

Action Resource Inventory for Healthy Eating

for Asian Americans,
Native Hawaiians,
and Pacific Islanders





APPEAL

Asian Pacific Partners for Empowerment, Advocacy and Leadership

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and Pacific Islanders

Updated September 2014

*Community Transformation Grants (CTG) Program Cooperative Agreement
Racial and Ethnic Approaches to Community Health (REACH) Program Cooperative Agreement*

The Asian Pacific Partners for Empowerment, Advocacy and Leadership (APPEAL) would like to thank the Centers for Disease Control and Prevention (CDC) for funding this initiative. Special recognition goes out to Noilyn Abesamis-Mendoza, Michael Byun, Shane Chen, Dr. Beverly Gor, Sovanna Has, Lilian Lew, Judy Otto, Lola Sablan-Santos, Leimomi Shearer, and Deborah Wang for their support.

Acknowledgement

Special thanks to our ECHOES and NAPNEHD Partners and Healthy Eating Active Living Subcommittee members:

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- Asian American Health Coalition
- Asian Services in Action, Inc.
- Coalition for Asian American Children and Families
- Coalition for a Tobacco-Free Palau
- Families in Good Health
- Guam Communications Network
- Hui Mālama Ola Nā 'Ōiwi

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A note on web addresses: they are subject to change, often quite frequently. We recommend searching program or group names using standard Internet search engines.

This publication was supported by the Centers for Disease Control and Prevention, through the Racial and Ethnic Approaches to Community Health (REACH) Program Cooperative Agreement Award No. 5U58DP002333 as well as the Community Transformation Grants (CTG) Program Cooperative Agreement Award No. 1U58DP003758. The contents of the publication are solely the responsibility of the authors and do not necessarily represent the official views of CDC. Users of this document should be aware that every funding source has different requirements governing the appropriate use of those funds. Under U.S. law, no Federal funds are permitted to be used for impermissible lobbying activity designed to influence proposed or pending legislative matters. Organizations should consult appropriate legal counsel to ensure compliance with all rules, regulations, and restriction of any funding sources.

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INTRODUCTION

Food and food practices have deep cultural significance to our diverse Asian American, Native Hawaiian, and Pacific Islander (AA and NHPI) communities, and they powerfully impact our health and well-being.



The growing awareness of diseases related to diet, including obesity, has propelled health professionals to join a broader movement of advocates engaged in improving the food environment in the United States and Pacific Island jurisdictions. Our communities can support these efforts by sharing valuable insights about the role of food in our communities and by offering culturally relevant approaches to ensure that our communities have access to

healthy, nutritious foods. The AA and NHPI communities possess knowledge as indigenous people who are good stewards of the land, as immigrants with strong agrarian roots, and as providers and distributors of healthy foods through food businesses and farmers' markets. These are lived experiences that add wealth and expertise to help build a healthy food environment.

This Action Resource Inventory is developed to highlight evidence-based or promising strategies that are developed and led mostly by AAs and NHPs and other communities of color. It intentionally draws on examples that target changes on the systemic level and address environmental effects on health, and it directly challenges the view that poor health and obesity are personal failures that need to be worked on solely on the individual level. Our collective efforts need to be multi-pronged to create an effective food reform movement.

About APPEAL

APPEAL's strategic framework (see Figure 1)¹ is designed to address health disparities and includes APPEAL's 4-Prong Policy Change Model, which guides APPEAL's local and regional affiliates through increased capacities and successful implementation of program and policy initiatives within AA and NHPI communities and other priority populations. This framework

has been developed and refined over many years, producing specific, multi-layered outcomes, each contributing to context-changing interventions around tobacco control, healthy eating, and active living.

Strategic Framework for Healthy Eating and Active Living Policy Work among Asian Americans, Native Hawaiians and Other Pacific Islanders

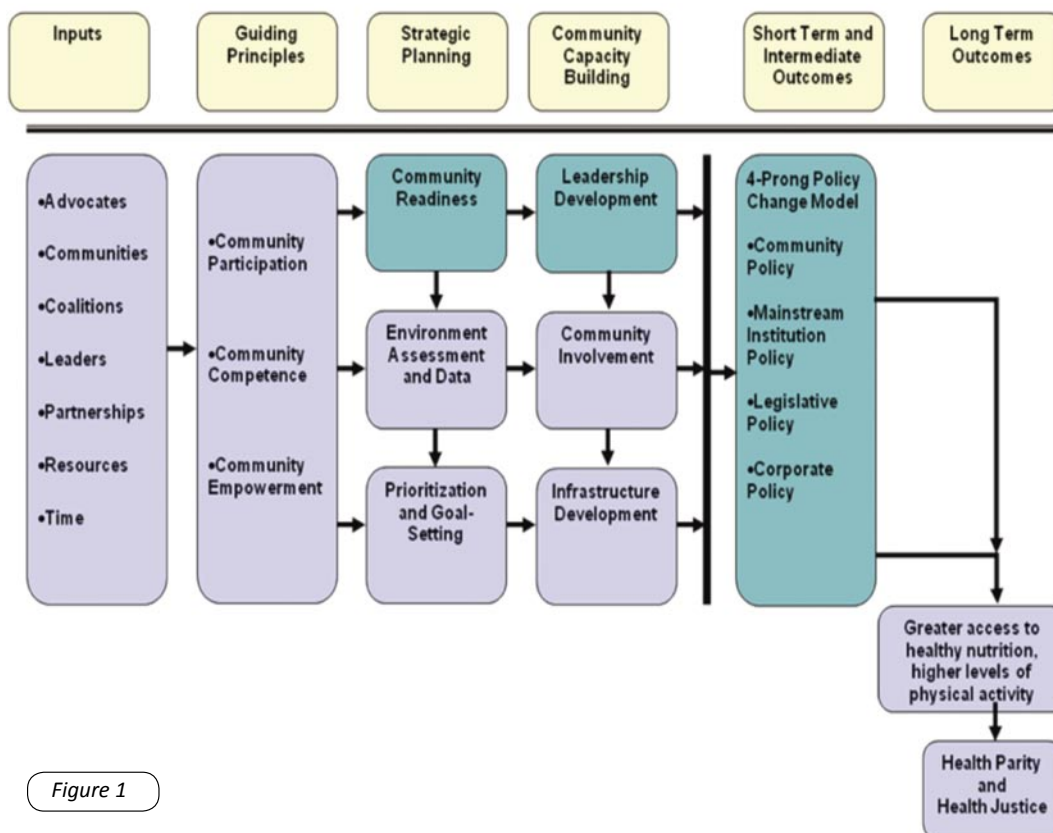


Figure 1

APPEAL's 4-Prong Policy Change Model² organizes strategies in this inventory with an emphasis on the need to work:

1. Within the **community level**, where healthy eating may not be a high priority;
2. Within the **mainstream** food/healthy eating movement, where AA and NHPI populations are not a high priority;
3. With **policy makers**, where neither healthy eating nor AA and NHPI communities are a priority;
4. With **food industries** to promote healthy trends in AA and NHPI communities.

This inventory is intended for community-based organizations, public health professionals, health/food justice educators, community leaders, policy makers, and decision makers who are interested in learning about examples of policy, environmental, and systems improvements, exploring resources that may help facilitate beginning steps into creating more equitable food environments and making healthier choices the easier choices for AA and NHPI communities.

The evidence- and practice-based examples in this inventory are organized according to the most relevant level of the 4-Prong Policy Change Model, though some may fit within several policy levels.

Examples of effective, culturally based approaches to improve our food environment continue to emerge in our communities. Hence, the examples and resources described here are not meant to be exhaustive, but are intended as a guide to raise awareness about the strategies developed and led by our communities. We hope that this inventory will be useful to you. To access it online, you can visit APPEAL's website at www.appealforhealth.org.

BACKGROUND

It has been projected that obesity rates in the United States will rise to 42% and severe obesity prevalence to 11% by 2030.³ In the United States alone, one-third of adults are now obese, and the prevalence of obesity among children has risen from 5 to 17% in the past 30 years. These alarming percentages generally are higher for communities of color, as well as low-income, less-educated, and rural populations. The “obesity epidemic,” as it has now been termed, has been declared the most significant public health challenge in the United States, due to the scale of its impact on the general population via the development of debilitating and costly chronic diseases.⁴

Nutrition experts maintain that weight gain occurs when caloric intake exceeds caloric energy expenditures. ***The starting point for discourse on healthy eating and obesity for Asian Americans, Native Hawaiians, and Pacific Islanders is different.*** Influences on weight gain and obesity rates across populations are complex and multifactorial. “Asian American, Native Hawaiian, and Pacific Islander” is comprised of highly heterogeneous groups that trace their heritage to more than 50 countries and speak more than 100 different languages.⁵ These communities’ own views on health and obesity very often go beyond widely acknowledged causes such as the availability of sidewalks and affordable foods and are contextualized by historical and social relations that contribute to their contemporary disease burden.

Place and Race: Cultural Relevance of Healthy Eating

The current environments that surround the AA and NHPI communities have developed through a history of inequitable distribution of money, power, and resources.

