>> HELLO, EVERYONE.
AND WELCOME TO SOCIAL SECURITY'S
NATIONAL DISABILITY FORUM ON
FOOD FOR THOUGHT: HOW NUTRITION
AND FITNESS IMPACT DISABILITY
ACROSS THE LIFESPAN.
I WOULD NOW LIKE TO TURN IT OVER
TO STEPHEN EVANGELISTA, ACTING
DEPUTY COMMISSIONER FOR
RETIREMENT AND DISABILITY POLICY
AT THE SOCIAL SECURITY
ADMINISTRATION.

STEPHEN EVANGELISTA >> THANK YOU, JAMES.
GOOD AFTERNOON, EVERYONE.
AND GOOD MORNING TO THOSE ON THE
WEST COAST.
THANK YOU FOR JOINING US TODAY.
MY NAME IS STEPHEN EVANGELISTA,
AND I'M THE ACTING DEPUTY
COMMISSIONER FOR RETIREMENT AND
DISABILITY POLICY AT THE SOCIAL
SECURITY ADMINISTRATION.
AND I HAVE THE PLEASURE OF
WELCOMING YOU TO OUR 20TH
NATIONAL DISABILITY FORUM.
ON BEHALF OF ACTING COMMISSIONER
KIJAKAZI, SSA EXECUTIVES, AND
EVERYONE AT THE SOCIAL SECURITY
ADMINISTRATION, WE HOPE EVERYONE
IS DOING WELL.
BEFORE I CONTINUE, I WANT TO
INFORM EVERYONE THAT THE
NATIONAL DISABILITY FORUM IS A
PUBLIC FORUM AND MAY INCLUDE
REPRESENTATIVES OF THE PRESS.
SO ANY STATEMENTS OR COMMENTS
MADE DURING THE FORUM MAY BE
CONSIDERED ON THE RECORD.
THIS VIRTUAL FORUM IS BEING
RECORDED AND WILL BE AVAILABLE
ON THE NATIONAL DISABILITY
FORUM'S WEBSITE WITHIN FOUR
WEEKS FROM TODAY.
THE TOPIC OF TODAY'S FORUM IS
FOOD FOR THOUGHT: HOW NUTRITION
AND FITNESS IMPACT DISABILITY
ACROSS THE LIFESPAN.
AND DURING TODAY'S FORUM, WE
HOPE TO LEARN FROM OUR
PANELISTS, STAKEHOLDERS,
ADVOCATES, RESEARCHERS, AND THE
PUBLIC ABOUT HOW NUTRITION AND
FITNESS IMPACT DISABILITY ACROSS
THE LIFESPAN.
NOW, BEFORE I INTRODUCE OUR
ACTING COMMISSIONER AND MOVE ON

TO THE PANEL, LET ME FIRST
EXTEND A SINCERE THANK YOU TO
OUR MODERATOR, ASHLEY BURNSIDE,
AND TO ALL THE PANELISTS FOR
TAKING TIME TO JOIN US AND FOR
SHARING THEIR RESEARCH AND
EXPERIENCES WITH US TODAY.
NOW IT IS MY HONOR TO WELCOME
AND INTRODUCE OUR ACTING
COMMISSIONER OF THE SOCIAL
SECURITY ADMINISTRATION,
DR. KILOLO KIJAKAZI.
PRIOR TO HER APPOINTMENT AS
ACTING COMMISSIONER,
DR. KIJAKAZI SERVED AS THE
DEPUTY COMMISSIONER FOR
RETIREMENT AND DISABILITY POLICY
WHERE SHE ADVISED ON POLICY
ISSUES AND WAS RESPONSIBLE FOR
PLANNING AND MANAGING THE
DEVELOPMENT OF PROGRAM POLICY,
POLICY AND RESEARCH AND
EVALUATION AND STATISTICAL WORK
TO INFORM PROGRAMS ADMINISTERED
BY SSA.
THESE PROGRAMS INCLUDE
RETIREMENT AND SURVIVOR'S
INSURANCE, DISABILITY INSURANCE,
AND THE SUPPLEMENTAL SECURITY
INCOME PROGRAM.
DR. KIJAKAZI HAS CONDUCTED
RESEARCH ON ECONOMIC SECURITY,
SOCIAL INSURANCE AND RETIREMENT
POLICY, STRUCTURAL RACISM, AND
THE RACIAL WEALTH GAP.
FROM 2014 UNTIL SHE JOINED SSA
IN 2021, DR. KIJAKAZI SERVED AS
AN INSTITUTE FELLOW AT THE URBAN
INSTITUTE WHERE SHE DEVELOPED
COLLABORATIVE PARTNERSHIPS TO
EXPAND AND STRENGTHEN URBAN'S
RESEARCH AGENDA, EFFECTIVELY
COMMUNICATE FINDINGS THROUGH
DIVERSE AUDIENCES, AND RECRUIT
AND RETAIN A DIVERSE RESEARCH
STAFF AT ALL REVELS.
PRIOR TO JOINING URBAN,
DR. KIJAKAZI WAS A PROGRAM
OFFICER AT THE FORD FOUNDATION
WHERE SHE FOCUSED HER GRANT
MAKING ON BUILDING ECONOMIC
SECURITY AND INCORPORATING THE
EXPERTISE OF PEOPLE OF COLOR
INTO ALL ASPECTS OF THE WORK.
HER ENTHUSIASM AND DEDICATION TO
SSA AND THE COMMITMENT TO THE
PUBLIC WE SERVE IS IMMOVEABLE.

AND I AM SINCERELY THANKFUL FOR
HER LEADERSHIP.
I THINK COMMISSIONER, ONCE
AGAIN, IT IS MY SINCERE HONOR TO
WELCOME YOU TO THE NATIONAL
DISABILITY FORUM.
THE FLOOR IS YOURS.

DR. KILOLO KIJAKAZI >> STEPHEN, THANK YOU SO MUCH
FOR YOUR VERY WARM WELCOME.
AND IT IS MY PLEASURE TO JOIN
YOU FOR OUR 20TH NATIONAL
DISABILITY FORUM.
SINCE 2014, THESE FORUMS HAVE
BECOME AN IMPORTANT PLATFORM FOR
EXCHANGING IDEAS AND
GATHERING INPUT.
WE WILL USE THE INFORMATION WE
HEAR TODAY AND IN FUTURE FORUMS
TO ENHANCE OUR POLICIES.
I HOPE THAT YOU ARE JUST AS
EXCITED AS I AM TO HEAR FROM THE
EXPERT PANEL ABOUT HOW NUTRITION
AND FITNESS IMPACT DISABILITY
ACROSS THE LIFESPAN.
I'M ALSO LOOKING FORWARD TO
QUESTIONS AND INSIGHTS FROM OUR
AUDIENCE.
YOUR PARTICIPATION MAKES A
DIFFERENCE.
IN ADDITION TO THE EXPERTS ON
OUR PANEL, WE HAVE A WIDE RANGE
OF ATTENDEES WHO BRING UNIQUE
KNOWLEDGE AND PERSPECTIVES
INCLUDING ADMINISTRATORS FROM
STATE AND LOCAL AGENCIES,
ADVOCATES FOR PEOPLE WITH
DISABILITIES, LEADERS OF
NON-PROFITS PROVIDING DIRECT
SERVICES, RESEARCHERS AT
UNIVERSITIES, NUTRITIONISTS, AND
SOCIAL SECURITY PROGRAM
BENEFICIARIES.
I APPRECIATE EVERYONE TAKING
TIME OUT OF YOUR DAY TO ADD YOUR
PERSPECTIVE TO THIS
IMPORTANT TOPIC.
I'M ALSO GRATEFUL TO ALL SSA
STAFF MEMBERS WHO ARE TODAY --
WHO ARE TAKING ADVANTAGE OF THIS
OPPORTUNITY TODAY TO LEARN AND
GAIN NEW INSIGHTS FOR IMPROVING
OUR SERVICES.
BEFORE WE TURN IT OVER TO THE
QUORUM, I'M PLEASED TO SHARE A
FEW UPDATES.
ON APRIL 7TH, WE RESTORED

IN-PERSON SERVICE.
OVER THE PAST TWO MONTHS, THE REOPENING OF OUR FIELD OFFICES HAS GONE SMOOTHLY OVERALL.
THIS WAS MADE POSSIBLE THANKS TO THE THOUGHTFUL PLANNING AND PREPARATION OF OUR EMPLOYEES AND LOCAL MANAGERS IN OVER 1,200 OFFICES ACROSS THE COUNTRY AS WELL AS 24 TELESERVICE CENTERS AND EIGHT REGIONAL PROCESSING CENTERS.
I ALSO APPRECIATE THE FEEDBACK OF ADVOCATES WHO HAVE GIVEN US THEIR PERSPECTIVE ON BEHALF OF THE PUBLIC TO HELP PLAN FOR THE REOPENING AND THEIR COMMUNICATION EFFORTS TO THEIR COMMUNITIES.
I THANK EVERYONE FOR YOUR PATIENCE AS WE WORK TO INCREASE AND IMPROVE SERVICE, DESPITE OUR CONSTRAINED FY 2022 BUDGET, WHICH IS NEARLY $850 MILLION BELOW WHAT PRESIDENT BIDEN REQUESTED.
THE GOOD NEWS IS THAT THE PRESIDENT'S FY 2023 BUDGET REQUEST TO CONGRESS INCLUDES $14.8 BILLION FOR SSA'S ADMINISTRATIVE EXPENSES, WHICH IS A SUBSTANTIAL INCREASE OVER OUR CURRENT BUDGET.
IF THE FY 2023 BUDGET REQUEST IS ENACTED, WE COULD HANDLE SIGNIFICANTLY MORE WORK, PUTTING US ON A PATH TO REVERSE THE DETERIORATION IN SERVICE WE EXPERIENCED DURING THE PANDEMIC AND FROM YEARS OF CHRONIC UNDERFUNDING.
WE NOW HAVE THE LOWEST NUMBER OF SSA EMPLOYEES IN OVER 25 YEARS.
AND IT WILL TAKE A WHILE TO RECOVER FROM OUR FUNDING SHORTFALLS.
HAVING FULL FUNDING IN FY 2023 IS CRITICAL.
IN ADDITION TO IMPROVING CUSTOMER SERVICE, WE ARE FOCUSING ON REMOVING BARRIERS FACED BY LOW INCOME INDIVIDUALS AND FAMILIES WHEN IT COMES TO ACCESSING FINANCIAL ASSISTANCE.
MY PRIORITY IS TO HELP PEOPLE RECEIVE THE BENEFITS FOR WHICH THEY QUALIFY.

SINCE OUR LAST NATIONAL
DISABILITY FORUM IN FEBRUARY,
WHICH WAS FOCUSED ON EQUITABLE
ACCESS TO SSA DISABILITY
PROGRAMS FOR LGBTQIA+
COMMUNITIES, WE RELEASED SOCIAL
SECURITY'S FIRST EQUITY
ACTION PLAN.
THIS PLAN WAS RELEASED IN MID
APRIL AND SUPPORTS PRESIDENT
BIDEN'S WHOLE GOVERNMENT AGENDA
TO ADVANCE EQUITY, CIVIL RIGHTS,
RACIAL JUSTICE, AND EQUAL
OPPORTUNITY FOR ALL.
SOCIAL SECURITY PROGRAMS TOUCH
THE LIVES OF NEARLY EVERY
AMERICAN, PROVIDING INCOME
SECURITY FOR THE DIVERSE
POPULATIONS WE SERVE INCLUDING
PEOPLE FACING BARRIERS, PEOPLE
WITH DISABILITIES, PEOPLE WHO
ARE WIDOWED, RETIRING, AND
[INAUDIBLE]; HOWEVER, SYSTEMIC
BARRIERS MAY PREVENT PEOPLE WHO
NEED OUR PROGRAMS THE MOST FROM
ACCESSING THEM.
OUR EQUITY ACTION PLAN WILL HELP
REDUCE THESE BARRIERS AND HELP
PEOPLE ACCESS OUR SERVICES.
TODAY'S DISABILITY FORUM HELPS
US UNPACK FACTORS THAT IMPAIR
THE ABILITY OF SOME COMMUNITIES
TO ACHIEVE GOOD HEALTH RATHER
THAN FINDING FAULT WITH
INDIVIDUALS IN THESE
COMMUNITIES.
IN MY WORK PRIOR TO COMING TO
SSA, I CONDUCTED RESEARCH AND
POLICY ANALYSIS FROM A SYSTEMS
APPROACH AND EXAMINED THE
STRUCTURAL BARRIERS THAT IMPEDE
THE WELL-BEING OF LOW-INCOME
COMMUNITIES AND COMMUNITIES
OF COLOR.
THESE BARRIERS INCLUDE POLICIES,
PROGRAMS, INSTITUTIONAL
PRACTICES SUCH AS POLICIES AND
BUSINESS DECISIONS TO LOCATE
HEALTH FACILITIES, SUPERMARKETS
WITH FRESH FOOD, FULL-SERVICE
RESTAURANTS, AND GYMS IN HIGHER
INCOME, LESS DIVERSE COMMUNITIES
BUT NOT LOW-INCOME COMMUNITIES
AND COMMUNITIES OF COLOR.
IN THE AREAS OF RESEARCH THAT I
CONDUCTED, I SOUGHT TO ELIMINATE
SUCH BARRIERS BY CHANGING

POLICIES, PROGRAMS, AND
INSTITUTIONAL PRACTICES.
I CRITIQUED WORK THAT USED A
DEFICIT MODEL APPROACH WHICH
PRESUMES THAT THE SOURCE OF THE
PROBLEM IS WITHIN THE INDIVIDUAL
OR COMMUNITY AND THAT THE
SOLUTION IS TO CHANGE THEIR
BEHAVIOR.
FOR EXAMPLE, THE ASSUMPTION
MIGHT BE, IN THE CONTEXT OF
TODAY'S DISCUSSION, MIGHT BE
THAT LOW-INCOME PEOPLE AND
PEOPLE OF COLOR DO NOT KNOW
ENOUGH TO EAT NUTRITIOUS FOOD
OR THAT THEY DO NOT
VALUE GOOD HEALTH.
THE DEFICIT MODEL WOULD BE TO
CHANGE BEHAVIOR BY INFORMING
PEOPLE ABOUT GOOD NUTRITION AND
EXERCISE.
WHILE WE COULD ALL USE MORE
INFORMATION ABOUT NUTRITION AND
EXERCISE -- I KNOW I CAN -- IF
ACTIONS ARE NOT TAKEN TO CHANGE
POLICIES AND PRACTICES TO
INCREASE ACCESS TO NUTRITIOUS
FOOD AND TO HEALTHCARE
FACILITIES AT AFFORDABLE PRICES,
THEN WE WILL NOT HAVE REACHED
THE ROOT OF THE PROBLEM.
WE ARE HOPEFUL THAT THE
INFORMATION SHARED TODAY WILL
HELP US UNDERSTAND WHERE WE ARE
AND WHAT NEEDS TO BE
ACCOMPLISHED TO FURTHER THE
HEALTH AND WELLBEING OF THE
INDIVIDUALS AND COMMUNITIES WHO
WE SERVE IN OUR PROGRAMS.
THANK YOU TO ALL OF THE
PANELISTS ASSEMBLED TODAY FOR
THE WORK THAT YOU DO.
AND NOW I WANT TO TURN IT
BACK TO STEVE.

