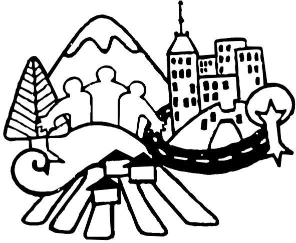

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Excerpts and Summary of the 36th Hunger and Nutrition Forum
Wednesday, September 10, 2003   12:00PM –1:30PM
Trinity Lutheran Church, Fresno
Sponsored by Fresno Metro Ministry
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MAZON: A Jewish Response to Hunger
California Food Policy Advocates

The following is a summary of the reports made at the forum compiled by Edie Jessup and Carey Berend.

Focus: Nutrition and Health Disparities: Implications for Fresno

A Panel Discussion

Edie Jessup: Today's focus is nutrition-based health disparities and the implications for Fresno. In your packet, you will find that there is information on diet related chronic disease in different cultural groups. We have localized this topic by inviting a great local panel to discuss these issues in Fresno.

(Review of the Packet. Content listed at the end of this Summary)

Edie Jessup: Ronna Mallios from the League of Women Voters is now going to present the **pros and cons of Proposition 54** (to be voted on October 6, 2003). This will be a way for us to begin to think about what the panel is going to talk with us about later. Ronna, thank you.

Ronna Mallios, League of Women Voters: I'm going to be covering the material that is on the **League of Women Voters handout**. Prop 54 is on the back of it. It talks about Proposition 53, on the front. So, what is Prop 54? Basically, it is an **amendment to the California Constitution** that will be on the ballot. It requires only a majority of those voting to pass. If passes, it will become effective on January 1, 2005. What does it say? **It restricts state and local governments from classifying information on individuals' race, ethnicity, color, and national origin. The key word here is classify**, and this is the word that has caused a lot of discussion. What is meant by classify? **Most people agree that it at least involves two things. One is collecting the data and the other is using the data**. The proposition itself is pretty easy to read, and for that reason I think therein lie many problems because there is **much to be debated about what many of the words mean**. So, that's it in a nutshell. It restricts the classification by state and local governments of this information.

There are ***seven exceptions*** to this restriction. The first is to **comply with federal law**, which requires assurance of compliance with federal non-discrimination legislation. So, that's a biggie, because there is a on the books that would remain on the books because the feds require it. Second, **to establish and maintain eligibility for federal funds**, so if something was needed to apply for federal funds that would stay on the books. Third, **to allow law enforcement agencies to describe**

individuals, so on an APB they can describe you racially. Fourth**, to place prisoners and assign undercover officers**. Fifth, **to classify medical research subjects and patients.** That's all it says, just like that. I shouldn't be editorial, but I'm just pointing out that that's exactly what the wording says – "To classify medical research subjects and patients." And so, you can see that it is very much open to debate about what is meant. Sixth, **to allow the Department of Fair Employment and Housing to collect data through 2014.** Then the last exception is **there is a provision that they can bring any exception up before the legislature, and if that passes by two-thirds of a vote of both houses and is signed by the Governor that will pass.** That's a pretty big deal to collect some data.

The arguments for and against Prop 54.
The supporters say that the passage of Prop 54 is the first step towards a colorblind society. They say that the California Constitution – I believe this is Prop 207 that was passed previously – forbids state and local governments from discriminating against or granting preferential treatment based on race. Therefore, there is no need to classify people by race, ethnicity, color, or national origin. They add that labeling people as to their ancestry and racial background without their knowledge or consent is an invasion of privacy. Lastly, they say government-imposed racial classifications have been used to divide people by emphasizing minor differences rather than common interests and values, and we should stop categorizing citizens and create a colorblind society where we're all just Americans.
The opponents then add that by preventing the collection, analysis, and use of race-related data we will hinder the ability to address disparities by race, ethnicity, public health, education, crime prevention, and civil rights enforcement. The exceptions that we talked about previously leave open questions about the scope of prohibitions making numerous legal challenges a certainty. Then they go on to say America is not close to being a colorblind society. We need to understand our differences in order to deal with them in a positive way. And lastly, the concern about the medical exemption. This is their interpretation: It only allows doctors to keep racial data on their patients but does not allow us to use population data to prevent diseases.

So I hope that gives you an overall picture and the pros and cons of Proposition 54 on the October ballot. Thank you.

Edie Jessup: Thank you. With that in mind we will proceed. Phyllis Preciado, M.D., who is a University of California, San Francisco Faculty Research Program fellow, is going to give us an overview of **how nutrition issues and health disparities among various cultures in Fresno are an issue for us to look at, and it will set the stage, then, for her talking about the Hispanic population. Then we will move along in our panel.** Thank you.

Phyllis Preciado, M.D.: Hi. I just want to follow what Ronna just said (about Proposition 54) with the **definition from the Institute of Medicine that just came out in their book titled <u>Unequal Treatment: Confronting Racial and Ethnic Disparities</u>. Disparity is defined as racial or ethnic differences in the quality of healthcare that are not due to access-related factors or clinical needs, preferences, and appropriateness of intervention.** It's really important for us to realize that a lot of what came out of that book was, in fact, due to the data that was collect in and amongst underserved communities. **If Prop 54 passes then we're not going to have a way or a means of classifying this really critical information to begin to address the myriad of health issues that face our communities, especially here in Fresno**.