For Native Hawaiians, most accounts of the population's decline in health begin with the arrival of Captain Cook and continue through the overthrow of the Hawaiian Kingdom and admission to U.S. statehood in 1959. The cumulative impact of these and subsequent events results in cultural and material dispossession, impacting the health of Native Hawaiians to this day.⁶ Similarly, any discussion about history and health in the Pacific Island jurisdictions would be incomplete without the mention of nuclear testing in the Marshall Islands that began at the end of WWII. Although the testing program was limited to the years 1946 through 1958, many of the health and social consequences related to the testing program continued over the decades since. That story is still ongoing, with programs currently underway to attempt to resettle previously displaced communities, remediate contaminated islands, and settle claims of damages to individuals and communities.⁷ Additionally, a shift in many Pacific Islands from the indigenous high-fiber local diet to a largely imported diet with low nutritional value, along with government programs that contributed to the problem of reduced local food production and consumption, has led to alarming rates of obesity.⁸

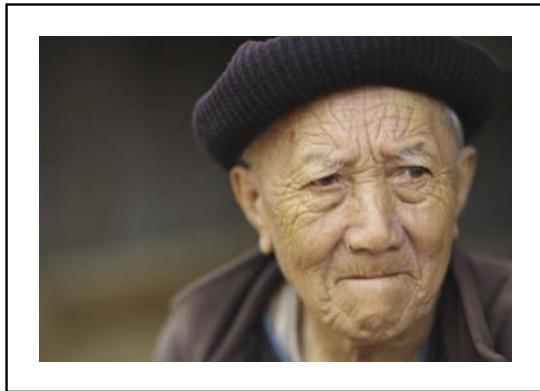


An understanding of the past helps one understand how historical processes contribute to the current built environment and disease burden lived by Native Hawaiians and Pacific Islanders. ***Today, rates of overweight and obesity in adults are over 50% in at least 10 Pacific countries;⁵ a majority of NHPIs in Hawai'i (more than 75%⁹) and those in California (more than 70%¹⁰) are overweight or obese. Furthermore, Samoan children have the largest percentage (54%) of all children in California whose BMI is not within the Healthy Fitness Zone.⁶***

"Asian American" as a category is comprised of many diverse groups and refers to a person having origins in any of the original peoples of East Asia, Southeast Asia, or the Indian sub-continent, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.¹¹ Historically, experiences of land loss and dispossession through the Chinese Exclusion Act of 1882, the Alien Land Laws of 1913-1927,

and the incarceration of Japanese Americans during World War II have also served to remove these Asian immigrants and their descendants' access to land and food sovereignty.¹²

Studies have widely demonstrated the present-day associations between the environment one lives in and its community's health, particularly for disenfranchised communities. This bolsters the argument that health is not only a personal responsibility but is shaped also by a range of environmental factors.



In fact, a history of racial and economic inequalities built into zoning ordinances, mortgage requirements, and other policies have determined how industries, human communities, and goods and services came to exist in particular places.¹³

For example, as new workers flooded into Oakland during World War II, housing was scarce. In order to defuse tensions between blacks and southern

white migrants, the Oakland Housing Authority located black-only housing projects in West Oakland and African Americans were rarely allowed to rent outside of West Oakland due to racial covenants. In addition, the practice of bank redlining also stopped the flow of mortgage and property investment capital into parts of the city where people of color resided. These neighborhoods were often colored red and ranked low on Residential Security Maps and Surveys that divided cities into ranked sections. Oakland's Asian population was effectively quarantined in Chinatown from the late nineteenth century until 1920, with Chinatown receiving a D rating due to the "predominance of Orientals" and an "indication of future slum condition." Inequitable urban planning and mortgage lending policies have served to shape built environments for communities of color that have become underinvested, which restricts access to health-promoting options.¹⁰

Targeting by Industry and Lessons from Tobacco

There are many lessons for work around healthy eating that can be derived from how the tobacco industry has shaped the environment for the AAs and NHPs. The targeted marketing of the AA and NHPI community by the tobacco, food, and beverage industries plays an important role in negatively impacting lifestyle choices that ultimately result in heart disease and stroke. For example, internal tobacco industry documents outline how the industry's targeted marketing of AA and NHPI communities included Philip Morris' strategic

marketing approaches called “Push,” “Pull,” and “Corporate Goodwill.”¹⁹ The “Push” strategy recognized the high numbers of Asian retailers in the U.S. and their role in promoting tobacco products to all groups. Other studies have shown the relationship between smoking among youth and proximity to a pro-tobacco (or tobacco-supportive) environment.^{20,21,22} Before the Master Settlement ban on tobacco billboards, tobacco billboard advertising and store displays were found in greater numbers in Asian neighborhoods in many U.S. cities’ neighborhoods. For example, in San Diego, the highest average number of tobacco displays was found in Asian American stores (6.4), compared with Hispanics (4.6) and African American (3.7) stores.²³

In our food environment, nearly 70% of food advertising is for convenience foods, candy, snacks, alcoholic beverages, soft drinks, and desserts, whereas only 2.2% is for fruits, vegetables, grains, or beans.²⁴ Fast-food and soda industries target communities of color, including AAs and NHPs, and fast-food companies have been found to target ethnic minority youth for advertising, often with less healthy items.²⁵

Prior work by researchers has shown that changes are necessary in the environments in which people live and the settings they frequent. For example, the Traditional Hawaiian Diet (THD) showed that while the majority of participants successfully realized short-term weight loss and improvements in health, longer term weight loss was a challenge. Participants attributed this to difficulties in accessing fresh and affordable produce and the lack of a supportive environment for healthy eating.²⁶

Systemic forces shape our food environment, thus there are no simple or single-pronged solutions. Communities historically marginalized by food systems and policies need to lead in providing solutions; some have already begun this important work.

A Call for Disaggregated BMI Research

Asian Americans appear to be at greater risk for cardiovascular disease (CVD) at lower body mass index (BMI) than other ethnic groups,¹⁴ which suggests that we may need to define “overweight” and “obese” differently for these populations. An Asian woman and Caucasian woman might have the same risk of developing heart disease or type 2 diabetes, even though the Caucasian woman is much heavier. In addition, Asian children face higher health risks at lower body weights. For example, a 12-year-old Caucasian child who weighs 150 pounds and an Asian child who weighs only 125 pounds will face the same incidence of type 2 diabetes, hypertension, and heart disease. This points to the need for increased research and dissemination of healthy BMI levels across Asian American, Native Hawaiian, and Pacific Islander ethnicities.



Filipino adults are more than twice as likely to be obese than other Asian subgroups¹⁵ and almost half of Filipinos (46%) in California are overweight or obese, compared to the state average of 34%.⁷ Additionally, the dietary patterns of Asian Americans are changing with acculturation. Studies have shown increased total caloric intake and increased consumption in all food groups among Chinese

Americans in Pennsylvania,¹⁶ as well as significant increases in the consumption of fats/sweets and dairy products and significant decreases in the consumption of meat/meat alternatives and vegetables among Asian students after immigration to the United States.¹⁷ A study in Ohio also showed substantial weight gain among recently arrived Bhutanese refugees, possibly due to the lifestyle changes they had experienced: from working all day in the farms in the Himalayan valleys to sitting in their living rooms watching television.¹⁸ These concerning statistics are reflected among the young as well. While childhood obesity is leveling off for the general population, the percentage of Asian American kids in California who are at risk of obesity has risen faster than in the rest of the population over the past 10 years.

(I) Community Level Voluntary Policy Strategies

A. Increase Access to Healthy and Affordable Foods

Connecting farmers and low-income communities can promote communities' access to local healthy food,²⁷ and expanding local food systems in a community has been shown to increase employment and income in the local community and region.²⁸ These strategies may include community gardens, urban farming, home gardens, community-supported agriculture, and farmers' markets.

Examples of Strategies and Resources

1. Support Culturally Competent Models of Community Gardens

A community garden is simply any piece of land gardened by a group of people in urban, suburban, or rural settings. Flowers, fruits, and vegetables may be cultivated in community gardens, and they may serve other goals, such as bringing together members of a neighbor-

hood. Land parcels in community gardens are typically described as “plots” and may consist of group plots tended by more than one person or a collection of individual plots on an adjacent property. Community gardens are located at diverse sites, including schools, hospitals, and neighborhoods. They can also be a series of plots dedicated to “urban agriculture” where the produce is grown for a market.²⁹ Some of the many benefits of community gardens are that they offer physical and mental health benefits by providing opportunities to:

- Eat healthy fresh fruits and vegetables;
- Engage in physical activity, skill building, and creating green space;
- Beautify vacant lots; revitalize communities in industrial areas;
- Revive and beautify public parks;
- Create green rooftops; and
- Decrease violence in some neighborhoods, and improve social well-being through strengthening social connections.³⁰

Culturally competent models of community gardens incorporate ideas, inputs, comments, agricultural practices, and food preferences that are relevant to those participating in the program, including produce valued in indigenous communities and communities of color. They also engender opportunities for cross-cultural and intergenerational learning and offer plants and vegetables not typically found at local grocery stores or mainstream community gardens.³¹

Examples:

(1) Danny Woo International District Community Garden

The Danny Woo International District Community Garden is the largest green space in the Chinatown/International District in Seattle, Washington that provides community gardening space. In the 1970s, when resources specifically targeted for Asian and Pacific Islanders were scarce, activists and organizations led by InterIm Community Development Association (InterIm CDA) negotiated with local landowner and community leader Danny Woo to convert his property on the north side of Chinatown/International District. Together, they

