

Onondaga Citizens League
2007 Study: Health Inequalities in Onondaga County

Public Session #6:

Nutrition and Health Inequalities

Monday, June 11, 2007

3:30 to 5:00 p.m.

Dunbar Association

1453 South State Street, Syracuse, NY

Panelists:

Dwight Rhodes, Director for Family and Community Service, Dunbar Association

Susan Brown, PhD, Director, The Osteoporosis Education Project

Liz Campbell, Food Bank of Central New York

Liz Coffey, Catholic Charities

Liz Campbell, who was accompanied by Beth Slater, Public Relations Officer for the Food Bank of CNY in the audience, began the session by stating that the Food Bank serves an 11-county area. She distributed a “Hunger in America 2006” fact sheet [refer to Appendices, 2007 Study, Public Session #6, 6-11-07, Food Bank Handouts] that presents the findings of surveys and interviews conducted during the spring of 2005.

According to the USDA in 2005, 11% of households in America are “food insecure,” which means that they do not know where their next meal is coming from and that they rely on emergency food programs.

A recent National Health and Nutrition Exam Survey showed that 32% of adult Americans are obese. Taking into account the 11% who do not know where their next meal is coming from, there is a major hunger—obesity paradox happening. The accepted theory is that access to food for many Americans in need does not equate to access to nutritionally sound food.

Hunger and obesity are intertwined because of three primary reasons:

- Feast or Famine Phenomenon: When those who are food insecure do have access to food, they over consume calories.
- Access to caloric dense foods is limited: When those who are food insecure (along with those not food insecure, but who are economically disadvantaged) have access to food, it does not provide nutritionally balanced meals; access to soda and candy is high. Also, studies in the City of Syracuse have shown that access to fresh fruit and vegetables in the inner city is very low.
- Simple energy imbalance: Since those who are food insecure may tend to live in low-income, high crime urban areas, the streets are not safe to walk for regular exercise and, in many cases, the sidewalks themselves are not in good enough condition to provide a safe walking surface.

The observation and stats show that it is low income, minority women are at increased risk for being obese. With 64% of Americans being overweight, there is an increased risk and incidence in this segment of cardiovascular diseases and diabetes. In Central New York, 12% of those using emergency food programs have private health insurance, while the remainder are Medicare and Medicaid eligible.

Findings in Central New York also show that 21% need to make the decision of whether to buy food or medication. What would the stats be, Liz asks, if we, as a community, were pro-active about serving this population? Access to nutritious food has a major impact on overall health.

Childhood obesity is on the rise, and, along with it, type 2 diabetes has increased dramatically among children under the age of 18.

Liz says that we need to advocate for environmental changes and education, which will bring about behavioral change, which will affect the overall quality of health in food insecure individuals.

Environmental changes involve creating more self-sufficient communities with greater access to nutritious food. Steps have been taken in this area, as follows:

- WIC Farmers Markets being placed outside WIC facilities
- Garden in a Bucket program – teaches people how to garden and grow their own food and allows food stamps to be used to purchase plants and seeds.
- Produce of the Month program – offers local produce through emergency food programs (Food Bank distributes 450 cases of produce a month)
- Community gardens have been established at three local sites
- Donated Food Policy: Soda and candy are not accepted as donations.

In summary, Liz says that the goal should be to help the food insecure to have access not merely to food, but to sound, nutritional foods. America's Second Harvest states "we want to feed people well."

Dwight Rhodes described the work of the Dunbar Food Pantry, which is open five days a week from 9:30 a.m. to 12:30 p.m. Fresh food is distributed the second Tuesday of each month in the gymnasium. While they cannot provide perishable food on a regular basis (the issue is storage), on fresh food days they offer vegetables, salads, fruits, dairy products, pastries, and bread.

The Dunbar Pantry serves an urban area with a high poverty index, a high rate of unemployment and a high rate of violence. Lack of education and literacy are major issues as well. There is a high percentage of people in this area who are food insecure.

The pantry services about 240 people a month, and that number would be quadrupled if the pantry had the means. They obtain their food from various sources, including FEMA, the Interreligious Food Consortium and the Food Bank. It feels good to help, says Dwight, but in this pocket of the community, where people have so little, so much more could be done.

Dwight says that social policy issues create healthcare disparities that exist. He asks how does a nation that has so much help those who have been left behind. It is a circle of inequality that must be broken. We need to help people so they are not so reliant on emergency food programs and become more self-sufficient.

The Dunbar Center has a facilitated enroller as part of a contract with the Department of Health, whose goal is to sign up 42 Medicaid eligible people per month.

Liz Coffee described a new program being offered by Catholic Charities called “Kids Win.” At five Catholic Charities sites, the after-school program serves children ages 5 through 18 by teaching them about healthy food and how to make healthy snacks and dinner [refer to Appendices, 2007 Study, Public Session #6, 5-23-07]. The program tries to be “realistic” by helping them to make use of foods they generally have access to. The program is serving 250-280 children each week, with more in the summer. There are ten community gardens at centers in the city and they are teaching about canning fresh fruits and vegetables.

Generally, the children served do not understand anything about the major food groups or know how to cook. Many are immigrants and the program tries to involve parents as well. These children also need access to more water – it is amazing to see what they consume while just being in the program.

Susan Brown, PhD, is a medical anthropologist and certified nutritionist who leads the The Osteoporosis Education Project. The study has centered on the role of vitamins K and D in bone health. Vitamin D has long been known to reduce bone fractures by 40%. Two recent studies have shown that vitamin D affects each organ in the body in dramatic ways and has the potential to greatly decrease cancer and other chronic diseases. Dr. Brown referenced a four-year study conducted by Creighton University in Nebraska that showed vitamin D ingestion reduced the incidence of cancer [refer to Appendices, 2007 Study, Public Session #6, 5-23-07].

Dr. Brown feels that one of the most profound ways of tackling health inequalities is to distribute vitamin D, which if taken on a regular basis, would level the playing field among chronic diseases.