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>> JAYNE (Captioner): Standing by.

>> TIM HUGHES: Good afternoon and welcome to our congressional briefing, the state of obesity 2020 better policies for a healthier America. My name is Tim Hughes, we would like to thank our speakers and audience for being with us today. For today's webinar audio is through your computer speakers or headphones. Real-time captioning is provided today by Jayne Konkel of ACS captions. For captions click on the multi media icon work on the right side of your screen locate the link that says show hide header. If the captioning window ever disappears click the multi- media viewer icon to bring it back. We encourage you

all to share your thoughts and questions about today's presentation by typing them in the Q&A box. We will try to answer as many questions as we can as time permits. To open the Q&A box panel, click the circle with the three dots at the bottom of your screen. From there select all panelist in the drop-down menu so that your question will get sent to the correct location and press enter. Before we start today's discussion we would like to bring up on your screens a poll question to get a sense of what sectors are joining us today? So I will bring this up. So What sector/industry best represents your sector (Check all that apply)? The choices are A. Advocacy B. Community-Based C. Congressional office D. Government (non-congressional office) E. Healthcare F. Media G. Non-profit H. Public Health I. Other and please submit those answers and while we wait for your answers I will now introduce our moderator. Our moderator for today's event is Dara Alpert Lieberman. Chief of government relations where she oversees the development and implementation of federal government relation entities and works to advance and ensure implementations of TFAH's policies and priorities. I will close the pool and now bring her on. Welcome Dara Alpert Lieberman.

>> DARA ALPERT LIEBERMAN: Thank you Tim and for everyone joining us for this important discussion today. The time lapse but I know people are still joining. So anyway welcome I am Dara Alpert Lieberman director of government relations for trust for America's health. I want to thank you all to the esteemed panelist for taking time out of their busy schedules to join us today. First I will present the results of the annual report, the state of obesity reports. And then I will be going through our panel today. Now I'm starting to see the results and it looks like we have quite a few participants for public health. From the nonprofit sector and from governmental and congressional office as well. It's good to see community-based and advocacy representation. A good cross-section here of people interested in this issue. After our presentation as Tim said we will have time for discussions and questions from the audience. So I would like to recap our annual state of obesity report which we jointly released with the-- our hope is you will see the trends in obesity in the country and how we can address the epidemic. To be clear this is an epidemic. As you see from the slide obesity rates are still

climbing. 2019 is the year that our report data is from is the first year were national obesity past the 40% rates. Around 42.4 %. Not only are we at a record high but we have reached that level at a very fast pace. By comparison in the year 2000 West Virginia was the highest level of adult obesity at around 23.9%. And 2019 Colorado was the least obese state with a rate of 23.8%. In just 20 years the ceiling has become the floor. Now the state with the least obesity matches the state with the most obesity from 20 years ago. Next slide. We also know that obesity levels vary substantially by race and ethnicity as well as education, income level, urban or rural population and Dr. Sara Bleich will speak about this any moment. Assistant in inequities, racial and ethnic groups with obesity rates.

We talked about this and this year's and last year's report. Many disparities are due to inequity issues like multigenerational poverty, lack of access to food. Rather than biological differences. Next slide.

Like adults number of children with obesity continues to rise. Childhood obesity is incredibly important because preventing obesity is so much easier and more effective than trying to reverse the trend so that's why you see so many policies and programs focused on the school and preschool level. We also need to focus on the first 1000 days because it is critical to encouraging nutritional habits and encouraging age-appropriate diet pattern. Next slide. Dr. Sara Bleich will talk about the health consequences of obesity which is there are many. We also know there is many economic and national security consequences as well. As well as the cost is around $215 billion in cost. And baby boomers continuing to age that will add to Medicare's cost as well. Next slide.

This year has really exposed the overlapping crises of chronic disease, health inequity and of COVID-19. And something I think many of us in public health feared quite a while. That would put America at a national security risk because of our high rates of chronic disease. CDC from earlier in the pandemic shows almost half hospitalized, COVID-19 patients adult with known health histories also had obesity. Any chronic conditions also with obesity put them at higher risk

for COVID. I'm sorry from COVID outcomes. At the same time the COVID related recession and closures have caused low income houses, multiple low income fossils to have lack of income security which raises the risk of obesity. And has made it more difficult for people to have access to physical activity and healthy eating. For example gym closures, and the interruption of school meal programs for many. Something we will continue to fear as the holidays. Next slide.

Despite the severe economic whole associated with obesity and the fact that these are rising. Overall we spent about $3.5 trillion on healthcare in the U.S. But public health and prevention represent about 2.5% of all healthcare spending in those states. As you can see from this graph which is from our annual chronic underfunding of public health reports. The overall budget and you account for the equation remains flat for the past ten years. And any little increases we have seen here and there are often due to one-time funding. It is really not adequate for the result, for this scope of the problem we are trying to tackle. Within CDC and nationwide. As an example CDC's fiscal year 2020 budget for nutritional physical activity and obesity is about $57 million per year or roughly $0.17 a person in the U.S. We keep asking CDC and public health to do more but not giving them the resources to do it. Next slide please. This year's obesity report had a timely section on food insecurity and we talk about how it is a key social determine it for obesity. And giving an overview of several programs that work to reduce insecurity. Unsurprisingly is willing to economic positions that the economic a level. Low income hostiles are much more likely to be food insecurity compared to the general population. And the related economic recession. With more than 20 million Americans losing jobs just the spring, many jobs lose hours of income, and worse for food insecurity. And I talked about what lack of food availability in school and purchasing healthy food. We focused on food insecurity because of the relationship between food insecurity and obesity particularly between women and children. One showed that adults had a 32% chance of having obesity compared to food secure adults work there are several mechanisms for the this. One is the inadequate food affordability makes it harder to access a healthy diet. It is possible that higher levels of stress and anxiety

generate higher levels of stress hormones which heighten your appetite. And a physiological response to lack of food available and a higher fat amount. And we think there is a relationship between these and to try to address those crises as well.