Culturally competent models of community gardens incorporate agricultural practices and food preferences that are relevant to those participating in the program, including produce valued in indigenous communities and communities of color. They also engender opportunities for cross-cultural learning and offer plants and vegetables not typically found at local grocery stores or mainstream community gardens.

established a community garden for Asian elders to allow them “to feel earth in their hands, to plant the foods they missed from their native countries, and most importantly, to provide social connections, recreation, and exercise for the aging immigrant residents.” This garden is now home to 100 community garden plots where elderly Asian gardeners grow vegetables that they are culturally familiar with, such as bok choy, bittermelon, daikon, and watercress. It also inspires the younger generation, including children (in a new experimental children’s garden) to plant fruits and vegetables.³² To learn more about the Danny Woo Community Garden, visit their web page at: www.interimicda.org/index.php?sustainable_communities/danny_woo_garden/

(2) The Roots Project—Kokua Kalihi Valley Comprehensive Family Services

The Roots Project is an ‘aina-to-table (“land”-to-table) initiative that aims to strengthen the Kalihi Valley community in Hawai‘i through the growing, preparing, and sharing of food. Roots is grounded in Hawaiian traditions and practices of land stewardship and collective work. This project finds its inspiration in the resilient spirit of the valley’s people, who value the ways that sharing food and culture connect people to one another. Roots activities include community food production, cooking workshops, culinary programming at KKV’s forthcoming commercial-grade community kitchen, and a wide range of shared meals.³³ To learn more about Roots and the Kokua Kalihi Valley Comprehensive Family Services, visit their website at: www.kkv.net/index.php/roots

(3) Healthy Asian Pacific Islander Fresh Program—Asian Services In Action, Inc.



The Healthy Asian Pacific Islander Fresh Program (HAPI Fresh) provides farm training to enhance job opportunities for immigrants and refugees in Cuyahoga County. HAPI Fresh currently works with limited-English-proficient individuals from Africa, Bhutan, and Burma to enhance and supplement their farming skills for the purpose of self-sufficiency. The program provides agricultural job training through farming and management education

while providing healthy, locally grown ethnic produce to Northeast Ohioans. Ultimately, HAPI Fresh helps participants by reducing or even eliminating employment barriers and improving literacy and employment-related skills.

(4) Asian Pacific Islander Obesity Prevention Alliance (APIOPA)

APIOPA began collaborating with community partners in Long Beach, California and shares two sowing-bed plots with the Tongan Community Service Center and Guam Communications Network (GCN). These plots are located within a local farm called The Growing Experience, along with ³⁶ other plots.³⁴ Currently, there are ten plots being leased by AA and NHPI community-based organizations. The Tongan families have also recently acquired four plots at a brand new community garden in Lennox.³⁵ Below are some thoughts expressed by one of the participants from GCN that speak to the significance of cultural and cross-generational connections with working the land to sustain a healthy environment.

Resources:

- **Locate the nearest community garden** near you, visit the American Community Gardening Association's website at www.communitygarden.org/
- **A fact sheet on how to start a community garden** is available at: communitygarden.org/learn/starting-a-community-garden.php
- Landowners may be reluctant to allow their property to be used for a community garden, fearing damage to their property or liability in the event of a gardener's injury. They also may worry that the garden will attract vandals, create a source of friction with neighboring landowners, or simply be poorly operated and maintained. In the case of shorter-term gardens, landowners may worry that gardeners won't vacate the land at the end of the term. Because the landowner is likely to receive minimal, if any, economic return from a community garden, the perceived potential costs may cause a landowner to say no to a community garden. Similarly, nonprofit organizations may hesitate to operate community gardens because they too fear the costs of potential liability. **The toolkit, entitled "Ground Rules: A Legal Toolkit for Community Gardens,"** changelabsolutions.org/sites/changelabsolutions.org/files/CommunityGardenToolkit_Final_%28CLS_20120530%29_20110207.pdf was developed by ChangeLab Solutions to provide legal resources for establishing community gardens on vacant or underutilized parcels of land. It includes **model community garden lease, community gardener's agreement, community garden rules, and checklists for prospective gardeners and orientation for new gardeners. This toolkit does not constitute legal counsel. Please consult local legal counsel to ensure compliance with all local laws and regulations.**



2. Local Food for Health and Economic Sustainability

In the Pacific Islands, the combined effects of high-fat, low-nutrition imports and diminishing production of healthier, indigenous foods have contributed to the alarming rise in non-communicable diseases. Data have shown that local foods in Pohnpei (one of the states in Federated States of Micronesia) are often packed with nutrients and in fact many times are nutritionally superior to imported foods. For example the local orange, yellow-orange, and yellow-fleshed banana varieties have higher beta-carotene content than whitefleshed

“Rice and canned meat are prestigious foods. You are considered wealthy if you have canned meat. Also, you want to be seen walking out of the store with a grocery bag as it symbolizes high status.”³²

varieties, and thus have greater health benefits. These local foods are richer in comparison to imported rice, which contains no beta-carotene at all. Carotenoid-rich foods can help fight against diabetes, heart disease, certain cancers, Vitamin A deficiency, and anemia, which are diseases that plague their community.³⁶

In one study of Micronesian dietary patterns, respondents were reportedly aware of the comparative health benefits of local foods, which they preferred in taste to white rice.

Still, many reported that they still eat more

white rice than local food. The convenience, cost, and availability of imported foods, as well as the social status attached to eating local versus imported goods, generational gaps, taste, and body image were all identified as factors of motivation or barriers to behavior change.³¹ Increasing production, consumption, and local marketing of local foods has been recommended to increase food security for the Pacific Island nations as well as to rescue cultural values, improve health,³⁷ and provide a sustainable solution to combating rising food prices.³⁹ A food-based intervention in one Pohnpeian community in the Federated States of Micronesia that promoted local food production and consumption successfully increased the intake of local fruits and vegetables, accompanied by positive changes in attitudes toward local foods.³⁹

Food self-sufficiency for Native Hawaiians has also declined through colonization as they became dispossessed of their land. In 2003 it was estimated that the Waiʻanae District on the Leeward Coast of Oahu (which has a high percentage of Native Hawaiians), had only about 200 one- to two-acre family-run “subsistence” farms. Hawaii’s Food Security Task Force listed Waiʻanae as the state’s most “food insecure” area, with about 33% of households lacking the “ability to acquire food that is safe and nutritious in a socially acceptable way.” This is due not only to the absence of gardens but also to poverty, which stands at

over 20% in the Waiʻanae District. There are few employment opportunities and a large homeless population.⁴⁰

Of the more than 700,000 refugees from Southeast Asia who have arrived in the U.S. since 1983, many have significant experience farming, processing, and marketing agricultural products. Rural and urban farming projects led by refugees offer multiple benefits. They allow farmers to exercise their skills and use them as a basis to form new connections in the U.S. Programs that support local food production and consumption among refugee communities have led to increased incomes, access to higher quality and more diverse foods, and better physical and mental health.⁴¹

Examples:

(1) Island Food Community of Pohnpei: Promoting Nutritious Local Food

The Island Food Community of Pohnpei is a nonprofit chartered nongovernmental organization that seeks to promote the production, consumption, local marketing, and if feasible, export of locally grown island foods in order to regain the dignity of relying on home food production, attain a greater degree of food security for the state, rescue cultural values, and improved health of the people.. This group has been instrumental in creating awareness about the nutrient-rich local foods, and its website www.islandfood.org/ has a collection of documentation of their projects, publications, and community outreach materials such as posters, brochures, and postcards. Their “Go Local” campaign used e-mail networking to successfully reach over 600 people from all FSM states, other Pacific Island countries, and beyond. Learn about this effort at: www.pacifichealthdialog.org.fj/volume16_no1/Island%20Food%20Network.pdf

(2) MA’O Organic Farms, Hawai’i: Integrating Cultural Traditions with Social Enterprise, Sustainable Farming, and Youth Leadership

The MA’O Organic Farms was established at the turn of the new millennium to address the needs of their youth and community. A group of residents, traditional practitioners, teachers, and business experts created the Waiʻanae Community Re-Development Corporation (WCRC), a federally recognized 501 c 3 nonprofit organization and built a strategy intended to impact five areas of need: out-of- school youth, sustainable economic development, agriculture, health, and Hawaiian culture. Youth leadership and social enterprise development are their core objectives, with strategies to build a localized movement to put the cultural value of aloha ʻaina (love for the land) into action. Building on the community’s strong cultural tradition of working closely with the land, MA’O helps to improve food security as well as the economic and social situation of the community with an organic farm and various culture-based education programs. This includes a youth leadership college intern

program that is open to high school graduates ages 17 to 24 who live on the Waianae Coast. Interns work on the farm, at farmers' markets, and other events. In return, MA'O pays their tuition for a general education associate's degree with a focus in community food systems from Leeward Community College. Required courses include organic agriculture, community food systems, and Hawaiian studies. Interns also receive a \$500 to \$600 monthly stipend. Read more about MA'O at: http://maoorganicfarms.org/index.php?/mao_farms

(3) Lu-Mien Village Farms

Lu-Mien Village Farms is an organic farm cooperative of Lao Lu-Mien families. Lu-Mien Village Farms was founded in April 2006 and is dedicated to fostering health and wellness among



its members by growing and selling high-quality organic produce. Most Lu-Mien refugees were subsistence farmers in their home country of Laos. Lu-Mien Village Farms provides its members opportunities to reconnect to the land, grow traditional foods, learn organic farming methods, and develop economic strength for their families.⁴²

This farm is housed on the 18-acre Sunol Agriculture Park in Northern California, which houses three other small organic farms. This agricultural park came about as a result of collaboration between the nonprofit organization Sustainable Agriculture Education (SAGE) and the San Francisco Public Utilities Commission. Each farm leases the land, while SAGE provides useful

infrastructure, such as a farm manager, fences, roads, and a flexible irrigation system that allows multiple farms to access water at once. On the land stewardship side of things, SAGE has also developed and maintained hedgerows and filter strips that help protect the watershed and ensure that all farms provide enhanced habitat for pollinators and beneficial insects.

