

Tracking CalFresh Participation among Young Children

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In addition to helping [prevent hunger](#), CalFresh participation among young children is a highly effective public investment, associated with better health, education, and economic [outcomes in the longer run](#). In 2020, [PPIC research found](#) that roughly half of all children born in 2012 received food assistance from CalFresh by the time they turned 6, typically for about 12 months. In the past decade, California has seen several years of strong economic growth as well as pandemic-induced shutdowns and expansions of the safety net.

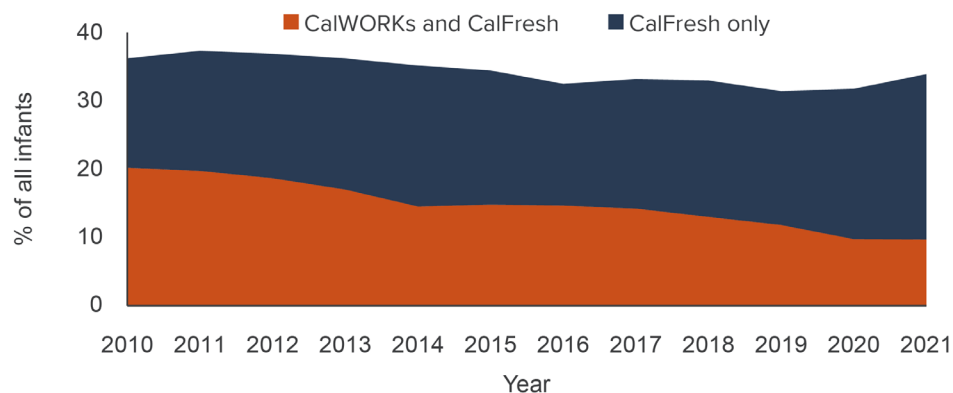
Given the major economic changes the state has experienced since the early 2010s, we wanted to see whether and how CalFresh participation has changed among young children. About one in three infants were enrolled in CalFresh each year between 2010 and 2021. Enrollment continues to vary across the state, largely reflecting statewide variation in incomes and costs of living. Geographic differences in early enrollment rates, however, suggest that decisionmakers could do more to help eligible families get timely support when they have a newborn.

About a third of infants are enrolled in CalFresh each year

California's strong economic growth over the last decade helped drive down CalFresh enrollment, as income gains lifted more Californians above the program's eligibility thresholds. Infant enrollment in CalFresh has fallen somewhat, even as [new policies](#)—including fewer income reports per year, the [end of fingerprinting](#), and [online applications](#) and signatures—made CalFresh more accessible to eligible Californians.

A decade-low 31 percent of children born in 2019 were enrolled in CalFresh as infants—that is, before their first birthdays. This was 5 percentage points lower than enrollment among infants born in 2010. During the pandemic, participation rose to 34 percent of children born in 2021. (This brief looks at enrollment at any point in a child's first year; infant enrollment fluctuates month by month, as families enter and exit the program.)

About a third of infants in California are enrolled in CalFresh each year



Sources: Author's analysis of SNAP and TANF LDB files, and CDPH vital statistics records of live births by year. See Appendix A for details of the data and methodology.

Notes: Chart shows estimated share of infants in California who are enrolled in CalFresh only or CalFresh and CalWORKs between 0 and 11 months of age.

