



Obesity and Nutrition: Promising Practices for Diverse Communities in Oregon

Portland, Oregon
September 5, 2008

Meeting Summary

Trends and Promising Practices in Obesity and Nutrition

Kate Houston, Deputy Under Secretary, Food, Nutrition and Consumer Services, U.S. Department of Agriculture (USDA)

Houston explained the federal government is able to set policy and provide leadership but is dependent on the activity at the state and local level "to get things done." To achieve the goal of improving access to healthy foods, decreasing obesity and promoting daily physical activity, dialogue must occur among policy workers and community members. Real results can only be achieved through state, federal and community partnerships.

The objective is for Americans to have enough food, and the motivation and skills to eat the right foods. As of October 1, 2008, the food stamp program was renamed the Supplemental Nutrition Assistance Program (SNAP). This re-branding occurred partially because of the stigma associated with the food stamps program, and the hope is that there will be a change in perception about nutrition assistance and an increase in participation in the program. The benefits are 100 percent federal dollars. SNAP is the cornerstone of USDA's 15-program nutritional safety net. The food stamp program has had notable success over the last few years. In 2001, 54 percent of those eligible received food stamps and in 2006 the number increased to 67 percent.

States have embraced the option of providing nutrition education to food stamp beneficiaries, as well as those who are eligible for assistance. The child nutrition programs and school-based programs provide healthy school meals and nutritional education. In less than twenty years, our nation went from having seven states spending more than \$500,000 a year in nutrition education to all states providing more than \$300 million in funding; half of those funds are federal dollars.

Nutrition education played a critical role in the success of the 2008 farm bill. The legislation institutionalizes improvements to nutrition education programs, improves program access,

strengthens the integrity of the programs, simplifies and modernizes the administration of programs, and maintains state flexibility. The farm bill invests \$20 million dollars toward pilot projects for nutrition education, and for the first time recognizes nutrition education in the statutory language. Over the next 10 years, there will be more than \$10 billion in new funding—\$313 million of which is dedicated to nutrition education. The farm bill also provides additional funding for purchases of fruits, vegetables and nuts.

Q&A

Although people may learn what to eat, they may not know how to cook the foods in a nutritional manner. Options include home economics classes in school and non-governmental community programs. Nancy Becker, Oregon Nutrition Policy Alliance, asked whether there are incentives for individuals to spend SNAP benefits on fruits and vegetables, especially since less nutritious foods are often less expensive. Houston responded that the farm bill funds pilot projects that test methods for individuals to purchase healthful foods with their food stamps. The key is to help people make healthy choices.

For more information on the 2008 farm bill please visit:

<http://www.usda.gov/wps/portal/farmbill2008?navid=FARMBILL2008>

Oregon: Opportunities and Challenges

Representative Tina Kotek, Oregon Legislature

Obesity is a challenging topic requiring multiple approaches and multiple champions. It's great that the federal government is providing additional nutrition resources to the states through the farm bill reauthorization. States can't do it alone. We need federal partners.

Let me mention a few of our 2007-2008 legislative accomplishments. Oregon is a leader in the country on nutrition standards for food sold in schools. We passed grants to increase physical activity in schools. We also passed a bill to make it easier to support breastfeeding for women in the workplace. We created two new positions, one in the Department of Agriculture and one in the Department of Education, to promote farm to school and school gardens. If a child can grow a vegetable, they will love a vegetable, they will eat a vegetable.

In the 2009 legislative session, we need to give schools the money to buy locally grown and processed food and to provide seed money for a school garden curriculum. We are proposing a \$.50 cent meal supplement for schools to purchase local produce and foods. Oregon is one of the only states that does not put state funds into school breakfast and the school lunch program. There is some state money in summer food.

We also need to support consumer education. Menu labeling passed in Multnomah County, and we will introduce a bill in the legislature to expand it statewide to help people make healthy choices. Senator Carter started a Task Force on obesity prevention that many of us at today's workshop serve

on. Our job in the public policy realm is to remove the barriers and make it easier to make a healthy choice.

In 2002, one of the major changes in the food stamp program was that every child in the state of Oregon, regardless of citizenship status, was eligible for food stamps. But we are facing challenges enrolling these children in the program. We have much more we can do to help low income kids.

At the community level, the most important step to take is to draw attention to obesity in your networks - whether it's housing, transportation, schools, childcare. Community members can support physical activity and work with local government on planning processes, such as sidewalks to promote walking, and promote public safety, so people feel safe to walk. You can talk with the local PTA to get more physical activity at school, even as simple as a 5-minute period to jump up and down in the classroom. You have to be creative with limited resources.