We highlight to federal programs improving and food insecurity and reducing-- improving food insecurity and reducing obesity rates. Changes to the WIC program in 2009 have contributed to the decrease in obesity in a pattern. Which is news an example how we can leverage the same program it to make children healthier and give them better opportunity for health. And then secondly there were new nutrition standards for the food programs and 2012 the improved the nutrition quality. Next slide. Now clearly more needs to be done. One of the key aspects of the reports is our policy recommendation. And these are some of the overarching themes from this year's report recommendation. One of course prevention is key. Progress requires evidence-based funding strategy in order to put them adequately to scale. And it must be conducive to comp rants of long-term approaches of more healthy eating. These should cross sector and federal agencies and state local agencies as well. Unfortunately there is no silver bullet that will fund just one recommendation. It's imperative we focus on populations that bear a disproportionate written of obesity for us. These points are especially pertinent because obesity is a chronic disease but also symptomatic and institutional wide. I will go into some of the policy recommendations. We do have policy recommendations in the report so I encourage you to take a look at all those provided by this federal stakeholder that can leverage those recommendation. And trying to reduce obesity and disparities by expanding and investing in the programs that we know work. So we do recommend expanding funding for the state local activity and nutrition grant out of the CDC and as an example you saw the map, it is everywhere. Unfortunately CDC has enough funding from Congress to support-- we recommend expanding the SPAN and REACH program. You will learn more about these from Dr. Sara Bleich as well. Additionally Congress, we think it is past time to find CDC and more social determinants work which are the nonsocial factors that impact people's health.

And empower about health to work with other sectors to address the upstream issue that contribute to the health status. One example is the social determinant of health act of 2020 that would create program. Secondly we talk about decreasing food insecurity while improving nutritional quality which is especially important during the pandemic. So we need to work with Congress to strengthen essential supports for low income individuals with programs like SNAP and WIC work we have programs ensuring child nutrition reauthorization, updating the guidelines, making sure those are evidence-based. And we support WIC eligibility to age six. And we need to continue the waivers that have happened in those programs from COVID-19. The final, the third recommendation here is on change marketing and pricing strategies that are contribute into health disparities. We believe Congress should close tax loopholes and especially because TV advertising for unhealthy drinks and snacks is-- the fourth area ensuring physical activity to make sure the environment is more accessible for all. The groups and governmental agencies should work together for the opportunity for the activity. Like boosting funding for transportation and pedestrian and biking infrastructure. Safe route to school. Those programs that contribute to the environment but give the opportunity for the physical activities that not all it neighborhoods have right now. And support physical education through education funding and less ability with programs so that kids continually to be physically active even distant learning right now. And ensuring the health care efforts are complementary. So it's impossible to talk about tackling the crisis without mentioning health insurance coverage. Millions of Americans still do lack adequate health insurance coverage and of course there are disparities by race, sex, by age and these have been exacerbated by the pandemic. And about 42 million have lost their employer sponsored insurance. So Congress needs to have protection for that as well. And health insurance coverage in multiple ways. U.S. preventative services task force, recommendations for behavioral health counseling and covering evidence-based programs as well. More details about all of this in the work. Next slide.

Here is where you can find the contact information for Mike colleague Daphne

Delgado she is our advocacy lead on prevention. Next slide. So you will save questions to the end just a reminder to put your questions in the Q and A panel and not the chat. We will try to get to as many of those questions as we can. We will send complete biographies for the speakers after the meeting today. But I will briefly introduce them now. I am pleased to be joined on the panel by Capt. Heidi Blanck and as the branch chief she oversees when entering of the prevalence and key nutrition and physical activity behavioral assistance support. Next is Nora Gonzales, as part of her great work we will hear how she has worked on the healthy corner store initiatives. How she has produced vegetables for areas of high need. And were all children can play together Rigol us of ability. And Dr. Sara Bleich. Harvard T.H. Chan School of Public Health supporting-- preventing obesity particularly populations at higher risk. She was a health visor to the U.S. agriculture and first lady Michelle Obama. Both Dr. Nora Gonzales one and Capt. Heidi Blanck are on the roundtable. Welcome Capt Heidi Blanck.

>> CAPT. HEIDI BLANCK: Thank you for having me today. Next slide. In this first slide I want to share data from the-- this shows the information we have for children 2 to 4 years in the early Link program and the good news as we have seen decreases in the prevalence of obesity since about 2010 but the magnitude is so high, we have 13.9% of Americans 2-4 -year-olds in the WIC program. And this translates that in any typical pre-k classroom in America three of the children already have obesity. This poses them at risk for future bullying, health and other consequences. Next slide.

The CDC has published our data on adult obesity this slide shows where we were in 2011. In overtime as showed we can see an increase in obesity through the 2019 data. Can't the most recent prevalence data we can see that we now have 12 states that have obesity problems at or above 30%. This is up from nine states and 2018. We are seeing one in three adults in our states at this high level of obesity. Next slide.

Similar to the disparities mentioned from the youngest children who see a similar pattern among adults in America. Combining self-reported adult data from 2017

to 2019 and behavioral surveillance system we can see that we have six states on the left. Within obesity problem of 35% or more among non-Hispanic white adults work the middle slide we have 15 states with obesity prevalence of 35% or higher among Hispanic adults. And the right slide. Non-Hispanic black, reform states and DC had an obesity prevalence of 35% or higher. This is the need to address key factors for obesity including drivers such as nutrition, physical activity and social determinants of health including poverty, education and housing. Next slide.

Showing you the national data I want us to think a little bit more about obesity and thinking about our friends, family and colleagues and our neighbors. Our own lives we probably know someone struggling with their weight or diabetes or cancer. Since four in ten adults have obesity and one in four kids have already, we need to think about what are the policies and programs that can help them. But we need a better understanding of obesity. Obesity is defined using body mass index or BMI and a screening rates.

