

Days of Dialogue: Obesity and Diabetes Prevention in Communities of Color

July 2004

Executive Summary

Introduction

In the spring of 2004, the California Adolescent Nutrition and Fitness Program (CANFit), and the California Pan-Ethnic Health Network (CPEHN) conducted a series of meetings with policy experts and representatives from communities of color in California to increase their understanding of, solicit their recommendations for, and increase their involvement in state and local obesity and diabetes prevention policy efforts.

The project had five major objectives:

- Solicit input and buy-in from a broad cross-section of communities of color regarding the issues of obesity prevention,
- Identify interested representatives from communities of color who want to actively work on the issues of obesity/diabetes prevention,
- Establish a statewide and local public policy agenda for healthy foods and physical activity environments in communities of color,
- Integrate representatives from communities of color and their public policy agenda into the work of the Strategic Alliance, and
- Create presentation materials that describe obesity and diabetes prevention from a communities of color perspective.

The objectives were accomplished through a series of activities. The project was guided by an Advisory Committee comprised of policy makers, community leaders from communities of color, and experts in nutrition and physical activity. A Leadership Meeting was held on March 19th in Sacramento to inform and engage policy experts from civil rights, social justice, and health organizations that serve communities of color. We also hosted five Community Convenings to create an opportunity for community of color organizations to have a dialogue about their experiences and provide recommendations for preventing obesity and diabetes. Of the 162 people that participated in the meetings, approximately 90% were people of color (representative of the following ethnic communities: African American, Cambodian, Chinese American, Caucasian, Filipino, Hmong, Laotian, and Latino). [American Indian populations' interests were represented at a meeting (Sacramento) of the Nutrition Council of California Indian Clinics.] This report documents the findings from the meetings and provides strategies and recommendations for integrating and engaging communities of color in diabetes and obesity prevention policy efforts.

Summary of Recommendations

When we first engaged in a dialogue about the obesity and diabetes issues with communities of color, it was clear that this was a deeply personal topic. Many people shared their own experiences with being overweight or being diabetic and acknowledged the difficulty in changing their lifestyle and behaviors. When we explored these challenges in more depth, participants were quickly able to identify community or environmental factors that contributed to how people may become overweight. This led to a productive discussion of the types of public policy or community-based solutions needed to address the obesity and diabetes epidemic in communities of color. Much “on-the-ground” work is being done in these areas by community-based organizations, although each region has very different issues and are in very different stages of their progress. The recommendations have been categorized in the following areas: increasing access to healthy foods in schools and communities, increasing access to physical activity environments, conducting advocacy work, conducting community education and outreach, changes to the health care industry, and strategies for effective outreach. A detailed list is provided at the end of the report. Below are a few recommendations that were frequently discussed:

- Provide healthier school meals (and include more ethnic food choices)
- Utilize nutrition experts in schools and communities to evaluate meals, menu options
- Increase access to Farmers Markets and locally-grown produce
- Subsidize or incentivize restaurants and stores to provide healthier foods
- Use existing models, such as Peoples Grocery, to get healthy foods into communities
- Make existing facilities – schools, government buildings, community centers – accessible for physical activity through joint use agreements
- Mobilize youth to advocate for changes in their schools and communities
- Continue to conduct and fund education and outreach
- Make prevention a priority in the health care setting such as reimbursement for screening and prevention activities
- Incorporate culturally competent strategies for reaching communities of color

It is clear from the discussion at the meetings that people are ready for change and to take action. They know what aspects of their communities contribute to health disparities. When we discussed what resources they needed, participants stated they wanted the level of available resources to reflect the severity of the problem in their communities, and that often, they wanted an expert to help coordinate their efforts and continue the dialogue. To build upon the momentum established by this project, local coalitions should be formed to provide structure and opportunities for the organizations to work together. Each local coalition will be able to identify factors contributing to obesity and diabetes in their communities and develop specific recommendations and actions to address them. Meeting participants should also be actively engaged in current public policy efforts, providing them with specific examples of how the policies may impact their efforts and communities. Lastly, it was apparent from the conversations that participants felt strongly that all aspects of the community must

participate in preventing obesity and diabetes. This includes all ages, from youth to the elderly and all sectors, such as the health care professional, churches, and legislators.