STEPHEN EVANGELISTA >> THANK YOU SO MUCH, ACTING
COMMISSIONER KIJAKAZI.
BEFORE I INTRODUCE OUR
MODERATOR, I WOULD LIKE
TO MENTION SOME QUICK
HOUSEKEEPING ITEMS.
OUR MODERATOR, ASHLEY BURNSIDE,
IS FACILITATING THE
PRESENTATION TODAY.
AFTER THE PRESENTATIONS, THERE
WILL BE AN OPEN QUESTION AND
ANSWER SESSION.

BIOGRAPHIES AND PRESENTATIONS
FOR OUR SPEAKERS CAN BE FOUND ON
OUR NATIONAL DISABILITY FORUM
WEBSITE AT WWW.SSA.GOV/NDF IN
THE OUTREACH SECTION UNDER
TODAY'S TAB, JUNE 8, 2022.
NOW, DURING THE FORUM, THERE IS
NO CHAT FEATURE AVAILABLE FOR
YOU TO MAKE COMMENTS;
HOWEVER, WE HAVE AN EMAIL
ADDRESS WHERE YOU CAN SEND
QUESTIONS AND COMMENTS THAT SSA
STAFF WILL SHARE WITH
THE SPEAKERS.
IF YOU WISH TO ASK A QUESTION OF
OUR PANELISTS OR PROVIDE A
COMMENT BY EMAIL, PLEASE INCLUDE
YOUR NAME, AFFILIATION OR STATE
IN YOUR EMAIL QUESTION.
THE APPROPRIATE EMAIL ADDRESS IS
NATIONALDISABILITYFORUM, ALL ONE
WORD, @SSA.GOV.
WHEN SUBMITTING A QUESTION,
PLEASE DO NOT INCLUDE ANY
PERSONALLY IDENTIFIABLE
INFORMATION, SUCH AS A SOCIAL
SECURITY NUMBER OR AN ADDRESS.
NOW, WE ARE MONITORING THE INBOX
THROUGHOUT THE FORUM, AND WE'LL
SHARE QUESTIONS WITH THE
MODERATOR AS TIME ALLOWS.
IF YOUR QUESTIONS ARE NOT
ANSWERED DURING THE FORUM, WE
WILL MAKE EVERY EFFORT TO ANSWER
YOUR QUESTION VIA EMAIL.
NOW, ON TO THE PURPOSE OF
TODAY'S FORUM.
THE PURPOSE OF TODAY'S FORUM IS
TO LEARN MORE ABOUT HOW
NUTRITION AND FITNESS IMPACT
DISABILITY ACROSS THE LIFESPAN.
IN ADDITION TO DISCUSSING
STRATEGIES FOR IMPROVING
NUTRITION AND FITNESS AND
MITIGATING HEALTH INEQUITIES, WE
HOPE TO GAIN A BETTER
UNDERSTANDING OF HOW NUTRITION
AND FITNESS AFFECT EMPLOYMENT
AND UNEMPLOYMENT OUTCOMES AND
IDENTITY FACTORS THAT INFLUENCE
NUTRITION AND FITNESS, INCLUDING
SPECIFIC FACTORS FOR UNDERSERVED
POPULATIONS, CHILDREN, AND OLDER
INDIVIDUALS.
AS WITH ALL NATIONAL DISABILITY
FORUMS, TODAY GIVES YOU, OUR
STAKEHOLDERS, AN OPPORTUNITY TO

SHARE YOUR UNIQUE INSIGHTS
DIRECTLY WITH US AND
POLICYMAKERS WITHIN THE AGENCY.
THE NDF IS NOT INTENDED TO BE A
MEANS FOR REACHING AN AGREEMENT
ON AN ISSUE.
AND SSA'S PARTICIPATION IS ONLY
FOR THE PURPOSE OF GAINING
INSIGHT BY LISTENING TO THE
PANELISTS AND THEIR RESPONSES
VIA QUESTIONS AND COMMENTS.
AS ACTING COMMISSIONER KIJAKAZI
SAID, BY SHARING YOUR THOUGHTS
AND EXPERIENCES, YOU WILL HELP
US SHAPE THE FUTURE OF SOCIAL
SECURITY BY STRENGTHENING OUR
DISABILITY POLICY DEVELOPMENT
AND CONTRIBUTING TO OUR
CONTINUED EFFORT TO ADDRESS
EQUITY WITHIN OUR DISABILITY
POLICY AND PRACTICES.
NOW IT'S MY PLEASURE TO
INTRODUCE OUR MODERATOR, ASHLEY
BURNSIDE, OF THE CENTER FOR LAW
AND SOCIAL POLICY, OR CLASP.
MS. BURNSIDE IS A POLICY ANALYST
WITH THE INCOME AND WORK
SUPPORTS TEAM AT CLASP.
SHE FOCUSES ON REFUNDABLE TAX
CREDITS, INCLUDING THE CHILD TAX
CREDIT AND EARNED INCOME TAX
CREDIT, AS WELL AS CASH
ASSISTANCE PROGRAMS INCLUDING
THE TEMPORARY ASSISTANCE FOR
NEEDY FAMILIES PROGRAM.
MS. BURNSIDE ALSO HAS WORKED ON
INCREASING ACCESS TO SNAP FOR
COLLEGE STUDENTS.
AND SHE CONDUCTS RESEARCH ON
DISABILITY BENEFIT PROGRAMS.
CLASP IS A NATIONAL NON-PROFIT
ANTIPOVERTY NON-PROFIT ADVANCING
POLICY SOLUTIONS TO IMPROVE THE
LIVES OF PEOPLE WITH LOW-INCOME.
CLASP ALSO DEVELOPS PRACTICAL
VISIONARY STRATEGIES FOR
REDUCING POVERTY, PROMOTING
ECONOMIC OPPORTUNITY, AND
ADDRESSING INSTITUTIONAL AND
RACIAL BARRIERS FACED BY PEOPLE
OF COLOR.
MS. BURNSIDE WAS A BILL EMERSON
NATIONAL HUNGER FELLOW WITH THE
CONGRESSIONAL HUNGER CENTER SHE
ALSO HOLDS A BA IN SOCIAL THEORY
AND PRACTICE FROM THE UNIVERSITY
OF MICHIGAN AND WAS A POINT

FOUNDATION SCHOLAR.
TO LEARN MORE ABOUT MS. BURNSIDE
AND ALL OF OUR PANELISTS TODAY,
PLEASE VISIT THE NATIONAL
DISABILITY FORUM WEBSITE AT
WWW.SSA.GOV/ AND CLICK ON THE
NATIONAL DISABILITIES FORUM ON
THE RIGHT-HAND SIDE OF THE MENU.
WE WOULD LIKE TO EXTEND OUR
SINCERE APPRECIATION TO
MS. BURNSIDE AND ALL THE
PANELISTS FOR THEIR
PARTICIPATION IN TODAY'S
DISCUSSION.
MS. BURNSIDE, WE WELCOME YOU.
AND THE FLOOR IS YOURS.

ASHLEY BURNSIDE >> THANK YOU SO MUCH, STEPHEN,
FOR THAT REALLY KIND
INTRODUCTION.
AND THANK YOU TO SSA FOR
INVITING ME TO BE A MODERATOR
AND A PART OF THIS IMPORTANT
CONVERSATION TODAY.
AS HE SAID, MY NAME IS ASHLEY
BURNSIDE, AND I'M GOING TO TAKE
THE NEXT FEW MINUTES TO
SHARE SOME SLIDES.
LET ME JUST QUICKLY
SHARE MY SCREEN.
HOPEFULLY YOU ALL ARE
SEEING THAT.
OKAY.
PERFECT.
SO AS HE SAID -- SORRY.
LET ME TRY THAT AGAIN.
OKAY.
PERFECT; THERE WE GO.
SO AS HE SAID, MY NAME IS
ASHLEY, AND I'M A POLICY ANALYST
AT CLASP, THE CENTER FOR LAW AND
SOCIAL POLICY.
I'M GOING TO TAKE A FEW MINUTES
TO DESCRIBE WHO CLASP IS AS AN
ORGANIZATION AND TO TALK A
LITTLE BIT MORE ABOUT DISABILITY
AND FOOD INSECURITY AND
DIFFERENT POLICY IMPROVEMENTS
THAT COULD BE MADE IN PROGRAMS
LIKE SNAP, THE SUPPLEMENTAL
NUTRITION ASSISTANCE PROGRAM, TO
HELP PEOPLE WITH DISABILITIES
ACCESS FOOD AND NUTRITION.
BEFORE I DIVE IN, I JUST WANTED
TO EXPLAIN WHO CLASP IS.
THE CENTER FOR LAW AND SOCIAL
POLICY, OR CLASP, IS A NATIONAL

NONPARTISAN NON-PROFIT
ORGANIZATION ADVANCING POLICY
SOLUTIONS FOR PEOPLE WITH
LOW INCOMES.
CLASP UNDERSTANDS THAT POVERTY
IN AMERICA IS INEXTRICABLY TIED
TO SYSTEMIC RACISM.
THEREFORE, WE EXPLICITLY AND
WITH INTENTION FOCUS OUR POLICY
AND ADVOCACY EFFORTS FOR
ECONOMIC AND RACIAL JUSTICE ON
SYSTEMIC RACISM AS THE PRIMARY
CAUSE OF POVERTY FOR COMMUNITIES
OF COLOR IN THE UNITED STATES.
AT CLASP WE HAVE FIVE DIFFERENT
CROSS-CUTTING POLICY TEAMS THAT
FOCUS ON DIFFERENT ISSUE AREAS
RELATED TO POVERTY AND
ECONOMIC JUSTICE.
I WORK ON THE ECONOMIC AND WORK
SUPPORTS TEAM WHICH FOCUSES ON
HOW WE CAN IMPROVE DIFFERENT
PUBLIC BENEFIT PROGRAMS IN
AMERICA TO MAKE THEM MORE
ACCESSIBLE FOR DIFFERENT
MARGINALIZED COMMUNITIES, SUCH
AS PEOPLE WITH DISABILITIES.
AND I REALLY WANT TO START BY
JUST EMPHASIZING WHAT WE ALL ON
THIS CALL NOW, THAT DISABLED
PEOPLE ARE MORE LIKELY TO FACE
HUNGER AND FOOD INSECURITY WHEN
COMPARED TO THEIR NON-DISABLED
COUNTERPARTS.
ACCORDING TO THIS CHART FROM THE
CENTURY FOUNDATION, DISABLED
PEOPLE ARE THREE TIMES AS LIKELY
AS PEOPLE WITHOUT DISABILITIES
TO FACE FOOD INSECURITY.
THIS IS WHY IT'S SO IMPORTANT
THAT, WHEN WE THINK ABOUT FOOD
AND NUTRITION PROGRAMS IN OUR
COUNTRY, THAT WE ENSURE THAT IT
IS AS ACCESSIBLE FOR PEOPLE WITH
DISABILITIES AS POSSIBLE AND
THAT, WHEN WE HAVE DIFFERENT
SERVICES WITHIN OUR
NEIGHBORHOODS AND COMMUNITIES,
WE ENSURE THEY'RE REACHING
PEOPLE WITH DISABILITIES.
OTHERWISE, THE DISABILITY
COMMUNITY WILL CONTINUE TO FACE
HUNGER, FOOD INSECURITY, AND A
LACK TO BASIC NUTRITION.
OFTENTIMES, WHEN THINKING ABOUT
FOOD INSECURITY, PEOPLE POINT TO
FOOD DESERTS AS ONE OF THE

KEY PROBLEMS.
BUT IT'S IMPORTANT TO EMPHASIZE
THAT WE CAN'T JUST SIMPLY BUILD
A GROCERY STORE TO SOLVE THE
ISSUES OF FOOD DESERTS.
RATHER, WE NEED TO THINK ABOUT,
FOR RESIDENTS IN THAT
NEIGHBORHOOD, CAN THEY HAVE
ACCESS TO THAT GROCERY STORE
THAT HAS BEEN BUILT?
AND THIS IS ESPECIALLY IMPORTANT
WHEN THINKING ABOUT PEOPLE WITH
DISABILITIES.
SOME FACTORS THAT WE NEED TO
CONSIDER WHEN THINKING ABOUT
FOOD DESERTS ARE, CAN RESIDENTS
IN THAT NEIGHBORHOOD AFFORD TO
SHOP AT THE GROCERY STORE THAT
HAS BEEN BUILT?
SINCE PEOPLE WITH DISABILITIES
ARE LIKELIER TO LIVE IN POVERTY,
IT'S IMPORTANT TO THINK ABOUT
WHETHER THEY CAN AFFORD THE
PRICE OF THE FOOD AT THAT
GROCERY STORE.
DO RESIDENTS IN THAT
NEIGHBORHOOD HAVE A LIVING WAGE
AND ACCESS TO A STABLE JOB THAT
ALLOW THEM TO CONSISTENTLY BUY
FOOD MONTH TO MONTH?
FOR PEOPLE WITH DISABILITIES,
THEY'RE LIKELIER TO BE
UNEMPLOYED AND MAY BE PAID A
SUB-MINIMUM WAGE, WHICH IS WHY
IT'S ABSOLUTELY ESSENTIAL THAT
WE ENSURE THAT THEY CAN RELIABLY
PURCHASE FOOD MONTH TO MONTH AND
THINK ABOUT WHETHER THEY HAVE
ACCESS TO SNAP BENEFITS TO HELP
THEM AFFORD GROCERY.
ARE THE GROCERY STORES AVAILABLE
VIA PUBLIC TRANSPORTATION?
AND CAN PEOPLE WAIT FOR PUBLIC
TRANSPORTATION IN THAT
NEIGHBORHOOD IN A SAFE AND
ACCESSIBLE WAY?
IF RESIDENTS HAVE TO WAIT AT A
BUS STOP NEAR A HIGHWAY, THAT'S
NOT A SUSTAINABLE WAY FOR THEM
TO GET TO A GROCERY STORE.
AND OF COURSE, PEOPLE WITH
DISABILITIES ARE MUCH LIKELIER
TO BE UNABLE TO DRIVE AND
THEREFORE, RELY ON PUBLIC
TRANSPORTATION.
AND FINALLY, DOES THAT GROCERY
STORE CARRY FOOD THAT RESIDENTS

IN THAT NEIGHBORHOOD
WANT TO EAT?
IS THE FOOD CULTURALLY
REFLECTIVE?
IS IT ACCOMMODATING OF DIFFERENT
ALLERGIES?
THESE ARE ALL THINGS TO THINK
ABOUT WHEN ASSESSING WHETHER OR
NOT A GROCERY STORE IS MEETING
THE NEEDS OF A COMMUNITY AND
ADDRESSING THE FACT THAT IT'S A
FOOD DESERT, ESPECIALLY FOR
PEOPLE WITH DISABILITIES.
AND FOR THE LAST PORTION OF MY
PRESENTATION, I'M GOING TO TALK
ABOUT THE SUPPLEMENTAL NUTRITION
ASSISTANCE PROGRAM AND HOW IT
CAN SERVE PEOPLE WITH
DISABILITIES.
AS I'M SURE YOU ALL KNOW, SNAP
IS ONE OF OUR NATION'S LEADING
NUTRITION ASSISTANCE PROGRAMS.
IT PROVIDES A MONTHLY CASH
BENEFIT FOR INDIVIDUALS AND
FAMILIES TO PURCHASE FOOD AT
PARTICIPATING GROCERY STORES.
AND IT'S A VERY EFFECTIVE
PROGRAM AT REDUCING HUNGER IN
THIS COUNTRY, INCLUDING FOR
PEOPLE WITH DISABILITIES.
BUT THERE ARE SOME POLICY
CHANGES THAT COULD BE MADE TO
HELP MAKE IT MORE ACCESSIBLE AND
ACCOMMODATING.
FOR EXAMPLE, PEOPLE WHO ARE ON
SNAP AND WHO DON'T HAVE CHILDREN
ARE TYPICALLY REQUIRED TO WORK
SO MANY HOURS A WEEK TO GET
BENEFITS.
PEOPLE WITH DISABILITIES ARE
SUPPOSED TO RECEIVE AN EXEMPTION
FOR MEETING THAT WORK
REQUIREMENT.
BUT SOME STATES HAVE A VERY
NARROW DEFINITION OF WHAT THAT
WORK REQUIREMENT EXEMPTION IS
AND WHAT DISABILITY IS
ALLOWED FOR THAT.
SO IT'S IMPORTANT THAT DIFFERENT
STATES BROADEN THEIR DEFINITION
OF DISABILITY AND MAKE THE
DISABILITY DETERMINATION PROCESS
FOR SNAP EVEN EASIER FOR PEOPLE
TO MEET SO THAT THERE AREN'T AS
MANY HURDLES FOR APPLICANTS WHO
ARE TRYING TO GET AN EXEMPTION
TO ACCESS THE BENEFITS.