So having a BMI of 30 is considered to have high obesity in adults. Obesity is not just the summer. Is a highly complex condition with many phenotypes. And driven by the jeans and biology interacting with society environments. Recent data shows up to 80 genes are involved with issues such as metabolism, energy use, and this very much interacts with the daily lives. It interacts with our food intake and eating behaviors, beverage consumption, inactive lifestyles and including sedentary activities. Also different life stages, we have issues such as premises, issues with sleep, childhood experiences, how we deal with stress as well as other aspects of behavior including our exposure to environmental chemicals and certain medications that are more likely to cause-- such as hormones and-- as you can see it is a very complex disease. Next slide. The other thing we learned in the last 20 or 30 years is that obesity is a very metabolically active condition. So the tissue is an active endocrine tissue and leads to an increase in cells called adipose and these lead to the body that have a low-grade chronic information. This chronic information can impair a function.

This is really important long-term for the diseases we will talk about also important in a time of COVID-19. Because we know that really having a well-balanced diet and a good immune system is really the best first defense of being able to ensure that we can try out other types of infections. Also know that it can impair immunity.

There is a list here that includes vitamins, B6, folate, selenium, zinc, iron work Western diets high in refined sugars grains and meat can change the gut microbes and associated suppressed you minute he. There are things that can help moderate the inflammatory response work and could be help fighting infection and other challenges to the body. So now more than ever it's important for good nutrition and activity. Obesity causes the risk of several chronic conditions as well as risk of all causes of death. Obesity contributes to many of the leading causes of death. Including heart disease, approximately 13 cancers, stroke, type II diabetes as well as mental health conditions. Next slide. We also know from the work of researchers across the U.S. and the lobe since March the adults at any age with any underlying medical conditions with severe risk of COVID-19. Many of them listed here including cancer, type II diabetes, heart conditions, immunocompromised states but also obesity. We know 30 as well as severe obesity are at risk from COVID. Next slide.

As we mention here we know it can impair immune function, increased risk of severe illness, triple the risk of hospitalization, decreased lung capacity among reserve that can make ventilation more difficult. And unfortunately as BMI increases risk of death COVID-19 increases. And S you have shown with the disparities in obesity, Hispanic and non-Hispanic black adults having a higher prevalence also more likely to suffer worse outcomes from COVID-19.

But there is good news and has we have shown with package changes, we know that there are protective individual factors and community factors. So we know that the best start for children includes breast-feeding, having a healthy diet pattern. Regular physical activity. Limiting screen time, optimal sleep and finding ways to manage and limit stress. Next week many of us will be thinking about

this as we put together our Thanksgiving dinners. Thinking about how can we add healthy foods such as kale, collard greens and spinach. How can we think about having more sweet potatoes, you will have an opportunity to speak as we zoom with family across America and take a walk after that Thanksgiving meal and reach out to our family. We all have this opportunity to make a difference in our lives. But unfortunately many folks face high barriers to try to have these healthy lifestyles. So we need protective community factors for all.

This includes supporting new parents for breast-feeding and ensuring everyone has community access to affordable, healthy, acceptable food and beverages including food and water. Safe places for physical activity and quality healthcare thing able to screen, counsel, lifestyle opportunities. Next slide. The five action states to address obesity includes again thinking about these policies and ways to make this productivity accessible for all and areas like guidelines and food bank standards to make health and food choices available. And making breast-feeding ears year to start and sustain. Working on our 025 standards this includes working on the early education set and includes regulations, quality rating improvement systems, ways that we can help the children have the best start. Again 90 percent of children the have obesity really supporting them on self-management through family lifestyle programs. Ways to work with parents and our children for healthy growth. Next slide.

DNPAO, We have a number of programs that help support our states and communities. List layers on here during the pandemic we know we have a number of federal programs and waivers step in and try to help ensure that we have food insecurity access. But as a backdrop we do have our 16 states in our SPAN and a program that helps leverage services in reaching many people in the rural communities with access and opportunities for physical activities. And then the REACH which I will talk more about. So it is 21 years old for the program. This is one of the few CDC programs that focuses on reducing chronic diseases for specific racial and at groups. Especially urban, rural and tribal communities. 36 organizations across the country that work with local coalitions

to prevent risk behaviors.

These behaviors are strategies including working on healthy attrition, physical activity, tobacco free living, also community clinical linkages to try to ensure areas like federally qualified health centers, screen individuals with issues likely in security and health problems and ensure there is resources for them to address their needs. Next slide.

One of the great things about the Racial and Ethnic Approaches to Community Health (REACH) Program is having a voice and have a response to the cloven 19. Work we have done in this area has helped March through the number here. To make sure those at the highest risk of co vid and highest risk of chronic disease have been able to have their needs met. These are examples. Nutrition we have been able to redirect and give foods and vegetables to those in need. Use innovative use of safe and physical distance healthy food delivery models. Accelerated food delivery at competitive racing to local markets. Breast-feeding, the use of telehealth has been able to ensure postpartum lactation consuls and support new moms. Baby cafés is a virtual online to ensure new moms are having the support they need. Social media and video sources able to provide quick tips to families around breast-feeding in the first few days and as breast-feeding continues. And ensuring the training activities for the work force that supports rest defeating able to work in virtual settings. As a think about getting the physical activity during the pandemic. We want to make sure that everyone has good options. Including opening streets for slow, safe access. Improving Park access as we ask individuals outside of carefully and slowly with mask and social distancing. Having a local park is very important. Next slide.

Other innovations include the high obesity program by the Mississippi the region we saw increased levels of food insecurity and local change group really stepping into help communities launching through pantries and counties and two other counties expanding storage capacity to meet the needs of local residents. In the early care and education setting. An amazing opportunity for professionals to take on issues related to the safety net of feeding children. Also online and

virtual platforms. As childcare has had to navigate a challenging time, many professionals have been able to meet with stakeholders so for example, in one of our states we were able to match 15 farmers, farm groups with early care and education providers and so during this time of the classes really supporting local food procurement as part of strategies to address food needs. And professional development opportunities that have moved online. This really helps support our professionals who are often stretched thin during the regular type of year. Arizona is an example that has created online training materials with the Headstart and pre-k's and get valuable feedback during this time. Alabama is an example just lost reimbursement for local foods in the ECE settings. Again we just seen how these trusted partners and programs are able to navigate to the time of COVID. Next slide.