Meeting Summaries

Leadership Meeting

Public policies on nutrition and physical activity have received increased attention by legislators, including legislators of color, but very little participation from policy advocacy organizations serving communities of color. The Leadership Meetings was successful in engaging policy experts from civil rights, social justice, and health organizations that serve communities of color. Initial outreach from organizations that were familiar with the invitees was critical in ensuring their attendance. However, such a forum was not effective in reaching organizations that had previously opposed public policies on obesity prevention. Those relationships are more appropriately established with one-on-one meetings.

As a result of the meeting, community of color organizations began supporting current legislation on obesity prevention, and started developing relationships with organizations that are currently working on the issue to explore collaborations on future efforts. Organizations working on civil rights and social justice issues expressed a need for more information and education on how obesity and diabetes disproportionately affects their specific constituencies. Once these connections were identified and understood, there was general consensus that obesity and diabetes prevention efforts are also social justice issues.

Fresno Community Convening

The cultural and language diversity within Fresno was repeatedly mentioned as an issue in delivering services, and in engaging community members in a dialogue about obesity and diabetes prevention. Participants suggested that having outside experts come in to assist with the education of policy makers might lessen some of the “turf” issues their communities experience.

San Diego Community Convening

San Diego participants discussed that although there are several initiatives and coalitions in the area that are addressing obesity and diabetes prevention, there isn't a great deal of coordination between these coalitions and with the various ethnic communities within San Diego. Thus community education events are often held, but poorly attended. Participants recommended that more emphasis be placed on coordination, and also on working within existing ethnic community infrastructures, events and social networks to disseminate programs and engage residents.

Stockton Community Convening

While attendees were interested in the information presented, they wanted to take action to prevent obesity and diabetes. “*The information was not surprising but what are we going to do about it?*” Participants acknowledged the difficulty in changing people’s behavior and lifestyle and the importance of developing a community that encourages healthy eating and physical activity. Everyone agreed that education and communication is important but said it is necessary to create messages that are culturally appropriate, simple, and easy to understand.

There was considerable discussion about how our culture/society promotes being overweight. For example, people who live in Mexico eat the same things but are not overweight. Many participants stated that it is because other countries and cities build communities where you can work, walk, and play but here in the United States you have to drive everywhere.

Inglewood Community Convening

The majority of the respondents on the evaluation stated that they would incorporate the information into their work with activities by conducting outreach and education, advocating, and developing programs. Participants stated that they would like to continue the dialogue initiated at the meeting, especially focusing on solutions to the obesity and diabetes epidemic, in addition to continuing to share ideas and resources.

Sacramento Community Convening

Since the attendees worked in Indian Clinics in largely rural areas, many of their issues and concerns focused on lack of access to stores, no places to walk, safety issues (e.g., reservation dogs as an impediment to walking), and the cultural values placed on eating fast food and having a car. Attendees discussed the need to identify a Tribal person to build support & buy-in within their communities; to change their clinics to promote them as model settings for healthier food options and worksite policies; to get Indian casinos to support physical activity for their tribe or summer camps; and the need for a unified message on healthy eating and physical activity that could be promoted to the California native community throughout the State – e.g., media blitz, casino promotions, billboards on reservations.

Introduction

While all racial and ethnic groups in the United States experienced an increase in diabetes and obesity rates in the last three decades, communities of color have experienced the highest and most rapid increases. Yet very few social justice, civil rights, and health organizations that do policy advocacy with communities of color are participating in the discussion and fight against these health crises. In addition, public policies on nutrition and physical activity have received increased attention by legislators, without input from those impacted the most – communities of color.

In the spring of 2004, the California Adolescent Nutrition and Fitness Program (CANFit), and the California Pan-Ethnic Health Network (CPEHN) conducted a series of dialogues with key policy experts and representatives from community of color organizations in California to increase their understanding of, solicit their recommendations for, and increase their involvement in state and local obesity and diabetes prevention policy efforts. This report documents these meetings and presents strategies and recommendations for integrating and engaging communities of color in diabetes and obesity prevention policy efforts.

Methodology

An Advisory Committee made up of policy makers, community leaders from communities of color, and experts in nutrition and physical activity was formed to provide guidance to CANFit and CPEHN. The Advisory Committee discussed strategies for engaging key policy experts from social justice, civil rights, and health organizations serving communities of color in the diabetes and obesity prevention policy debates. Based on their recommendations, a Leadership Meeting of representatives from these organizations was held in Sacramento on March 19, 2004. The Leadership Meeting focused on 1) providing information on how obesity and diabetes impact communities of color; and why public policy solutions are critical to addressing the community and environmental factors related to obesity; and 2) how to get ethnic-specific communities involved in diabetes and obesity prevention policy issues. Representatives from the Advisory Committee also provided ideas on the format for a series of community meetings that would involve more grassroots, ethnic-specific community members, and suggested organizations to be invited and locations to hold such meetings.

