# Strategy Guide: The “5 W’s” of Increasing CalFresh Enrollment in LA County



## Who

An estimated **512,000-854,000 LA County households** with incomes <200% of the federal poverty level (FPL) are not enrolled in CalFresh, but may be eligible — representing the primary target for enrollment outreach efforts.

### The majority of these residents are:

- Hispanic*, female*, 18-49 years old
- Employed*
- Household income <$30,000
- Living with a spouse or partner*
- Don’t have children in the household
- Born in the U.S.
- Not receiving WIC or disability benefits
- High school diploma as highest education level

Also, many (~40%) were born outside the U.S., and many experience health challenges and chronic disease.

*Groups marked with an asterisk (*) have especially low enrollment rates and should be prioritized for outreach.*

Source: USC’s Understanding America Study (UAS), 2024-2025, a nationally representative internet panel of approximately 15,000 U.S. residents. Analysis conducted by: Dr. Kayla de la Haye, UCLA Fielding School of Public Health

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## What



**Prioritize Hispanic communities:** culturally tailored, Spanish-language materials from trusted community messengers.

**Reach immigrants & mixed-status households:** address fears about public charge and immigration enforcement; clear eligibility messaging.

**Prioritize workplace and trusted community messaging channels:** (e.g. CBOs, schools); public transit ads are likely less effective.

**Target working families:** workplace-based outreach in low-wage sectors, with clear messaging on income eligibility.

**Invest in hard-to-reach households:** cross-program referrals (e.g. WIC) work well; also reach those with no safety net connection.

**Leverage healthcare settings:** community health workers, clinics, and care providers can help reach under-enrolled households.

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Outreach should focus on regions with high under-enrollment, in cities with both high and low wealth. This table lists each city's CalFresh Gap: the estimated number of CalFresh cases per 100 families living <200% FPL in 2022 (Source: County of Los Angeles). A lower number means a higher level of under-enrollment.

**Table 1. Cities across LA County with the highest to lowest levels of under-enrollment in CalFresh, based on their CalFresh Gap (lower number = larger gap)**

| Highest under-enrollment | | Above average under-enrollment | | Below average under-enrollment | | Lowest under-enrollment | |
|---|---|---|---|---|---|---|---|
| City | CalFresh Gap | City | CalFresh Gap | City | CalFresh Gap | City | CalFresh Gap |
| Palos Verdes Estates | 23 | Westlake Village | 86 | Downey | 110 | Irwindale | 143 |
| Rolling Hills | 31 | Paramount | 89 | City of Industry | 114 | Long Beach | 151 |
| San Marino | 34 | Manhattan Beach | 91 | Beverly Hills | 114 | Carson | 152 |
| Hidden Hills | 39 | Monterey Park | 92 | La Mirada | 114 | Pasadena | 153 |
| La Habra Heights | 57 | Artesia | 93 | Whittier | 116 | Compton | 156 |
| Bradbury | 60 | Lawndale | 94 | Cerritos | 116 | Signal Hill | 157 |
| Bell Gardens | 62 | Malibu | 95 | Santa Fe Springs | 117 | Norwalk | 159 |
| El Segundo | 62 | La Puente | 95 | Pico Rivera | 119 | Lomita | 166 |
| Maywood | 66 | Temple City | 101 | Glendora | 120 | Burbank | 167 |
| Cudahy | 68 | Torrance | 103 | Hermosa Beach | 121 | Inglewood | 168 |
| Bell | 68 | Alhambra | 103 | Gardena | 121 | Santa Monica | 171 |
| Walnut | 70 | Rosemead | 104 | Covina | 125 | Glendale | 176 |
| Arcadia | 70 | Montebello | 104 | Palmdale | 125 | El Monte | 188 |
| Rolling Hills Estates | 71 | Baldwin Park | 106 | Calabasas | 126 | Redondo Beach | 198 |
| Huntington Park | 71 | San Gabriel | 106 | Sierra Madre | 127 | Culver City | 198 |
| Rancho Palos Verdes | 72 | Bellflower | 106 | San Dimas | 128 | Lancaster | 236 |
| Agoura Hills | 77 | Monrovia | 107 | Lakewood | 128 | Los Angeles | 253 |
| La Cañada Flintridge | 78 | Azusa | 107 | Duarte | 129 | Pomona | 279 |
| South Gate | 79 | South Pasadena | 107 | West Covina | 134 | Vernon | 309 |
| South El Monte | 79 | Diamond Bar | 107 | Claremont | 135 | Hawthorne | 576 |
| Lynwood | 80 | La Verne | 108 | Santa Clarita | 137 | West Hollywood | 611 |
| Hawaiian Gardens | 82 | Commerce | 108 | | | | |
| San Fernando | 82 | | | | | | |