In terms of the problem of nutrition and its issues, I'd like to talk a little bit about the **effects of obesity on the health of our children, or the impact of nutrition on** weight. A lot of what's happening is, in fact, **due to this whole issue of food scarcity**. One of the fliers that you have in your packet is put out by the California Food and Justice Coalition. They will be having a presentation here in Fresno on September 30. I just happen to be on that board. I just joined. I was asked to join. One of the issues that came up when I was there was there was really no representation from Fresno. **California Food and Justice Coalition is looking at food security issues and has a wonderful pamphlet on *Weaving the Food Web*, the agricultural business. This is a wonderful pamphlet that was put together by the board, and I just came on board and I'm just sort of astounded**

that Fresno's not there. I don't really understand that, and I've asked the committee what happened. I think what happens is that Northern and Southern California get a lot of the publicity and everything that's needed, but **Central Valley is being left out way too often. I think that these issues are becoming greater and greater in our valley, and in order for us to start addressing them, we need to be at the various tables that are there. So, I would encourage you to attend this forum September 30**, be known and have the Coalition see you as participants in solving the problem.

So, what are the **obesity-related problems that we're seeing in our community?**

Type 2 diabetes, as you well know, **obesity and diabetes go hand in hand. They are linked in all ethnic groups, in all ages. The unfortunate thing is some ethnic groups are genetically predisposed to Type 2 diabetes, so you add an environmental insult like obesity and you have what we're seeing now in the Valley.**

Hypertension. If you **add obesity and hypertension in the African American community, you're going to have the chronic diseases** that we're seeing in the African American community. **High lipids, obstructive sleep apnea. Our air is so dirty. We have high levels of asthma, and you add obesity and asthma and you're going to get something called obstructive sleep apnea. Orthopedic problems. A lot of our children are in school and because of their weight aren't able to participate in physical activity even though that is one of the solutions for obesity,** and we're beginning to see it and there are some solutions that need to come forth. The **psychosocial impact of being obese in terms of self-image and academic performance**, again, are just impacting our children and our adolescents in high numbers.

I'm now going to the **Latino community**. One of the issues in the Latino community that I think people need to remember is that **when you grow up not feeling like you have food or there's not going to be enough food there is this sense of wanting to grab onto food and hold it.** You want to hold it and keep it even if you have food. **There's a security that's linked with food**. There's a comfort level that's linked with food, and I think and I know from experience, that it's important to recognize and to talk about it. I'm going to give you a story. I went to a patient's home to do a home visit that I wasn't supposed to do with my diabetes team. We walked into their home because we wanted to figure out what's going on with this person. What is he eating? What's going on? We walked in and he had just layers and layers of food packed there, and I thought, hey, what's going on? This person has food. What's the issue here? He is not really overeating that much compared to what we are seeing in severe obesity, but **he's overeating and he's a diabetic.** It's interesting because I recognized it and the other team members recognized it. **When you grow up with no food you want to hold onto it even if you don't need it**. So, that is a really huge factor in underserved communities. I'm not quite sure what the label is for that. I know **food security is it, and how do we begin to address it, how do we begin to identify it, how do we begin to not be judgmental about it like, oh gosh, come on, you have food.** What are you worried about? But rather recognize it and make it okay to say, yeah, I feel really scared. I have dreams of touching food, of eating in my dreams. I've heard stories like that. **Economic issues in the Latino community**, we could go on about that. **Access to fresh fruits and vegetables.** A lot of the issues I think that face the Latino community face other underserved communities. I don't think we're unique in that way.

What are some of the solutions? **Ronna Mallios and I just completed a secondary data analysis of the height and weight of 5th, 7th, and 9th graders in the Fresno Unified School district.** I'm not going to bore you with a lot of information other than to say that we **looked at all the ethnic groups and looked at the prevalence of overweight students** attending Fresno Unified School District, and **we took the 2002 California Physical Fitness Test data and analyzed it. We found that Hispanic males in their teens had the highest prevalence of overweight and obesity.** If you look **by ethnicity Hispanics are number one, Pacific Islanders are number two, and African Americans are number three as compared to whites.** Even if you compare Hispanics with blacks, you'll see that Hispanics still are much higher than blacks in terms of overweight and obesity.

The other interesting fact that we found was that **if you look at obesity in high school in the Fresno Unified School District and you look under the special education classes** we found that **in the Fresno Unified School District 46% of the kids that were looked at in 5th, 7th, and 9th**

grade were overweight and 27% were obese. That's pretty high. Now then you compare it with **G.A.T.E. (Gifted and Talented Education) status, the percentage of overweight was less, 35%, and the percentage of obesity was 18%,** so there is a far smaller percentage.

Terri Soares, R.D. Fresno County Office of Education: When you say 'special ed' for the other group, do you mean students with IEP's (Individual Education Plans)? Do those include GATE students who have IEP's? (Does 'special education' include Gifted and Talented?)

Phyllis Preciado. M.D.: Actually, this is preliminary data, secondary data analysis, and those are the questions that we need to continue pursuing. Okay. Well, you know, I think what I wanted to say with that data was that it's going to push me to look at it closer and examine it closer just because we know that obesity affects your psychosocial status. That's why I want to look at it. Thank you.