A total of 122 people attended the series of five Community Convenings that were held in Fresno (May 19), San Diego (May 24), Stockton (May 21), Inglewood (May 28), and Sacramento (June 17). The Community Convenings began by framing the obesity and diabetes issue in communities of color within the context of public policy change through interactive activities and presentations. Small discussion groups were then formed to provide an opportunity for a structured and engaged dialogue to solicit policy and community-based solutions and identify barriers and resources needed to address the obesity and diabetes epidemic in their communities.

Results

Of the 162 people that participated in the meetings, approximately 90% were people of color (representative of the following ethnic communities: African American, Cambodian, Chinese American, Caucasian, Filipino, Hmong, Laotian, and Latino). American Indian populations' interests were represented by a meeting (Sacramento) of the Nutrition Council of California Indian Clinics. For a complete listing of organizations that participated, please refer to the Appendix.

A summary of the public policies and community-based solutions, in addition to the barriers and resources required to prevent obesity and diabetes in communities of color developed from the Community Convenings, are detailed below.

Public Policies and Community-Based Solutions

- **Increase access to healthy foods:**
 - *Schools*
 - Make school meals healthier, provide more (healthy) ethnic food options (remove soda and junk foods)
 - Revise school policies to include nutrition education in health classes, restrict use of food as a reward, and ban selling junk food for fundraisers
 - Increase number of nurses and/or Registered Dietitians
 - Have Registered Dietitian evaluate lunch and help with daily menu planning
 - Increase the length of lunch time to 30 min
 - Teach youth so that they can teach their parents
 - Support creation of Nutrition Policy Committees in school districts
 - *Community*
 - Learn how to get Farmers Markets into communities
 - Limit the number of fast food restaurants in certain areas/census tracts (e.g., limit number allowed near schools)
 - Work with USDA and California Department of Agriculture to subsidize farmers to provide low cost, healthier foods
 - Encourage gardening, increase community gardens
 - Provide tax credits for putting fruits and vegetables in small stores in neighborhoods with high prevalence of diabetes
 - Bring Trader Joe's to SPA 6 and other low-income areas
 - Use Berkeley/San Francisco model of "greening" liquor stores by having them provide a selection of fruits and vegetables
 - Utilize People's Grocery model (Oakland) – rent a truck or van to distribute food directly in neighborhoods without produce stores
 - Mandate nutrition labeling in restaurants and fast food outlets
 - Teach fast food managers and small neighborhoods restaurants to cook healthier

- Policy in local neighborhoods (zoning) to have certain number of produce stores
 - WIC stores could sell fresh produce (as a community service)
 - Provide shuttle service to and from grocery stores
 - Replicate Farm Fresh Choice model (Berkeley) – buy foods from Farmer’s Markets and sell to parents at schools, Head Start, after school sites
- **Increase access to physical activity environments:**
 - Make schools and community centers available in the evenings
 - Increase time spent on and quality of physical education in schools
 - Need more indoor playgrounds
 - Create “Commuter Communities” – increase businesses in communities so people don’t have to commute so far
 - Safer sidewalks, bike paths, crosswalks, lanes (e.g., night lights, patrols)
 - Make schools and government buildings available to public through joint use agreements
 - Need after school programs for adolescents and teens
 - Workplace practices to encourage fitness at work (e.g., as in Japan)
 - Work with malls to allow access for groups to walk (especially in hot climates)
- **Conduct advocacy work:**
 - Mobilize students
 - Engage community to get buy-in
 - Use asset based community development process for communities to learn what they already have
 - Advocate for subsidies to encourage access to foods and physical activity environments. Subsidies could be in the form of tax breaks.
 - Subsidize or provide incentives (through advertisements and signs) businesses that are more local/ethnic focused and healthy. (e.g., Caribbean population in Crenshaw)
 - Regulate marketing of fast food/junk food to children under 18
 - Tax junk food and use profits for school PE, sports, healthier food
 - Involve city council in prioritizing community needs
 - Work with outside people with expertise to talk with local policy decision makers
 - The community needs to ask for it and learn how to advocate
 - Someone needs to be in charge of coordinating efforts
 - Leverage existing groups such as youth organizers
- **Conduct community education and outreach:**
 - Make cultural foods more healthy – teach people how to cook differently, highlight healthy aspects