AND THIS SLIDE INCLUDES SOME
OTHER POLICY RECOMMENDATIONS
THAT CLASP HAS FOR WAYS TO MAKE
THE SSNAP PROGRAM MORE
ACCESSIBLE FOR PEOPLE WITH
DISABILITIES.
THE FIRST IS TO INCREASE THE
MONTHLY BENEFIT SO IT BETTER
MEETS THE COST OF FOOD THAT
INDIVIDUALS AND FAMILIES FACE.
THIS CAN BE DONE IN PART THROUGH
IMPROVING THE THRIFTY FOOD PLAN.
LAWMAKERS SHOULD ALSO CONSIDER
REMOVING THE ASSET LIMITS FROM
SNAP SO THAT PEOPLE WHO RECEIVE
BENEFITS CAN BUILD UP SAVINGS,
AND THAT WAY THEY CAN FACE A
FINANCIAL EMERGENCY IF IT
COMES TO THEM.
THE USDA SHOULD EXPAND THE
ONLINE PURCHASING PILOTS THAT
THEY'VE CREATED WHICH ALLOWS
SNAP RECIPIENTS TO PURCHASE
FOOD ONLINE.
THIS IS VERY HELPFUL FOR PEOPLE
WITH DISABILITIES WHO MAY NOT
HAVE EASY ACCESS TO A GROCERY
STORE VIA PUBLIC TRANSIT, OR WHO
MAY BE IMMUNOCOMPROMISED AND NOT
WANT TO GO TO A GROCERY STORE
DURING THE PUBLIC HEALTH CRISIS,
OR WHO MAY LIVE IN A
FOOD DESERT.
IT'S ALSO IMPORTANT THAT
CONGRESS REMOVE THE SNAP HOT
MEAL BAN WHICH MAKES IT SO THAT
PARTICIPANTS RECEIVING SNAP
CANNOT ACCESS PREPARED MEALS AT
THE STORES, LIKE PREPARED
CHICKEN FOR EXAMPLE.
THIS IS IMPORTANT BECAUSE PEOPLE
WITH DISABILITIES MAY HAVE A
HARDER TIME COOKING
ON THEIR OWN.
SO IT'S HELPFUL FOR PEOPLE TO
GET NUTRIENTS BY BEING ABLE TO
PURCHASE THESE HOT MEALS.
STATES CAN OPERATE RESTAURANT
MEAL PROGRAMS TO HELP WITH THIS.
AND THE GOVERNMENT SHOULD
CONSIDER WAYS TO STREAMLINE
ENROLLMENT BETWEEN SNAP AND SSI
WHICH ARE TWO PROGRAMS THAT CAN
HELP PEOPLE WITH DISABILITIES
LIVING IN POVERTY TO ENSURE THAT
THERE'S A SEAMLESS ENROLLMENT
PROCESS AND THAT PEOPLE DON'T

HAVE TO FILL OUT DUPLICATIVE
APPLICATION FORMS.
THIS SLIDE JUST SHOWS SOME OTHER
RECOMMENDATIONS TO MAKE SNAP
MORE EQUITABLE.
FOR THE SAKE OF TIME, I'M NOT
GOING TO DESCRIBE ALL OF THEM.
BUT TO SUMMARIZE, WE SHOULD
ENSURE THAT SNAP IS AVAILABLE TO
RESIDENTS IN PUERTO RICO,
ELIMINATE THE SNAP COLLEGE
STUDENT RESTRICTIONS, AND
ELIMINATE RESTRICTIONS ON
RECEIVING NUTRITION PROGRAMS FOR
PEOPLE IN TRIBAL COMMUNITIES,
AND REMOVE THE FIVE-YEAR BAN ON
SNAP FOR QUALIFIED IMMIGRANTS.
AND THIS IS MY CONTACT
INFORMATION ON THE SLIDE, SO YOU
CAN FEEL FREE TO EMAIL ME IF YOU
HAVE QUESTIONS.
AND IF EVERYBODY COULD PLEASE
MUTE IF YOU'RE NOT TALKING.
THERE IS SOMEBODY WHO
IS OFF MUTE.
PERFECT, THANK YOU.
SORRY, ALL.
SO I'VE STOPPED SHARING
MY SCREEN.
THANK YOU SO MUCH.
I AM NOW GOING TO TURN IT OVER
TO OUR PANELISTS TO BEGIN THEIR
PRESENTATIONS.
AS A REMINDER, YOU CAN ACCESS
THEIR BIOS ON THE WEBSITE.
OUR FIRST SPEAKER IS
DR. STEVEN L. GORTMAKER, WHO IS
A PROFESSOR OF THE PRACTICE OF
HEALTH SOCIOLOGY WITH THE
DEPARTMENT OF SOCIETY, HUMAN
DEVELOPMENT, AND HEALTH AT THE
HARVARD T.H. CHAN SCHOOL OF
PUBLIC HEALTH.
STEVEN, FEEL FREE TO SHARE YOU
SLIDES WHENEVER YOU'RE READY.
AND YOU CAN BEGIN YOUR
PRESENTATION.

STEVEN GORTMAKER >> THANK YOU, ASHLEY.
CAN YOU SEE MY SLIDES?
>> YES, WE CAN SEE THEM.
>> GREAT.
MY FIRST TIME USING THIS
PARTICULAR FORUM.
THANKS.
I CAN'T SEE MYSELF.
BUT THANK YOU SO MUCH.

I'M, AGAIN, AT THE HARVARD CHAN SCHOOL OF PUBLIC HEALTH.
AND I'M GOING TO BE TALKING ABOUT HOW OBESITY AND SEVERE OBESITY HAVE BEEN INCREASING IN THE UNITED STATES, THE IMPLICATIONS FOR DISABILITY, BUT THEN ALSO BRIEFLY REVIEWING SOME COST EFFECTIVE INTERVENTIONS TO PREVENT OBESITY AND IMPROVE HEALTH EQUITY.
SO IT'S A LITTLE BIT OF A DIFFERENT TOPIC, BUT IT GETS AT SOME OF THE ROOT CAUSES THAT WE'RE INTERESTED IN.
I WOULD LIKE TO JUST NOTE ALL OF OUR FUNDERS FOR OUR RESEARCH.
AND JUST TO GIVE YOU A BRIEF OVERVIEW OF WHAT I'M GOING TO TALK ABOUT, OUR RESEARCH BASICALLY, INDICATES THAT OBESITY AND SEVERE OBESITY ARE INCREASING THROUGHOUT THE UNITED STATES WITH GROWING DISPARITIES BY GENDER, RACE, ETHNICITY, AND INCOME.
BECAUSE EXCESS WEIGHT IS A DRIVER OF CHRONIC DISEASE, BOTH CANCER, CARDIOVASCULAR DISEASE AND DIABETES, AS WELL AS DISABILITY, THESE TRENDS INDICATE SUBSTANTIAL DISABILITY IN THE FUTURE.
WE HAVE IDENTIFIED A WIDE VARIETY OF FEASIBLE AND COST EFFECTIVE STRATEGIES THAT CAN PREVENT FUTURE EXCESS WEIGHT GAIN AND IMPROVE HEALTH EQUITY.
AND I THINK THIS IS KIND OF THE GOOD NEWS HERE.
BUT OF COURSE THESE NEED TO BE IMPLEMENTED.
AND WE DO NEED A LOT OF IMPLEMENTATION STUDIES OF HOW THESE STRATEGIES CAN WORK FOR ALL POPULATION GROUPS, IN PARTICULAR FOR THOSE INDIVIDUALS WITH DISABILITIES.
THIS CHART HERE JUST DOCUMENTS A STUDY WE PUBLISHED IN THE NEW ENGLAND JOURNAL OF MEDICINE IN 2019 THAT JUST SHOWS THE REALLY REGULAR INCREASE IN BOTH SEVERE OBESITY, MODERATE OBESITY IN THE UNITED STATES.
THE GRAY LINE IN THE MIDDLE THERE IS JUST THE OVERALL

OBESITY IN THE U.S.
AND ALL THOSE ARE TRENDING UP.
AND NORMAL WEIGHT IS
TRENDING DOWN.
AND FOR THOSE OF YOU WHO ARE
INTO SOME REGRESSION ANALYSIS,
YOU CAN SEE THAT THESE ARE
PRETTY PRECISE PREDICTIONS.
WE'D ACTUALLY CHARTED THESE
CHANGES OVER TIME AND ARE ABLE
TO SHOW THESE TRENDS OVER TIME
WITH STATE MAPS, SORT OF LIKE
THE CDC MAPS.
BUT NOW WE'RE LOOKING AT SEVERE
OBESITY.
THIS IS WITH A BMI OF 35
OR GREATER.
BACK IN 1990, THERE WEREN'T THAT
MANY PLACES WITH SEVERE OBESITY
GREATER THAN 10%, JUST A
COUPLE STATES.
BUT THAT STARTED GROWING PRETTY
RAPIDLY BY 1995 AND THEN 2000.
AND WE SAW THE FIRST STATE
REACHING A RATE OF SEVERE
OBESITY OF BETWEEN -- GREATER
THAN 15%.
THEN YOU SAW THE NUMBER OF
STATES THERE IN THE RED
INCREASING RAPIDLY BY 2005.
2010, OF COURSE, A LOT OF THE
COUNTRY WAS NOW RED, AND THE
DARKER 20% TO 24% RATE OF SEVERE
OBESITY WAS STARTING TO GROW
BY 2015.
WELL, BY 2020, WE SEE THE U.S.
IS RED OR THE DEEPER BROWN.
AND A COUPLE STATES ARE DARKER
THAN THAT WITH GREATER THAN 25%.
AND WE PREDICT THAT, BY 2030,
NEARLY A QUARTER OF AMERICANS
WILL HAVE SEVERE OBESITY
BY 2030.
AND I THINK THAT'S SUBSTANTIAL.
IN 25 STATES, THE PREVALENCE
WILL BE HIGHER THAN 25%.
BUT NATIONALLY, SEVERE OBESITY,
THEREFORE, IS LIKELY TO BECOME
THE MOST COMMON BMI CATEGORY FOR
WOMEN, FOR NON-HISPANIC
BLACK ADULTS, AND FOR
LOW-INCOME ADULTS.
AND AS I MENTIONED BEFORE,
BECAUSE SO MANY CHRONIC DISEASES
ARE TIED TO OBESITY AND SEVERE
OBESITY, AS WELL AS DISABILITY,
THIS INDICATES THAT WE'RE REALLY

GOING IN THE WRONG
DIRECTION HERE.
IF WE THINK ABOUT WHERE
CHILDHOOD OBESITY IS GOING AND
HOW THAT TRANSLATES INTO ADULT
OBESITY, WELL, IF WE DON'T
CHANGE THINGS, WE PREDICT THAT
THE MAJORITY OF TODAY'S CHILDREN
WILL HAVE OBESITY AT AGE 35.
THAT'S WHERE WE'RE HEADED.
SO WE REALLY DO NEED
TO CHANGE THINGS.
AND I THINK WE'VE TALKED ALREADY
ABOUT STRUCTURAL CHANGES,
POLICY, ENVIRONMENTAL CHANGES,
THAT WE COULD MAKE.
AND THE GOOD NEWS IS THAT THERE
IS SOME GOOD EVIDENCE FOR A WIDE
RANGE OF BOTH COST EFFECTIVE AND
FEASIBLE STRATEGIES THAT CAN
IMPROVE POPULATION HEALTH,
PREVENT OBESITY, IMPROVE HEALTH
EQUITY, AND PREVENT FUTURE
CHRONIC DISEASE.
AND SOME OF THESE HAVE ALREADY
BEEN IMPLEMENTED.
WE'VE PUBLISHED A COUPLE STUDIES
DOCUMENTING THIS.
ONE IS THE NUTRITIONAL
IMPROVEMENTS TO THE WIC FOOD
PACKAGE WHICH HAS ACTUALLY
RESULTED IN REDUCED OBESITY IN
CHILDREN IN WIC OVER TIME IN
JUST ABOUT EVERY STATE IN THE
UNITED STATES.
A SECOND SUCCESSFUL CHANGE HAS
BEEN ALL THE CHANGES TO
IMPROVE SCHOOL MEALS.
THE HEALTHY HUNGER FREE KIDS ACT
CHAMPIONED BY MICHELLE OBAMA,
THESE CHANGES HAVE LED TO
REDUCTIONS IN OBESITY AMONG
LOW-INCOME CHILDREN IN THE
UNITED STATES FOLLOWING
IMPLEMENTATION OF THESE
IMPROVED SCHOOL MEALS.
SO WHILE THERE ARE A COUPLE OF
EXAMPLES OF STRATEGIES, POLICY
ENVIRONMENTAL CHANGES THAT HAVE
ALREADY MADE A DIFFERENCE, JUST
A COUPLE OF OTHER IDEAS.
ONE POPULATION-WIDE STRATEGY
THAT'S BEEN IMPLEMENTED IN JUST
A FEW CITIES IN THE UNITED
STATES NOW HAS BEEN A SUGARY
BEVERAGE EXCISE TAX.
WE'VE PROJECTED THAT THIS IS

ACTUALLY A COST SAVINGS STRATEGY
THAT CAN PRESENT -- IF IT WERE
IMPLEMENTED ACROSS THE UNITED
STATES, COULD PREVENT 2.5
MILLION CASES OF OBESITY, SAVE
BILLIONS IN HEALTHCARE COSTS,
THE SAVINGS OVER THIS SAME
PERIOD OF TIME OVER A TEN
YEAR PERIOD.
AND NONE OF THESE CALCULATIONS
ACTUALLY INCLUDE THE REVENUE
FROM THIS TAX WHICH COULD AMOUNT
TO -- IF THIS WAS A ONE CENT PER
OUNCE TAX, BRING IN ROUGHLY
$12 BILLION A YEAR THAT COULD BE
USED FOR OTHER PROGRAMMING.
ONE THING THAT WE'VE DONE IS
WORKED WITH A LOT OF STATE AND
CITY HEALTH DEPARTMENTS AS
THEY'VE BEEN IMPLEMENTING --
INTERESTED IN FIGURING OUT HOW
THEY MIGHT IMPLEMENT
INTERVENTIONS LIKE THIS WITHIN
THEIR STATE OR CITY OR COUNTY.
WE'VE WORKED WITH THEM TO APPLY
THIS CHOICES FRAMEWORK TO
IDENTIFY BEST VALUE FOR MODIFIED
STRATEGIES FOR STATES AND CITIES
TO PREVENT THE FUTURE GROWTH OF
EXCESS WEIGHT AMONG CHILDREN AND
ADULTS IN THE UNITED STATES.
AND WE HAVE A WIDE RANGE OF
POLICY BRIEFS THAT YOU MIGHT BE
INTERESTED IN.
ONE EXAMPLE HERE WE DID WITH THE
CALIFORNIA DEPARTMENT OF HEALTH
AND LOOKED AT THE POTENTIAL
IMPACT OF A SUGARY DRINK TAX IN
CALIFORNIA WHERE IT COULD
PREVENT ABOUT $200,000 CASES OF
OBESITY IN THE YEAR 2030, SAVE
$1.8 BILLION IN HEALTHCARE COSTS
SAVED, SAVE $47 IN HEALTHCARE
COSTS SAVED FOR EVERY DOLLAR
SPENT ON IMPLEMENTING THIS
INTERVENTION.
AND ACTUALLY A HOUSEHOLD WOULD
SPEND LESS ON SUGARY DRINKS
AFTER THIS TAX BECAUSE THEY
WOULD JUST TURN AWAY FROM THESE
SUGARY BEVERAGES WHICH HARM
THEIR HEALTH ANYWAY.
IN ADDITION, A TAX LIKE THIS IN
CALIFORNIA -- IN THIS CASE IT'S
A TWO CENT PER OUNCE TAX WE
LOOKED AT -- WOULD RAISE ABOUT A
BILLION DOLLARS A YEAR THAT