Edie Jessup: Thank you very much. In the next part, we are going to give each panelist five minutes to talk about the group that they have been working with, and then after that we will take questions. There are note cards on your tables and if you want to write your question then we can collect them and sort through them and put like ones together. So, **Ghia Xiong from Center for New Americans** is going to present us with some particular information on the **Southeast Asian population here in Fresno.**

Ghia Xiong: What I have here is just a little **data as a result of research and having firsthand experience in the community.** I just wanted to share with you all what that is like. (The Powerpoint) It's not coming up. We can do to plan B, and that means you will have to listen to me telling you a story. I tell stories to kids sometimes, just reading books with no pictures. Let me just **begin by echoing what Dr. Preciado has mentioned about the incidence of diabetes and well as obesity among Southeast Asian, especially in the Hmong community**. To begin, I know that a lot of us have become very **familiar with the food pyramid, where you are supposed to eat X number of servings per day for this one and for this one.** I'm going to **share with you is what that food pyramid is like in, for example, the Southeast Asian diet, especially in the Hmong**, **and how that contributes to some of the health problems that Dr. Preciado has mentioned to you.** That's what my story will be.

As all of us are aware, we know that the **food pyramid actually helps us to know what we need to eat, how much we need to eat per day to maintain a good, healthy body**. . For example, in the Hmong community that would actually look like like you have the **big box in the bottom--it would be like rice. The next 'box' (stacked on top) would be meat, a lot of fat, oil. Then, a little sweet, and then you have on top of that just little vegetables and fruits. You have no milk and yogurt or cheese at all for the Hmong adults.** This (slide) illustrates a little bit of what the Hmong adult 'pyramids' would look like. You have a lot of rice, meat, fat, and then little fruit and then no cheese or yogurt at all. **And then with the children you have a very high, again, rice, chicken, and fat, then you have cheese and milk because these children get it through school, but if you look at the age, as the age increases the fat and cheese is also gone and it matches the adult.**

So, what do we know about nutrition-based health disparities among Hmong? We **know that there is not a balance in healthy eating habits or practice. We know that. Their diets are very high in sodium intake, and it has increased since coming to America** because there is more of that here. Back in the country, salt is there but because it's not as much as here there is less of that. **And with the younger generation, there is also a higher intake of sugar. Sugar wasn't that much available back in the old country, and so when they migrate over here some of the older people are not using sugar as much as salt. So some of the causes, again, are cultural practices, the culture where they come in, where they do weddings or some of the ceremonies require a lot of meat and rice and basically that's it, little fruit or other stuff**. Also maybe some cause of this imbalance and disparity may be **lack of understanding of some of this important information.** And then third, one that Dr. Preciado mentioned is about **money. When you look at**

these families, they are very large and oftentimes there is a little amount of money for you to purchase the variety of fruit for the family. It's not going to last, so the family usually just purchases a lot of meat and rice and something like that and then nothing else.

In terms of health consequences, this is a summary, and you might have a handout on this. **In a comparison study of looking at non-refugee Hmong in Thailand and then looking at Hmong here in Fresno what we found out in terms of self-perceived illness they all reported much higher here, that they are suffering from an array of illness like mental distress** or whatever disorder. They seem to report more of that here than in Thailand. And also in terms of **looking at some raw data when we did some measurements at a health survey what we found is that there is an increase in hypertension, stroke, heart attack, kidney failure, and diabetes among people who are here in Fresno compared to those in Thailand.** O**verall, people are more overweight and obese as a result of coming here**. This is just for the adult. And then **for children because they're here and because of this food pyramid that they go by a lot of the children are obese much more than at my age. We had little food, but now there is plenty of food and the parents are actually busier. Many of them are farming and they are working, so what do you have for the kids? It's just fried food stuff in the refrigerator that they can cook for themselves. So, you see that some of the children are more obese now than before.** I think with that background I'll just leave it here and then help you later on. If you have specific questions about it, I'll respond to it. Thank you.

Edie Jessup: Thank you, Ghia. Now Kelly Holt with Central Valley Indian Health will present some of the issues that are facing the Native Americans here in the valley. Thank you.

