

Health Impacts of our Food System Panel

Food Security Summit 2008: Cultivating an Agenda for Change

February 16th, 2008

Mary Kate Mouser (moderator), Director, Children's Health Improvement and Prevention, Monroe Carroll, Jr. Children's Hospital at Vanderbilt

-Tracy F. Buck, MS, RD, Director for the Health Promotion and Chronic Disease Prevention Division for the Metro Public Health Department

-Sarah White, State Director, School Nutrition Program, vision of Resources & Support Services, TN Department of Education

-Barbara Clinton, Director, Vanderbilt Center for Health Services

The foods we eat come to our tables through a complex global system that has developed over centuries. How we eat has serious--and often hidden--implications for our health. Questions raised by these issues include: How do environmental, economic, and social systems work together to bring food to our tables? What are the environmental and social impacts of the food we eat? What are the real causes of hunger, and what can be done about it? What are the potential benefits and risks of technologies such as genetically-modified foods? How can we select food to benefit our health and our communities? Our panel will include variety of experts from a variety of backgrounds and experiences.

Tracy Buck

Tracy shared her experiences working for the Metro Public Health Department and in health promotion. Since food is a necessity, it can't be avoided like other potential risks. Across the region and the world, poor dietary intake causes a risk of several diseases including cardiovascular, diabetes, hypertension. There are some diet-related impacts on many diseases. Tennessee is ranked worse than national average for all of these diseases. Why is this? People don't know what information to trust, what to eat. Portion sizes have been steadily increasing and people are not sure how much or how many times to eat.

Beyond personal health impacts there is a need to consider societal and environmental factors of our food system. The media has a great impact on what we eat. Time is a factor limiting our ability to prepare healthy options and leading people to choose convenience foods. With busy schedules, families eat fewer meals together. There is also a perception of added expense; eating healthy convenience foods can be more expensive. Levels of income and education impact ability to eat healthy. Tennessee has a higher rate of lower educated people, which often leads to lower income. There is an issue of access and exposure to healthy foods. How can you eat healthy if you are not exposed to those foods? There are selection strategies to help counteract these trends. To be able to read a food label makes a big difference, sometimes people need to be taught how to read and understand the label. It is important to know your food source. This can be very difficult if your only access to food is convenience foods or grocery store. To counteract this, it is important for individuals to know where healthy options reside and where locally grown foods are sold.

Barbara Clinton

Barbara told how the Vanderbilt Center for Health Services began in 1960s when a group of medical, nursing, law, journalism and other students came together with other

community and religious groups. They determined that a commonality across region from rural to urban food insecure is poverty. There is a heritage of people in Tennessee and the surrounding areas getting exploited, whether through working in the coal mines, Jim Crow laws, or other reasons, and coming together to organize to make things better. Our premier natural resource is our people.

Hunger has always been an issue in these regions. What has changed in the last two generations in both regions is we went from a history of people feeding themselves through their own gardens, own cows, etc. to losing our working farms and home gardens in these regions. Now more visible hunger is coming into play. Hunger is defined as the absence of a steady stream of nutritious food.

While food security is definitely an issue in urban areas, it is also major problem in rural areas. This is Barbara's focus. Once people lose steady access in their region, they also lose the habit of eating healthy food. This may be the hardest thing to work with. It's not a matter of giving the information, but the cycle of how we work with food in our own lives. There are many situations in which why for very good reasons getting a happy meal is the easiest thing. It is important to keep experience of cooking food for relationships and a sense of achievements in addition to being healthy.

She cited the MIHOW program, Maternal Infant Health Outreach Worker Program, a peer to peer program of mothers helping mothers. The target population is pregnant women and families with young children (birth to three) who are economically disadvantaged and geographically and/or socially isolated. By getting outreach workers who have been in similar situations, they are able to affect great positive change in the health of mother-child relationships and child health.

One-third of families don't always have enough food to get through the month. One half of them living at 1/2 US poverty level. Buying fruits/vegetables is not only out of the range of prices, it's out of the range of habit. How can we reverse these cycles while respecting the experiences families have?

Sarah White

As director of the State's School Nutrition Program, Sarah knows if you are working with food, you have to be flexible. The National School Lunch Program in Tennessee has a \$329 million budget a year. You cannot teach a hungry child. On many occasions, school lunch workers will see children who are waiting to eat on Monday morning who have not eaten since their last school lunch the previous Friday afternoon.

The structure of the School Lunch Program is an entitlement program, in which schools are entitled to the money they earn for doing something. They get paid for every lunch they feed a child. For fully subsidized school lunches, they are paid 2.47 cents for every child, \$2.07 for reduced lunch children, and \$0.23 for every meal eaten by a paid child. The Goal of the National School Lunch Program is two fold: to strengthen the nation's nutrition safety net by providing nutritional meals and to support the nation's agricultural markets. The program began in 1946 when military applicants couldn't pass physicals. In 1949, farmer surplus was bought for schools, thus beginning the school lunch program supporting commodity food production. Over 60% of the product must come from surplus meals. In some instances, the President of the US may determine what is surplus. For example, during the Carter administration, peanuts were deemed in surplus, during the first Bush administration, beef was a "surplus," during Clinton presidency, Tyson

chicken was abundant. This is a way for them to favor their home state agricultural production.

How can the school lunch program be a remedy to nutrition needs? Certain nutritional standards are certainly met. The breakfast provides a minimum $\frac{1}{4}$ of nutritional requirements. Lunch must meet $\frac{1}{3}$ of nutritional requirements. But still, of the 1095 meals a child could eat a year (3×365), 360 meals could be provided at most.

100% of schools in TN are part of system, with 95% on school lunch program. 30 % of students that are eligible to eat lunch also eat breakfast.

There are many challenges to getting healthy food eaten by kids. The average price of lunch is \$1.50 per student. The districts have to buy American grown food unless you can't get it anywhere else (such as pineapples or mandarin oranges). 54% of students in the state are on reduced lunch. That number gets closer to 70/80% of students in Memphis. If you are on food stamps, you are automatically eligible for free school lunch.

All Tennessee Schools meet HASAP healthy inspection standards, average grade 96 and above. Ethnic foods have made a big impact; the Hispanic population has brought lots of fruits and vegetables.