Finally we have a new program building resilient and communities or BRIC this has been with COVID-19 funding. And has the ability to think about three areas. Nutrition security, access to safe physical activity and social connectedness. This program will be put out to include a number of SPAN states and states working with the local communities to provide grants to meet unique population needs. We are very excited about this program we really think here in 2021 as we are trying to reduce the chronic disease burden and make sure from an acute perspective we are meeting attrition security needs.

That we have the ability to really build sustainable programming in the states and focusing on the populations at the highest risk. Stay tuned at CDC as more communities will be selected and those will be notified Angeles to the public in early 2021. Next slide. Thank you again and if you have any questions please enter them into the chat. Thank you.

>> DARA ALPERT LIEBERMAN: Thank you so much Capt. Heidi Blanck, if you are furious notetaking. We will send this out after the briefing. Now I will turn it over to Nora Gonzales who is a community health worker in the city of San Antonio.

>> NORA GONZALES: Good afternoon everyone can everyone hear me? I'm really excited for this opportunity to be here with you all today to share a little bit of the perspective of the groundwork happening here in the city of San Antonio. With our program all because of the CDC. As we continue to navigate, during a global pandemic it has become so clear to us now more than ever that the work of public health cannot take a break. And we must continue to move forward. So I sincerely hope that my words today I can help a picture in your mind to show the incredible groundwork being done by our team to improve the health of our most vulnerable populations.

Two of the projects that will share with you today are the healthy initiative a project that has store owners in the neighborhood to sell fresh fruits and vegetables. And also you don't have to move the slides yet. I will let you know when it is time. And also the pecan teaching Valley, a project that introduces basic skills and hands-on nutrition education to participants and residents in the surrounding neighborhoods. Both of these projects are geared towards improving the health in the near South East and West sides of San Antonio where we have the highest rates of obesity and chronic disease. But before I share more about these projects I would like to introduce the people who are in the field doing the work as we speak. And who I am here to represent. Our wonderful and dedicated comma and at the health worker team, some of which you see in this picture here alongside our CDC project officers during our site visit earlier this year. And yes of course this is pre-COVID [Laughter] no one is wearing a mask, we didn't have those restrictions in place yet. Community health workers sometimes referred to as CHW's or the Spanish term-- have gone from being someone who is considered a helper to someone who is, to a respected profession in the field of public health. If you research the history of, and see health workers, you will likely run into contradicting dates for the start of our profession. But the truth is that community health workers have been doing the work without Dean recognized we actually know. Something we do know for sure is that the community health worker model works best to connect directly into the communities that need the most care. Healthy neighborhoods currently has a

team of 20 community health workers, projects ranging from school buses to hosting community rest feeding conversations, and just recently during the highest peak of the COVID pandemic quickly mobilized to all areas of COVID response. CHW's are professional relationship builders, trusted neighbors and the community and from my experience of working with so many of them they are eager to learn and take back important health related information to the communities where we live and serve.

And although we are all aware that there are many moving parts to any successful project the work that you will hear about next is largely successful because of our CHW team work next slide please. One example of the effectiveness in using CHW's to reach the target populations is seen in the health corner store initiative. Next slide please.

This initiative which focus on providing corner store owners with selling fresh fruits and vegetables started outside of Sen. O'Neill Texas specifically District three. Due to the support and advocacy of councilwoman Rebecca Lee idem, and along with the food Council of San Antonio, San Antonio food bank, University-- local produce vendors and of course CHW is. Championed this initiative until it came to fruition with our first stores up and running by 2018. What makes our program unique and successful for the communities we serve is that we share the cost of the program with the store owners. This is at the risk of them eat losing money in the first year of the program while they learn upper storage and handling of the fresh produce. All the CHW s get word out to the committee member about where do they buy fresh fruits and vegetables. The ground work for the started years prior diving deep into the targeted neighborhoods to start up conversations with residents and corner store owners were we asked about the foods that people in the community already ate and the types of foods available at the corner stores, and even if they were interested in starting fresh foods.

And asked residents in their foods if they wanted a healthy corner store? Needless to say the information we got during that time gave us the green light to move forward. I skipped ahead I apologize. This picture you saw before this is

Salima she is the owner of Poppa six. She is standing in front of her store next to the signage board that less the customer know this is a participating store. Salima had to convince her husband to be a healthy corner store. She has been a partner since 2018 and has been really well for her. Next slide please. Here is Mr. Ishmael, stalking his healthy corner store fridge which is also provided to stores in the program. It was the first door that opened in the group. It took me to a conversation with Mr. Ishmael where I had to, semi-was not there to scam him because he could not believe that anyone would offer a program like this. During my visit I also learned how deeply he cared for his community and how much he wanted to protect them. I actually had to prove that I was from the neighborhood by giving him names of the people I knew from that area before he even trusted me enough to continue the rest of my talk with him which eventually led to him signing onto the program. During my time there, I saw customers come in and out of the store. And he greeted all of them with kindness and respect and a young man that came in around his late twenties, was carrying a baby in his arms. And Mr. Ishmael shared with me that he had actually met that young man when his dad used to bring him in when that little boy was just an diaper is.

And yet he was still there is a loyal customer to his store. To me this tells me that the programs like the healthy corner store initiative will benefit the health of future generations to come. The hygiene food mart is now in the second year of being a healthy corner store of providing fresh fruits and vegetables and other items to that community. Next slide please.

All corner stores that started with our program have continued. And every owner and their assigned CHW have a story to tell as to how they joined and why they continue on the program. And something we have discovered they all have in common is that they care about the people who live there. Next slide please.