Kelly Holt, R.D. Central Valley Indian Health: Good afternoon. My name is Kelly, and I'm a dietitian with Central Valley Indian Health. We have a clinic in Clovis, and we **primarily serve the urban and rural areas in Fresno County**. We're one of the Indian Health Services' federally grant funded programs to improve the overall health of Native Americans all over the nation. Our clinic is Central Valley, and we have other clinics. We have one up in North Fork and Prather. We don't have one in the Picayune where the new casino is, and maybe some day we might have a clinic up in that area, but we serve that population as well. And then, Santa Rosa, Lemoore, we know there is a rancheria there. **The primary health disparity of the American Indian population is diabetes. I have a survey here, and just 50 years ago, infectious diseases, malnutrition, and infant mortality were some of the leading health problems facing American Indians and Alaskan Natives.** Some of those still exist to this day, but **now more modern diseases that are more prevalent, the diabetes, cardiovascular disease, HIV, AIDS, but primarily diabetes is our main focus in terms of improving the overall health of the American Indians, Alaskan Native populations.** I put on your tables some fliers. I have a few more, and I can always get more if you need. It's just information on the American Indian and Alaskan Natives for diabetes for the health disparities, facts. With our national diabetes program, they have pulled together some information to help improve our overall health of our population. There are some alarming facts on here, and it actually talks about a lot of groups that we're focusing on here today. For example, 7.8% of non-Hispanic whites have diabetes, 13% of non-Hispanic blacks have diabetes, and 10.2% of all Hispanic Latino Americans have diabetes. There are **15.1% of American Indians and Alaskan Natives receiving care by the Indian Health Services, so obviously there could be more out there who are not receiving care by the Indian Health Services that have diabetes.** One of the most alarming things is **how much diabetes is affecting our youth. It is across the board for all racial groups, and we hear it a lot in the news today – obesity, childhood obesity, high rates of diabetes. However, in the American Indian and Alaskan Native population from 1991 to 2001 diabetes prevalence rose 70% in this group under the age of 35. Age-specific prevalence rose 79% in the 25 to 35-year-olds and 68% in the 20 to 25-year-olds and 106% in the 15 to 19-year-olds and then 25% in the less-than-15-year-olds. This is pretty alarming**. As far as being a dietitian in our clinic, I do see a lot of overweight and obese children, and they are children of parents, brothers, sisters, and grandparents who are overweight. **Most likely, all of them have diabetes.**

Often I could be counseling a mom and she's pregnant and she finds out she has **gestational diabetes** and often they have the attitude, well, my mom had it, my grandmother had it, I'm going to get it, what's the point. So, we're really **trying to focus on developing programs that work best for this population to prolong their life and prolong the chances for them to get diabetes if they were to get diabetes.** With that, with our diabetes grant that we have in working with this population, we are really **focusing on physical activity.** We have a lot of **walking groups** that have been very successful with this group. The idea is, hopefully we can plant the seed with these walking groups and then people **within the community, within the rancheria will adapt and slowly move on and create their own groups and then we can leave. Through generations, I hope it catches on, with these walking groups promoting physical activity, helping with weight loss. Then, it is important to work on food (adequate and nutritious) and to work on food access.**

I noticed in the packet that you have there is – I wish I had supplied this but I didn't – the **Native American food guide**, and we are trying to work on ways to look at this. **We have the traditional food pyramid and it doesn't always go across the board with different groups, so we are trying to focus on what are more of the traditional ways of life.** Typically, we see the Americanized diet that the **Native Americans have a high-fat, very high-sugar diet. The Kool-Aids, the sodas, the candy, and obviously the fast food.** They don't do a lot of frying of food, but they do go the fast food route. This is actually pretty good at looking at the different types of more tradition food groups and then the traditional food groups of the Native Americans. One more interesting point: On the back of this sheet, too, it talks about **money and costs involved with treating diabetes. The cost of caring for one person with diabetes is a little over $13,000 per year. The cost of care of treating a person without diabetes is about $2,500**. **Indian Health Services right now receives approximately $3,000 per person per year for their care. Obviously, it's not enough money to look at the care of really improving the health of our patients.** But it is a good start. I hope that by trying to improve overall health we can improve their health so that these costs aren't so big. Thank you.

Edie Jessup: Next we will have Reverend Ken Smiley and then Barney Zapata. I do want to acknowledge that our **new Public Health Officer, Ed Moreno**, has joined us at the table and will help with parts that Phyllis would have done.

Reverend Ken Smiley, Fresno Metro Ministry: I should first say that I'm probably the only person who is sitting at the table who is not a health professional. I'm not, but I've been asked to speak a bit about the disparity in health problems within the African American community as best I can, aided by some information also from brother Zapata. I will present some pieces to you. Earlier as Dr. Preciado was speaking, she talked about the fact that many of the disparities within the Latino community were because folks just hold onto things. That's a similar problem in the African American community. When we talk about people who are obese, for instance, we often don't talk of them in that light. **We talk about people being stout or big boned or some things that prevent us from being negative as we talk about people who are larger so that there is sort of a problem with saying to someone you're fat. Because we do that, it allows for people within the community to feel pretty good about being a little heavier**. **Also, when I grew up people who did not have some kind of weight on them were people who were considered poor. And, poor people were looked upon as folks who had nothing, and because you didn't want folks to think you were someone who was without wherewithal, being a little overweight or having a little bit more was something that was not frowned upon** but indeed something that was applauded. **So many of the problems that we have stem from this perspective within the African American community itself.** A national campaign to address diet-related diseases affecting African American men has been launched. In that campaign we have found that, overall, **African American men have the highest chance or incidence in mortality rate as well as the highest rate of cancers in all of the ethnic and racial groups, the highest rate among folks with high blood pressure, and the highest rate among men with prostate cancer. African American men are twice as likely to develop diabetes, and that diabetes probably likely will end up in more kinds of problems as a**