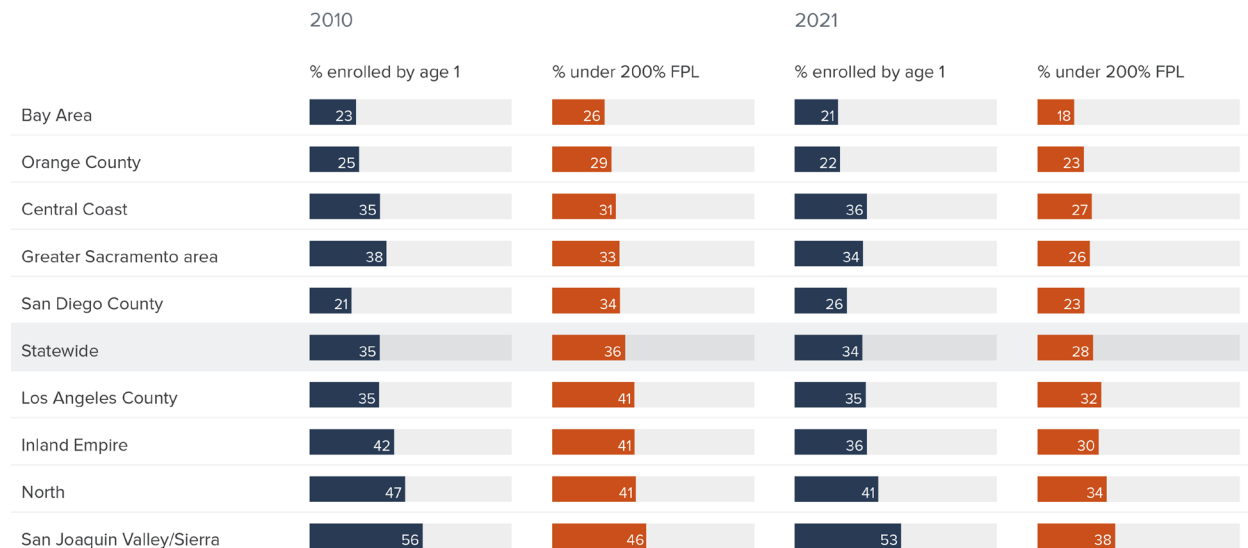
The downward trend in infant enrollment was even stronger for CalWORKs—a program that provides cash assistance to families whose incomes are low even compared to other CalFresh participants. The share of infants enrolled in CalWORKs declined sharply—from 20 percent of all infants in 2010 to half that in 2021—even as [policy changes](#) have expanded the program: grants increased by nearly 50 percent in the second half of the decade, and a rule that prevented grants from increasing after the birth of a new child was repealed.

Infant enrollment varies across the state

Counties administer CalFresh, and decisions they make can impact enrollment. But enrollment also varies because eligibility is based on the federal poverty level (FPL) and does not account for wide regional variation in incomes and costs of living. In 2021, infant enrollment was highest in the San Joaquin Valley and southern Sierras (53%) and the northernmost counties (41%). (See Appendix A for a complete list of counties in each region, and Appendix Table B1 for a list of enrollment rates by county.) Cash incomes are consistently low in these regions and a high share of residents live below or near the federal poverty level. By contrast, the Bay Area and Orange County—where residents are least likely to have incomes below or near the poverty level—had low shares of infants enrolled in 2021 (21% and 22%, respectively).

While infant enrollment in CalFresh declined in most parts of the state over the past decade, the shares enrolled increased in some of the most populous regions. San Diego County saw large increases over the course of the decade, consistent with the increases it saw in overall participation: its share of eligible individuals enrolled rose from 52 percent in 2014 to 76 percent in 2020, according to [CDSS estimates](#). The Bay Area and Orange County saw increases in infant enrollment in 2020 and 2021 relative to pre-pandemic levels, potentially reflecting rising eligibility driven by income losses.

Infant enrollment varies across the state, largely in line with local income levels



Sources: Author’s analysis of SNAP and TANF LDB files, CDPH vital statistics records of live births by year, and IPUMS-ACS data. See Appendix A for details of the data and methodology.

Notes: Chart shows estimated share of infants in each region who are enrolled in CalFresh at any point in their first 12 months, ordered by average share of all residents under 200% of the federal poverty level in 2010. See Appendix A for complete table of counties included in regional groupings, and Appendix Table B1 for county enrollment estimates.

Most infants are enrolled in their first three months of life, but some are enrolled later

Newborns can begin receiving CalFresh benefits the month after birth, and the program’s assistance is at least as critical at that time as any other. Yet almost half of infant participants are not enrolled within three months after birth, with no real improvement in this rate over the past decade. This certainly includes families who become eligible for CalFresh a number of months after having a child. Yet [many infants are enrolled later](#) in their first year of life even when born into families already participating in CalFresh—and our previous research found that most CalFresh infants are born to participating families. This suggests that delays in seeking or accessing benefits for infants, rather than issues starting a new CalFresh case, keep a substantial share of newborns from getting assistance.