We also have to recognize the changing face of rural Oregon. We have a growing Spanish population and communities of color, and immigrants and refugees in other parts of state that need help addressing obesity. The next federal effort is child nutrition reauthorization. I encourage you to get involved for changes in school meals, WIC, child and adult care food program.

It's important for us as policymakers to listen to you. Where does obesity discussion work best for your community? How do we engage refugees and immigrants in a more respectful way, how do we conduct outreach more effectively, how do we get you the information you need? We're all in this together, not just the federal or state government, but all of us together. You are the experts in how to reach your community.

Dr. Bruce Goldberg, Director, Oregon Department of Human Services

Dr. Goldberg addressed the problems of obesity and chronic illness and how the Food Stamp and Medicaid programs can better address these issues. He argues that the two biggest health problems facing our nation, obesity and chronic illnesses, are food related. Both Medicaid and the Food Stamp program have "failed us" by not promoting good nutrition and healthy eating standards.

Putting this into a cultural model, 15 percent of Oregonians (450,000 people) are on Medicaid and 15 percent of the population (485,000 people) are enrolled in the Food Stamp program. Many are enrolled in both programs. This population using the Food Stamp program constitutes 30 percent of the state's African American population. Twenty-five percent of the state's African American population is currently enrolled in Medicaid. The numbers are disproportionately high for the Oregon Hispanic population as well, with 20 percent of the population enrolled in Medicaid and the Food Stamp program. Both of these populations are at greater risk for diabetes and hypertension due to a poor diet and lack of exercise. In addition, Dr. Goldberg argues, "The lower the person's income the more likely that person is to be obese." Childhood obesity should be the biggest concern. "Today's generation of children will be the first to have a shorter lifespan than their parents' generation due to obesity."

The Food Stamp program was established in 1964 for two reasons, to strengthen the agriculture economy and to improve nutrition among low-income individuals. Today, 60 million Americans rely on food stamps. Medicaid has helped families since 1965 achieve quality health care and today

helps 60 million Americans. Dr. Goldberg asks, " Have our Food stamp and Medicaid programs changed [since the 1960's]? I would say quite frankly they haven't. They have relied on much of the same formula."

Increasing the benefit will not help the problem because cheaper food is often less healthy and more accessible. Instead, a monetary incentive for purchasing healthy food should be made available to both program beneficiaries and state agencies that administer the programs. Awards should be given to Food Stamp agencies that increase the percent of fruit and vegetable purchases. Also, one should be able to purchase more fruit and vegetables for every dollar than unhealthy items such as potato chips. Since nearly everyone that is on Medicaid is living on Food Stamps, healthy eating should be a common goal shared by both programs. "It is time to take a fresh look at how we are running these programs and it is time to start changing things."

Mary Lou Hennrich, Community Health Partnership

Ms. Hennrich has been working in public health since 1969 and has known of IRCO since its inception in 1977. She started the refugee health clinic with the first refugees from Southeast Asia and tries to identify key issues in her work with communities. A key question: Why are we doing things the way we do?

There are things that we as individuals can do. It's about energy balance: The calories we take in and the energy we expend. If this is in balance we keep our weight. Physical activity is very important. This can be difficult for an individual to do or it can be easy. How do we make the environments where we live, learn, work, play and pray healthier and supportive so that people can make healthy decisions?

Many people face a dilemma at lunch time. Coffee shops are everywhere in downtown Minneapolis and offer high calorie foods such as brownies and scones. Fruits or vegetables are hard to find and what is available tends to be very expensive: We know what is right but the right choice is hard to make.

Four years ago, we asked how easy or hard is it for our kids in school to make the right choice. Joyce Dougherty manages the National School Lunch Program in Oregon. Her staff works with schools to offer nutritious lunches for a small amount of money. If kids eat the school breakfast and lunch—which are more nutritious than the vending machines and off-campus options—they actually perform better in school.

The Oregon legislature, with the help of Representative Kotek and Senator Anderson, passed legislation that established nutrition standards for schools. All foods and beverages available in the schools have to meet certain nutritional standards. This is one of the very best policies in the nation.

Schoolchildren still have a hard time making healthy choices on the energy side. More physical education classes are needed in every school for an adequate amount of time. Parents need to get involved and push for such classes. "Children need to be well fed and well exercised, otherwise they are not going to learn."

Representative Kotek was one of the co-founders of the "Healthy Kids Learn Better Coalition." We have to remind ourselves of what makes healthy kids.

It is also important to pay attention to our worksite environments and the foods we consume there. At this meeting today, there are healthy choices of food - fruits, juices, water.