Lu-Mien Village Farms was sponsored by the East Bay Asian Youth Center (EBAYC) from 2006 to 2010, and the farm was earlier leased by the East Bay Asian Youth Center, which received a multi-year grant to support Mien families (an indigenous ethnic population from Laos) interested in farming. For years since the beginning of the farms, five families have been able to grow food for themselves and for barter, selling just enough to pay for gas.⁴³ In 2011, one family, headed by Warn and Muang Saechao, took over the AgPark license as an independent farming business. Now, Warn and Muang grow Seascape and Albion organic strawberries for local markets. Read more about the Lu-Mien Village Farms at: www.sagecenter.org/sunol-agpark/community-benefit-farming-2/iu-mien-village-farms/

Resources

- The **Community Food Projects Competitive Grants Program (CFP)** funds nonprofit organizations to meet the food needs of low-income people by increasing their communities' capacities to provide enough food for its residents. To be considered for a CFP grant, organizations should have experience in community food work, job training, and business development in low-income communities. The application also has a dollar-for-dollar matching requirement. For more information, visit USDA's website at: www.nifa.usda.gov/funding/cfp/cfp_synopsis.html
- The **Refugee Agricultural Partnership Program (RAPP)**, sponsored by the Office of Refugee Resettlement (ORR) at the U.S. Department of Health and Human Services, is dedicated to providing technical assistance services to agencies helping refugee market gardeners, small farmers, and refugees from agrarian backgrounds seeking professional agricultural careers. The focus of RAPP is to integrate refugees into the movement sweeping across the United States to improve the supply and quality of food in urban and rural areas. Refugees — as potential farmers or producers of healthier foods — can make a big impact in their own families and communities at large by bringing fresh fruits and vegetables to the table and strengthening their own health and well-being. Read more about RAPP at: www.acf.hhs.gov/programs/orr/programs/ref_agr_partnership_prg.htm
- The **New Entry Sustainable Farming project** at Tufts University in Somerville, Massachusetts, which has provided technical training on small-scale agriculture to immigrants since 1998 (including large numbers of Southeast Asian immigrants, especially from Cambodia and Laos), is working directly to connect immigrant vegetable growers with inner city populations through their "World Peas" Community-Supported Agriculture (CSA), which delivers fresh vegetables to household customers and institutional/retail buyers in lower income neighborhoods of Boston and Lowell, Massachusetts. Additional information about the CSA initiative can be found at: <http://worldpeascsa.wordpress.com/> or <http://nesfp.org/>
- The **Minnesota Food Association** (<http://www.mnfoodassociation.org/>) has a long history of providing technical assistance and training on wholesale and retail produce marketing to small-scale immigrant farmers, including many members of the local Karen and Hmong communities. In recent years, it has also been a co-sponsor of the annual Immigrant and Minority Farmers conference, where recent attendance has been dominated by immigrants of Karen, Hmong, and Bhutanese ethnicity. Learn more about some of the AANHPI farmers they serve here: <http://www.mnfoodassociation.org/meet-the-farmers>
- The **USDA Risk Management Agency (RMA) Community Outreach and Assistance Partnership Program** provides funds to organizations which offer risk management training to limited resource, socially disadvantaged, traditionally underserved (including

women), and beginning farmers and ranchers. RMA staff work closely with grantees and help to implement the program activities. Funding amounts and educational topics change annually and new focus areas are announced in the Federal Register. Visit this website for more information: www.rma.usda.gov/aboutrma/agreements/

3. Increase Access to Farmers' Markets for Low-Income and Diverse Communities

Farmers' markets have the potential of increasing healthy food access while also providing local farmers with a direct source of income, but several barriers persist. While more farmers' markets are sometimes located in low-income communities, they are challenged to balance customers' needs of affordability with vendors' needs for returns. Some farmers refuse to go to low-income communities or don't perceive profitability from those markets. Many low-income communities have not fully participated in this trend, citing barriers including cultural or language obstacles, unfamiliar product mix, inconvenient hours,



difficulty with transportation, perceptions of high prices, and lack of awareness that some farmers' markets can accept EBT cards for Supplemental Nutrition Assistance Program (SNAP).⁴⁴

Farmers' markets and community-supported agriculture — both widely explored as alternative food system initiatives — were first developed to provide markets for farmers. The goals of food security have however been more recently attached to

these market-based alternative food institutions, producing often competing priorities, with small scale farmers relying on farmers' markets and CSAs as an economic solution and consumers (especially low-income) needing access to healthy and reasonably priced foods. One study showed that while managers of these institutions generally support the idea of improving the affordability of the food they provide and addressing the ethnic diversity of their markets, and most have made an effort to do so, these efforts vary with institutional capacity.⁴⁵ Thus, since the primary purpose of farmers' markets is to serve farmers by providing a regular source of income, more markets are still set up in higher-income areas. Community-based organizations can help by organizing communities to start and build

support for a market and educating farmers' markets organizers and vendors about the potential of the growing market of culturally diverse populations. They can also work with local farmers to increase their opportunities for selling directly to consumers. Successful and culturally accessible models do exist, and those presented in the following section highlight these alternative institutions that have been successful in reaching low-income and diverse communities.

Examples:

(1) Saturday Stockton Certified Farmers' Market: A Market with Strong Asian Immigrant Affiliation

Community buy-in is crucial to the effectiveness and accessibility of farmers' markets, and the Stockton Certified Farmers' Market serves as an example that receives strong community support, including engagement with immigrant communities. Stockton is one of the California Central Valley's larger metropolitan areas and has a high concentration of Asian residents from a broad spectrum of cultures including Chinese, Filipino, Japanese, Korean, Vietnamese, Cambodian, Hmong, and Lao. The majority of Southeast Asian immigrants settled in Stockton following the United States withdrawal of troops from Vietnam in 1975, part of the more than one million Vietnamese, who immigrated to the United States with help from programs such as the Resettlement Opportunities for Vietnamese Returnees Program. In addition to Vietnamese, there are about 170,000 Lao refugees in the United States. Most are from the Hmong tribe, and half are living in California. Local demographics began to significantly influence the vendor mix of the market, and during the early 1980s, it evolved to represent the consumer demands of Southeast Asian tastes. This market provides an unusual selection of mostly Asian vegetables and fruits, with a vendor mix of 90% Southeast Asian vendors, primarily Hmong, Lao, and Vietnamese (see <http://www.sarep.ucdavis.edu/sfs/dm/cs/stockton> for details on this market).⁴⁶

(2) Wai'anae Farmers' Market: Increasing Access through EBT, Collaborating with School Farm, and Serving the Community

Recognizing that it serves an area with high numbers of low-income families, the Wai'anae Farmers' Market is the first farmers' market on O'ahu to offer Electronic Benefits Transfer (EBT) to food-stamp recipients.⁴⁷ The Wai'anae Coast Comprehensive Health Center (a federally qualified community health center) teamed up with the neighboring Wai'anae High School in having the market on the site of the high school. The Wai'anae High School has a small farm that has been certified organic, and the students grow a bounty of produce, including organic mesclun lettuces, bananas, and a variety of leafy greens, which they sell at this on-site market.⁴⁸



Resources:

- Increase EBT Access at Farmers' Markets:** Studies have shown that the Farmers' Market Nutrition Program for the elderly and lower-income women in the WIC program may lead to eating more fruits and vegetables. Community-based organizations (CBOs) can also help in increasing EBT access at farmers' markets (see this handbook from USDA which is a how-to guide for accepting SNAP benefits at farmers' markets): www.ams.usda.gov/AMSV1.0/getfile?dDocName=STELPRDC5085298 <http://www.ams.usda.gov/AMSV1.0/getfile?dDocName=STELPRDC5085298>
- Connecting Eligible Members of Community with Farmers' Market Nutrition Programs:** CBOs can also use culturally and linguistically appropriate ways to connect seniors and women and children certified to receive Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) with the Farmers' Market Nutrition Programs (read about FMNP for WIC recipients at www.fns.usda.gov/wic/fmnp/fmnpfaq.htm and FMNP for seniors at www.fns.usda.gov/wic/SFMNP-Fact-Sheet.pdf).
- Expand Buying Power for Fruits and Vegetables through "Food Bucks":** Some city- or state-wide efforts have been organized around offering "food bucks" to allow families using SNAP benefits to stretch their dollar when it comes to buying fresh produce. For example, the Philly Food Bucks program employs a scheme that matches every \$5 spent at more than 25 participating Farmers' Markets in Philadelphia with a \$2 Philly Food Bucks coupon to buy more fruits and vegetables. Read about the program at: <http://thefoodtrust.org/what-we-do/farmers-markets/philly-food-bucks>
- Build Community Support for Farmers' Markets and Engage Culturally Diverse Communities:** The USDA Farmers Market Promotion Program grants are designed to increase marketing opportunities for farmers to sell directly to consumers through farmers' markets, community-supported agriculture (CSA) programs, retail markets, and other direct marketing initiatives. These grants can go to nonprofits, agricultural cooperatives or producer associations, local governments, economic development corporations, regional farmers' market authorities, public benefit corporations, and tribal governments. They can be used to bring a wider diversity of customers to existing farmers markets, including AA and NHPI communities. Visit this website to read more about this program: www.ams.usda.gov/AMSV1.0/FMPP