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## Where

Outreach should also focus where significant CalFresh gaps are coupled with other barriers to food access. This table shows food access risk across LA County Service Planning Areas, with South LA, Antelope Valley, and East LA at highest risk.

| SPA | CalFresh Gap (lower = larger gap) | % Food Insecure | % Food Deserts | Healthy Places Index | Overall Food Risk Score |
|---|---|---|---|---|---|
| West | 330 | 9.8 | 0 | 0.74 | **4** |
| San Fernando | 176 | 13.6 | 0.2 | 0.53 | **8** |
| San Gabriel | 129 | 12 | 0.2 | 0.49 | **9** |
| Metro | 327 | 16.3 | 0.1 | 0.39 | **9** |
| South Bay | 183 | 12.3 | 0.2 | 0.51 | **9** |
| East | 107 | 13.2 | 0.3 | 0.38 | **12** |
| Antelope Valley | 171 | 13.8 | 0.6 | 0.3 | **14** |
| South | 149 | 16.8 | 0.5 | 0.14 | **15** |

**CalFresh Gap:** CalFresh Cases per 100 families <200% of the federal poverty line (FPL) in 2022 (Source: County of Los Angeles)
**% Food Insecure:** the estimated percent of residents who experienced food insecurity in 2022 (Source: Feeding America)
**% Food Deserts:** the percent of households living in a low-income, low-access food desert (Source: USDA)
**Healthy Places Index (HPI) 3.0**: a score by census tract that combines 25 community characteristics, like access to healthcare, housing, education, and more, into a single indexed HPI score. The healthier a community, the higher the HPI score (Source: Public Health Alliance)
**Overall Food Risk Score:** a combined score of the level of risk across the four indicators, with higher scores indicating the highest level of barriers to nutritious food access.

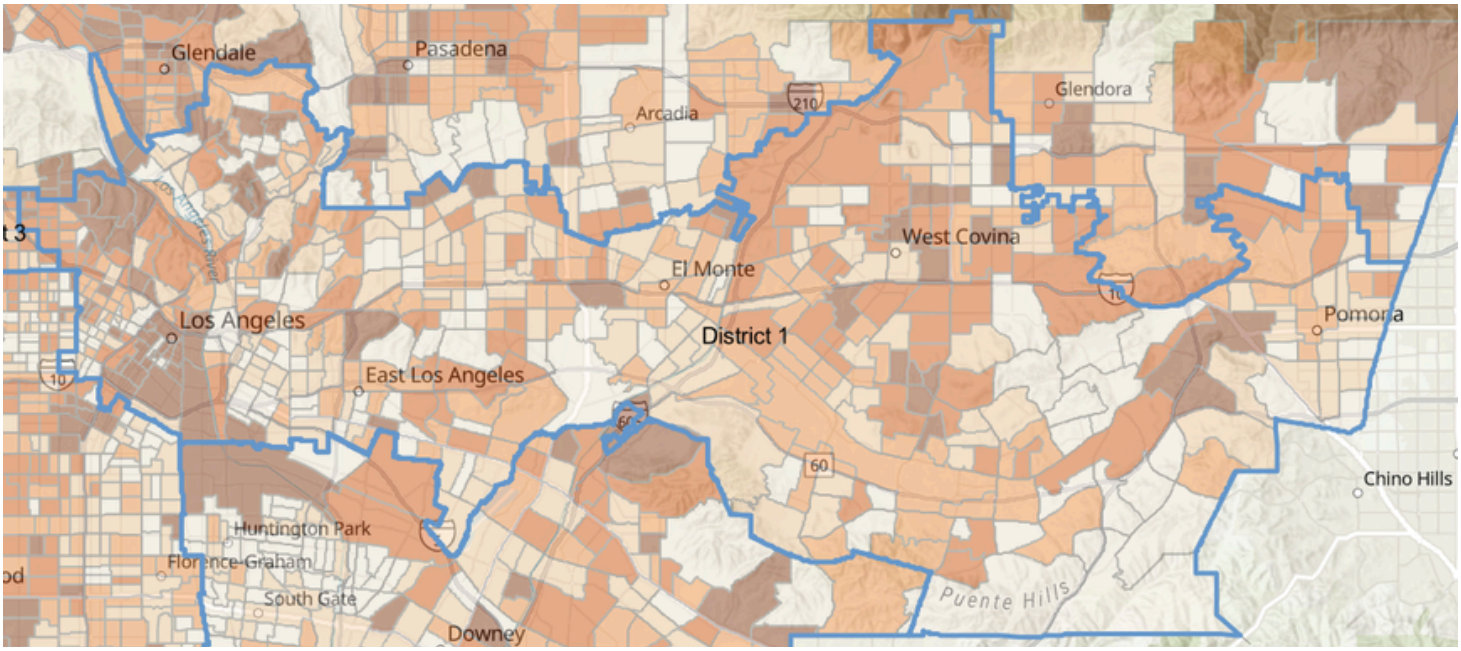
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## Where