It is because of stories like Mr. Ishmael's and Salima's that the interest and other districts is poured and and now in the process of onboarding an additional 12 stores for eight total of 20 healthy corner stores here in San Antonio Texas. These stores will not only sell fresh fruits and vegetables but the community

health workers are working to create these stores into community health hubs where they have food clinics, nutrition sessions, health checks and other things to provide much-needed services to the communities. And another example where you see community health workers taking a lead to improve health. At the peak on Valley teaching learning. The teaching learning was devolved on the grounds of a WIC which you see the owner right there in the green, lime green shirt. Perfectly complementing existing resources at that location. And having the buy-in from the WIC clinic and leadership will make this sustainable and impactful and education into their already robust education plan for families of young children. Next slide please. The monthly farmers market already taking place, six months out of the year, and with the multitude of services offered by the WIC clinic it was a natural fit for the community health workers to come in and provide activities, health related topics. Conversations, I apologize and just you know sharing more information to attendees about what is available and what is possible in spaces such as these. And also shopping for locally grown produce or simply just to tour the garden and meet their neighbors. We have had a lot of that as well. People that have not spoken to each other in a long time come to that garden and end up finding out that they have a lot of things in common. Here they are learning how to do it on their own. As you can observe building spaces like these and communities that otherwise would not have access teaches the scenery for the people who live here in the surrounding areas. And every time we invite children into our garden we feel that it plans a tiny seed of hope in their minds which blossoms from this experience. And we are able to see the kids just really excited about playing in the dirt and planting plants. They feel like they own the garden and that is really what we want for them. We want them to know that is there space and maybe they don't have access to it in their homes but here it is for them to enjoy. Next slide please.

They are critical pieces for these initiatives. Dash mac join us at the last event and a big supporter of the work we are doing in the garden and the community to improve health. The health of the people in district two. Just last month, at our grand opening events, participants were invited to take home their very own tree

and garden seeds after taking a quick lesson from-- Gardens. There is Mr. Lupe showing people how to take care of a fruit tree and how to plant it and the fruit tree in the back there are the ones we had for the people that were attending. People absolutely love fruit trees here in San Antonio and one more way for us to connect with these community members. As you can share in the stories and photos I have shared it is vital that federal funding for programs like CDC Racial and Ethnic Approaches to Community Health (REACH) Program continue so we can improve the health of people and communities across the country. I close by inviting you to watch a short free minute video of the ribbon-cutting for pecan Valley. Thank you and I hope you enjoy.

>> VIDEO: Let them know that we will have to work on this and invite them into the space. This is not only our garden but a garden for everyone in the community.

>> They have a garden they started about one month ago and the kids came out and started planting and we came back to see some of the results. It's good to know we can have fresh fruits and vegetables and a local area. We were brought up in the country so we were used to it. But a lot of people in this neighborhood were not used to fresh fruits and vegetables.

>> The issues we are having around malnutrition and obesity and cardiovascular related diseases. And people still have the same access or the same knowledge to be able to lead those healthy lifestyles. So a time to come out here and integrate their programming into the garden has been amazing and engaging and a lot is happening here so we are happy that we are able to create prototype.

>> It is one thing seeing it or sharing it another thing to get involved and having to come out here and you know, helping soil and planting so they can see okay we are seeing where this is coming from. From the gardens to the plate. So it's really important and glad we are here.

>> Something that we aspire to do but we just did not have the power to do it.

The way it started was that healthy neighborhoods, they got grants and funds and supposed to be community-based. So this opportunity came about and we jumped on it. And we utilized their funds and now we have a great community garden. And a great thing about it all.

>> DARA ALPERT LIEBERMAN: Thank you so much Miss Gonzales is that it? Thank you that was early inspiring account of the difference that community health workers are making on the ground and San Antonio and is a great example for many different communities on working together on the issue. Finally we will hear from Sara Bleich the professor of public health policy at Harvard Chan School of Public Health.

>> DR. SARA BLEICH: Thank you I will talk about national obesity policy trends and give you a sense of obesity projections. You heard from Dara Alpert Lieberman and Capt. Heidi Blanck and one thing that is clear it is hurt predictable. We can look at the coming problem when it comes to obesity in the U.S. So what you are looking at here is a graph showing you the projected prevalence of childhood obesity by race where the vertical access you have obesity prevalence and horizontal you have age hundred in years and on those lines indicated effort race groups and for the key in the upper left-hand corner of the slide. Take-home point number one is that overall, overall 55% of them will be obese by the time they turn 35. Take-home point number two is there are big differences by race. So half of white 2-year-olds today be obese by the time they are age 35. Two thirds of whack and Hispanic two-year-olds to date will be obese or expected to be obese by the time they are 35. So there is large rates in obesity and large disparities. Next slide please. We can also look at projected adult obesity by race. You are looking at here is using the same data that Heidi presented but now we are forecasting out in time and the top left you have maps of white, whack, Hispanic and non-Hispanic others. The colors on the map showing you different BMI categories where that brown color is showing you states where severe obesity is the most common category. Rejected out to 2030. Obesity carrying about 100 extra pounce.

So the take-home for 2030, 10 years from now, nearly half of all adults in the US are expected to be obese and black adults severe obesity is expected to be the most common BMI category. Next slide please. And so what I want to talk a little bit about is what are some of the policies in place now and some policies to help going on the line when it comes to meaningfully address the problem of obesity. Next slide clear. Before jumping into talk about the safety net programs I want to orient folks to the programs I will talk about. And the federal nutrition safety net there is a suite of about 15 programs and I will only talk about the largest ones. So tran 12 is a supplemental nutrition assistance Graham and helps families afford food each month. About 36 million. That was from 2019. From February until May 2020 there was a 17% in SNAP so current participation is at about 43%. The other programs here are national school lunch which provides low-cost or free meals to children, about one00,000 schools, 30 million children and WIC and school breakfasts that provides breakfast to about 15 million children. These are menace programs with tremendous reach. Next slide. Heard about policies that are already working. You heard about the 2009 with package pages and just briefly essentially a perception food program and what that package changed it and 2009 was increased fruits and vegetables, Walgreens, lower fat health and what you heard from Heidi is that as a result of those changes what the data suggests is that there has been a decline of these prevalence among young to learn ages 2 to 4 so it shows promise that major federal program. The second which Dara Alpert Lieberman presented is the change in healthy hunger Free kids act. Applying to nutrition standards and schools. What that meant specifically is that schools are required to provide more whole grains got more fruits, more vegetables, skim and low-fat milk and less low saturated fats and sodium. The healthy kid free hunger act, you saw this once in the past half hour. I will walk you through because the results are pretty striking. A study done by Kenny, on the bottom you have time it measured in years. So that blueline is showing you children, obesity for children who are not in poverty. There is no change there. The orange line is showing you obesity for children who are living in poverty. If you just check that line across from the left goes up. The HHFKA is implemented

in September 2012 and that line goes down. And what it tells you is obesity risk would have been higher if the National School Lunch Program to had not been implemented. What that tells you is it also saved about 500,000 children from having obesity. Next slide please.