COULD BE USED FOR OTHER
PROGRESSIVE STRATEGIES.
SO A KEY TAKEAWAY IS THAT THERE
ARE FEASIBLE STRATEGIES THAT CAN
PREVENT OBESITY, ARE LIKELY
COST-EFFECTIVE AND CAN IMPROVE
HEALTH EQUITY.
IF YOU ARE INTERESTED IN SOME OF
THE WORK THAT WE'VE DONE WITH
DIFFERENT STATE AND CITY HEALTH
DEPARTMENTS, GO VISIT OUR
CHOICES WEBSITE.
AND JOIN US IN THE CHOICES
COMMUNITY OF PRACTICE.
WE HAVE COFFEE CHATS AND
CONVERSATIONS AND WEBINARS.
AND I WILL STOP SHARING MY
SCREEN, BUT I HAVE TO FIGURE OUT
HOW TO DO THAT.
>> IT SHOULD BE NEXT TO THE
SHARE BUTTON THAT YOU USED
TO SHARE IT.
>> YEAH, BUT THAT'S DISAPPEARED.
>> YOU MAY HAVE TO GO BACK TO
THE TEAMS WINDOW.
THANK YOU SO MUCH.
>> THANK YOU.

ASHLEY BURNSIDE >> NEXT, I'M GOING TO INTRODUCE
DR. LINDA BANDINI, WHO IS THE
PROFESSOR OF PEDIATRICS AT THE
EUNICE KENNEDY SHRIVER CENTER AT
UMASS CHAN MEDICAL SCHOOL.
AND SHE IS ALSO THE ADJUNCT
CLINICAL PROFESSOR FOR THE
DEPARTMENT OF HEALTH SCIENCES AT
BOSTON UNIVERSITY.
LINDA, FEEL FREE TO SHARE YOUR
SLIDES AND START YOUR
PRESENTATION WHENEVER YOU
ARE READY.

LINDA BANDINI >> OKAY.
CAN YOU SEE THOSE SLIDES?
NO.

ASHLEY BURNSIDE >> YEAH, YOU CAN JUST START THE
PRESENTATION AND WE CAN SEE IT.

LINDA BANDINI >> OKAY, HOLD ON.
SO, I'M GOING TO TALK ABOUT
CHALLENGES TO HEALTHY EATING AND
PHYSICAL ACTIVITY IN YOUTH WITH
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES.
WE KNOW THAT INDIVIDUALS WITH
INTELLECTUAL AND DEVELOPMENTAL

DISABILITIES EXPERIENCE COMPLEX MEDICAL PROBLEMS OR HEALTH CONDITIONS.
THEY HAVE LIMITED ACCESS TO QUALITY HEALTH CARE, UNDETECTED POOR VISION, POOR ORAL HEALTH, POORLY MANAGED CHRONIC CONDITIONS, AND MENTAL HEALTH DISORDERS, AND OFTEN HAVE BEEN PRESCRIBED PSYCHOTROPIC MEDICATIONS.
ALTHOUGH THERE HAS BEEN A LOT OF RESEARCH ON DIETARY PATTERNS IN TYPICALLY DEVELOPING CHILDREN AND CHILDREN WITHOUT DISABILITIES, LESS IS KNOWN ABOUT CHILDREN WITH I/DD.
SO WHAT I WAS SAYING WAS THAT WE DON'T KNOW AS MUCH ABOUT DIETARY PATTERNS AMONG CHILDREN AND YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES.
WE KNOW THAT THERE MAY BE MANY FACTORS THAT IMPACT ON WHAT CHILDREN WITH DISABILITIES, THEIR FOOD INTAKE AND THEIR PHYSICAL ACTIVITY.
PARTICULARLY WITH FOOD INTAKE, MANY CHILDREN WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES ARE FOOD SELECTIVE.
THEY HAVE VERY NARROW REPERTOIRES OF FOOD.
THEY MAY REFUSE A LOT OF FOODS.
AND TYPICALLY WE HEAR FROM PARENTS THAT THEY REFUSE A LOT OF FRUITS AND VEGETABLES.
AND A LOT OF THIS MAY BE DUE TO SENSORY SENSITIVITY.
THEY HAVE DIFFICULTIES WITH DIFFERENT TASTES OR TEXTURES OF FOOD.
SOME CHILDREN ARE AVERSE TO DIFFERENT SMELLS.
AND MANY OF THEIR SENSORY SENSITIVITIES HAVE AN IMPACT ON WHAT THEY'LL ACTUALLY EAT.
OTHER CHILDREN WITH DEVELOPMENTAL DISABILITIES HAVE ORAL MOTOR PROBLEMS.
THEY MAY HAVE TROUBLE CHEWING OR SWALLOWING, AND PARTICULARLY MAY HAVE TROUBLE WITH A LOT OF FOODS WITH A LOT OF TEXTURE, AGAIN, FRUITS AND VEGETABLES, AND THEN THIS MAY LIMIT THEIR INTAKE OF DIFFERENT FOODS.

OTHER CHILDREN MAY RECEIVE
MEDICATIONS FOR VARYING MEDICAL
AND MENTAL HEALTH PROBLEMS THAT
MAY IMPACT ON APPETITE.
WE KNOW THAT ATYPICAL
ANTIPSYCHOTIC MEDICATIONS
INCREASE APPETITE AND ARE
ASSOCIATED WITH WEIGHT GAIN.
OTHER CHILDREN MAY HAVE
CHALLENGING BEHAVIORS.
THEY MAY NOT WANT TO SIT AT THE
TABLE AT MEALTIME.
THEY MAY, YOU KNOW, WANT TO GET
UP OR NOT ACCEPT NEW FOODS AND
THIS MAY CAUSE A LOT OF
CHALLENGES FOR THE FAMILIES.
OTHER CHILDREN WITH LEARNING
PROBLEMS MAY HAVE DIFFICULTIES
WITH UNDERSTANDING FOOD AND
NUTRITION MESSAGING IF IT'S NOT
ON THE DRESS AT THE LEVEL OF
THEIR LEARNING NEEDS.
AND PARENTS OFTEN ARE UNDER A
LOT OF STRESS, AND MEALTIMES CAN
BE VERY STRESSFUL, ESPECIALLY IF
YOU HAVE A CHILD WHO IS FOOD
SELECTIVE, OR WON'T EAT A LOT OF
FOODS OR HAVE CHALLENGING
BEHAVIORS.
AND THIS, YOU KNOW, MAY MAKE IT
DIFFICULT FOR PARENTS TO
PROVIDE, YOU KNOW, THE MEALS
THAT THEY'D LIKE TO IN A CALM
ENVIRONMENT.
AND FINALLY, WE KNOW THAT FOOD
IS USED AS A REWARD FOR
APPROPRIATE OR GOOD BEHAVIOR
BOTH AT HOME AND IN
SCHOOL PROGRAMS.
SO THESE ARE SOME FACTORS THAT
MAY ACTUALLY IMPACT ON DIETARY
INTAKE IN YOUTH WITH
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES.
>> HERE YOU CAN SEE -- I DON'T
KNOW, IT'S A LITTLE HARD TO SEE
WITH THE GRAPH, BUT THIS WAS A
META ANALYSIS THAT DR. WILL
SHARP AT EMORY DID IN 2013.
AND HE LOOKED AT 17 DIFFERENT
STUDIES OF CHILDREN WITH AUTISM.
AND YOU CAN SEE HERE THAT IN ALL
THE STUDIES THAT HE FOUND, EVERY
ONE OF THEM REPORTED THAT
FEEDING PROBLEMS WERE MORE
COMMON IN CHILDREN WITH AUTISM
THAN THEY WERE THAN IN TYPICAL

DEVELOPING CHILDREN.
AND HE FOUND ALMOST FIVE TIMES
MUCH MORE FEEDING PROBLEMS IN
THIS POPULATION.
SO I MENTIONED FOOD SELECTIVITY
AS BEING A PROBLEM.
AND I AM GOING TO USE AUTISM AS
AN EXAMPLE AGAIN BECAUSE THIS IS
WHERE A LOT OF THE LITERATE IN
THIS POPULATION OR A LOT OF THE
RESEARCH HAS BEEN DONE IN
CHILDREN WITH AUTISM AND THIS
WAS A LARGE STUDY OF CHILDREN
WITH AUTISM AND TYPICALLY
DEVELOPING CHILDREN WHERE THEY
LOOKED AT FOOD PREFERENCES OF
TWO GROUPS OF CHILDREN.
THE BLUE BARS REPRESENT CHILDREN
WITHOUT AUTISM.
AND THE GREEN BARS REPRESENT
CHILDREN WITH AUTISM.
AND YOU CAN SEE FOR ALL THE FIVE
FOOD GROUPS, FRUITS, DAIRY,
VEGETABLES, PROTEIN AND WHAT
THEY CALL STARCHES, CHILDREN
WITH AUTISM WERE EATING LESS
THAN THEIR TYPICALLY
DEVELOPING PEERS.
IN TERMS OF SERVINGS OF FRUITS
AND VEGETABLES, WE ALSO DID A
SMALL STUDY IN CHILDREN WITH
AUTISM BETWEEN THE AGES OF
THREE AND 11.
AND AGAIN THE GREEN BARS
REPRESENT AUTISM, CHILDREN
WITH AUTISM.
AND THE BLUE BARS REPRESENT
TYPICALLY DEVELOPING CHILDREN
AND WE TOO SAW CHILDREN WITH
AUTISM WERE EATING LESS FRUIT,
LESS VEGETABLES, DRINKING MORE
SUGAR-SWEETENED BEVERAGES THAN
TYPICALLY DEVELOPING CHILDREN.
WE DIDN'T SEE ANY DIFFERENCES IN
SNACK INTAKE.
SO WE'RE ALSO LOOKING, YOU KNOW,
ALSO, IN TERMS OF OUR HEALTH,
WHAT ABOUT PHYSICAL ACTIVITY IN
YOUTH WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES.
THERE HAVE BEEN MORE STUDIES IN
THIS AREA OF PHYSICAL ACTIVITY
THAN THERE HAVE BEEN IN DIETARY
INTAKE, BUT THERE ARE ALSO
FACTORS THAT ARE ASSOCIATED WITH
PHYSICAL ACTIVITY IN YOUTH WITH
INTELLECTUAL AND DEVELOPMENTAL

DISABILITIES THAT YOU MAY NOT
SEE IN THE GENERAL POPULATION.
MANY CHILDREN HAVE ALTERED BODY
COMPOSITION.
THEY MAY HAVE LESS MUSCLE MASS.
AND I DIDN'T MENTION THIS WITH
DIETARY INTAKE, BUT ALTERED BODY
COMPOSITION MAY IMPACT ON ENERGY
AND PROTEIN NEEDS AND MAY IMPACT
ON BODY WEIGHT STATUS.
BUT ALTERED BODY COMPOSITION CAN
ALSO AFFECT ABILITY TO
PARTICIPATE IN PHYSICAL
ACTIVITY.
CHILDREN WITH DISABILITIES OFTEN
HAVE DELAYED OR IMPAIRED
MOTOR SKILLS.
AND THERE ARE ALSO MANY BARRIERS
TO PARTICIPATION IN PHYSICAL
ACTIVITY THAT MAY IMPACT ON
ACTUALLY HOW MUCH ACTIVITY
CHILDREN GET.
SO THIS IS DATA FROM THE
NATIONAL SURVEY OF CHILDREN'S
HEALTH THAT WAS ACTUALLY
PUBLISHED IN 2015, BUT THIS WAS
THE 2011 NATIONAL SURVEY OF
CHILDREN'S HEALTH SURVEY.
AND THE GREEN BARS REPRESENT
CHILDREN WITH INTELLECTUAL
DISABILITY AND THE BLUE BARS
REPRESENT CHILDREN WITHOUT
INTELLECTUAL DISABILITY.
AND THESE WERE ADOLESCENTS.
AND YOU CAN, THIS FIRST GRAPH IS
PHYSICAL ACTIVITY LESS THAN FOUR
TIMES A WEEK.
AND WHAT THIS SAYS IS THAT
CHILDREN WITH ID WERE, MORE
CHILDREN WITH ID WERE HAVING,
ENGAGING IN PHYSICAL ACTIVITY
LESS THAN FOUR TIMES A WEEK
THAN THEIR TYPICALLY
DEVELOPING PEERS.
AND THEY WERE WATCHING MORE TV
THAN THEIR TYPICALLY
DEVELOPING PEERS.
SO THAT THIS EARLY STUDY BASED
ON THE NATIONAL SURVEY OF
CHILDREN'S HEALTH SUGGESTS THAT
CHILDREN WITH INTELLECTUAL
DISABILITIES WERE NOT GETTING AS
MUCH PHYSICAL ACTIVITY AS THEIR
TYPICALLY DEVELOPING PEERS AND
WERE WATCHING MORE TV.
WE ALSO LOOKED IN TWO OF OUR
STUDIES AT PHYSICAL ACTIVITY

LEVELS OF CHILDREN WITH AUTISM, SPECTRUM DISORDER, AND INTELLECTUAL DISABILITY.
IN OUR FIRST STUDY OF THREE- TO 11-YEAR-OLDS -- AND THE GREEN BARS HERE REPRESENT TYPICALLY DEVELOPING CHILDREN, AND THE BLUE BARS REPRESENT CHILDREN WITH AUTISM -- YOU CAN SEE THAT LESS THAN 45% OF TYPICALLY DEVELOPING CHILDREN ARE MEETING THEIR RECOMMENDATIONS FOR PHYSICAL ACTIVITY, BUT ONLY LESS THAN 25% OF CHILDREN WITH AUTISM WERE MEETING THESE RECOMMENDATIONS.
IN ANOTHER STUDY WE DID WITH ADOLESCENTS WHO WERE TYPICALLY DEVELOPING, WHO WERE AUTISTIC, AND WHO HAD AN INTELLECTUAL DISABILITY, YOU CAN SEE THAT IN THESE ADOLESCENTS THAT LESS THAN 30% OF THE TYPICALLY DEVELOPING ADOLESCENTS WERE MEETING THE RECOMMENDATIONS, BUT IT WAS LESS THAN 15% FOR CHILDREN WITH AUTISM AND LESS THAN 5% FOR CHILDREN WITH INTELLECTUAL DISABILITIES.
SO I MENTIONED EARLIER THAT THERE ARE BARRIERS TO PHYSICAL ACTIVITY THAT IMPACT ON CHILDREN'S ABILITY TO ACTUALLY ENGAGE IN PHYSICAL ACTIVITY.
AND IN OUR STUDY OF YOUNG CHILDREN WITH AUTISM WE ASKED PARENTS TO REPORT ON THEIR BARRIERS TO PHYSICAL ACTIVITY.
THE BARRIERS WE LOOKED AT WERE: THE CHILD HAS BEHAVIOR PROBLEMS, THE CHILD HAS MOTOR PROBLEMS; SOCIAL SKILL DIFFICULTIES; ADULTS WHO RUN PROGRAMS LACKED THE SKILLS TO BE ABLE TO INCLUDE MY CHILD; OTHER PEERS EXCLUDE MY CHILD; AND THERE ARE JUST INADEQUATE OPPORTUNITIES IN OUR COMMUNITY FOR MY CHILD TO PARTICIPATE.
AND THE GREEN BARS ARE CHILDREN WITH AUTISM AND THE DARK BLUE ARE TYPICALLY DEVELOPING CHILDREN.
AND WHAT WAS STRIKING TO US IS THAT PARENTS OF TYPICALLY DEVELOPING CHILDREN, VERY FEW REPORTED ANY BARRIERS WITH