The Community Health Partnership is a public health advocacy organization, trying to support effective policy and public health activities, with a strategic focus on the childhood obesity epidemic. The partnership works with evidence-based or promising practices.

One such practice is sustained breastfeeding. Immigrants and refugees often adopt bad habits when they come to America. When adapting to the majority culture they lose the healthy tradition of breastfeeding. We need to be much more effective in working with the immigrant and refugee populations to try to maintain the breastfeeding practices that are so much a part of their native countries. We do have the highest breastfeeding rate in the nation: 25 percent of mothers breastfeed for at least six months. But 25 percent is still pretty low. We need to have 75 to 85 percent of women leave the hospital breastfeeding, yet only 40 percent of them are breastfeeding at the end of the month. One study showed that women need culturally relevant support during the first few weeks after birth to establish breastfeeding. The Medicaid program needs to make that simple and pay for this.

Important goals:

- Make the healthy choice the easy choice.
- Increase the consumption of fruits and vegetables. We need to make this affordable and accessible. Support farmers markets.
- Reduce children's "screen time." (TV, PC, gaming, cell phones)
- Vigorous physical activities. Are there sidewalks, street lights and are there safe neighborhoods – are there places where kids can go?
- Avoid junk food and sodas – see Oregon 2650 Bill.
- Portion size control – we have "portion distortion." The palm of a hand is one portion.
- Form partnerships among public, private, community, state and local government actors.

Roundtable Discussion: Next Steps for Oregon

Roundtable Reports

1. What's your favorite food and why?

Overall, participants' favorite foods reflected their personal tastes and traditional backgrounds. Favorite foods included salmon, oranges, popcorn, garden vegetables stir-fried with herbs, Swedish pancakes, soup, fresh corn on the cob, raspberries with whipped cream, watermelon, pumpkin bread, peaches, tomatoes, and pierogies.

2. In your view, what are the main obstacles in Oregon to reducing obesity, especially for immigrant or minority populations?

- Healthy lifestyles may be unaffordable or inaccessible in the U.S.
 - Healthy choices require significant time and financial sacrifice. People have other pressing priorities (e.g. Oregon has many single parents).
 - The marketing of junk/fast food is targeted at youth and low-income individuals.
 - Lack of transportation to grocery stores (e.g. on tribal land)
 - Built environment issues
 - Pollution (impacts subsistence fishing)
 - Zoning requirements can impede access to healthy food
 - Some neighborhoods unsafe; parents afraid to let children play outside
- Cultural factors
 - Some programs aiming to improve health are not culturally relevant to the specific populations for which they are designed (top-down approach).
 - For some cultures, larger body size indicates wealth and power.
 - Change from traditional diet to Americanized diet
 - US has overwhelming quantity of food available - many people not accustomed to checking labels to assess nutrition value
 - Diet in immigrant's country of origin is often healthier, but pressure to assimilate is high
 - Fast food culture - people do not learn how to cook or plan meals anymore
 - Sedentary lifestyles contribute to obesity (e.g. people allocate more time for the use of television, computer, and video games than for physical activity)
 - Race and ethnicity are taboo topics. It is tough to tackle these issues when we feel uncomfortable talking about them.
- Recent changes in the food supply (fast food and junk food are packaged in larger quantities and contain more corn syrup)

3. What is the single most important action you think should be taken to reduce obesity among Oregon's diverse communities?

- Conduct a needs assessment of each community. Ask parents, teachers, and students about the primary obstacles to physical fitness and healthy food consumption in their communities.
- Make healthy food and exercise more affordable and accessible .
 - Free sports and recreation programs for kids
 - Provide tennis shoes at low cost.
 - Food vouchers for fruit and vegetables
 - Make healthy groceries available at school when children picked up, or send groceries home with children .
 - Advocate for a healthier lunch menu.
- Provide early health education for children and nutrition education programs for adults.
 - Doesn't need to be introduced as a brand new subject. Other subjects (e.g. math) can be embedded in cooking lessons and visa versa. Funders should consider creative projects.
 - Extend school day to include nutrition education, cooking lessons, and/or physical education. Allow parents to participate with their children.
 - Carry out programs once the immigrants and refugees are settled in a home, have a job, etc.

- Programs must be culturally relevant so that people feel empowered about making new choices.
- Menu labeling

Prepared by Ann Morse, Anna Spencer, Deborah Sward, Christina Radecki and Dirk Hegen in NCSL's Washington, DC office.

SPONSORS:

*Senator Margaret Carter, Senate President Pro Tempore, Oregon Senate
The David and Lucile Packard Foundation and
The Blue Cross and Blue Shield of Minnesota Foundation*