- Use people of color to reach community (e.g., Promotura model)
 - Educate restaurants on how to make healthy foods
 - Promote parents and children to do activities together
 - Use Little League/Pop Warner's to reach parents
 - Don't allow sodas in workplaces and meetings
 - Conduct focus groups with children and find out why they don't exercise
- **Health care industry:**
 - Make prevention a priority, such as increasing outpatient clinics, develop policies, change health care model from intervention to prevention, and broaden scope of reimbursable care. The treatment of obesity is costly and there is a high failure rate.
 - Need to develop community resource list for provider referrals.
 - Test all youth for pre-diabetes in 7th grade and annually there-after
 - Appropriate affordable health care
 - Engage doctors to be more communicative with their patients around the issue, develop guidelines
 - Need agency to certify bariatric surgeries
- **Strategies for Reaching Communities of Color:**
 - People need to see visuals – shock value
 - Use American Indian approach of story-telling with parents/youth (especially in Southeast Asian communities) to convey information, messages
 - Conduct parent nights and/or town hall meetings on the issues and involve legislators
 - Utilize existing infrastructures and kinship circles to distribute information (e.g., Asian community's Senior Contests)
 - Promote/fund community building and empowerment programs and coalitions
 - Require cultural competency in programs (i.e., address linguistic access issues)
 - Go to fairs that communities go to rather than trying to get community members to come to health department type events

Barriers

- **Transportation**
 - Traffic congestion and lack of transportation infrastructure (Stock/Ing)
 - Invisible stigma for not having a car (Stock)
 - Too much emphasis on cars rather than on pedestrians and bikers (Ing)
 - Distance to school facilities & small numbers in rural areas
 - No sidewalks/bike lanes in rural areas

- **Community**
 - Lifestyle/changing people's perspectives (Stock/Fresno)
 - Unsafe neighborhoods (Ing/SD)
 - Cultural barriers/lack of understanding of different cultures and languages Ing/Fresno/SD)
 - Reservations needed to access parks – unfriendly (Stock)
 - No dogs allowed at parks (Stock)
 - City planning – to avoid lawsuits they eliminated pedestrian access to limit their liability (Stock)
 - Good parenting (Ing.)
 - Socio-economic conditions (Ing)
 - The community needs to ask for it, prioritize/learn how to advocate (Ing)
 - Need for advocates - someone trained to support people through bureaucracy/organization to walk through process (Ing)
 - Lack of money, funding, lots of clinics closed -- bankrupt (Ing/SD/Fresno/Sac)
 - Limited funding for park maintenance and upkeep – lights need to be better (Ing)
 - Need more organized/free youth activities (SD)
 - Need more incentives for people to participate – certificates, stipends (SD)
 - No land for gardening (Fresno)
 - Lack of support from legislators (Fresno)
 - Lack of collaboration between CBOs, health organizations, and schools (Fresno)
 - Lack of health access – medical insurance for nutrition counseling, etc (Fresno)
 - No staff (Sac)
 - Lack of media or marketing expertise in health promotion (Sac)
 - TV in every room w/ remote control (Sac)
 - Coke in a spigot (Sac)
 - Family eats on own; in car, etc (Sac)
 - Speed eating (Sac)
 - No cooking skills (Sac)
 - Fast food meal as a reward (Sac/Stock)

- **Education/Youth**
 - Providers not as educated in P.E. and nutrition (Stock)
 - Schools don't remain a resource to community (closed and locked up because of liability (Ing.)
 - Schools feel they have to take money from soda industry to pay for basic services (Ing/Sac)
 - Lack of school nurses (Sac)
 - Lack of education professionals (Sac)
 - Children inside/no playing, lots of videos (Sac)