Light-colored neighborhoods – often clustered in higher-income areas and South and East LA – have the highest rates of under-enrollment. Explore this data and more at [Food Base LA]




**Supervisorial District 1**

(Downtown LA, East LA, San Gabriel Valley, unincorporated communities up to San Bernardino County line)

**CalFresh Gap**

Calfresh Cases per 100 Families below 200% of FPL

- 0 - 73.51
- 73.52 - 93.81
- 93.82 - 118.01
- 118.02 - 171.01
- 171.02 - 23436

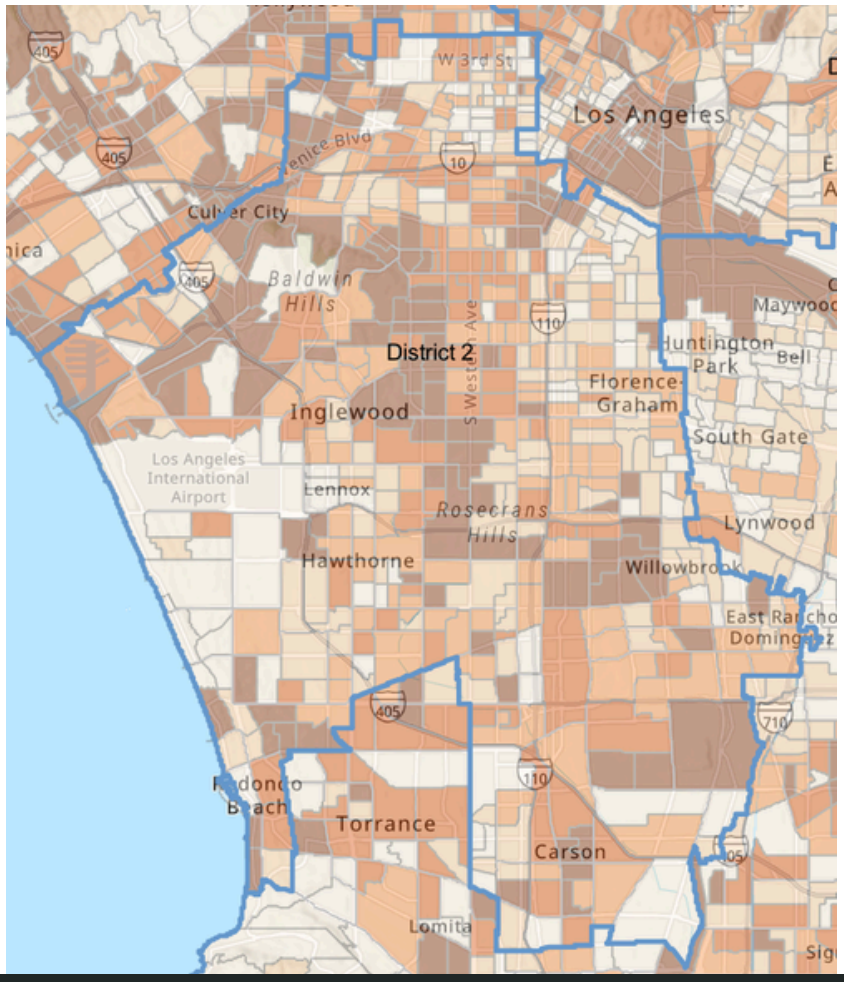
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**Supervisorial District 2**

