors that can have a positive impact on health, classroom behavior and academic performance.

Finding

African-American, Latinx and Asian-American students, parents and administrators have important recommendations for schools and other agencies about healthy eating and health education. They also state the value of healthy meals being culturally relevant.

“Some of the more ethnic foods, like chorizo, that appeal to Latinx students should be on the USDA list of approved foods.”

LATINX STUDENT

“School breakfast and lunch should include water and milk substitutes for lactose intolerance.”

ASIAN-AMERICAN HIGH SCHOOL STUDENT

“I feel that there needs to be a comprehensive program to emphasize quality of life and the effects on overall health established in school districts.”

LATINX ADMINISTRATOR

“School districts need the courage to have the conversation with our communities. Then making the changes needed becomes easier. The key is doing what’s right for the kids.”

ADMINISTRATOR

“Schools can take this on. We need to be held accountable.”

ADMINISTRATOR

“If a child needed extra help with schoolwork, we would help them. We must help children learn how to address their health.”

LATINX ADMINISTRATOR

“We need to empower children to make the right decisions and choices and not just tell them what they need.”

AFRICAN-AMERICAN ADMINISTRATOR

“School policy must be examined to determine what policy revisions are eminent to ensure healthy lifestyles and greater physical activity among school-age youth.”

AFRICAN-AMERICAN ADMINISTRATOR

“Schools must continue to teach about healthy eating after elementary school. Continue to teach about healthy lifestyles in the middle and high schools.”

AFRICAN-AMERICAN PARENT
“Healthy eating activities are taking place in many schools at the operating level. To reach the critical masses, the issue must be raised to the level of school boards and superintendents and develop systemwide policy.”

AFRICAN-AMERICAN ADMINISTRATOR

“Vending in our district used to bring in a half million dollars annually. Three years ago, we began making changes to our vending policies and to consider healthier options. All candy and chips were replaced with healthy snacks. Now, there are no carbonated or sugar-laden beverages sold in our system. Some revenue was lost, but a tax levy was passed to make up the money that use to come from vending unhealthy food.”

ADMINISTRATOR