PHYSICAL ACTIVITY.
YOU COULD SEE A LITTLE BIT FOR
MOTOR PROBLEMS, A LITTLE BIT FOR
SOCIAL SKILLS DIFFICULTY, AND A
LITTLE FOR ADULTS LACK SKILLS.
BUT FOR PARENTS OF CHILDREN WITH
AUTISM A HIGH PERCENTAGE
REPORTED BEHAVIOR PROBLEMS,
MOTOR PROBLEMS, SOCIAL SKILLS,
AND ADULT AND PEERS INFLUENCE,
AS WELL AS OPPORTUNITIES OR
BARRIERS TO THEIR CHILD'S
PHYSICAL ACTIVITY --
PARTICIPATION AND PHYSICAL
ACTIVITY.
AND WE ALSO IN OUR STUDY, OTHER
STUDY WHERE WE LOOKED AT
ADOLESCENTS SIMILAR TO WHAT WE
REPORTED IN TERMS OF PERCENTAGE
OF PHYSICAL ACTIVITY, WE ASKED
PARENTS ABOUT BARRIERS AS WELL
TO PHYSICAL ACTIVITY.
AND IN THIS STUDY WE ASKED ABOUT
SOCIAL SKILLS.
DOES THE CHILD HAVE THE
SOCIAL SKILLS?
ARE HAVING FEW FRIENDS A
BARRIER?
DO ADULTS DON'T MAKE THEIR CHILD
FEEL WELCOME?
OR ADULTS LACK THE SKILLS TO
INCLUDE THEIR CHILD WHERE THEIR
PEERS EXCLUDE THEIR CHILD?
AND YOU CAN SEE HERE THAT THE
GREEN BARS REPRESENT TYPICALLY
DEVELOPING CHILDREN.
THE LIGHT BLUE REPRESENT
CHILDREN WITH INTELLECTUAL
DISABILITIES.
AND THE DARK BLUE BARS ARE
AUTISTIC CHILDREN.
AND YOU CAN SEE FROM THIS SLIDE
THAT THE NUMBER OF PARENTS OF
AUTISTIC CHILDREN REPORTING
BARRIERS IS VERY HIGH FOR SOCIAL
SKILLS AND FEW FRIENDS, ALMOST
ALL OF THEM.
A LARGE NUMBER OF PARENTS
REPORTED ADULTS DIDN'T MAKE
THEIR CHILD FEEL WELCOME OR THEY
LACKED THE SKILLS TO
INCLUDE THEIR CHILD.
OR THEIR PEERS WERE
EXCLUDING THEM.
AND ALSO HIGH LEVELS OF THESE
BARRIERS FOR CHILDREN WITH
INTELLECTUAL DISABILITIES.

ALTHOUGH THERE WERE SOME
BARRIERS IN TYPICALLY DEVELOPING
CHILDREN YOU CAN SEE THE
DIFFERENCE IN THE PERCENTAGE OF
PARENTS REPORTING BARRIERS FOR
THEIR CHILDREN WITH
DISABILITIES.
SO WHAT IS THE IMPACT OF AN
UNHEALTHFUL DIET AND LOW
PHYSICAL ACTIVITY ON
OVERALL HEALTH?
WELL, UNHEALTHFUL DIETS CAN
PRESENT IN TERMS OF UNDERWEIGHT
OR INADEQUATE NUTRIENT INTAKE.
WE FOUND IN STUDIES OF, OUR
STUDIES OF FOOD SELECTIVITY AND
OTHER STUDIES REPORTED IN THE
LITERATURE, YOUTH WHO HAVE FOOD
SELECTIVITY AND HAVE RESTRICTED
DIETS OFTEN HAVE INADEQUATE
NUTRIENT INTAKE FOR SOME
NUTRIENTS.
THEY'RE NOT ALWAYS UNDERWEIGHT.
SOMETIMES THEY ARE ALSO
OVERWEIGHT.
BUT IN SEVERE FOOD SELECTIVITY
CHILDREN CAN IN FACT BE
UNDERWEIGHT.
WE KNOW THAT DIETARY PATTERNS
MAY IMPACT THE RISK FOR CHRONIC
DISEASES AND CHILDREN WHO ARE
NOT GETTING ENOUGH FRUIT AND
VEGETABLES ARE NOT GETTING THE
RECOMMENDED DIETARY PATTERNS FOR
THEIR AGE AND DEVELOPMENT.
WE KNOW THAT BOTH DIETARY
PATTERNS AND PHYSICAL ACTIVITY
MAY INCREASE THE RISK FOR
OBESITY.
AND CO-OCCURRING CONDITIONS,
SUCH AS TYPE TWO DIABETES THAT
OCCUR WITH OBESITY, MAY LIMIT AN
INDIVIDUAL'S ABILITY AS THEY
BECOME AN ADULT TO LIVE IN THE
MOST RESTRICTIVE -- I'M SORRY,
TO LIVE IN THE MOST -- THE LEAST
RESTRICTED ENVIRONMENT.
SO WE NEED -- THERE IS A NEED
FOR MORE HEALTH PROMOTION
INTERVENTIONS FOR YOUTH WITH ID.
WE NEED MULTIPLE HEALTH
PROMOTION INTERVENTIONS THAT
INCLUDE NUTRITION, PHYSICAL
ACTIVITY, AND BEHAVIORAL
STRATEGIES.
AND THESE PROGRAMS NEED TO BE
ADAPTED TO MEET THE SPECIFIC

NEEDS OF YOUTH WITH INTELLECTUAL
AND DEVELOPMENTAL DISABILITIES.
THEY HAVE TO ADDRESS THE
CHALLENGES TO HEALTHY EATING
SUCH AS FOOD SELECTIVITY.
THEY HAVE TO ADDRESS BARRIERS TO
PHYSICAL ACTIVITY INCLUDING
MOTOR SKILLS AND HAVING MORE
COMMUNITY OPPORTUNITIES.
AND THEY NEED TO PROVIDE
TAILORED MESSAGING NUTRITION
EDUCATION IN A SIMPLE AND CLEAR
MANNER THAT MEETS THE LEARNING
NEEDS OF THE CHILD OR
ADOLESCENT.
SO, IN SUMMARY, YOUTH WITH
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES ARE AT INCREASED
RISK FOR LOW PHYSICAL ACTIVITY,
INADEQUATE NUTRIENT INTAKE, AND
OBESITY.
I DID -- WHOOPS, I DID SKIP OVER
AN OBESITY SLIDE BY MISTAKE SO
LET ME JUST GO BACK FOR
A SECOND.
SO, THIS WAS ALSO DATA FROM THE
NATIONAL SURVEY OF CHILDREN'S
HEALTH SHOWING THAT OBESITY
PREVALENCE IS HIGHER IN
CHILDREN WITH INTELLECTUAL
DISABILITIES THAN TYPICALLY
DEVELOPING CHILDREN.
THESE DARK BARS REPRESENT YOUTH
WITH INTELLECTUAL DISABILITIES
AND THE LIGHTER BARS REPRESENT
TYPICALLY DEVELOPING CHILDREN.
SO 28.9% FOR THOSE WITH ID.
AND 15.5% FOR THOSE WITH NOT AN
INTELLECTUAL DISABILITY.
AND AGAIN, THIS IS FROM THE
NATIONAL SURVEY OF CHILDREN'S
HEALTH IN THE 2011 TO
2012 CYCLE.
AND WE DIDN'T SEE DIFFERENCES
AMONG BOYS OR GIRLS.
SO BACK TO WHERE I WAS
SUMMARIZING.
YOUTH WITH ID ARE AT INCREASED
RISK FOR PHYSICAL ACTIVITY,
INADEQUATE NUTRIENT INTAKE, AND
OBESITY.
SOCIAL AND COMMUNITY BARRIERS
MUST BE REMOVED TO PROMOTE GOOD
HEALTH AND INCLUSION FOR YOUTH
WITH I/DD.
AND EVERYONE HAS A ROLE TO PLAY
IN PROMOTING HEALTHY LIFESTYLES

FOR YOUTH WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES.
THANK YOU FOR THE OPPORTUNITY TO
PARTICIPATE IN THIS SYMPOSIUM.
I WANTED TO ALSO LET YOU KNOW
THAT WE, MY CO-DIRECTORS AND
MYSELF AT UMASS MEDICAL SCHOOL
AND AT TUFT'S UNIVERSITY SCHOOL
OF MEDICINE, CO-DIRECT THE
HEALTHY WEIGHT RESEARCH NETWORK,
WHICH IS AN INTERDISCIPLINARY
RESEARCH NETWORK THAT IS FUNDED
BY THE MATERNAL AND CHILD HEALTH
BUREAU TO PROMOTE COORDINATED
RESEARCH ACTIVITIES RELATING TO
HEALTHY WEIGHT AMONG CHILDREN
WITH YOUTH AND AUTISM AND OTHER
DEVELOPMENTAL DISABILITIES.
SO IF THIS IS AN AREA OF
INTEREST, PLEASE SEE OUR
WEBSITE AT HWRN.ORG AND
CONSIDER JOINING.
THANK YOU.

ASHLEY BURNSIDE >> THANK YOU.
AND NEXT I'M GOING TO INTRODUCE
DR. HEATHER PADILLA WHO IS AN
ASSISTANT PROFESSOR WITH THE
DEPARTMENT OF HEALTH PROMOTION
AND BEHAVIOR WITH THE UNIVERSITY
OF GEORGIA COLLEGE OF
PUBLIC HEALTH.
HEATHER, WHENEVER YOU ARE READY,
IT LOOKS LIKE YOU HAVE ALREADY
STARTED SHARING YOUR SLIDES.
I CAN SEE THE POWERPOINT.
I -- YOU'RE ON MUTE, BUT I CAN
SEE THE SLIDES.

HEATHER PADILLA >> THANK YOU.
WELL, I REALLY APPRECIATE THE
INVITATION TO BE PART OF THE
PANEL TODAY.
I'M TRAINED AS A REGISTERED
DIETICIAN AND NUTRITIONIST AND I
HAVE LARGELY WORKED IN
WORKPLACES IN PROMOTING HEALTH
AND WELL-BEING AROUND PHYSICAL
ACTIVITY AND NUTRITION,
SPECIFICALLY TO PREVENT AND
TREAT OBESITY AND
CHRONIC DISEASE.
SO THAT IS WHERE I AM GOING TO
SPEND MY TIME TODAY.
I AM GOING TO JUST TALK A LITTLE
BIT ABOUT THE WORK AND HEALTH
RELATIONSHIP.

TALK ABOUT WHAT WE KNOW
NATIONALLY REGARDING PROGRAMS
THAT ARE OFFERED IN WORKPLACES.
AND THEN SOME OF OUR WORK ON
PROGRAMS THAT WE HAVE
IMPLEMENTED IN WORK SITES.
AND THEN SOME WORK THAT I HAVE
DONE RELATED TO WORK FACTORS AND
HOW THEY POTENTIALLY IMPACT HOW
AND WHAT WE EAT.
SO, IN CONSIDERATION OF TIME I'M
GOING TO KIND OF JUST JUMP
RIGHT IN HERE.
WORK AND HEALTH HAVE THIS
BIDIRECTIONAL RELATIONSHIP.
AND WHAT I MEAN BY THAT IS THAT
WORK INVOLVES DEMANDS.
DEMANDS RELATED TO HOURS
SPENT AT WORK.
IT PROVIDES RESOURCES SUCH AS
HEALTH INSURANCE.
THERE ARE MANY OTHERS OUT THERE,
THERE IS A WHOLE LIST OF WORK
DEMANDS AND RESOURCES.
AND THOSE THINGS IMPACT A
PERSON'S HEALTH.
AND THEY ARE KIND OF SPECIFIC TO
AN OCCUPATION, EVEN THE
CIRCUMSTANCES OF WORK.
BUT AN INDIVIDUAL'S HEALTH ALSO
AFFECTS THEIR ABILITY TO WORK AT
THE VERY BASIC LEVEL, BUT ALSO
THEIR -- IF SOMEONE HAS A
CHRONIC DISEASE, FOR INSTANCE,
THEY MAY BE EXPERIENCING
SYMPTOMS OF FATIGUE AND OTHER
THINGS THAT AFFECT THEIR
PRODUCTIVITY WHILE THEY'RE AT
WORK OR WHAT WE REFER TO AS
PRESENTEE-ISM.
IT MAY AFFECT THE DAYS THAT THEY
MISS AT WORK.
OR JUST MAY AFFECT THEIR OVERALL
QUALITY OF LIFE AND THE TIME
THAT THEY SPEND AT WORK.
THE REALITY IS THAT MOST
PEOPLE WORK.
ABOUT TWO-THIRDS OF ADULTS ARE
CURRENTLY.
MOST PEOPLE START WORKING AROUND
AGE 18.
SOME EARLIER.
AND CONTINUE TO WORK NOW LONG
PAST WHAT WE CONSIDER TYPICAL
RETIREMENT YEARS OF 65.
SO, IN MANY WAYS THE WAY THAT WE
USE A SCHOOL SETTING TO REACH