(South Bay to Koreatown)

**CalFresh Gap**

Calfresh Cases per 100 Families below 200% of FPL

- 0 - 73.51
- 73.52 - 93.81
- 93.82 - 118.01
- 118.02 - 171.01
- 171.02 - 23436

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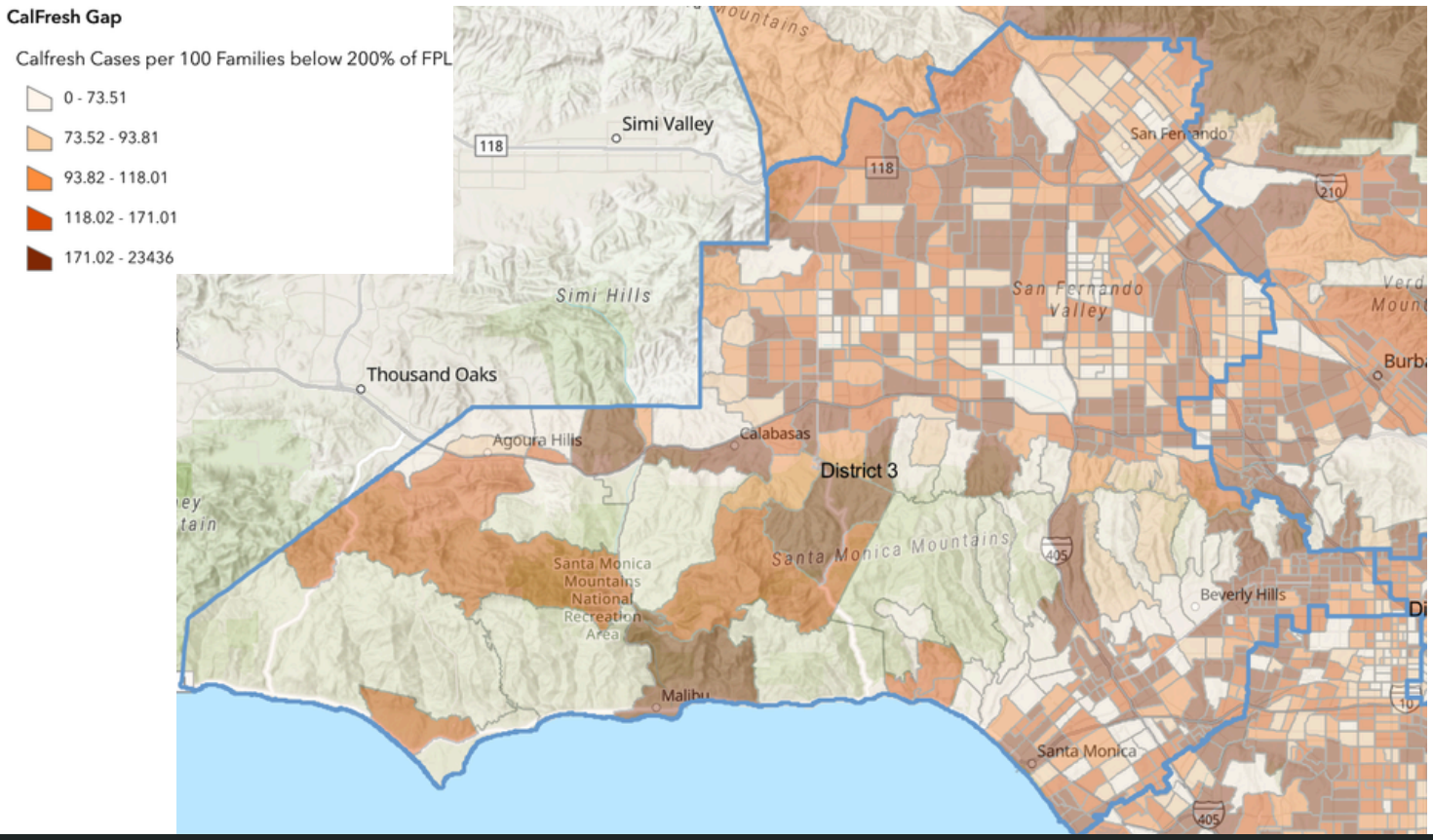
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### Supervisorial District 3