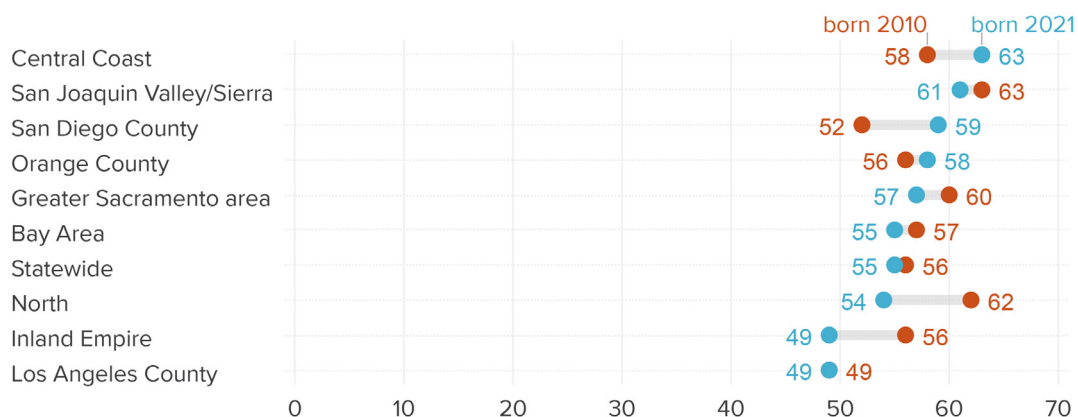
Rates of early participation vary less than rates of overall infant enrollment in CalFresh. Infants in Los Angeles County were least likely to be enrolled in their first three months (about 50% were enrolled), while those in counties in the San Joaquin Valley and southern Sierras were consistently at or close to the top for early enrollment (more than 60%).

In most regions, early enrollment rates changed modestly over the decade, which makes increases in the share of infants enrolled early in Central Coast counties and San Diego especially noteworthy. After starting the previous decade with middling and low rates, these regions had among the state’s highest rates of early enrollment in 2021. Increases in early enrollment were particularly strong in Monterey County; Santa Barbara and Ventura Counties saw more modest increases (see Appendix Table B2).

Counties in the northern and Inland Empire regions saw notable decreases in early enrollment between 2010 and 2021. While early enrollment declined in almost every region between 2019 and 2020, the decline continued into 2021 only in northern and Inland Empire counties. This may indicate that participants and/or administrators in these counties face ongoing challenges. All Inland Empire counties experienced declines, although early enrollment remained about 10 points higher in San Bernardino County than in Riverside County. In the northern region, only one county—Humboldt—saw no decline in its relatively high rate of early enrollment over the decade.

Most infants participating in CalFresh were enrolled in early infancy

Share of infants enrolled within 3 months after birth



Sources: Author’s analysis of SNAP and TANF LDB files. See Appendix A for details of the data and methodology.

Notes: Chart shows estimated share of infants enrolled in CalFresh by age 1 who were enrolled in their first 3 months, for those born in 2010 (red dots) and 2021 (blue dots). Regions sorted by enrollment for infants born in 2021. See Appendix Table A1 for description of regions, and Appendix Table B1 for detail on county rates.

Policy takeaways

Recognizing the scope of CalFresh participation among infants and understanding how it varies across the state can help policymakers identify avenues for improvement, particularly when it comes to enrolling infants as close to birth as possible.

CalFresh is a county-run program, and the regional differences highlighted in these estimates reflect both economic and administrative variation across counties. Given the differences in poverty levels between regions, we should not expect to see the same levels of enrollment across the state. Nonetheless, both state- and county-level governments can learn from counties that have seen large changes in their overall and early enrollment. Even a simple comparison of processes could be an effective means of identifying best practices for smoothly enrolling infants.

Many families face financial stresses around the time they welcome a new child. Those who are income eligible can enroll before childbirth in safety net programs that boost family resources, including CalFresh and [CalWORKs](#) as well as [WIC, which also supports nutrition](#), and Medi-Cal. Unlike the other three programs, CalFresh does not offer potential added benefits or expanded eligibility for pregnant people.

Other new caregivers—and their infants—become eligible for these programs after childbirth because of reduced income and/or the addition of a family member. Infants who are enrolled in CalFresh are automatically eligible for both [WIC](#) and [Medi-Cal](#); full household [enrollment in CalWORKs](#) confers eligibility for the other three benefits, and [enrollment in Medi-Cal](#) confers income eligibility for CalFresh for most infants. Streamlined enrollment of infants in CalFresh can thus help connect the dots across safety net programs.

All four programs require caregivers to take some action after childbirth to enroll newborns and get full benefits, although the number of steps can be minimized for adults who are already enrolled. (CalFresh, for example, requires infants to have Social Security numbers, but caregivers initially need only to have [applied for one](#) to add newborns to their cases.) As we have seen, many CalFresh participants with newborns either do not immediately take these steps or encounter administrative delays in their enrollment processes. Decision-makers could identify ways to facilitate timely enrollment in order to maximize support for infants at a crucial moment for families.

The findings and conclusions in this report are those of the author(s) and do not necessarily represent the views or opinions of the Department of Social Services or the California Health and Human Services Agency.