CHILDREN, WORK SETTINGS HAVE
ALSO BEEN USED TO REACH ADULTS
WITH HEALTH PROMOTION
PROGRAMMING.
ALSO, IN ADDITION TO JUST A
SETTING TO REACH PEOPLE, BECAUSE
WE SPEND THE LARGEST PART OF OUR
WAKING HOURS AT WORK, THERE IS A
LOT OF OPPORTUNITY FOR THE
SETTING, THE ENVIRONMENT, THE
SOCIAL AND PHYSICAL ENVIRONMENT
AT WORK TO IMPACT WHAT WE EAT,
HOW PHYSICALLY ACTIVE WE ARE, AS
WELL AS OTHER HEALTH BEHAVIORS.
AND WHILE OVERALL TYPICALLY WHEN
YOU COMPARE WORKING ADULTS TO
ADULTS WHO ARE NOT IN THE
WORKFORCE, WORKING ADULTS TEND
TO BE HEALTHIER.
WE HAVE A LARGE PERCENTAGE OF
WORKING ADULTS WHO ARE
OVERWEIGHT, OBESE, OR HAVE ONE
OR MORE CHRONIC CONDITIONS.
SO, JUST LOOKING AT THIS TABLE,
PERSONS WHO ARE NORMAL WEIGHT
AND HAVE NO CHRONIC CONDITIONS
ARE ACTUALLY THE MINORITY WITH
ONLY ABOUT 14% OF FULL-TIME
WORKING ADULTS FALLING IN THAT
CATEGORY.
AND THEN THE OTHER GROUPS,
SOMEONE WHO IS NORMAL WEIGHT BUT
HAS ONE OR MORE CONDITIONS, OR
ONE TO TWO CHRONIC HEALTH
CONDITIONS, THEY MAKE UP ABOUT
THE SAME AMOUNT OF THE WORKFORCE
AS THOSE WHO ARE NORMAL WEIGHT
WITH NO CHRONIC CONDITIONS.
THE LARGEST PROPORTION OF THE
WORKFORCE IS OVERWEIGHT OR OBESE
AND HAS ONE OR MORE CHRONIC
CONDITIONS.
AND SO HERE YOU CAN SEE THE
COMPARISONS O IF OUR REFERENCE
IS NORMAL WEIGHT, NO CHRONIC
CONDITION.
PERSON, THOSE WHO HAVE, ARE
OVERWEIGHT OR OBESE AND HAVE
CHRONIC CONDITIONS, TYPICALLY
EXPERIENCE MORE UNHEALTHY
DAYS PER MONTH.
THEY MISS MORE WORKDAYS OVERALL.
AND THEY COST A LOT OF LOST
REVENUE AND LOST PRODUCTIVITY
RELATED TO SICKNESS AND ABSENCE,
AS WELL AS JUST SHOWING UP AT
WORK, BUT NOT BEING AS

PRODUCTIVE AS THEY WOULD BE IF
THEY WERE A HEALTHY, NORMAL
WEIGHT, AND NO CHRONIC
DISEASE ADULT.
PROBABLY OUR MOST VULNERABLE
WORKERS ARE OUR LOW
WAGE WORKERS.
THEY ARE MORE LIKELY TO
EXPERIENCE DANGEROUS WORKING
CONDITIONS.
THEY ARE MORE LIKELY TO GO TO
WORK WHEN THEY FEEL SICK BECAUSE
THEY LACK SICK DAYS WHERE THEY
COULD STILL OBTAIN PAY WITHOUT
REPORTING TO WORK.
THEY TYPICALLY HAVE FEWER
WORKPLACE BENEFITS LIKE PAID
VACATION DAYS OR EVEN HEALTH
INSURANCE.
AND IN MANY CASES THEY ARE ALSO
CARING FOR OTHER SICK OR
DISABLED FAMILY MEMBERS.
MANY OF OUR LOW WAGE WORKERS
ALSO WORK IN SMALL OR MEDIUM
SIZED BUSINESSES WHEN COMPARED
TO LARGER BUSINESSES THAT MAY
JUST HAVE FEWER RESOURCES
AVAILABLE TO WORKERS OVERALL.
SO, NOW I WANT TO TRANSITION
TALKING A LITTLE BIT WHAT WE
KNOW ABOUT WORK SITES THAT
ARE OFFERING HEALTH
PROMOTION PROGRAMS.
AND THIS COMES FROM
NATIONAL DATA.
THE MOST RECENT SURVEY THAT WAS
DONE BY CDC WAS IN 2017.
AND WHEN WE LOOK AT WORK SITES
THAT ARE OFFERING ANY TYPE OF
HEALTH PROMOTION PROGRAM, AND
THIS VARIES FROM JUST OFFERING
PRINTED MATERIALS AVAILABLE,
TO MORE IN-DEPTH AND
INTENSIVE PROGRAMS.
AND NATIONALLY ABOUT SLIGHTLY
LESS THAN HALF OF WORK SITES ARE
OFFERING SOME TYPE OF HEALTH
PROMOTION PROGRAM THAT YOU CAN
SEE THE DISPARITY HERE BETWEEN
OUR SMALLEST WORK SITES THAT
MAYBE HAVE 10 TO 24 EMPLOYEES,
COMPARED TO LARGE WORK SITES
THAT HAVE 500 OR MORE EMPLOYEES
AND, YOU KNOW, THERE WHAT WE
KNOW IS A LOT OF OUR LOW WAGE
WORKERS WHO ARE ALREADY VERY
VULNERABLE ARE WORKING FOR THESE

LOW, SMALL, AND MEDIUM SIZE
BUSINESSES.
THERE'S ALSO DISPARITIES HERE
BETWEEN DIFFERENT INDUSTRIES SO
WE MORE FREQUENTLY SEE HOSPITALS
AND PUBLIC ADMINISTRATION TYPE
BUSINESSES OFFERING WORK SITE
HEALTH PROMOTION PROGRAMMING TO
THEIR EMPLOYEES.
NOW, IT'S INTERESTING BECAUSE
THERE IS, YOU KNOW, DATA THAT
SUGGESTS THAT QUALITY MATTERS
WHEN IT COMES TO COMPREHENSIVE,
OR COMES TO WORK SITE HEALTH
PROMOTION PROGRAMMING.
OFFERING PRINTED MATERIALS IS
VERY MINIMAL AND ACTUALLY MAY
NOT HAVE A BIG EFFECT ON THE
OVERALL HEALTH OF EMPLOYEES.
THE FACTORS THAT WE KNOW AND WE
HAVE IN EVIDENCE FOR ACTUALLY
IMPROVING THE HEALTH OF
EMPLOYEES AND GENERATING SOME
COST SAVINGS ARE THOSE PROGRAMS
THAT ARE COMPREHENSIVE IN NATURE
AND COMPREHENSIVE PROGRAMS TEND
TO SCREEN WHERE THEY INCLUDE A
SCREENING COMPONENT FOR
IDENTIFYING PEOPLE WHO DO HAVE
CHRONIC CONDITIONS OR JUST
MONITORING THINGS LIKE WEIGHT,
AND BLOOD PRESSURE, AND
CHOLESTEROL, AND OTHER THINGS
THAT CAN BE INDICATORS OF A
HEALTH CONDITION THEY ARE
INTEGRATED WITHIN THE
ORGANIZATIONAL STRUCTURE SO THEY
ARE REALLY JUST PART OF THE
ORGANIZATIONAL CULTURE.
THEY INCLUDE HEALTH EDUCATION
PROGRAMS, BUT THEY ARE LINKED TO
OTHER PROGRAMS LIKE EMPLOYEE
ASSISTANCE PROGRAMS, HEALTH
INSURANCE, AND OTHER PROGRAMS
THAT CAN SUPPORT HEALTH
PROMOTION PROGRAMMING, AND THEY
INCLUDE A SUPPORTIVE AND SOCIAL
AND PHYSICAL ENVIRONMENT.
AND WHEN WE LOOK AT OVERALL
PERCENT OF WORK SITES WHO DO
EACH OF THESE ELEMENTS WE SEE
THAT THERE IS ROOM FOR
IMPROVEMENT.
FURTHER, WHEN WE GO BACK TO KIND
OF LOOKING AT THE BREAKDOWN BY
NUMBER OF EMPLOYEES AND WE LOOK
AT THOSE ORGANIZATIONS THAT ARE

OFFERING COMPREHENSIVE HEALTH
PROMOTION PROGRAMS THAT WE HAVE
IN EVIDENCE BASED FOR BELIEVING
THAT THOSE THINGS WILL IMPROVE
THE EMPLOYEE HEALTH AND RESULT
IN COST SAVINGS FOR THE COMPANY,
WE FIND THAT SLIGHTLY MORE THAN
10% OF WORK SITES ARE OFFERING A
COMPREHENSIVE HEALTH
PROMOTION PROGRAM.
AND AGAIN WE SEE THAT THE
PROPORTION OF THOSE WORK SITES
WHO ARE OFFERING COMPREHENSIVE
PROGRAMS INCREASES WITH
WORK SITE SIZE.
SO, OUR LARGEST WORK SITES TEND
TO BE MORE LIKELY TO OFFER A
COMPREHENSIVE HEALTH
PROMOTION PROGRAM.
SPECIFIC TO THE TOPIC TODAY SOME
OF THE MOST MORE COMMON PROGRAMS
THAT ARE OFFERED IN WORK SITES
ARE AROUND PHYSICAL ACTIVITY,
NUTRITION, HEALTHY EATING,
OBESITY, AND WEIGHT MANAGEMENT.
SO, THAT IS TYPICALLY A
COMPONENT AND, OF COURSE, OF
VARYING DEGREES OF INTENSITY AND
THAT IS NOT MEASURED AND
REPORTED HERE.
SO, I'M GOING TO SWITCH GEARS TO
THEN TALKING ABOUT SOME OF THE
WORK THAT I HAVE BEEN
INVOLVED IN.
AND A LOT OF THE WORK THAT I
HAVE DONE HAS BEEN RELATED TO
TAKING PROGRAMS THAT WE KNOW
THAT WORK IN OTHER CLINICAL OR
COMMUNITY SETTINGS.
I AM TRYING TO TRANSLATE THOSE
FOR UPTAKE IN THE WORK SITE
SETTING BECAUSE IT IS A GREAT
SETTING IN WHICH TO REACH
TYPICALLY LARGE NUMBERS OF
WORKING ADULTS.
WORK SITES ALSO HAVE
A COMMUNICATION
STRUCTURE IN PLACE.
THEY HAVE MECHANISMS OFTEN IN
PLACE THAT CAN FACILITATE THE
UPTAKE OF A PROGRAM.
SPECIFICALLY THE TEAM THAT I AM
A PART OF, WE HAVE TRANSLATED
THE DIABETES PREVENTION PROGRAM
TO A WORK SITE SPECIFIC PROGRAM
THAT WE REFER TO AS
"FUEL YOUR LIFE."

WE HAVE IMPLEMENTED
ENVIRONMENTAL APPROACHES TO
COMPLIMENT INDIVIDUAL APPROACHES
TO OBESITY PREVENTION AND
MANAGEMENT AT DOW CHEMICAL
COMPANY.
AND MORE RECENTLY WE TOOK THE
CHRONIC DISEASE SELF-MANAGEMENT
PROGRAM AND WE TRANSLATED THAT
FROM A COMMUNITY SETTING TO THE
WORK SITE SETTING WHICH WE REFER
TO THAT AS "LIVE HEALTHY;
WORK HEALTHY."
I'M GOING TO SPECIFICALLY TALK
MORE ABOUT THE TOP TWO.
THE CHRONIC DISEASE
SELF-MANAGEMENT PROGRAM I
RECENTLY DID A WEBINAR WITH THE
HERO ORGANIZATION IF YOU
ARE INTERESTED IN THAT
PARTICULAR PROGRAM.
BUT THAT PROGRAM HAS FOCUSED
MORE ON PEOPLE WHO HAVE A
CHRONIC DISEASE AND HOW THEY CAN
MANAGE THAT CHRONIC DISEASE.
AND WHILE THERE ARE NUTRITION
AND PHYSICAL ACTIVITY
COMPONENTS, THAT IS NOT THE MAIN
FOCUS OF THAT PROGRAM.
SO I'M GOING TO SPEND A LITTLE
BIT MORE TIME TALKING ABOUT
"FUEL YOUR LIFE" AND IT'S
ENVIRONMENTAL APPROACHES TO
OBESITY PREVENTION AND
MANAGEMENT.
SPECIFICALLY FOR "FUEL YOUR
LIFE" WE DID TWO TRANSLATIONS OF
"FUEL YOUR LIFE."
IN THE FIRST TRANSLATION WE
REALLY TOOK THE PROGRAM TO A
SELF-STUDY VERSION AND WE
IMPLEMENTED IT IN UNION PACIFIC
RAILROAD LOCOMOTIVE MAINTENANCE
SHOPS AND WE FOUND OVERALL WHEN
COMPARED TO THE SITES THAT DID
NOT RECEIVE THE INTERVENTION,
THAT WE WERE ABLE TO ACHIEVE
WEIGHT MAINTENANCE, BUT WE WERE
NOT ABLE TO ACHIEVE WEIGHT LOSS.
NOW, OFTENTIMES IN THE LARGE
STUDIES, WEIGHT MAINTENANCE IS
DESIRABLE BECAUSE IF YOU LOOK AT
TRENDS OF WEIGHT GAIN IN WORKING
ADULTS THERE IS A TYPICAL ONE TO
THREE POUND WEIGHT GAIN PER YEAR
SO AS IS THE CASE FOR MOST
PEOPLE, WE DON'T WAKE UP AND

SUDDENLY HAVE GAINED 20 POUNDS.
WE TYPICALLY GAIN ONE TO THREE
POUNDS EACH YEAR AND BY MID-YEAR
-- AND, YOU KNOW, BY MIDDLE AGE
WE REALLY ARE NOW FITTING INTO
THAT OVERWEIGHT BMI STATUS, IF
NOT THE OBESE BMI STATUS.
SO IT'S SOMETHING THAT HAPPENS
VERY SMALL AND INCREMENTALLY SO
WHEN WE'RE ABLE TO ACHIEVE
WEIGHT GAIN -- I MEAN WEIGHT
MAINTENANCE VERSUS WEIGHT GAIN,
WE STILL CELEBRATE THOSE
ACHIEVEMENTS.
BUT WE REALLY DO THINK THAT WE
COULD TAKE "FUEL YOUR LIFE" A
BIT FURTHER AND SO IN A SECOND
TRANSLATION OF "FUEL YOUR LIFE"
WE IMPLEMENTED IT IN CITY/COUNTY
GOVERNMENTS BECAUSE THEY EMPLOY
A WIDE VARIETY OF WORKERS.
AND IN THIS CASE WE DID BOTH
PHONE AND GROUP COACHING TO
PROVIDE A MORE INTENSIVE
INTERVENTION.
AND IN THOSE STUDIES WE FOUND
THAT THE PHONE INTERVENTION
GROUP LOST ABOUT FIVE POUNDS
OVERALL.
THE GROUP COACHING INTERVENTION
PARTICIPANTS LOST ABOUT THREE
POUNDS OVERALL.
AND THE SELF STUDY PARTICIPANTS
LOST, SIMILAR TO THE GROUP
STUDY, GROUP COACHING, THEY LOST
ABOUT THREE POUNDS.
SO, DEMONSTRATING THAT A WORK
SITE TRANSLATION OF THE DIABETES
PREVENTION PROGRAM WAS EFFECTIVE
FOR WEIGHT MANAGEMENT IN A WORK
SITE POPULATION.
AND WE RETAINED ALL OF THE
COMPONENTS OF THE ORIGINAL DPP.
WE JUST CONTEXTUALIZED MOST OF
THE MATERIAL TO MAKE IT RELEVANT
AND OF INTEREST TO
WORKING ADULTS.
IN ANOTHER STUDY THAT WE DID
WITH DOW CHEMICAL COMPANY WE HAD
INTERVENTION SITES WHO GOT SOME
INDIVIDUAL WEIGHT MANAGEMENT
PROGRAMS, BUT THOSE WERE
SUPPLEMENTED BY PROGRAMS THAT
TARGETED THE SOCIAL AND PHYSICAL
ENVIRONMENT.
SO WE MADE MODIFICATIONS TO
VENDING MACHINE OFFERINGS IN