Additionally, the Centers for Disease Control and Prevention conducted a successful Garden Market demonstration project. The CDC shares its tools for needs assessment, planning, promotion, and evaluation on this web page: www.cdc.gov/nccdphp/dnpao/hwi/toolkits/gardenmarket/example.htm

4. Support Community-Supported Agriculture and Linking Farmers to Consumers

Community-Supported Agriculture (CSA) consists of a community of individuals who pledge support to a farm operation so that the farmland becomes, either legally or spiritually, the community's farm, with the growers and consumers providing mutual support and sharing the risks and benefits of food production. Typically, members or "share-holders" of the farm or garden pledge in advance to cover the anticipated costs of the farm operation and the farmer's salary. In return, they receive shares in the farm's bounty throughout the growing season, as well as satisfaction gained from reconnecting to the land and participating directly in food production. Members also share in the risks of farming, including poor harvests due to unfavorable weather or pests. By direct sales to community members, who have provided the farmer with working capital in advance, growers receive better prices for their crops, gain some financial security, and are relieved of much of the burden of marketing.

Some CSA setups present financial and cultural barriers to our communities. Low-income communities often cannot afford the price of the share at the initial price offered or to pay for the share all at once at the beginning of the season. Financial challenges aside, cultural barriers may exist when CSAs offer produce that is unfamiliar to the diets of various communities, including AAs and NHPs. Additionally, the complexity of the prevailing CSA model, in which customers pay for produce in advance of harvests and share in the risks of poor harvest, may impede efforts to increase access to underserved communities. However, below is an example of how the Asian Pacific Islander Obesity Prevention Alliance (APIOPA) has used a simple CSA model to both serve their staff and provide business to a local Hmong farmer.

Example:

(1) Asian Pacific Islander Obesity Prevention Alliance: Culturally Relevant Community-Supported Agriculture

The Asian Pacific Islander Obesity Prevention Alliance started a CSA at first for staff, working with a local Hmong farmer, from whom they purchased fresh, organic Asian vegetables every other week. APIOPA is working on two separate CSAs currently, and their goal is to not only get healthy, affordable produce into the hands of community members, but also to support local small businesses and cut down on carbon emissions through local purchasing.

They get their produce from Mr. Cha, a Hmong farmer, who was born in Laos and came to the U.S. in 1979. He farms the Cha farm, a mixed-vegetable farm on 10 acres of land in Fresno.

APIOPA lets Mr. Cha know the quantity of vegetables they plan to purchase every other week. Then, they pick up the produce at the Montrose Farmer's Market on Sunday, preserve it in coolers (with ice packs in them), and distribute the following day to staff subscribers. APIOPA provides accompanying recipes and information from the farm. Their program has recently expanded to non-staff, reaching retail customers in southern California's AANHPI communities like Historic Manilatown, Little Tokyo, and Chinatown. Read about APIOPA's CSA at: <http://fightapiobesity.wordpress.com/programs/community-supported-agriculture-csa/apiopas-csa/>

5. Support Backyard and Kitchen Gardens

Backyard or "kitchen gardens" have a long tradition in many countries in Asia and the Pacific, and wherever possible, this tradition has endured in the United States. Having a steady supply of vegetables, herbs, and eggs from a chicken or two can mean the difference between hunger and satiety for a large and growing family. This practical approach has also allowed our communities to keep alive cultural traditions using specific ingredients (like galangal or lemongrass, for example) that may not be available in mainstream markets. For some in our communities, produce grown at home can additionally serve as supplementary income while also serving immediate food access needs. Zoning codes may prohibit the direct sale of homegrown produce. Please make sure local projects are in accordance with local rules and regulations.

Programs that support homegrown produce for personal consumption, including the use of SNAP benefits to buy starter plants, are exempt from regulations on for-sale produce. More resources can be found at: <http://snap.nal.usda.gov/nutrition-through-seasons/gardening-resources>

Example:

Mary Queen of Vietnam Community Development Corporation, Inc. is a non-profit organization founded by New Orleans East residents after the devastation of Hurricane Katrina. After working to meet the immediate needs of over 3,000 Vietnamese American residents of the area, organizers realized that local residents had always gardened and this provided an important source of food. The lack of food, water and utilities after the hurricane only underscored the importance of gardening to maintain food access for all New Orleans East residents. MQVNCDc is working to build the Viet Village Urban Farm after acquiring 28 acres for collective gardening of organic food crops and aquaponics (fish farms). Besides building on the community's generations of farming and fishing experience, the urban farm

also creates much needed new jobs and businesses for displaced farmers and fisher people. More information can be found at: www.mqvncdc.org

B. Create Food and Beverage Environments that Increase Access to Culturally Acceptable, Affordable, and Nutritious Foods

In the United States, many lower-income communities of color live in places with limited transportation and food options. Fast-food restaurants and convenience or corner stores are common features of these neighborhoods, and often the primary source of food for residences, with full grocery stores located miles away. Compared to stores in middle- and higher-income communities, corner stores in lower-income communities tend to stock poorer quality produce and more unhealthy pre-packaged foods, snacks, and sodas. Moreover, small corner stores often have limited capacity to make bulk purchases. This raises the cost of their inventory, which is subsequently passed on to consumers in the form of higher prices. As a result, low-income families spend three times more of their disposable income on food than do middle-income people. The effects of these place-based dynamics on health can be devastating. It has been shown that people who live near an abundance of fast-food restaurants and convenience stores have a higher prevalence of diabetes and obesity compared to those who live in proximity to larger grocery stores and fresh produce vendors.⁴⁹

Communities in Hawaii with a higher proportion of Native Hawaiians have a greater abundance of fast-food outlets and in California, NHPI teenagers rank the highest, along with American Indian and Alaska Native teenagers, in their fast-food consumption.

What is known of the food environment surrounding the Asian American, Native Hawaiian, and Pacific Island communities? Studies showed that communities in Hawaii with higher proportion of Native Hawaiians have a greater abundance of fast-food outlets and the least number of exercise facilities per 10,000 population.⁵⁰ In California, NHPI teenagers rank the highest, along with American Indian and Alaska Native teenagers, in their fast-food consumption.⁵¹

In the Pacific Island nations, high quality imported foods are hard to come by due to expensive shipping costs and long distances. At the same time, challenges related to the local farming and food manufacture and distribution sectors make local food harder to obtain. An increasing number of families are living on cheap, imported, refined cereals and fatty off-cuts of meat such as turkey tails and mutton flaps.⁵² “Fat-dumping,” the marketing of unwanted high-fat

animal by-products to lower SES populations, includes prominent displays of turkey tails, turkey necks, and corned beef in urban grocery stores in the Marshall Islands and other Pacific countries.²

1. Increase Number of Healthy Stores and Encourage Existing Neighborhood Stores to Offer Healthier Foods



Small stores can improve access to healthy foods by stocking certain types of items (such as whole grain bread, low-fat milk, or fresh produce) and/or a minimum number of healthy items (such as six types of fresh produce), dedicating a percentage of shelf space to healthy foods, making ongoing improvements to actively promote healthy foods, or restricting or eliminating ads for tobacco and alcohol. Community-based organizations can work with small stores to promote the sale of healthy foods through stocking and marking items such as fresh produce, creating more healthy corner stores.⁵³

Example:

(1) Food Store Interventions in Hawaii and Marshall Islands

Food store interventions in Hawaii⁵⁴ and Marshall Islands⁵⁵ that seek to modify the food environment and conduct point-of-purchase promotions have led to increased consumption of healthier foods. These are store-based interventions that included efforts to increase store stocking of nutritious foods, point-of-purchase promotions, interactive sessions, and involvement with local producers and distributors.

Information about the Healthy Stores Project, including initiatives and culturally and linguistic-specific intervention materials developed for Hawaii and the Marshall Islands, are available at: <http://healthystores.org/projects/archive/healthy-foods-hawaii/> and <http://healthystores.org/projects/archive/republic-of-the-marshall-islands-healthy-stores-project/>. For updated news, events, and resources around the Healthy Corner Stores movement in the U.S., visit the Healthy Corner Stores Network at: www.healthycornerstores.org/

For a toolkit containing technical, educational, and marketing information and templates for community organizers and storeowners developed by the Delridge (Washington) Corner Store Project, visit: http://healthycornerstores.org/wp-content/uploads/resources/Delridge_HCS_Toolkit.pdf

Resources:

- The Healthy Food Financing Initiative (HFFI) aims to provide financing resources by attracting investment in underserved communities by providing critical one-time loan and grant financing. These one-time resources will help fresh-food retailers overcome the higher initial barriers to entry into underserved, low-income urban, suburban, and rural communities and will also support renovation and expansion of existing stores so that they can provide the healthy foods that communities want and need.