result of this. Of the cancers in African American men, the highest rates are prostate, lung, colon, oral, and stomach cancers, and they are 140% more likely to die of a cancer than other men in our country are. When we talk about diabetes among the African American community, believe it or not, **diabetes is highest among women in the African American community and not men.** Women are more likely to die from diabetes than are African American men. It's the third largest cause in the African American women community and the fifth in the African American men community, to show you just the differences between those. There are problems associated with diabetes such as kidney failure. I should tell you that *right now I'm dealing with renal problems because of a diabetes problem that I'm having that is currently being controlled, however, by my diet, which I learned after having contracted diabetes*. Some of the things that happen, of course, are kidney failure. Other results are blindness. Diabetes is the seventh most among all African Americans in terms of cause of death in our community. **There are some of eleven epidemics in the country. African Americans are highest in six of those eleven epidemic pieces**. Obesity certainly is one of them and is caused by a lack of exercise and high fat and high sweet. We say it again, don't we? It seems like everybody talks about high sweets and high fats, and that's pretty rampant among people who are certainly among folks who are in minority groups. High cholesterol levels are particularly problematic within the African American community. A study in the Journal of the American Medical Association says that there are also some family problems that may be inherent in problems that African Americans have. How do you overcome that? I think you overcome it by being a little bit more active. We really certainly must be a bit more active in our communities. Last year we conducted a talk on obesity to try to help with a California-wide campaign against obesity within the African American community, just talk about it to find out about how to do better. **As I witnessed earlier, changing your own diet, becoming more aware of things that happen within the framework of your community as it relates to health, and then advocating policy.** I think that will help those things to come about. As a pastor, we have **food distribution** centers in one of the churches that I most recently pastored, and **some of the food there is certainly not good for the folks who are getting it. I mean, it's good that they are getting it, but it's not good for them,** and so some of those pieces should be looked into as well. Thank you.

Edie Jessup: Thank you, Ken. Now **Barney Zapata** with the West Fresno Healthcare Coalition is a nutritionist and is going to round out our panel. Thank you.

Barney Zapata, consultant to West Fresno Health Care Coalition: Thank you. Have you noticed **it doesn't matter if you are black, Hispanic, Asian American, or Native American, every single one has something in common**? Every 60 seconds somebody has a heart attack, and you're history. Every three minutes and 19 seconds somebody has a stroke, and you're history. Every single day from Monday to Friday, 150 legs are amputated because of diabetes. Every single day almost 100 people that have diabetes go to dialysis treatment for the *first time* in their lives. And, I can use the rest of the time going on and on and on. **But my question is this. What can we do?** What can we do? I find out the **best tool is to educate people**. Did you know that your body has 100 trillion cells, and a group of cells become a tissue and a group of tissues become an organ? Our body has 100 different organs, and those 100 organs can do 1,000 different things just like that. And our body has 208 bones. **So the question is, how can we maintain this beautiful machinery that God has created? Therefore, we need to educate people. We need to educate ourselves.** Our body needs 90 nutrients, 60 minerals, 60 vitamins, 12 essential amino acids, and three fatty acids. **So where can we obtain those elements to maintain this body? Well, ladies and gentlemen, we live in the greatest place of the world. We are the capital…what? Does anybody know where we live? Yes, ma'am.**

Participant comment: The breadbasket of the world.

Barney Zapata: Absolutely! Absolutely! **So why is the reason we are sick?** I'm asking you this afternoon, why is the reason we are sick? *(Audience: People don't eat right*) In reference to food,

we've got it wrong. That's the reason we need to educate people. If we don't educate people…and don't misunderstand me, okay? **We can spend the rest of the day talking about cancer, diabetes, arthritis, but the main point is this. We need to educate people**. **Therefore, for us to be able to provide a better service to the community we need to educate ourselves, too. So, when we don't provide those elements that the body needs to function right, guess what happens? We get sick. We get diabetes**. I'm going to show you a little picture that my wife made, and as they say, a **picture is worth a thousand words**. I'd better get a volunteer over here. This is the way I picture health and nutrition. I need another volunteer here, please. What do you see, the one on my left side and to the right? Okay, **the first picture**, what do you see on that one? (*Shows 3 collage pictures)* Do you see a little guy? **This guy is probably about 20 pounds overweight**. You can come later on and take a closer look at this particular picture, but in the **second one, do you see what the difference in the shape is? Do you notice there is a big difference between this one and the other one**? Okay. I was telling you in the beginning we need to educate ourselves because **according to the General Surgeon the food pyramid doesn't work**. As a matter of fact, there is an article in the newspaper today that **talks about they're going to focus on changing the food pyramid. Why? Because there are too many overweight people**. As a matter of fact, now instead of five or six servings a day, now it's **nine servings a day of fruits and vegetables**. This is what happens when we don't follow what we're supposed to do. It's very simple. **We live in the greatest place in the world. We've got fruits and vegetables and grains. We just need to do some research and to understand what can I have for breakfast, what can I have for lunch, and what can I have for dinner? Thank you very much.**

Edie Jessup: Thank you, Barney. **Access, then, is the other issue. We have it all here, and how do we get it to the people that really need it is certainly something that we are looking at because it's all very well and good, first of all, to know what needs to be done, but the other part is access to that, and we have work to do on that.**
I will read questions submitted for the panel.

Question: Ghia, is the mental distress here among the Thai based on nutrition problems or cultural change in the U.S. environment?

Ghia Xiong: For the Thai or Hmong?

Edie Jessup: Well, Southeast Asian. Is the mental distress based on nutrition problems or cultural change?