SITES WHERE THERE WAS A
CAFETERIA ON-SITE; WE INCLUDED
HEALTHY OPTIONS AND MADE SURE
THAT NUTRITION INFORMATION WAS
AVAILABLE TO MAKE
INFORMED CHOICES.
AND IN THIS STUDY, WE ALSO FOUND
MOSTLY WEIGHT MAINTENANCE.
AND, AGAIN, THAT IS A
POSITIVE FINDING.
IN THE CONTEXT OF MOST ADULTS
GAINING WEIGHT OVER TIME IN OUR
CONTROL SITES THERE WAS WEIGHT
GAIN OBSERVED, WHILE OUR
INTERVENTION SITES MAINTAINED
THEIR WEIGHT OVERALL.
SO, ONE OF MY CONCERNS HAS BEEN
AS WE'VE BEEN IMPLEMENTING THESE
INTERVENTIONS AND WORK SITES,
WHICH IS VERY IMPORTANT TO TAKE
THINGS THAT WE'RE LEARNING IN
THE CLINICAL SETTINGS AND IN THE
COMMUNITY SETTINGS AND, REALLY
IMPLEMENTING THEM IN THE WORK
SITE SETTING, BUT IT'S BEEN KIND
OF, YOU KNOW, ON MY MIND THAT WE
WERE REALLY JUST TAKING A
PROGRAM AND IMPLEMENTING IT AT A
WORK SITE SETTING, WE WERE
SOMEWHAT IGNORING THE FACT OF
THE ROLE THAT WORK AND WORK
FACTORS PLAY ON HEALTH
BEHAVIORS.
AND SO AS PART OF MY
DISSERTATION WORK I LOOKED AT
SPECIFICALLY WORK FACTORS AND
HOW THEY IMPACTED NUTRITION AND
PHYSICAL ACTIVITY IN
WORKING ADULTS.
AND THIS JUST KIND OF SHOWS THE
COMMUNITY, THE CDC COMMUNITY
GUIDE RECOMMENDS, YOU KNOW,
NUTRITION CHANGES, PHYSICAL
ACTIVITY INCREASES BEHAVIORAL
THERAPY, AND PHYSICAL AND
ENVIRONMENTAL CHANGES TO MAKE
HEALTHIER CHOICES.
AND I BELIEVE THAT, YOU KNOW, IN
OUR TRANSLATIONS OF THESE
PROGRAMS, THAT WE HAVE BEEN
DOING THAT AND WORKING TOWARDS
WEIGHT LOSS, BUT WHAT I FELT
LIKE WE HAVE BEEN IGNORING WERE
THESE WORK FACTORS.
SO I COLLECTED DATA FROM 500 --
ACTUALLY, IT WAS A THOUSAND
WORKING ADULTS WITH BALANCED

SAMPLES OF MALES AND FEMALES.
AND THEN I LOOKED SPECIFICALLY
AT WORKLOAD.
AND WORKLOAD WAS MEASURED AS
BOTH -- IT'S NOT SIMPLY THE
NUMBER OF HOURS WORKED, BUT THE
WORK PRESSURE AND TIME DEADLINES
AND OTHER THINGS.
SO, LOOKING AT HOW DOES WORKLOAD
IMPACT EATING BEHAVIORS AS WELL
AS WHAT WE'RE EATING AND
PHYSICAL ACTIVITY.
SO, EATING BEHAVIORS ARE
COGNITIVE RESTRAINT WHERE YOU
MIGHT MAKE A CHOICE TO EAT FEWER
CALORIES OR NOT EAT A FOOD.
EMOTIONAL EATING IS THE THING
THAT WE ALL DO WHEN WE'RE
FEELING OVERWHELMED AND STRESSED
AND WE EAT TO KIND OF SOOTHE
THOSE EMOTIONS.
AND UNCONTROLLED EATING IS WHERE
WE JUST EAT WITH KIND OF NO --
WE'RE NOT, LIKE, IN TUNE
WITH HUNGER.
IT IS MORE OF JUST EATING
UNCONTROLLABLY.
AND SO INTERESTINGLY WHAT I
FOUND IS THAT WORKLOAD WAS
SIGNIFICANTLY RELATED TO
EMOTIONAL EATING AND IT WAS A
POSITIVE RELATIONSHIP.
SO THE HIGHER WORKLOAD SOMEONE
EXPERIENCED THE MORE EMOTIONAL
EATING THEY REPORTED.
THE HIGHER WORKLOAD, ALSO THE
HIGHER LEVELS OF UNCONTROLLED
EATING THAT SOMEONE REPORTED.
AND THEN I ALSO FOUND A
SIGNIFICANT RELATIONSHIP NOT
JUST IN THESE EATING BEHAVIORS,
BUT HIGHER WORKLOADS WAS
ASSOCIATED WITH INCREASES IN
PERCENT OF CALORIES FROM
FAT CONSUMED.
AND THIS WAS ACROSS MALES AND
FEMALES AND THERE WERE NO
DIFFERENCES IN THOSE TWO GROUPS.
I DID NOT FIND AN EFFECTIVE
WORKLOAD ON COGNITIVE RESTRAINT
OR ON PHYSICAL ACTIVITY.
EXHAUSTION IS TYPICALLY WHAT
RESULTS FROM EXCESSIVE DEMANDS,
SO WHEN SOMEONE HAS HIGH LEVELS
OF HIGH WORKLOAD OR HIGH
DEMANDS, THEY THEN, OVER TIME,
DEVELOP EXHAUSTION.

AND SO I WAS INTERESTED IF THERE WAS A SIMILAR RELATIONSHIP BETWEEN EXHAUSTION AND THESE EATING FACTORS AND WHAT PEOPLE WERE EATING AT PHYSICAL ACTIVITY.
AND INTERESTINGLY, THIS IS EXHAUSTION SPECIFIC TO WORK. SPECIFIC TO WHAT YOU ARE EXPECTED TO DO AS A PART OF YOUR WORK.
AND SO I FOUND QUITE STRONG RELATIONSHIPS BETWEEN EXHAUSTION AND EMOTIONAL EATING, EXHAUSTION AND UNCONTROLLED EATING, EXHAUSTION AND PERCENT CALORIES FROM FAT, AND THEN I DID FIND A RELATIONSHIP HERE BETWEEN EXHAUSTION AND PHYSICAL ACTIVITY.
AND SO THE MORE EXHAUSTION, THE MORE EMOTIONAL EATING, THE MORE UNCONTROLLED EATING, THE HIGHER PERCENT CALORIES OF FAT AND THE HIGHER THE EXHAUSTION, THE LOWER LEVELS OF PHYSICAL ACTIVITY.
AND AGAIN THERE WERE NO DIFFERENCES BETWEEN MALES AND FEMALES.
SO, IN THOSE TWO PREVIOUS SLIDES THOSE WERE DESCRIBING STUDIES WHERE IT WAS A CROSS-SECTIONAL EXAMPLE OR A CROSS-SECTIONAL SAMPLE.
SO, THEN I WAS INTERESTED IN THAT TEMPORAL RELATIONSHIP.
IF WORKLOAD LEADS TO EXHAUSTION, COULD THE EFFECTS THAT WE'RE OBSERVING IN WORKLOAD, ARE THOSE REALLY MEDIATED THROUGH EXHAUSTION?
AND THAT IS INDEED WHAT I FOUND.
I FOUND THAT BASICALLY WHEN PEOPLE REPORT WORKLOAD, SUBSEQUENTLY THEY REPORT EXHAUSTION, AND THEN WE SEE THE INCREASES IN EMOTIONAL EATING, UNCONTROLLED EATING, PERCENT OF INCREASE IN PERCENT OF CALORIES FROM FAT, AND DECREASES IN PHYSICAL ACTIVITY.
INTERESTINGLY ENOUGH, IN THIS PARTICULAR RELATIONSHIP, WHEN I LOOKED AT THE MODERATING ROLE OF SEX, I FOUND THAT THE RELATIONSHIP BECAME SIGNIFICANT FOR COGNITIVE RESTRAINT IN

FEMALES ONLY AND NOT IN MALES.
AND COGNITIVE RESTRAINT IS
TYPICALLY MAYBE MOST CLOSELY
RELATED TO DIETING BEHAVIOR AND
SO I DON'T KNOW WHETHER
PARTICIPANTS WERE INTENTIONALLY
RESTRICTING THEIR FOOD INTAKE
AND SO THAT MAY BE THE
DIFFERENCES HERE.
YOU KNOW, SO THE QUESTION IS,
LIKE, WHERE DO WE GO FROM HERE?
AND WHAT I'M CURRENTLY WORKING
ON IS REALLY IN, I'M VERY
INTERESTED IN THIS SPACE OF
SMALL AND MEDIUM SIZE BUSINESSES
AND OUR VULNERABLE WORKFORCE.
AND SO I AM CURRENTLY WORKING ON
A HIGH OBESITY PREVENTION
COOPERATIVE AGREEMENT WITH CDC.
WE'RE WORKING IN FIVE RURAL
COUNTIES TO INCREASE FOOD ACCESS
AND INCREASE THE OPPORTUNITIES
TO BE PHYSICALLY ACTIVE.
AND ONE OF THE THINGS KIND OF
CONNECTING MY WORK HERE IS THAT
WORK SITES AND WORKPLACES ARE
IMPORTANT STAKEHOLDERS IN ANY
COMMUNITY.
AND SO IF WE CAN KIND OF ENGAGE
AND KIND OF APPROACH THIS AS A
COMMUNITY APPROACH THAT INCLUDES
WORK SITES AND WORKPLACES AND,
YOU KNOW, BUILD A SYSTEM THAT
SUPPORTS INCREASED FOOD ACCESS
ACROSS ALL THE DIMENSIONS, MAYBE
WE CAN ACTUALLY MAKE EVEN MORE
TRACTION THAN JUST WORKING IN
THE WORK SITE SETTING ALONE.
SO, I APPRECIATE YOUR TIME.
I'M GOING TO STOP MY SHARE HERE.

ASHELY BURNSIDE >> THANK YOU, HEATHER.
WE CAN'T SEE YOUR SCREEN
ANYMORE.
>> OKAY, BEFORE I INTRODUCE
THE NEXT SPEAKER I JUST
WANTED TO PROVIDE A REMINDER.
IF YOU WANT TO SUBMIT
ANY QUESTIONS TO ANY
OF THE PANELISTS,
YOU CAN DO SO BY
EMAILING NATIONAL
DISABILITYFORUM@SSA.GOV.
THAT WAY WE CAN GET
YOUR QUESTIONS.
AND, NEXT UP I WANT TO
INTRODUCE DR. LORETTA DIPIETRO

WHO IS A PROFESSOR WITH THE
DEPARTMENT OF EXERCISE AND
NUTRITION SCIENCES WITH THE
MILKEN INSTITUTE SCHOOL OF
PUBLIC HEALTH AT GEORGE
WASHINGTON UNIVERSITY.
LORETTA, WHENEVER YOU'RE READY
YOU CAN SHARE YOUR SLIDES
AND BEGIN YOUR PRESENTATION.

LORETTA DIPIETRO >> AND HERE I GO.
AGAIN, THANK YOU FOR
INVITING ME TO THIS FORUM.
I'M GOING TO SHIFT TOPICS
TO PRIMARILY FOCUS ON
PHYSICAL ACTIVITY,
AND SPECIFICALLY IN OLDER PEOPLE
WHO TEND TO HAVE MORE ISSUES
WITH MOBILITY AND DISABILITY.
AND I'LL TALK QUITE A BIT ABOUT
THE GUIDELINES FOR PHYSICAL
ACTIVITY AND OUR WAYS OF
TRYING TO PROMOTE PHYSICAL
ACTIVITY IN THE AGING.
SO, EVERYBODY SHOULD KNOW THIS,
BUT MOST PEOPLE DON'T.
THESE ARE THE 2018 PHYSICAL
ACTIVITY RECOMMENDATIONS
FOR ADULTS.
THESE ARE THE UNITED
STATES GUIDELINES.
BUT THE 2020 WORLD HEALTH
ORGANIZATION GUIDELINES
MIRROR THESE.
NUMBER 1, MOVE MORE,
SIT LESS THROUGHOUT THE DAY.
VERY GENERAL.
THEN WE GET MORE SPECIFIC.
MOST PEOPLE WHO KNOW THE
GUIDELINES REMEMBER
150 MINUTES PER WEEK OF
MODERATE INTENSITY ACTIVITY.
NOTICE NOW WE INCLUDE THE UPPER
LIMIT OF 300 MINUTES A WEEK.
THE MORE YOU DO,
THE GREATER THE BENEFITS.
YOU CAN DO A SMALLER AMOUNT
OF VIGOROUS ACTIVITY,
75 TO 150 MINUTES A WEEK.
AND WHAT IS ADDED NOW AND
COMING THROUGH LOUD AND CLEAR,
AND THIS IS SPECIFICALLY
FOR OLDER ADULTS,
IS THAT ON TWO DAYS A WEEK,
PHYSICAL ACTIVITY.
INCLUDE MUSCLE STRENGTHENING
AND BALANCE ACTIVITIES.

I'M NOT USING THE WORD FITNESS
IN THIS TALK BECAUSE PEOPLE
GET SCARED OF THAT TERM.
THESE ARE THE GUIDELINES FOR
CHILDREN AND ADOLESCENTS,
A LITTLE BIT MORE STRINGENT AND
MORE CHILDREN HAVE DIFFICULTY
MEETING THESE GUIDELINES
COMPARED WITH ADULTS.
THIS IS THE WEBSITE.
IF YOU'RE INTERESTED IN
THE REPORT, THESE GUIDELINES
ARE BASED ON EVIDENCE FROM
THE PREVIOUS 15 YEARS.
SO WE KNOW NOW THAT
PHYSICAL ACTIVITY LOWERS
THE RISK OF CHRONIC DISEASE,
MORBIDITY AND MORTALITY.
THE SECRET IS OUT.
AND JUST A WEALTH OF
INFORMATION ATTESTS TO THIS.
BUT I WANT TO SET THE
PERSPECTIVE A LITTLE
BIT FOR YOU.
THESE ARE THREE KEY RISK
FACTORS FOR MORTALITY.
WE'VE HEARD ABOUT
OBESITY PREVIOUSLY.
THIS IS THE PROPORTION
OF ALL-CAUSE MORTALITY.
THAT CAN BE ATTRIBUTABLE TO
EACH ONE OF THESE RISK FACTORS.
AND SO WHAT YOU SEE IS PHYSICAL
INACTIVITY IS AS POTENT A RISK
FACTOR FOR ALL-CAUSE MORTALITY
AS IS CIGARETTE SMOKING.
IT'S AS TOXIC.
AND YOU HEARD ABOUT
OBESITY WHICH ACCOUNTS
FOR ABOUT 5% OF DEATHS.
AND REMEMBER THAT PHYSICAL
INACTIVITY IS A LEADING
DRIVER OF OBESITY.
AND CURRENTLY WE ARE ENGAGED
IN A GLOBAL PANDEMIC OF
PHYSICAL INACTIVITY.
THIS IS ESPECIALLY
SO FOR OLDER PEOPLE.
AND WHAT WE EMPHASIZE NOW IN
THE GUIDELINE IS THIS JOINT
ASSOCIATION BETWEEN PHYSICAL
ACTIVITY AND SEDENTARY TIME
WHERE YOU CONSIDER IT A
BALANCE OVER 24 HOURS.
JUST HEARD ABOUT
WORKPLACE HEALTH.
MOST PEOPLE SIT AT A

DESK 8 HOURS A DAY.
IF THERE'S A TWO-HOUR COMMUTE
BEFORE AND AFTER COMMUTE
THAT'S 12 HOURS AND THEN
ANOTHER 4 HOURS AT NIGHT.
THAT'S A LOT OF SITTING
AND IT'S TOXIC.
AND SO, OUR GOAL WITH THESE
GUIDELINES IS TO REDUCE THE
AMOUNT OF SITTING SOMEBODY DOES
DURING THE DAY AS LIGHT AND
MODERATE INTENSITY ACTIVITY
WILL INCREASE, RIGHT.
SO PEOPLE SAY,
WELL HOW MUCH PHYSICAL
ACTIVITY DO I NEED TO GET,
AND THE ANSWER IS HOW MUCH
TIME DO YOU SPEND SITTING
DURING THE DAY?
AND IT IS VERY POSSIBLE IF
YOU SIT A GREAT DEAL OF TIME,
LIKE UP HERE IN THIS RED ZONE,
IF YOU'RE PHYSICALLY
ACTIVE ENOUGH,
YOU LOWER YOUR RISK OF
MORTALITY SUBSTANTIALLY.
YOU'RE IN THE GREEN.
BUT EVEN IF YOU DON'T
SIT VERY MUCH AT ALL,
IF YOU MOVE DOWN
THIS SIDE MARGIN,
IF YOU'RE NOT PHYSICALLY ACTIVE
YOU'RE STILL IN THE YELLOW.
SO IT'S A BALANCE
BETWEEN THE TWO.
NOW THIS MAY LOOK VERY BUSY.
THIS SLIDE,
IT PERTAINS TO OLDER ADULTS
AND THESE ARE TWO -- THIS IS
A SYSTEMATIC REVIEW, RIGHT,
WHICH IS A REVIEW OF ALL
DIFFERENT TYPES OF STUDIES.
ON THE LEFT THESE ARE NINE
STUDIES OF DISABILITY PERTAINING
TO ACTIVITIES OF DAILY LIVING,
INSTRUMENTAL ACTIVITIES,
AND QUALITY OF LIFE.
ON THE RIGHT PANEL THESE ARE THE
ODDS OF FUNCTIONAL LIMITATIONS
IN HIGHER ORDER FUNCTION.
WALKING A DISTANCE.
CLIMBING STAIRS.
AND THERE'S 15 STUDIES HERE.