HFFI legislation has been passed and/or projects are underway in Arizona, California, Colorado, Georgia, Illinois, Louisiana, New Jersey, New York, Maryland, Massachusetts, Minnesota, Mississippi, Tennessee, Texas, Detroit, Washington D.C., New York City, and New Orleans.⁵⁶ To learn about the HFFI, visit: <http://www.policylink.org/focus-areas/health-equity-and-place/food-systems>

- An array of financial- and technical-assistance resources is typically made available by cities to small businesses located in underserved communities. Small stores willing to improve their selection of healthy foods and/or implement new practices to address the needs of low-income customers may be eligible to receive such resources.⁷
- Community organizations can influence the use of local dollars by partnering with other local organizations with shared interests and agencies responsible for funding. These organizations may be small-business assistance organizations; economic development corporations (EDCs); community development corporations (CDCs); business organizations such as local chambers of commerce, merchants' associations, or business councils; community development finance institutions; and state agencies, such as a state economic development agency, state departments of agriculture, and state universities.⁵⁷ City agencies and community organizations can also increase awareness among small-store owners about existing resources and connect these stores to small-business development resources. A guide put together by the National Policy and Legal Analysis Network to Prevent Childhood Obesity (NPLAN) to assist communities in finding public financing to eliminate food desserts can be found here: <http://changelabsolutions.org/publications/green-for-greens>

2. Promote Healthy Items in AA and NHPI Restaurants

Fast food represents 74% of all restaurant traffic nationally, and research shows that fast-food availability is directly associated with obesity rate.⁵⁸ Research also shows that fast-food marketing aggressively targets teens and ethnic and minority youth, often with less healthy items.⁵⁹ In California, NHPI adolescents (12-17 years old) consumed the most

fast food, an average of 2.4 times in the past week, compared to the state average (1.5 times per week) and all racial/ethnic groups, and the NHPI adolescents' consumption was similar to the American Indian/Alaska Native consumption rates (2.4 times).⁶⁰ Among AA subgroups, Filipino (1.9 times) and Korean (1.8 times) adolescents reported the highest fast-food consumption rates.

Consumers consistently overestimate the healthfulness and underestimate the caloric levels of restaurant meals. Studies have demonstrated that if consumers are made aware of nutritional information of their food at point-of-purchase, their perception of disease risk increases and their intent to buy unhealthy foods decreases.¹⁸ CBOs can work with their constituents and neighborhood restaurants to increase demand for reasonably sized portions and low-fat and low-calorie menus; CBOs can work with restaurants in offering these options. Communities can help create programs to help restaurants promote healthier foods and beverages and reasonably sized portions.

Example:

A collaborative public health and business marketing study consistently demonstrated that 14 to 33% of customers at a Chinese fast-food restaurant accepted an offer to downsize the portions of three starchy side dishes when asked, and they did not compensate by ordering more calories in their entrees. The total calories served to these customers were, on average, reduced by more than 200.⁶¹

Resources:

- The State, Region, and Community Committee (SRC) Restaurant Workgroup has compiled tips and resources to make it easier for public health professionals to work with restaurants and other dining-out venues to create healthy food environments in their states and communities. Access these tips and other resources at: <https://www.dshs.state.tx.us>
- The Philadelphia Healthy Chinese Take-out Initiative is a partnership between the Temple University Center for Asian Health, the Asian Community Health Coalition, the Philadelphia Chinese Restaurant Association, and the Philadelphia Department of Public Health. They have worked with over 200 Chinese restaurants to decrease sodium content in meals and to post nutrition information for customers. For information, visit: <http://dmv.ehptracking.net/restaurants/TheInitiative.html>

C. Ensure School Environments Provide Good Food and Limit Unhealthy Foods

Up to 50% of total daily energy intake can be consumed at school, demonstrating that school foods can have a large impact on children and adolescents.¹⁸ The USDA unveiled new standards for meal requirements on Jan 25, 2012 in an effort to raise the standards for the first time in more than fifteen years. But changes in school food can be made on various levels. States have great latitude over the organization and regulation of school food, and state governments can improve school foods to meet USDA regulations while addressing the diverse needs of their study body. District superintendents act as both the chief executives and chief policy makers of their school districts; school principals and food-service directors also play key roles in implementing healthy food programs at their school sites.

1. Improve the Quality of School Meals and Limit the Availability of Low-Nutrient, Energy-Dense Foods on School Grounds



Policy makers can implement and enforce strong local wellness policies to ensure healthy school food environments. Action items to improve school food nutrition can include: (1) Supporting strong state and district school nutrition standards for foods and beverages offered or sold outside of school meals, such as those recommended by the Institute of Medicine; (2) Reviewing district-level school wellness policies to ensure they

include nutrition guidelines so that only healthy foods and beverages are available during each school day; (3) Examining the actual foods and beverages that are available to students — including competitive foods and beverages sold in cafeterias, snack bars, school stores, and vending machines — and determining if they meet strong nutrition standards; and (4) Educating students about nutrition and offering only healthy food and beverage choices to ensure a consistent message on healthy eating.⁶²

2. Support Farm-to-School Programs

Farm-to-School is broadly defined as a type program that connects schools (K-12) and local farms with the objectives of serving healthy meals in school cafeterias; improving student nutrition; providing agriculture, health, and nutrition education opportunities; and supporting local and regional farmers.⁶³ Policy makers can develop policies and

programs in support of farm-to-school programs and develop edible school gardens that integrate gardening activities and growing of seasonal and cultural produce with curricula and culture programs.

Examples:

(1) East Bay Asian Youth Center: Markets at Oakland Elementary Schools

An example of a community-led farm-to-school program is an initiative by the East Bay Asian Youth Center (EBAYC) in Oakland, California, which operates two School Produce Markets at local elementary schools. In 2004, community organizers with EBAYC invited residents of Oakland to a focus group at a local park in the San Antonio neighborhood that had fallen prey to crime and vandalism, which parents felt was no longer a safe place for their children to play. At that meeting, a number of mothers said that what their neighborhood needed, in addition to park improvements, was a farmers' market. EBAYC's youth researchers also learned through a community survey that 40% of the residents of Oakland's San Antonio neighborhood were buying most of their groceries outside of the neighborhood, and that 84% said they would buy more groceries (instead of processed junk foods) for their families if prices were more affordable. After exploring several possibilities, the group decided on a model that would bring farm-fresh produce to neighborhood schools.

In the initial pilot program, two elementary schools (Franklin and Garfield) were transformed into community resources for fresh, healthy, convenient, and affordable food through weekly School Produce Markets operated by and for the community, with staffing provided by parents of school students. One day a week, three long tables and display crates are set up, filled with up to 50 varieties of fresh fruits and vegetables, along with herbs, nuts, and honey. Sales at both pilot sites have grown steadily; in 2008, 99% of 117 survey respondents reported that their families have been eating more fresh fruits and vegetables since they began shopping at the School Produce Market. At the same time, 11 local family farms have supplemented their incomes with weekly direct bulk sales of their produce to the School Produce Markets. At the end of each school year, the farmers receive thank-you letters and photographs of Oakland families with their produce.⁶⁴ Read about the program at: www.ebayc.org

(2) Hawai'i Farm-to-School

The Hawai'i Farm-to-School and School Garden Hui works with schools, educators, students, policy makers, and their community partners through farm-to-school networks on Kaua'i, O'ahu, Moloka'i, Maui, Hawai'i Island, and the Department of Health Healthy Hawai'i Initiative. For details, visit their website at: <http://www.kohalacenter.org/schoolgardenhui/home.html>

Resources:

- For resources including funding opportunities, publications, webinar listings, toolkits, and success stories, visit the National Farm to School Network website at: www.farmtoschool.org

D. Create Workplace Environments that Support Healthy Eating

The workplace is an important setting for health protection, health promotion, and disease prevention programs. On average, Americans working full-time spend more than one-third of their day, five days per week at the workplace.⁶⁵ Employers have instituted employee wellness programs in the last decade as a way to lower health-care costs, increase productivity, and improve health. However, employee wellness programs come in different forms and research shows mixed results.⁶⁶

Programs involving comprehensive work-site intervention programs, which provide a wide range of hospital-based services, such as health education, stress management, hypertension and diabetes management, substance abuse treatment, and access to exercise opportunities, have been found to reduce medical costs and improve health status.⁶⁷ However, there is no evidence that giving incentives to improve one's health status, such as reducing premiums for weight loss, results in positive health outcomes or long-term cost savings. Rather, doing so may actually worsen health outcomes and further contribute to inequities in the health-care system.⁶⁸ For example, programs that emphasize incentives or charge higher premiums based upon one's health status affect communities of color adversely, as these communities are disproportionately affected by health disparities and typically have higher rates of chronic conditions. This approach focuses on individual management of one's health, ignores the range of social determinants that impact health, and creates the potential for discrimination through backdoor medical underwriting for individuals with pre-existing conditions or disabilities.³⁸

Programs that emphasize incentives or charge higher premiums based upon one's health status affects communities of color adversely, as these communities are disproportionately affected by health disparities and typically have higher rates of chronic conditions.