So one thing that has happened is that there has been this massive policy shift in response to COVID-19 largely to deal with the issue of food insecurity and as Dara Alpert Lieberman said there are strong intersections with obesity. If we are tackling one we might be tackling the other.

I will not go through all the changes because we don't have the time for it. But just to highlight the major ones. To major stimulus bills that have affected food insecurity. The family CARES Act and-- back in March. This SNAP benefits that said if you are not at the maximum allotment which is $680 for a family of four in a month you would be brought up to that level for a temporary period. That was a big boost for a lot of families. About 40 percent of families were already at the maximum benefit so this did not help them. Another key thing that happened in the CARES Act for SNAP about $16 billion that included as I mentioned has been happening. And the family first act about $500 million included for participation. We also seen since the start of COVID a rapid shift towards snap online. And also an increase in the number of retailers.

So what this is doing is increasing access and helping motivate and promote social distancing. To other key changes were highlighting and the first is pandemic EBT. First passed through the family first act and continued for the rest of the school year as the resolution. And essentially what that is doing is providing families with children who would otherwise be getting meals at school with the money to cover the cost of those meals pick this program was expanded through the resolution in September to include children at childcare centers. The evidence suggests that P-EBT through September 30, 2021. When there is low purchased patient in the school meal program. For example one study from the spring found over a nine-week period about 1 billion school meals were missed by children. So Access remains significant issue for feeding children right now.

And then the last thing to mention on a slide is universal free meals which now are going to be in effect for this entire school year. Next slide please. So as you already heard from tran 30 there are other things that need to happen if you want to change the landscape with obesity and in effect general food insecurity. I will go through these pretty quickly but happy to talk about them during the Q and A.

One is there has been a large push and nutrition community to expand the oversize-- overall size of the SNAP to fit what they have not done is taking the overall size and make it bigger. This is recognized as being inadequate. Included in both versions, both versions of the heroes bill and then recently in October was a 15% increase overall size of the SNAP benefit over $100 for a family of four. A proven strategy because that during the session, snap was increased by about 14%, $80 per person, per month. That helped address food insecurity. The hope is the next stimulus bill unlikely to happen in the next session. Probably more likely in January. The next stimulus bill includes this bump for SNAP even if it is temporary. And the second thing to the right here is expand Medicaid. 50 states are in the ability to have the affordable care act expansion. Two are pending and 13 have not. Expending Medicaid is obviously a critical opportunity to expand access to care but also proven to help with health outcomes.

What the evidence suggest states that did not expand Medicaid have higher rates of obesity than those that help with obesity prevention. Moving to the bottom left of the slide. Universal school meals are in place for this entire school year. But what happens after the school year? Should we think about whether or not there should be a permanent program in large part because what the evidence suggests that what you have now seen twice is the healthy hunger kids free act is protected for low income children against obesity. If it were expended, could that be protected for all of the nations children and by doing so help bring down some of those really large costs associated with the excess body weight? And then the third area specifically related to WIC is thinking about online benefits. Just a few weeks ago there was a pilot authorized to begin moving it in the online direction. And think about expanding that more rapidly and bringing in

states and allowing benefits to be used online is just like SNAP so important for access and physical distancing. Next slide please. I do want to as we talk about policies that were working. I want to make a point and mention policies that are making it hard to being in the safety net. These are all specific to snap and a number of policies I won't go into detail. Which in combination could reduce SNAP participation I about 4 million people. These are in various stages in the final rule on the left of this lies, proposed rule and current policy. I'll take a minute and talk about the public charge because that has attention in the news. Public charge is a policy proposed the trump administration denies legal immigrants a path to citizenship if they participate in certain federal safety net programs. Including SNAP. Department of Homeland Security first issued this in 2019 and went into effect in February of this year. There has been significant litigation is continuing but the current law is in effect right now. And what seems to be clear is that it is having a chilling effect on participation. Meaning that many more people then will be affected by the law are not participating in various safety net programs out of fear that they will lose their ability or path to citizenship. Just to be a little bit more concrete about that. It appears that tens of thousands of children, fewer are receiving snap as a result of a public charge. There is one study that found that one third of income eligible immigrant families with children avoided using public benefits because of the green card concerns. Then it is expected that nearly 700,000 children, lose Medicaid as a result of the public charge. This is expected to be rescinded and the next administration certainly something to keep an ion. Next slide please.

So while I know the focus is largely and for lateral programs it's important to take a moment and talk about beverage taxes. From the perspective of obesity, one of the more promising policies happening at the local level. There are localities that have beverage taxes. Anywhere from $0.01-0.10 per drink. And what the evidence suggests and growing and quite consistent when it comes to prices is that if you impose a beverage tax prices go up. If you impose a beverage tax there is consistent job in sales and varies by jurisdiction and varies by retailer

type but consistently jumping.

Some of the research we have done and large retailers in Philly we saw a 38 percent drop. That is equivalent to 38 million fewer cans of soda purchased after the tax. And things like Kool-Aid for example and that is just happening in supermarkets. So the big picture, beverage taxes appear to be a real policy length public policy health perspective.

The seven localities that have average taxes raise about $130 million annually and that money is going back into community. For example in Philadelphia it is largely being used to fund childcare slots. For young children. Next slide please.