Ghia Xiong: I think if you really look in terms of the psychological, it's **more of the culture change more so than the diet itself.** Many of our people, if you were to look, they come from a culture that is much different. **How they live in their environment is much different**. Coming here, they have to **adjust to a lot of new technologies.** I think that contributes more, and I think that they are **more self-aware of those changes than the diet itself. I think diet is not so much**. I think it may have gone in terms of physical stress because there is more here. Food actually will not be as little here. But in the old country, because there is less food, there may be more over there.

Question: Kelly, do the Indian casinos contribute funds to the Indian clinic?

Kelly Holt, Central Valley Indian Health: Well, no. **A lot of the reservations that have casinos – for instance, Table Mountain – they have started their own clinic. They were at one point part of Central Valley Indian Health, but they pulled out a year or two years ago**. We still get a few of their tribal members that come to our clinic, but they now have started their own clinic. It's a very small clinic. I haven't been there, but I know they have a few doctors and they're slowly growing to hire more staff for eye care, dental. They may be hiring a dietitian. I'm not sure. I know they have some nutrition staff, but I don't know as far as a dietitian. **So yes, a lot of the reservations, then,**

from the funding from the casinos kind of create their own community and do the health clinics to serve the people on their reservation, but not all reservations do that.

QUESTION: Barney, easy to say educate people, but the follow-up is the problem. How do you respond to this? We have been in this situation for years with little result.

Barney Zapata, LifeScience, consultant at West Fresno Health Center: One of the things that we like to do is if you don't follow up, you won't be able to accomplish your goal, and so that's the reason I was mentioning in the beginning we need to educate people. At the same token, we need to educate ourselves. I'll give you one example. For example, people that have diabetes and the diet might call for fresh fruit and cottage cheese. Well, when a person eats cottage cheese and fresh fruit the glucose in the fruit is not able to go into the cells. Why? Because of the fat in the cottage cheese. **So to lecture, we're going to lecture them from A to Z so people will understand why is the reason. Otherwise, if I come and lecture and that's the end it's not going to work. We absolutely have to follow up.**

QUESTION: Ghia, what is the geographic area for the Hmong sampling for statistics – San Jose or in the valley – compared to Minnesota?

Ghia Xiong, Center for New Americans: The research that we did mainly just focused on **Fresno, but I would not anticipate much difference if we were to sample, let's say, in Minnesota, and the reason I say that in part is because a lot of these now relates back to culture. If you haven't really become Americanized or become Christians a lot of the diet that you have or behavior that you do is still very much the same, so if you're in Fresno or in Minnesota,** which also has a high concentration of Hmong, I would suspect that there would not be that much difference. **Maybe the people over there are more employed than those here in Fresno, but I don't think that the diet would change much because there is a culture tied to it.**

QUESTION: Dr. Ed Moreno, there was a report in the Fresno Bee during the weekend, *The Broke… Broken* report on poverty in the Valley. Can you tie the poverty reported to these particular kinds of health outcomes for different cultural groups?

Dr. Ed Moreno, Fresno County Public Health Officer: So the question is, can I attempt to link the issue of poverty with health?

Edie Jessup: Or is it linked?

Ed Moreno: Yes, I believe it's linked. Poverty is a limiting factor to much of the health efforts that we make. It's a determinant, I believe, to a lot of the health behavior decisions that our communities make across all cultures first of all from necessity but also, for example, not having the money and the resources for transportation to places where healthy food is provided, not having the money to actually purchase healthy food. Poverty also affects ability to access healthcare, and so health conditions such as diabetes and chronic diseases that are worsening like obesity, our communities don't have the opportunities to meet with providers on a regular basis for the education that we're talking about today, to talk with registered dietitians on trying to change behavior. That all takes time; that all takes money. Poverty is really a limiting factor in our efforts.

Edie Jessup: There's a comment from the table over here.

Terri Soares, R.D., Fresno County Office of Education: I'm a registered dietitian, and actually, glucose is metabolized by the body when it's eaten with cottage cheese. It's a carbohydrate and can be utilized by the body. All carbohydrates are.

Barney Zapata: The outcome is in the cells, and any time there's fat the cells won't open up. You might get a little bit, it is a fact.

Edie Jessup: Do we have another question for the panel?

Amy Klein, Children's Hospital: I wonder how all these coalitions on health and hunger are going to impact schools and trying to incorporate physical education on a regular basis and also healthy eating. I know the snack machines have been a big issue, but there is so much concern and it's so much in the press that it seems like the obvious answer is right there in front of our face because we have these kids five days a week and it's a controlled environment and it's two meals a day.

Edie Jessup: Thank you. Amy works at Children's Hospital and has been noticing who is it she is seeing there. This year we are going to step forward with working on a school nutrition policy, and we hope that you will join us and other people here will join us in that endeavor. It's a very difficult thing that we've done in terms of we have removed much support for education and at the same time they have filled that gap with corporate contracts in order to do things. We as citizens, as parents, need to step back into the situation. I encourage everyone here to go to your neighborhood school, see what they're eating, what the situation is in which they're eating it, because you'll find that they don't have an hour for lunch anymore. They have a very short amount of time in many schools, and you'll find that there are real issues around the kind of food that can be provided in the fourth largest school district, and we need to address those issues and help the schools actually find a way to improve the kind of food that is available to kids. The kinds of choices that we're asking them to make are not good ones very frequently, but we're hoping to come together this year and work on that. There are specific issues. There are production issues, there is access to fresh produce, there are initiatives that are "farm to school" kinds of things. There are a number of gardens currently in the Fresno city and county schools where they're tying the raising of fresh produce to what is being served in the cafeteria. Much of it will be looking at the kinds of policy changes that can take the high-sugar, high-fat foods and put them some place else other than on the school campuses. So, thank you. I hope that you will join us.