Hence, to support equitable workplace wellness policies that work, employers can institute a comprehensive wellness program aimed at improving the health of its employees. The

range of support systems may include services and programs to assist employees and individuals in reducing health risks (physical activity, nutrition classes, stress management training), and employers can change the work environment to encourage increased physical activity and easier access to healthy food.

Examples:

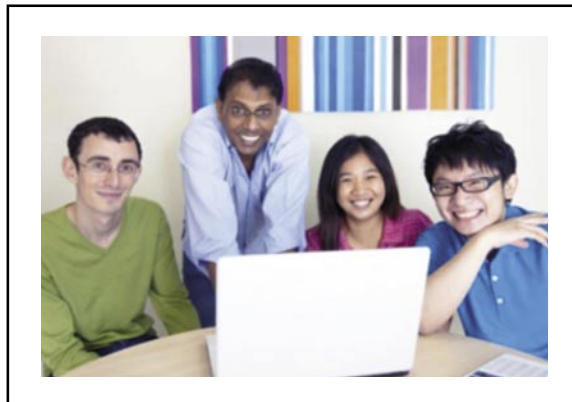
(1) Healthy Foods Recommendations for Public Health Staff at Seattle and King County

To create a healthy work environment, the Seattle and King County Public Health Department developed some guidelines that are intended to assist Public Health staff in making healthy food and beverage choices purchased with Public Health resources for all meetings, trainings, and events. See their website for a list of general guidelines as well as lists of recommended food choices for Public Health-sponsored events to provide culturally appropriate, healthier foods and beverages for breakfast, lunch, dinner, snacks, and receptions: www.kingcounty.gov/healthservices/health/nutrition/meetings.aspx

(2) Engaging Participants in Design of a Native Hawaiian Worksite Wellness Program

The success of worksite wellness programs often begins with proper assessment of the work and cultural environment. The Designing Healthy Worksites (DHW) project investigated existing administrative policies and supports for healthy eating and physical activity at eight Native Hawaiian-serving organizations in Hawaii, along with employee preferences for worksite wellness programming.⁶⁹

This project emphasizes native-directed research that engages administrators and employees in designing programs so as to heighten program acceptability and applicability. It is conducted under the auspices of 'Imi Hale Native Hawaiian Cancer Network ('Imi Hale), one of 25 Community Network Programs funded by the National Cancer Institute's Center to Reduce Cancer Health Disparities. 'Imi Hale was begun and is led by Native Hawaiians. It remains dedicated to mentoring Native Hawaiian researchers, supporting them to design and test interventions in cancer prevention and control, such as the DHW project. Several of the worksite leaders in the DHW collaborative are advisors to or partners with 'Imi Hale in its mission to reduce cancer disparities and develop a cadre of indigenous researchers.



It was found that worksites were at different stages of readiness for worksite wellness programming, suggesting that a toolkit be developed from which agencies could create a program that fit. Activities preferred by large proportions of employees included support groups, experiential nutrition education (example, cooking demonstrations and field trips for smart food shopping), food buying clubs, and administrative policies supporting healthy lifestyles. Read about this project at: www.ncbi.nlm.nih.gov/pmc/articles/PMC2914234/?tool=pubmed

Resources:

- This is a Sample Food Policy for workplaces by the Healthy and Active Before 5, a collaborative project to prevent obesity among Contra Costa County (CA) children age 0-5 that can be tailored for use in various organizations: www.banpac.org/toolkit_HFBPE/section4/4-HAB45_Sample_Food_Policy_2010.pdf
- The Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention published a guide, Improving the Food Environment Through Nutrition Standards: A Guide for Government Procurement that provides practical guidance to states and localities for use when developing, adopting, implementing, and evaluating food procurement. See this guide at: www.cdc.gov/salt/pdfs/DHDSP_Procurement_Guide.pdf
- In 2010, the Department of Health and Human Services and the General Services Administration began a collaboration to create the Health and Sustainability Guidelines for Federal Concessions and Vending Operations. The goal of the Guidelines is to assist contractors in increasing healthy food and beverage choices and sustainable practices at federal work-sites. See these guidelines at: <http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>
- CDC's LEAN Works! is a workplace obesity prevention program that also has a site offering resources to help organizations plan, build, promote, and assess your obesity prevention and control program. You can access these tools at this page: <http://www.cdc.gov/leanworks/resources/tools.html>

(II) Mainstream Institutional-Level Voluntary Policy Strategies

A commitment to equity for people of all racial or ethnic groups, gender, or sexual orientation is essential to the work of promoting health equity. Yet, the commitment to equity is often confounded by the complex and intractable nature of racial inequity and its related health disparities. It is especially challenging in the face of “colorblindness” as an approach to developing policies and social change strategies.

The disproportionate negative health outcomes borne by communities of color and other priority populations today need not be the outcome of intentional discrimination, but can be easily exacerbated if policies and decisions continue to be made without real commitment to diversity, inclusivity, and a vision for parity and equity. This requires intentional strategies both on the part of communities of color and that of mainstream policy makers and decision makers, and the quest for parity should not be just relegated to communities of color. Strategies developed with attention to equity will sharpen the focus on outcomes.

A. Partner with communities to ensure institutional parity

Southeast Asian communities are disproportionately affected by adverse health issues related to tobacco as well as lack of physical activity and healthy eating. Higher smoking rates have been observed among those of Cambodian, Laotian, and Vietnamese ancestry, relative to U.S.-born white men, with adult smoking rates as high as 50% in some communities. The effect of these troubling statistics is that lung cancer is the leading cause of cancer death among Southeast Asian men. Lack of physical activity and poor diet likewise illustrated similar trends for the Southeast Asian population with rates of meeting the Center for Disease Control and Preventions’ Behavioral Risk Factor Surveillance System at worrying levels.

Examples:

(1) The Center for Prevention at Blue Cross and Blue Shield of Minnesota

The Center for Prevention at Blue Cross and Blue Shield of Minnesota (Blue Cross), building upon quantitative research from the Diverse Racial Ethnic Groups and Nations (DREGAN) project, started to address these disparities at the community level. With community partnerships being at the core of Blue Cross’ work in health disparities, it supported the development of The Statewide Tobacco Empowerment and Engagement Project (STEEP) Coalition. The coalition is a unique multicultural collaboration of agencies that originally organized to work on tobacco issues in the Southeast Asian community. It

furthered its scope to address factors related to healthy eating and physical activity. The work has seen Community Health Educators play a critical role in STEEP's efforts to affect policy and systems-level change while simultaneously meeting the needs of individuals they encounter in the community. Some of these success measures included:

- Developed new partnerships and alliances to build organizations' capacity to address tobacco and obesity issues and increase the reach of STEEP in the community. For example, organizing a coalition of Cambodian doctors and health-care professionals to support tobacco and obesity prevention awareness and education in the Cambodian community.
- Integrated STEEP's presence and influence into popular events in order to educate community members and create culture change. For example, engagement at the annual Hmong soccer tournament and Hmong New Year celebration led to the events becoming tobacco free.
- Promoted continuing education to deepen professionals' understanding of the importance of tobacco control, healthy eating and active living. For example, STEEP educators attended the 14th annual Community Food Security Coalition Conference to learn more about healthy eating national best practices. As a result STEEP developed a healthy eating and active living education training for all four Southeast Asian communities.

Partner Agencies include:

- Association for the Advancement of Hmong Women in Minnesota
- Lao Advancement Organization of America
- Lao Family Community of Minnesota, Inc.
- United Cambodian Association of Minnesota
- Vietnamese Social Services of Minnesota
- The Association for Nonsmokers-Minnesota (ANSR)
- University of Minnesota

For more info, visit: www.CenterforPreventionMN.com

Other Parity Resources

Guided by a vision of parity, APPEAL has convened stakeholders and engaged them in developing a set of policy recommendations around healthy eating and active living, as well as tobacco control. This set of recommendations forms the basis of our education of policy makers. A few are listed below and the full document can be accessed here: http://www.appealforcommunities.org/wp-content/uploads/2014/06/0656_APPEALPolicyRecsFINAL.pdf

- Develop and fund a comprehensive AA and NHPI Healthy Eating research agenda, focusing on policy research and on Community-Based Participatory Research.
- Increase the representation of AA and NHPI communities (including youth) on key HEAL-related national and regional advisory boards, task forces, regulatory bodies, outreach efforts, and strategic planning committees.
- Ensure representation of AA and NHPI communities and other diverse communities on staff of national, state, and local organizations and departments.
- Ensure inclusion of AA and NHPI communities in grant-writing committees, as well as in review processes related to HEAL programs and policy work at the state and federal levels.
- Ensure inclusion of HEAL issues facing AA and NHPI communities and other diverse communities in mainstream HEAL organizations and their state and local affiliates.