Had you asked me 6 or 7 months ago or maybe pre co vid, if I thought there would be a national beverage tax I would say absolutely not.

I'm very pessimistic but slightly at think the window of opportunity is slightly or present. And that is because states and local governments are seeing enormous resource gaps. If there were a tax in the US how much revenue would it generate and that number is about $80 billion. This is research coming out of-- it would decrease cardiovascular disease about 850,000 cases and diabetes by more than 250,000 cases. And the net savings largely from increased productivity and savings in healthcare cost would be about $53 billion. So having a national beverage tax would have the potential to close big revenue gaps caused by COVID-19 work next slide please.

It's important it was we think about obesity prevention broadly not to go about other areas likely to be important and the coming years. For example, the USDA has allowed states to waive the meal requirements during the COVID-19 period which means that nutritional standards have been relaxed and the meals kids are getting from schools are not the same as what they were having we sell those big declines in obesity and the earlier slides that both tran 30 and I shared.

There is a big concern that there is accelerated waking during this period. Something to keep an eye on and get ahead of.

It is much harder to lose weight and much easier to keep it off in the first place. I won't make this point on the slide by I want to underline but from the real heroic efforts of schools and the spring, summer and fall to feed children in the of them are facing serious financial burdens so it will be important to show that we are really trying to feed kids right now. And obesity prevention also to consider the role that the internal food sector plays.

It is small compared to the relative safety net but a role particularly for immigrant populations were policies like color charge are pushing people out of various safety net programs. And finally a point that we should always keep in mind, is everything we are talking about is entirely preventable. We should not be dying, so many of us from diabetic conditions because we can follow healthier diets, we can reduce obesity we just have to do it. It's about putting the right practices and policies in place and barriers and to bring down barriers to healthy food will be important. It's concerning all the waivers in place right now and how we can learn from them and use them to modernize the program. There is a few things we have done to streamline participation and many things that should not just go away because COVID does. We can learn from this experience and make it easier to precipitate. It should also be the case that when you enter into the safety net you are in the wrong door meaning that no martyr how you enter you are immediately made eligible for all programs which you qualify for income perspective brick then working around the country how do we scale up the best practices that work?

A lot of the work that CDC is funding and bring that out to the national level. Next slide. So just wrap up as we work about the nutrition safety net, to enhance its ability to help with both of those pillars, we need to enhance the public health impact of the food assistance programs. That has been increasing focus overtime but not an essential focus. While doing that at the same time is going to be really important to promote equity. To make sure that the groups that are being hit hardest we know that right now as far as the black and brown populations are in as it is to benefit most from these programs. In the final point I

will make is for any of this to be understood we need continued surveillance to tell the stories of all these policies to understand what works and what does not work and whether we need to make radical changes. Ink you and I will stop there.

>> DARA ALPERT LIEBERMAN: Thank you so much Dr. Nora Gonzales one and don't be surprised if you see this in the next ready or not report. Really great recommendations there. A reminder we are seeing many questions in the Q&A if you have not opened the Q&A panel and typed your question to all panelists. I'm happy to be joined now by buying colleague Daphne Delgado senior relations moderator will help moderate the Q&A.

>> DAPHNE DELGADO: Can you hear me okay?

>> DARA ALPERT LIEBERMAN: Yes we can hear you.

>> DAPHNE DELGADO: Awesome I will ask a few questions while we get the chat populated we will probably not be able to answer all of the questions but when we send an e-mail in a few days with links to the webinar materials, that will, the PowerPoint will include contact information for the panelist so please feel free to ask questions that are not answered by the end of the session. This first question is for all of the panelist and it is really hopefully a timely topic and that is preliminary research showing that COVID-19 stay-at-home orders have impacted weight related behaviors such as activity, increases in mental health issues, food stockpiling, any thoughts on how communities can support healthy habits during COVID?

>> CAPT. HEIDI BLANCK: Just to start I will put in the chat CDC has a webpage on stress and coping which includes a number of hotlines related to aspects of both mental health and food insecurity. And it will make sure as one asset that is available for individuals here.

>> DARA: Go ahead Nora do you have something to say?

>> NORA GONZALES: Yes absolutely that is an issue why see the most is

people have information that is not fax. A lot of people assuming certain things and assuming they can't go out at all from their homes.

A lot of times we get community members who call CHW z and say I have not been out of my house in one month. We are like why you can literally go outside and they are thinking that even just stepping outside their door that they are going to get COVID. I think just really equipping community health workers or anybody that is educating with the correct information to bring to the families and you know just kind of letting them know that it doesn't have to be this way. So I think that is very important.

>> DAPHNE DELGADO: Another question several leading organizations American Public health Association, American Academy of pediatrics have released a mess of policy positions in the last year exceeding that racism is a public health threat and that racism leads to real health consequences. Do you have any thoughts on how we can start to change obesity related systems and programs so that health equity is a priority and not an afterthought?

>> DR. SARA BLEICH: The fact that we see this clustering of factors against income and black and brown populations and obesity and unemployment and sort of pick your problem is because of the structures that exist right now. It is not an sake so answering the question of what we do think that as we think about policies we have to explicitly focus on social determinants of health that either create inequities or how do we boosted them up? How do we addressed poverty? How do we address transportation issues? How do we use the federal safety not to stop people and target those policies towards those in the highest need?

>> DARA ALPERT LIEBERMAN: If you can look at the blueprint for the health year 2021 administration there is a discussion on this. But you can see the maps of the redlining and how that impacts obesity and needs to be a focus on undoing those policies and boasting affordable housing, healthy housing and access to transportation, nutrition for social determinants.

>> DAPHNE DELGADO: Thank you Dara Alpert Lieberman I will also make sure we include a blueprint to the next administration that was just mentioned and the follow-up email as well. Nora specifically for you someone asked think comma unity relationships and trust is so important. Where there specific community leaders you engaged with or would you begin building this trust? For example with your store owner story who needed to believe he was not being scammed.

>> NORA GONZALES: Yes the benefit of being a community health worker is we are always in the community.