(Ventura County line to Santa Monica and Hollywood to Sylmar and San Fernando)




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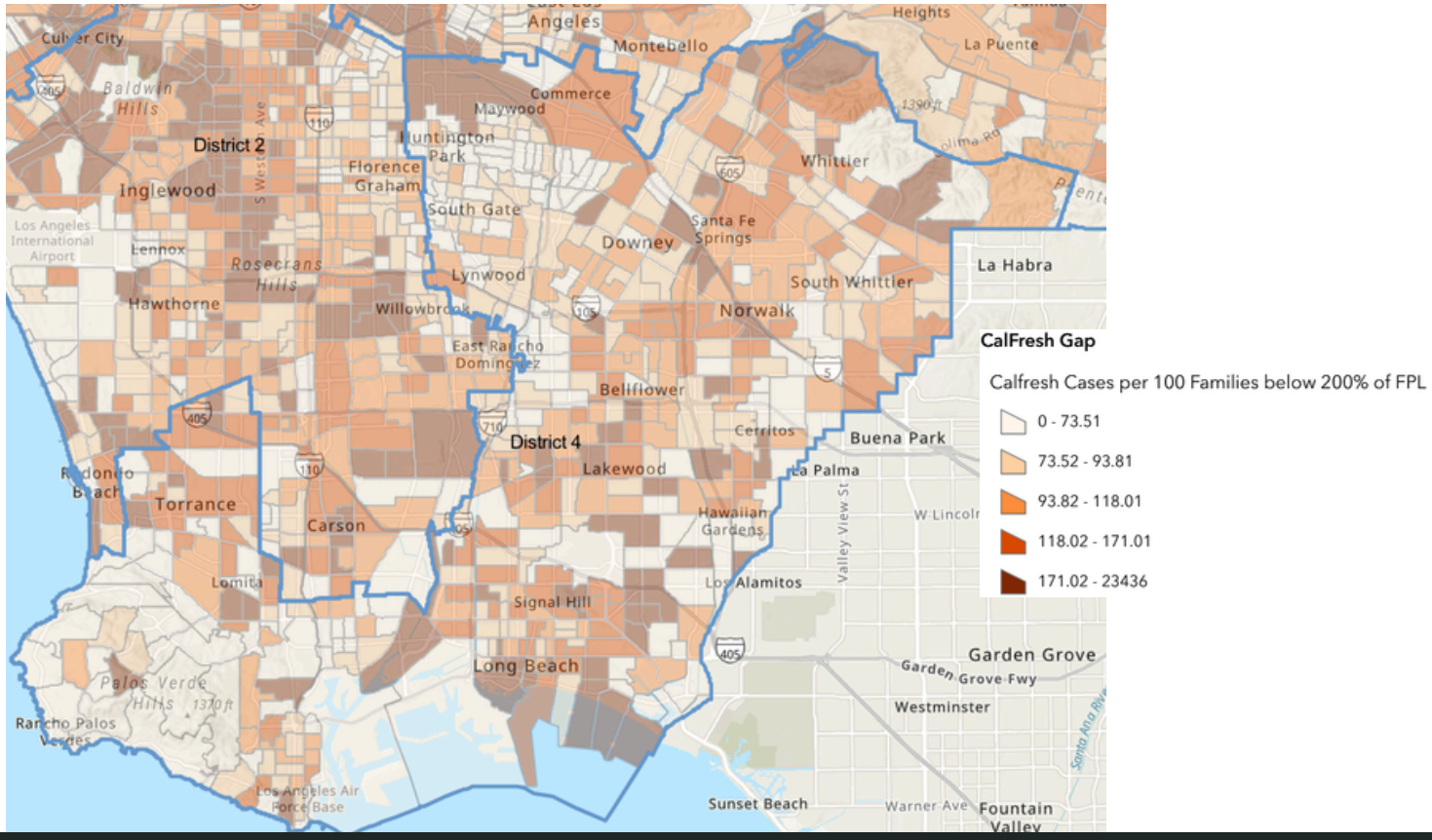
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### Supervisorial District 4