APPEAL also published an educational toolkit titled “Moving Toward Health: Achieving Parity through Tobacco Control for All Communities” that is designed to provide guidance to various stakeholders on how to work toward parity in tobacco control. This guide can also provide some lessons to the healthy eating and active living work. Access this publication at: www.appealforhealth.org

(III) Legislative-Level Policy Education

There are many legislative issues on the local, state, and federal levels that affect healthy eating among AAs and NHPs. Below are a few:

A. U.S. Federal Farm Bill

Every five to seven years, the United States Congress passes what is arguably the single most important piece of legislation affecting the nation’s food environment.⁷⁰ This piece of legislation provides the framework for policies that guide what crops farmers grow, the methods they use, research and marketing support, and the major assistance our federal government provides to feed hungry people at home and abroad.⁷¹ The Farm Bill should be of interest to anyone who is interested in the access of healthy affordable foods and the sustainability of food systems.

After four years of deliberation, a new Farm Bill was finally signed on February 7, 2014. This round of debate over food and farm policy came at a time of growing public interest in food

issues, but also intense pressure to cut the federal budget deficit. The past three Farm Bills included important successes including the establishment of the Community Food Projects Grant Program and initiatives that help low-income people access fresh and healthy food in their neighborhoods, promote farmers' markets, and connect farmers with schools. Visit the National Sustainable Agriculture Coalition's web page to learn more about the Farm Bill: <http://sustainableagriculture.net/> or the Healthy Farms, Healthy People Coalition at: <http://hfhpccoalition.org/>

The Institute for Agriculture and Trade Policy (IATP) has also examined the Farm Bill and its relevance to food access, health, farmers of color, and other domains. These and similar issues impacted by the Bill are part of IATP's "2012 Farm Bill: What's at Stake?" series, and are addressed in toolkits that are available at: <http://www.iatp.org/issue/agriculture/farm-bill>

IATP also maintains the "Citizen's Guide to Understanding the Farm Bill," at: <https://www.facebook.com/UnderstandingTheFarmBill>

B. Access to Healthy Affordable Food

Local governments have the capacity to adopt regulations and prohibitions, provide tax incentives, and remove barriers for community-based initiatives to increase access to healthy, affordable foods. Local governments can incorporate issues of community food insecurity in city or county comprehensive land use plans, or cities and counties can use regulatory strategies to improve access to healthy foods.

For example, the Pennsylvania Fresh Food Financing Initiative, which was designed to advance the development of food retail in underserved Pennsylvania communities, has seen huge success. To date, it has provided funding for 88 fresh-food retail projects in 34 Pennsylvania counties, creating or preserving more than 5,023 jobs and improving access to healthy food for more than half a million people.⁷²

Just a decade ago, a national study showed that Philadelphia had the second lowest number of supermarkets per capita of major cities in the United States. Lack of food access was particularly severe in low-income neighborhoods and was linked to high rates of diet-related diseases such as obesity and diabetes. A nonprofit organization, the Food Trust called upon state and local governments to take the lead in developing a response to this problem and convened a group of leaders from the supermarket industry, government, and civic sector. This group of experts examined the barriers to supermarket development in underserved communities and identified recommendations to address the issue.

Under the leadership of Rep. Dwight Evans, the Commonwealth of Pennsylvania acted on these recommendations by creating the Fresh Food Financing Initiative, a first-of-its-kind grant and loan program to encourage supermarket development in underserved neighborhoods throughout the state.

This \$85 million public-private partnership is managed by The Reinvestment Fund, in partnership with The Food Trust and the Greater Philadelphia Urban Affairs Coalition, and has become a model for communities nationwide committed to combating obesity and improving food access. Harvard University named the initiative one of the nation's most innovative government programs, and The Centers for Disease Control and Prevention selected the Pennsylvania Fresh Food Financing Initiative to receive its Pioneering Innovation Award for the initiative's efforts toward obesity control and prevention. Read about this initiative on the Food Trust's web page: <http://www.thefoodtrust.org/php/programs/fffi.php#>

(IV) Corporate-Level Voluntary Policy Strategies

Working with corporations to enforce existing laws and protect our communities from unfair targeting is a key pillar to improving our food environment. Speaking to the Grocery Manufacturers of America, a trade organization of more than 300 large food and beverage companies, First Lady Michelle Obama noted in 2010 that “We need you not to just tweak around the edges, but to entirely rethink the products that you’re offering, the information that you provide about these products, and how you market those products to our children. That starts with revamping or ramping up your efforts to reformulate your products, particularly those aimed at kids, so that they have less fat, salt, and sugar, and more of the nutrients that our kids need most.”⁷³ While the responsibilities of food manufacturers are now high priority for the White House, it is all of our responsibility to make sure that these messages reach AANHPI community groups, faith organizations, parents, teachers and children.

A. Food Marketing to Kids

According to the Yale Rudd Center for Food Policy and Obesity, the average preschooler (2-5 years) saw 2.8 TV ads for fast food every day in 2009; children (6-11 years) saw 3.5 ads per day; and teens (12-17 years) saw 4.7 ads per day. Since 2009, advertising particularly to very young children (2-5 years old) has only increased: between 2009 and 2012. The Yale Rudd Center has further found that targeted ethnic marketing to Black and Latino youth increased from 2009 to 2012, with data unavailable for Asian American and Pacific Islander targeted marketing. With the expansion of social media and unsupervised and school-based

Internet access, opportunities have only increased for AANHPI children to view food marketing online. This will shape their lifelong eating habits.⁷⁴



Some strategies that offer ways to minimize marketing's adverse effects on children include limiting toy giveaways with fast foods, maximizing the role media can play in addressing the childhood obesity problem, and increasing media messages promoting fitness and sound nutrition. The Interagency Working Group on Food Marketed to Children has proposed a set of

guidelines for advertising to children. This Group is made up of members of the Food and Drug Administration, the Federal Trade Commission, the Department of Agriculture, and the Centers for Disease Control and Prevention. More information can be found at: <http://www.ftc.gov/news-events/events-calendar/2011/05/food-marketed-children-forum-inter-agency-working-group-proposal>

For information about marketing to kids, visit the Campaign for Commercial-Free Kids at: <http://www.commercialfreechildhood.org/>

B. Sugar-Sweetened Beverages

Sugar-sweetened beverages (SSBs) have been identified as a major contributor to the US obesity and diabetes epidemic.⁷⁵ U.S. per capita consumption of calories from sugar-sweetened beverages doubled between 1977-2002 across all age groups,⁷⁶ and the percentage of beverage calories from SSB consumed by 2-18 year olds has increased while the percentage from milk has decreased.⁷⁷ In the mid-1990s, the intake of SSB began surpassing that of milk. One longitudinal study in the American Journal of Preventative Medicine found that for children, each extra can or glass of SSB consumed per day increased their chance of becoming obese by 60%.⁷⁸

These conditions have led to public health campaigns to attempt to impose health-related taxes on sugar-sweetened beverages. Industry groups like the American Beverage Association (ABA) argue that soda taxes will unfairly burden poor or minority communities, and groups like the National Hispanic Medical Association have joined with the ABA to oppose soda taxes.⁷⁹ Their position is that exercise and total calories are more important obesity indicators than soda consumption.

The Yale Rudd Center for Food Policy and Obesity maintains that a nationwide penny per-ounce excise tax on SSBs over the period of 2010-20 would prevent about 2.4 million diabetes person-years, 95,000 coronary heart events, 8,000 strokes, and 26,000 premature deaths, while avoiding more than \$17 billion in medical costs. Debates continue over SSB impacts on public health, and the role of personal versus corporate responsibility in the obesity epidemic.

For children, each extra can or glass of sugar-sweetened beverages consumed per day increases their chance of becoming obese by 60%.

More information on the American Beverage Association's position on sugar-sweetened beverages can be found at: www.yourcartyourchoice.com.

The Yale report is available at: http://www.yaleruddcenter.org/resources/upload/docs/what/reports/Rudd_Policy_Brief_Sugar_Sweetened_Beverage_Taxes.pdf

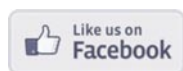
You can read about other legislative issues regarding school food policies, food rating systems, menu labeling legislation, trans fat bans, and WIC[SY2] by visiting the Public Health Law Center's website at: <http://publichealthlawcenter.org/about>

C. Fast-Food Establishments

Fast-Food Restaurant Report: Promoting Healthy Dining in South Los Angeles is a policy report by the Community Health Council, Inc., in Los Angeles. The report explores the impacts on health resulting from the concentration of fast-food establishments in lower-income communities of color in South Los Angeles. The Council highlights several examples from around the country in which policies to limit density of fast-food restaurants have been explored or implemented. View the full report at: www.chc-inc.org/downloads/PB%20Fast%20Food%20Report.pdf

You can read about other legislative issues regarding school food policies, food-rating systems, menu-labeling legislation, trans fat bans, and WIC by visiting the Public Health Law Center's website at: <http://publichealthlawcenter.org/about>

Join our healthy eating and active living promotion efforts and keep updated of our activities by signing up to be a member of our network at our website: www.appealforhealth.org



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Produced by Asian Pacific Partners for Empowerment, Advocacy and Leadership
www.appealforhealth.org
(CTG) Program Cooperative Agreement Award No. 1U58DP003758
(REACH) Program Cooperative Agreement Award No. 5U58DP002333