Ghia Xiong: I'd like to just comment a little bit about what we said about education and what you mentioned about coalition, working together to change some of these issues with children. And you know, to our community when I mentioned culturally, I'm thinking that we have a pretty big challenge. Because **how can you change a culture that perceives obesity as a form of health? When you look at a child who is very thin and skinny as not being healthy, the question is, 'How long will it take to change something like that?'** I think in our community that's something that we have to do with the parents. To say, 'Obesity is not healthy for you or for them.' They must see that that's not okay.

Ed Moreno: I just want to really applaud all of you for the efforts that we've made to educate kids. It's very important. Not just to educate, but the manner in which we educate. I was reminded in a group meeting just a couple of nights ago that **there are still some people in our community who believe that the information is out there and it's up to people in the community to educate themselves and if they choose not to that's their own fault. I'm a firm believer in identifying those that are at risk and identifying effective ways for working with our various communities, not treating everyone the same way, and keeping their best interests in mind in trying to reach out in the ways that we do.** So, I really want to applaud everyone here for the efforts that we make.

Edie Jessup: Thank you, Ed. Ronna, could you make a closing comment?

Ronna Mallios, League of Women Voters, and UCSF Medical Researcher: I'm really glad you asked that. I didn't know if it was appropriate or not. **I sort of wear two hats. I'm a medical researcher and a League of Women Voters person, so now I'll put on the other hat**. I know you're all aware that all the discussion that you've heard is because **there is data out there, and to tell you the truth, a lot of that data is not that good. Diabetes is not reportable so that's why you see figures all over the place because our data is not that good, but that's beside the point. The point is the data is only the beginning step.** What we're talking about now are, of course, **the more important phases of the problem – the education, the programs, the enactment, but we couldn't get to square one if we didn't have solid evidence, solid data to begin with, and the problem with this proposition is that it appears so good on the surface. So, what I am passionate about is certainly everyone should make up their mind on it, but they should understand what it's about and what it is they're making up their mind on. If you have any questions about it, I'd be very eager to answer.**

Edie Jessup: Thank you very much. I know that we have someone from the Secretary of State's office here with us today. Would you like to make a comment about the discussion or Proposition 54?

Participant comment: Well, first of all I'm with Secretary of State Kevin Shelley's office, and we have just established an extension of the executive office here in Fresno, and I've been assigned to do this, you know, what's coming up October 7. Ed Perez invited me to sit in here, and I just want to say this is a very interesting topic. Probably the best part of my job is going to community groups and listening to the different issues, but on the other hand, we also have an issue, right? **We have an issue of people going out to vote. I want to say I'm here to promote voter outreach,** and hope to use groups like you as a conduit to disseminate voter information from the Secretary of State's office. Thank you.

Edie Jessup: Thank you. **I would like to suggest that as we look at the systemic changes that can be made around nutrition and access to food by people that is healthy food for them**. **We have a dilemma that we live here where there is all this wonderful produce and that it is not getting to the people who most need it.** At the policy level, framing clear policy and being clear in terms of the kinds of initiatives that go forward in our state is really a critical piece because as Ronna has mentioned, of course we all want a colorblind society. That is something that we want. However, the kinds of information that will allow us to solve some of our problems that are nutritionally based with serious health consequences require information to target our resources where they are most needed. If we do not have the information, the use of our small resources is not going to work well at all. And may I say just as something for the Secretary of State's office, when I lived in the state of Maine the Secretary of State had a Ballot Clarity Committee and before things went out to initiative, the Ballot Clarity Committee would review the wording of the initiative so that what was getting signed on the petition was very clear. For example, so you weren't voting yes when you wanted to vote no, where it's twisted or where the language is not clear as to what the proposition is really about. Please pass that along.

Participant comment: One of the things that the Secretary of State has done is he's developed what's called an *Easy Voter Guide* trying to simplify this ballot. Each county is receiving several thousand of these, and so if you have a chance to read this and maybe comment on it to see if it's indeed something that has value I would really appreciate it. That way I can get the information…

Edie Jessup: Do you have some copies that you can leave with me?

Participant comment: Yes. I have copies in English and Spanish, Vietnamese, Chinese. I need to get some for the Hmong community.

Edie Jessup: Thank you. That's a wonderful thing. There are 800,000 people in Fresno County, though.