We have that freedom. So it's kind of hard for me to tell somebody to create relationships when you're in the office. It is very different.

So I just think that is a blessing for us. We are out there, we talked to everybody. Okay we talk to the councilperson, in the same way we talk to you know somebody who might be homeless. That is something, minutes he health workers bring to the table because we are constantly out there and trying to see what they bring to the table so I mean I don't know that there is like a certain thing that I can tell you about relationship building. It's just more of like listen. You know. Mr. Ishmael to believe I was going to scam him and I am familiar with the neighborhood so it was easy for me to tell him who lived around there and what schools I went to. But people that are not from those neighborhoods and trying to build those relationships it is the same thing. You treat people with respect and they give it back to you and that is really the way I operate. I don't know if that is helpful or not. But that is what we do. We are professional relationship builders if that makes any sense.

>> DAPHNE DELGADO: It makes total sense and you Nora. Dr. Branch Chief, Chronic Disease Nutrition/Obesity, is there increased beverage outside of the city of Philadelphia.

>> DR. SARA BLEICH: Think that with that is asking is spillover, are those people going outside of Philadelphia to not pay the tax because they don't want to pay the tax inside in a case of Philadelphia that case of 38% across that 25%

of people went outside. So basically it was a 25% shopping effect of people going outside by sugary beverages for even after taking that into account the drop in sales of tax beverages was 38% so say very significant Decline.

>> DAPHNE DELGADO: Okay this is probably for Dr. Capt. Heidi Blanck or Dr. Branch Chief, Chronic Disease Nutrition/Obesity, how do we best serve the science impacted by obesity? I will take the liberty to maybe just expand the out two different types of community workers in different communities.

>> CAPT. HEIDI BLANCK: I was going to say Nora might be able to talk more about community health workers. And no in our weight programs or we work in health centers that in number of our health professionals are social workers. We really are looking at families that are experiencing a lot of stress whether that is due to issues and housing, poverty education.

So to jump into a nutrition facts panel in the back of the can is not an appropriate starting point.

It really is to understand for the family stressors and you know thinking about sleep routines and ensuring that they have got food in the house and so so much of what we do is really screening for the social determinants of how and really bringing together assets and so really ensuring that folks who are eligible are obtaining snap and WIC and with nutrition education to have a healthy lifestyle.

And our programs we don't call those obesity programs but they are lifestyle programs and really social workers play such an important role and being able to delegate talk with the family from where they can start.

>> NORA GONZALES: I can follow up with that I agree just really listening to people where they are coming from. The truth is you can't make anybody do with they don't want to do. But you know as somebody who works in the community, I'm always there to listen and I'm listening for patterns of things that happened in their childhood, I'm kind of coming in with a nonjudgmental mind of what I want somebody to do. I mean we all know that is hard to change and it's hard to

change ourselves. So I never go into a situation just forcing anybody to do anything. I go in there listening and seeing where are the areas that I can help and what areas is that family struggling with? A single mom, just super overwhelms. You know we live in communities where the truth is there is not a lot of healthy restaurants especially during this covid time where everybody was eating out. In here there is whataburger, Pizza Hut and Wendy's and I was just listening to what is happening and where they are coming from and how can I help? Make your life a little better not taking on that responsibility myself or making somebody do I want them to do. That's what I can add.

>> DAPHNE DELGADO: Thank you and I think we have time to hear one more question, answers from all the panelists. Last question is we have discussed a lot of nutrition related obesity policies but obesity is influenced by several other factors including physical activity. So in your opinion are there other physical activity programs or policies we should be prioritizing our thinking differently on?

>> NORA GONZALES: One thing I see for me and right now it is hard to talk about this because you know the children are not all in school and the whole virtual thing is happening. But really just revisiting our whole PE program what is happening there. I mentioned as a mother of children that are in school, I feel like at this point PE is used as an incentive to control behavior versus something that needs to happen. So I think re-examining the policies in place for physical education in schools and I know 35 years ago when I was in elementary school we had physical activity in the morning and after school. And all the kids are lucky if they are going out twice a week. And I don't know why that is happening. I don't understand. So we are looking at those policies. I think is a good start.

>> CAPT. HEIDI BLANCK: I was just going to add to that we recently in September published a licensing report cards for childcare. So this is looking at how the states are doing by increasing selectivity policies and practices within their structure. And the good news is we are starting to see the selectivity improve across the states. This includes structured time and unstructured time, outdoor time or childcare centers and homes can have those. So I think really,

we want to have people have good relationships with food. We want people to enjoy activity. Want people to think about dancing, gardening, hula hoops, we don't want this to be thought about only as to go to a gym. We know that some people enjoy that but for a lot of people they are constrained by their small area. So yes so I think really we are finding ways that childcare policies move forward with greater physical activity and you know little kids they are wiggly we want them to keep being wiggly and bouncing around. Enjoy the physicality of their bodies that we think about the nutrition in our sleep and really prioritize the well-being ourselves.

>> DR. SARA BLEICH: Nothing more for me to add their Daphne.

>> DAPHNE: Dara Alpert Lieberman you want to close it out?

>> DARA ALPERT LIEBERMAN: When physical activity was pushed to the side in the spring we went to virtual school. When I saw children and this fall you could see the disparities happening between the kids having a safe outdoor space to play and those who did not. And it was a long economic and racial and ethnic lines just in my experience. Thinking ratably I think our jobs are doing a better job picking up virtual schooling and that PE is an essential piece of the schooling to adapt moving forward. I just I want to say a sincere thank you to our panelist for being here today and for their continued work on this issue. And think Tim Hughes Daphne Delgado and our captioner Jayne Konkel. And we need folder policies and more investment in the long-term and evidence-based programs, and more action to help systemic inequities but our panelist highlighted several spots that will hopefully help you take action and talk with policymakers about these programs that work and to build across sectors in your community. And you will get a link to the follow-up email to has several actionable accommodations. We stand by ready to work with you in these efforts and we hope this is beginning of a meaningful dialogue. Thank you again for being here today.

>> [Event concluded]