(Torrance and the Palos Verdes Peninsula through Long Beach and the Gateway Cities)




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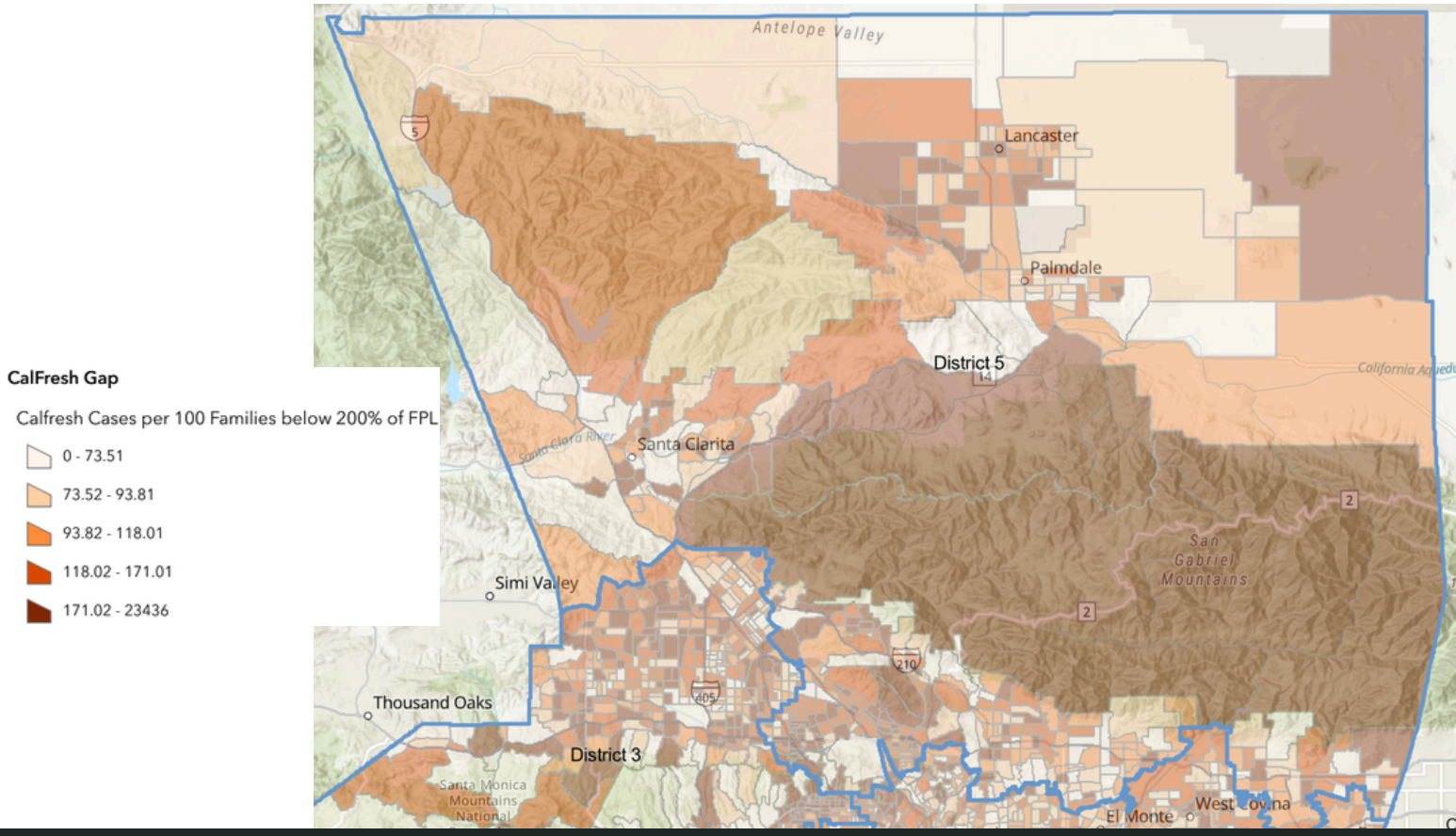
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### Supervisorial District 5