Participant comment: That's good to know. I wish I'd known this morning. We spoke before the policy and law government students at CART school, about 60 of them. We'll be speaking to another group on Friday. I find it's very interesting. I always respect the Women's League as far as the analysis and being fair in their literature in regards to ballot issues, and I'd like to pick up the remaining ones left here so I can share them with the students. **My question is, did I hear correctly that you said that it has to be a simple majority on the people's vote, yet the legislature on a constitutional amendment has to have a two-thirds vote? So, it's just 50 + 1 to pass Proposition 54? And it's down right now in the polls, right?**

THE PACKET contained: Agenda, a summary of our last Forum about the West Side communities and the taking of land out of production on the West Side; a series of health and cultural competence pieces on health disparities with different communities. The California Food Policy Advocates Statewide Food Stamp Forum. A short survey that Metro did with Hmong elderly on Food Security, whether they had enough food, and you can see here in Fresno there are many people who do not have enough food. There is a Health Policy fact sheet on receiving food stamps. California Food and Justice Coalition is doing one of three listening sessions on their policy initiatives in California, Tuesday, September 30th. It is going to be a unique opportunity for Fresno to be part of the discussion on State Food Security initiatives. Following it is their platform. They look at food security both from the aspect of those who are hungry and access to food through sustainable ag issues. The Forum Evaluation.

On the back table, there are handouts. *Weaving the Food Web*, which you're welcome to take. They include a piece on AB 231, the big bill to improve food stamps for California. It has passed out of both the Assembly and the Senate and is going to the Governor's desk. Also, there are a variety of other announcements that are on the back table.

Community Hunger and Nutrition
SUMMARY OF EVALUATIONS
September 10, 2003

Please give us your opinion of today's Community Forum, Nutrition and Health Disparities: Implications for Fresno
How would you rate: *(Circle one number for each)*

	A Little		Some		Very Useful
1. How useful was the information in today's Community Forum?	1	2 **1**	3 **2**	4 **7**	5 **7**
	Poor		Okay		Great
2. Rate your previous knowledge about today's subject matter.	1 **1**	2 **1**	3 **8**	4 **7**	5
	A Little		Some		Very Likely
3. How likely are you to utilize today's information in your work and/or community activities?	1	2 **1**	3 **1**	4 **9**	5 **4**
	Poor		Okay		Great

4. Overall, how would you rate this forum?	1	2	3	4	5
			2	**9**	**6**

5. What did you like best about today's session; what was most helpful, most appreciated?

A. Healthy food, Panel presentors.
B. The range/scope of panelists.
C. Diversity of presenters on the topic.
D. Convenient location for event; great acoustics, very informative.
E. Informative panel.
F. Diverse panel, great energy, excellent food.
G. The inclusion of info. about Native American Indians.
H. Even though we all are different (race), we have a common desire.
I. Different cultures represented.
J. Presentation.
K. Always learn things not aware of in ethnic communities making up our valley.
-Barney Zapata was an inspiration, focusing question – "What can we do?" I like question part always----what an interesting meal today-
L. The diversity of info & resources
M. Well rounded updated information nutrition/ health information & physical activity.
N. Partnering opportunities
O. Important topic & be addressed by our community.
P. I appreciated the visuals used by the 2nd speaker- "the attempt"
Q. Dr. Preciado's initial data on adolescent diabetes; sharing facts & sheets, legislative information
R. The different cultures represented in the Hunger Forum,
S. All of the flyers received in packet will be beneficial; the stats are astounding.

6. What did you like least about today's session; what was frustrating or disappointing?

G. The technical difficulty (with the PowerPoint)
H. I would like to learn more about how to prevent high blood pressure& diabetes.
I. Could use overheads/ PowerPoint to help with (presentation).
J. Funds
L. Only that it makes me want to know more
N. Inaccurate information given.
O. Concerned about misinformation that has been given out by a few of the day's speakers (especially by "nutritionist" from the West Fresno Health Care Coalition). The first step in educating our children and families is to have informed speakers addressing leaders of our community-based organizations.
P. Speakers need to use more visuals.
Q. Concerned about Mr. Zapata's teaching in West Fresno.

7. How and when will you use the information you learned at this workshop?

A. Shape info & advocate with refugee community and church members.
B. It reminds me to try to incorporate nutrition & diversity into public health.
D. Will share with my commitee groups.
F. To design health education programs in nutrition and exercise promotion in the future.
I. Hunger & Nutrition Education at work sites for grant funding.
J. Reality base into grant purpose.
M. Use it in the schools we work in.
Q. Great developement, advocacy tools, academic resources.
R. When we work at our school site.
S. Read about Prop. 54.

8. How could this Forum be improved? A. Everything is very good M. Inaccurate information by “nutritionist” the last person who spoke---nutrition(information was) inaccurate. Q. How can we work together to make diabetes a reportable disease? (We need the data to articulate the process ..
9. Please list suggestions for future Forums here: I. What is the Valley doing to reduce hunger & how can we access help. M. Schools & Obesity; Banning Junk food from schools; the environment-toxic environment we live in (air, fast food, high blood sugar, etc) P. Add a physical activity stretch/ break so the participants can take it and use it at their work site
10. What do you feel are the most important things we need to end or reduce in our Valley? F. Poverty, pollution and fast food H. Air pollution I. Poor nutrition in schools L. Poverty, health & safety issues for diabetic families. Access to opportunities. N. Obesity and the lack of nutrition education. R. As mentioned, soda machines on school campus.
11. Please make additional comments here: K. Had a wonderful presentation on diabetes at our teachers meeting last week P. I have a real concern about the speaker, Barney Zapata. Several of his facts were inaccurate regarding nutrition. I am an R.D. (Registered Dietician) “Nutritionist” is not a a defined term. I am very uncomfortable about mistaken information regarding nutrition presented to a “large” group. R. The key issue is education of adults as well as children S. Lunch was perfect-----------thank you