- No PE (Sac)
- **Nutritional**
 - Greenbelt – Agricultural barrier between Stockton and Lodi (Stock)
 - Unhealthy cooking practices are endemic (Stock)
 - No motivation of fast food managers to cook healthier (Stock)
 - Should be school standards for testing on nutrition knowledge (Stock)
 - No low-fat/non-fat milk available in local stores, or it's expired (Ing)
 - Businesses don't want to take risks – no facility and capacity for perishables, not enough accountability to community (Ing/Sac)
 - Unhealthy commodity items from government (i.e. lards, mystery meals, cheese) (Ing/Sac)
 - Food service business lacks resources, needs to make profit (Ing)
 - No kitchens – people eat out a lot (Ing/Sac)
 - Big Box stores and larger portions/super sizing (Sac)
 - Meals on Wheels by McDonalds – school meals (Sac)

Resources Needed

- **Transportation**
 - Transportation (e.g., shuttle services, subsidized vans) to get people to stores or get stores to the area (Stock/Ing)
 - Safe routes to schools grant (Ing)
- **Community**
 - Health care services/agencies to conduct outreach and education and need USDA funding – let them know that healthy foods can still make money (Stock/Ing)
 - Church involvement (Stock)
 - Radio coverage -- advertise healthy foods (Stock)
 - Enlist “healthy” vendors (Stock)
 - Neighborhood watch groups (Stock)
 - Board of Supervisors – lobbying the city government (Stock)
 - Positive social marketing strategies (Ing)
 - Change set-up at grocery stores so healthier foods are within reach (Ing.)
 - Connect w/ community and schools to build potential plans (Ing)
 - People need to appreciate the power of networking (Ing.)
 - Use senior citizens to help (Ing)
 - Look for advocates outside of your community (Fresno)
 - California Healthcare Interpreters Association (CHIA) (Fresno)
 - Consistency in translation of material (Fresno)
 - More people – trained work force (Fresno)

- **Education**

- Information – nutrition and health education (Stock/SD)
- Encourage students to create programs to facilitate student/community partnership and host health presentations at PTAs (Ing.)
- Cultural competency and advocacy training (Fresno)
- Use service organizations to help out with physical activity projects and nutrition education in communities (Ing.)
- Need an advocate on the school board, a tribal board member (Sac)

Days of Dialogue: Participating Organizations

100 Black Men of the Bay Area, Inc.
African American 5-a-Day
 Department of Health Services
African American Food Association
Alameda County Public Health
Apostolic Faith Home Assembly
Asian & Pacific Islander American Health Forum
Asian American Drug Abuse Program
Association of Black Women Physicians
Black Health Leadership Council, LA
Black Women for Wellness
Blue Cross of California
 State sponsored programs
C.U.F.F.
California Black Health Network
California Center for Public Health Advocacy
California Health Collaborative
California Rural Indian Health Board
California Task Force on Youth & Workplace Wellness
Calvin Freeman & Associates
Indian Health

City Heights
City of Berkeley Public Health
Community Health Council, Inc.
Consulting By Design
Consumers Union
County of Los Angeles
 Department of Parks and Recreation
Crystal Stairs, Children's Health & Wellness
Dietetic Intern CSUS
ETR Associates
Fresno County – Department of Community Health
Fresno Metro Ministry
Greenlining Institute
Harbor – UCLA – REI
Health Education Council
Health Net
Health Plan of San Joaquin
Healthy House Within a MATCH Coalition
IW Group, Inc
Kaiser
Keck Diabetes Prevention Institute
Khmer Society of Fresno
Lao Khmu Association, Inc.
Latino Coalition for a Healthy California
Latino Health Access
Latino Issues Forum
Lawyers' Committee for Civil Rights
Long Beach Department of Health Services
MAAP

Managed Risk Medical Insurance Board
MEE Productions
Mexican American Legal Defense and
 Educational Fund
Multicultural Area Health Education
 Center
NALEO Educational Fund
National Coalition of Hispanic Organizations
National Council of La Raza
Native American Health Center
Northern Valley Indian Health
Orange County Asian Pacific Islander
 Community Alliance
PHFE – WIC
Prevention Institute
Pueblo
REACH
REI – WIC
San Joaquin County Prevention Services
Sequoia Community Health Centers Central Valley
Shingle Springs Tribal Health

Sonoma County Indian Health
South LA Health Projects
 Southern Indian Health Council, Inc
 St. Joseph's Medical
State Indian Health Program
Sweet Heart Project
Tachi Medical Center
The California Endowment
The California Pan-Ethnic Health
 Network
UCOP Tobacco-Related Disease
 Research Program
United Indian Health Service
UPAC
US Food and Drug Administration
West Fresno Health Care Coalition