(Touches the Ventura, Kern, and San Bernardino County lines)




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## When



**Two focal segments for enrollment outreach - target by readiness, not just demographics:**

### 1. Unaware households

- Unaware of CalFresh and/or their potential eligibility; not considering enrollment
- Need awareness messaging about CalFresh, its benefits, and next steps

### 2. Aware of CalFresh, but not enrolled

- May be considering participation, but haven’t taken steps to enroll
- Need messaging that normalizes program use and makes enrollment feel worthwhile and achievable

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Source: Interviews with 30 study participants from USC’s Understanding America Study of adults 18 and older, living in Los Angeles County, with household income <200% of the federal poverty level (FPL). 16 participants were currently enrolled in CalFresh, and 14 participants were not. Interviews were conducted from February-March 2026.

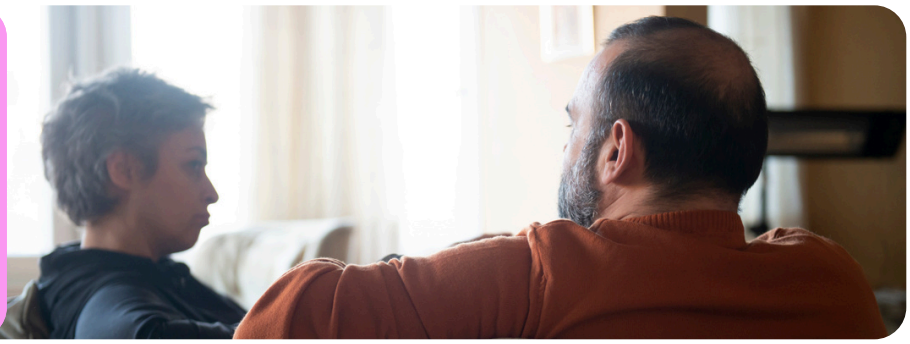
Interviews and analysis conducted by: Lila Rabinovich & Tabasa Ozawa, USC Center for Economic & Social Research; Dr. Wändi Bruine de Bruin, USC Price School of Public Policy; Dr. Kayla de la Haye, UCLA Fielding School of Public Health

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## Why



## Enrollment barriers residents face:

**Informational Barriers:** People think they won’t qualify because they are employed, their income is too high, or they are not disabled.

↓

"I think because I work and dad works, so I feel like I'm not eligible."

**Programmatic Barriers:** People think benefits will be too low, the process too burdensome, or it will affect their immigration status.

↓

“It's difficult...like waiting on hold, trying to get somebody to communicate with you."

**Psychological Barriers:** People feel they don't need help, experience stigma, or feel too overwhelmed to take action.

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“I don't want to take away something for people that really need a program when I know we're doing okay.”

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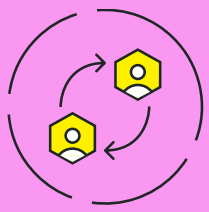
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## Why

## CalFresh & H.R.1 (the One Big Beautiful Bill Act, OBBBA)

### What our research found:

- Awareness of H.R.1 among likely-eligible LA County residents was low and often inaccurate
- Most participants had no knowledge of upcoming changes
- Common misconception was that CalFresh restricts what foods can be purchased — not true in California
- Awareness of work requirements was limited and vague

### Implications for outreach:

- Correct the myth that there are new restrictions on what foods can be purchased — it is actively deterring enrollment
- Clarify who is affected by work requirements — many are unnecessarily self-excluding
- Counter the chilling effect of uncertainty — benefits are available now; encourage people to enroll before further changes take effect

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**November 2026**

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## How



**Addressing Informational Barriers:** Information campaigns tackling gaps and misperceptions; target audiences; use trusted info sources.

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**Example Campaign***

"You May Qualify" campaign to potentially eligible residents via trusted organizations or peer-to-peer outreach

**Addressing Programmatic Barriers:** Reduce program friction

↓

**Make Signing Up Easier**

- Simplify forms
- Reduce steps & effort
- Increase benefit minimums
- Train staff to support; be sensitive to stigma

**Addressing Psychological Barriers:** Use motivational messaging (non-shaming); leverage social norms (e.g., 'many of your neighbors use CalFresh'); engage program participants as peer messengers; deliver outreach through trusted partners

↓

**Example Campaign***

"Groceries cost more for everyone. CalFresh helps your dollars go further."

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Sources: USC's Understanding America Study (UAS), 2024-2025; Fresh Ideas for CalFresh, LA Food Policy Council, March 2022. Analysis conducted by: Dr. Wändi Bruine de Bruin, USC Price School of Public Policy; Dr. Kayla de la Haye, UCLA Fielding School of Public Health. *Messaging recommendations should be tested before implementation.

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# How Recommended Outreach Settings

**Organizations supporting Hispanic, Black, AAPI, and immigrant communities**

- 59% of under-enrolled residents are Hispanic
- 38% were born outside the U.S.
- Need to address immigration-related concerns

**Cross-program referrals**

- Strengthen cross-enrollment + also reach beyond safety net: many under-enrolled residents not in other programs
- Reach people in moments of transition (job loss, diagnosis, childbirth)

**Working individuals and families**

- Majority of under-enrolled residents are employed, and myths that employment makes people ineligible persist.
- Target outreach at workplaces in low-wage sectors, job fairs, and training centers.

**Healthcare settings (health clinics, ERs, healthcare providers, community health workers)**

Of likely under-enrolled residents:

- The majority don't report very good health
- More than 1 in 3 (35%) have high blood pressure and more than 1 in 5 (22%) have diabetes
- Almost 1 in 3 (31%) report food insecurity

*Healthcare: a natural opportunity for enrollment outreach.*

**Organizations serving wildfire survivors**

18% of under-enrolled residents reported negative health impacts following the January 2025 wildfires

**Non-transit channels**

74% of under-enrolled residents don't use public transit

- Schools and colleges; churches and faith-based organizations; business and employment organizations

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## How

## Potential Context-Specific Messaging Recommendations: Community, General Audience

**Goal:** broad awareness + motivation, normalize CalFresh as a program used by many Angelenos, correct myths about policy changes to CalFresh
**Channels:** community organizations, faith-based organizations, general outreach

***Messaging should be tested before implementation***

### Unaware of CalFresh with Informational Barriers

- “Fresh food is closer than you think. That's CalFresh.”
- “You might be surprised what you qualify for. Ask about CalFresh.”
- “Groceries keep getting more expensive. CalFresh helps stretch what you've got.”
- “Over 1 million Angelenos use CalFresh to put food on the table — you could too.”

### Aware of CalFresh, with Psychological Barriers

- “Groceries cost more for everyone. CalFresh helps your dollars go further.”
- “Your neighbors use CalFresh to put fresh food on the table — you can too.”
- "In California, CalFresh still covers the foods you need. Apply today."
- “Heard CalFresh is changing what you can buy? Not in California. You still choose."
- “Working, job training, studying, or caring for family? You may still qualify for CalFresh. Find out today."

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## How

## Potential Context-Specific Messaging Recommendations: Workplace

**Goal:** reach working people in low-wage sectors; counter the myth that employment disqualifies you

**Channels**: job centers and fairs, training centers, chambers of commerce

***Messaging should be tested before implementation***

### Unaware of CalFresh with Informational Barriers

- “CalFresh is available to people who work. Find out if you qualify.”
- “You work hard. CalFresh helps your paycheck go further.”
- “Working full time and still stretched thin? CalFresh is designed for people like you.”

### Aware of CalFresh, with Psychological Barriers

- “Working families use CalFresh every day — yours could too.”
- “Many of your coworkers use CalFresh to help make ends meet — you can too.”

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## How

## Potential Context-Specific Messaging Recommendations: Healthcare

**Goal:** health and nutrition-focused awareness and motivation through trusted clinical messengers

**Channels:** community health clinics, emergency rooms, community health workers, healthcare providers

***Messaging should be tested before implementation**

### Unaware of CalFresh with Informational Barriers

- “Better nutrition is within reach — ask about CalFresh today.”
- “Better food. Better health. That’s CalFresh.”

### Aware of CalFresh, with Psychological Barriers

- “More patients than you'd expect use CalFresh to eat well — could you?”
- “Food is medicine. CalFresh helps fill the prescription.”

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