ONE OF THE HALLMARKS OF
EPIDEMIOLOGY AND DEFINING
A RELATIONSHIP IS,

IS THERE A DOSE-RESPONSE
RELATIONSHIP?
WELL, WHAT YOU CAN CLEARLY
SEE FROM BOTH OF THESE PANELS
IS THE DOWNWARD SLOPE
FROM JUST ABOUT EVERY
SINGLE INDIVIDUAL STUDY,
INDICATING THAT WITH INCREASED
PHYSICAL ACTIVITY THE ODDS
OF DISABILITY ARE REDUCED.
THE MORE YOU DO THE
LOWER YOUR ODDS.
THIS IS A SYSTEMATIC REVIEW
AMONG THE GENERAL POPULATION
OF OLDER ADULTS.
IN A SECOND I'LL SHOW YOU
DATA FROM PEOPLE WITH CERTAIN
TYPES OF DISABILITIES.
WE TALK ABOUT CAUSE A LOT AND
THESE ARE -- IN THIS SLIDE
I'VE LISTED THE 10 LEADING
CAUSES OF DEATH,
THE 10 MOST PREVALENT
CHRONIC CONDITIONS,
AND THE 10 MOST EXPENSIVE
MEDICAL CONDITIONS.
AND ANY CELL THAT'S HIGHLIGHTED
IN ORANGE INDICATES THAT THERE
IS AMPLE SOLID EVIDENCE,

INDICATING THAT PHYSICAL
ACTIVITY WILL LOWER THE
RISK OF THESE DISEASES,
THESE RISK FACTORS, ET CETERA.
AND SO THESE ARE THE BENEFITS
OF REGULAR MODERATE TO
VIGOROUS PHYSICAL ACTIVITY.
AND WE CALL IT THE BIGGEST BANG
FOR A BUCK IN PUBLIC HEALTH,
ESPECIALLY IF YOU CONSIDER
THE MOST EXPENSIVE
MEDICAL CONDITIONS.
NOW WE'VE GOTTEN REALLY GOOD
NOW WITH PHYSICAL ACTIVITY.
NOT ONLY DO WE KNOW PHYSICAL
ACTIVITY IS GOOD, RIGHT,
WE NOW ARE REALLY GETTING BETTER
AT DEFINING THE SPECIFIC TYPES
OF PHYSICAL ACTIVITIES THAT
PROMOTE THE BIGGEST BENEFIT.
WITH REGARD, AS I JUST STATED,
THESE MAJOR CHRONIC DISEASES,
PARTICULAR TO OLDER ADULTS,
ON THE LEFT,
WE NOW KNOW THE TYPE OF
ACTIVITY THAT'S USEFUL.
SO WE HAVE KNOWN FOREVER AND

EVER THAT MODERATE INTENSITY,
AEROBIC ACTIVITY BENEFITS
CARDIOVASCULAR DISEASE, RIGHT.
BUT AS YOU COME DOWN THE
LIST YOU SEE THAT THE TYPE
OF ACTIVITY MAY GET A
BIT MORE SPECIFIC.
FOR EXAMPLE, WITH OSTEOPOROSIS,
WE KNOW THAT HIGH IMPACT,
WEIGHT-BEARING EXERCISES,
WEIGHT LIFTING IS MUCH BETTER
THAN SOMETHING LIKE SWIMMING
WHICH IS NON-WEIGHT BEARING
AND IS LOW IMPACT.
MOST RECENTLY FOR PHYSICAL
DISABILITIES AND FALLS WE NOW
KNOW THAT MULTICOMPONENT
EXERCISES IS WHERE IT'S AT,
MEANING A PROGRAM THAT
COMBINES AEROBIC ACTIVITY,
STRENGTHENING ACTIVITY,
AND BALANCE ACTIVITY.
AND NOW THE NEWEST WAVE OF
EVIDENCE IS WITH REGARD
TO COGNITIVE DECLINE.
AND FOR THAT,
AEROBIC ACTIVITY IS KEY,
BLOOD FLOW TO THE BRAIN,
AND WHEN IT'S COMBINED
SIMULTANEOUSLY WITH
A COGNITIVE ACT.
WALKING AND LISTING
NUMBERS BACKWARD.
SIMULTANEOUS MULTITASK
AEROBIC EXERCISE.
SO THAT'S HOW SPECIFIC
WE'VE BECOME.
BUT, HOW DO WE PROMOTE?
I DON'T KNOW HOW I MISSED
A SLIDE, BUT I DID, OKAY.
SORRY.
HOW DO WE PROMOTE PHYSICAL
ACTIVITY DURING MIDDLE AGE?
WITH REGARD TO BARRIERS,
OLDER PEOPLE HAVE LOTS OF
BARRIERS THAT THEY WILL LIST.
TIME IS NUMBER ONE,
WHICH MIGHT SEEM STRANGE
TO WHEN PEOPLE SAY THEY ARE
RETIRED BUT THEY DON'T HAVE
TIME TO BE PHYSICALLY ACTIVE.
YOU SEE THIS MOSTLY
IN THE WORKFORCE,
BUT MAINLY PEOPLE SAY ILLNESS,
DISABILITY, SAFETY CONCERNS
IN THEIR ENVIRONMENT,
FEAR OF FALLING,

AND VERY IMPORTANTLY,
AS YOU'VE HEARD BEFORE
ACCESS TO PROGRAMS, RIGHT.
ACCESSIBILITY AND THE ABILITY
TO BE PHYSICALLY ACTIVE WE LIKE
TO SAY IS A BASIC HUMAN RIGHT.
AND NOT EVERYONE HAS
ACCESS TO THAT.
SO WE WORK VERY HARD
IN PUBLIC HEALTH.
WE HAVE NO PHYSICAL
ACTIVITY POLICY.
WE'RE WAY BEHIND
NUTRITION POLICY.
THE CLOSEST WE HAVE IS
SOME SCHOOL SYSTEM,
HAVE PHYSICAL ACTIVITY,
PHYSICAL EDUCATION POLICIES.
BUT AS A NATION WE HAVE NO
BIG "P" POLICY OR SMALL "P".
SO WE LIKE TO WORK WITH
THESE POLICY SYSTEMS,
ENVIRONMENTAL APPROACHES, RIGHT,
WHICH TEND TO ADDRESS
THE BIGGER PROBLEM,

RIGHT AND ARE HOUSED IN
POLICIES OR HOUSED IN
ORGANIZATIONAL SYSTEMS,
STRUCTURES AND THAT EFFECT,
ENVIRONMENTAL CONDITIONS,
RISK CONDITIONS,
AND THAT'S HOW WE WORK.
HERE'S JUST A LITTLE DIFFERENCE
BETWEEN THE TWO APPROACHES.
THE PSE APPROACHES
TEND TO BE ON-GOING.
SO RATHER THAN AN EMPLOYEE
MEETS FITNESS CHALLENGES,
ONCE A YEAR THAT EVERYBODY
PARTICIPATES IN AND THEN STOPPS,
YOU HAVE ONGOING PROGRAMMING,
WHICH IS THE WORKPLACE YOU
JUST HEARD ABOUT, RIGHT.
AND THESE ARE MUCH BETTER
ABLE TO BE SUSTAINED.
SO THE CLOSEST THING WE HAVE
TO A POLICY IS OUR NATIONAL
PHYSICAL ACTIVITY PLAN.
AND THIS IS A SET OF
RECOMMENDATIONS ORGANIZED IN
EIGHT SECTORS OF SOCIETY.
AND THEY ARE TO BE EMBEDDED
INTO THESE SYSTEMS.
THE PUBLIC HEALTH SYSTEM,
THE HEALTH CARE SYSTEM,
EDUCATION,

TRANSPORTATION LAND USE,
ET CETERA, ET CETERA.
IT'S WHAT THE UNITED NATIONS
CALLS AN ALL OF GOVERNMENT,
AN ALL OF SYSTEMS APPROACH.
AND WHAT THE PLAN ENTAILS IS
WITHIN EACH OF THOSE SECTORS
IS A SET OF STRATEGIES FOR
PROMOTING PHYSICAL ACTIVITY.
AND EACH STRATEGY GIVES SPECIFIC
TACTICS THAT COMMUNITIES,
ORGANIZATIONS,
AGENCIES AND INDIVIDUAL
PEOPLE CAN USE TO ADDRESS
A GIVEN STRATEGY.
THESE ARE SPECIFIC TACTICS.
I URGE YOU TO LOOK INTO THE
NATIONAL PHYSICAL ACTIVITY
PLAN TO SEE HOW YOU CAN BENEFIT
YOUR PORTION OF THE WORLD,
WHETHER IT'S THE WORKPLACE,
A HOSPITAL SETTING,
A SCHOOL OR IN THE COMMUNITY.
AND SO, JUST TO SUMMARIZE,
RIGHT, PHYSICAL ACTIVITY IS
HIGHLY RECOMMENDED TO MODIFY
AGING-RELATED PHYSIOLOGIC
DECLINE AND VISIBILITY.
THE BENEFITS MAY BE GREATER
IN THOSE WHO ARE MOST AT RISK.
THE BENEFITS FOR PEOPLE WHO
ARE AFRAID APPEAR TO OUTWEIGH
THE RISKS OF SITTING.
AND, I WENT OVER THE GUIDELINES.
THE MOST IMPORTANT THING
TO REMEMBER IN MY MIND
IS MOVE MORE, SIT LESS.
THANK YOU.
THANK YOU FOR LISTENING.

ASHLEY BURNSIDE >> THANK YOU, LORETTA.
ALL RIGHT.
NEXT STOP,
I AM GOING TO INTRODUCE
DR. YOLANDA SUAREZ-BALCAZAR
WHO IS A PROFESSOR WITH THE
DEPARTMENT OF OCCUPATIONAL
THERAPY AND AN AFFILIATE
FACULTY WITH THE DEPARTMENT
OF DISABILITY IN HUMAN
DEVELOPMENT AND DEPARTMENT OF
PSYCHOLOGY WITH THE UNIVERSITY
OF ILLINOIS, CHICAGO.
YOLANDA, WHENEVER YOU'RE
READY FEEL FREE TO SHARE
YOUR SLIDES AND BEGIN
YOUR PRESENTATION.

YOLANDA SUAREZ-BALCAZAR >> THANK YOU, ASHLEY.
GOOD AFTERNOON, EVERYONE.
I'M GOING TO ASK JAMES TO
HELP ME MANAGE THE SLIDES
BECAUSE I'VE BEEN HAVING
TROUBLE WITH MY SCREENS.
JAMES?
THANK YOU.
THANK YOU FOR THE INVITATION,
IT'S A PLEASURE FOR ME TO
REPRESENT THE PODER TEAM.
I WILL BE SPEAKING ABOUT
FACTORS IMPACTING THE HEALTH --
ONE SECOND -- THE FIRST SLIDE,
PLEASE -- IMPACTING THE
HEALTH OF LATINX CHILDREN
WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES
AND THEIR CAREGIVERS.
I AM PART OF THE PODER TEAM.
PODER STANDS FOR PROMOTING
OBESITY PREVENTION AMONG LATINX
CHILDREN WITH DEVELOPMENTAL
DISABILITIES AND THEIR FAMILIES
THROUGH ENGAGED RESEARCH.
THIS IS A PROJECT
FUNDED BY NIDILRR,
DISABILITY REHABILITATION
RESEARCH PROGRAM,
DEPARTMENT OF HEALTH
AND HUMAN SERVICES.
AND THE PI ON THE GROUND IS
MY COLLEAGUE SANDRA MAGANA.
I AM REPRESENTING
THE TEAM TODAY.
I ALSO WANT TO HIGHLIGHT THE
PODER, WHICH IS OUR ACRONYM.
IT'S SPANISH MEANS POWER.
AND ONE OF OUR MEANS IS TO
EMPOWER LATINX CAREGIVERS OF
CHILDREN WITH INTELLECTUAL
AND DEVELOPMENTAL DISABILITIES
TO TAKE CARE OF THEIR HEALTH
AND HEALTH OF THE CHILD
AND THEIR FAMILIES.
NEXT.
SO IN OVERVIEW,
JUST TO HIGHLIGHT SOME OF
THE POINTS THAT SOME OF MY
COLLEAGUES HAVE ALREADY MADE,
CHILDREN AND YOUTH WITH
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES HAVE HIGHER RATES
OF OBESITY AND WORSE HEALTH
OUTCOMES THAN TYPICALLY
DEVELOPING CHILDREN AND YOUTH.
LATINX CHILDREN AND THEIR

CAREGIVERS HAVE HIGHER RATES
AND WORSE HEALTH OUTCOMES
WHEN COMPARED TO OTHER GROUPS.
AND THAT IS INCREASING AND
WE ALL KNOW WELL THAT THE
POPULATION OF LATINX IN
GENERAL IS ALSO INCREASING.
YET THE SCARCITY OF RESEARCH
ABOUT LATINX COMMUNITIES IS
REALLY HARD TO INVOLVE AND REACH
OUT TO THE LATINX COMMUNITY
TO PARTICIPATE IN RESEARCH.
AND WE NEED TO DO MORE RESEARCH,
ENGAGING BROWN AND
BLACK COMMUNITIES.
LATINX COMMUNITIES ARE OFTEN
A LITTLE BIT MISTRUSTFUL
OF RESEARCHERS,
SOMEWHAT MISTRUSTFUL OF
HEALTH CARE SYSTEMS AS WELL,
AND ANYONE WHO REPRESENTS
THE GOVERNMENT.
THAT'S WHY OUR COMMUNITY
ENGAGING IN RESEARCH
IS SO CRITICAL.
HOW ARE WE WORKING AND
ENGAGING WITH COMMUNITIES?
AND LASTLY, WE SHARE TODAY
SOME PRELIMINARY DATA.
THE AIM OF OUR WORK IS TO
STRENGTHEN THAT CONNECTION.
SO WE HAVE THREE PROJECTS
THAT ARE PART OF PODER.
DETECTING, DEFINING,
MEASURING DISPARITIES,
CONSIDERING CONTRIBUTING
FACTORS,
UNDERSTANDING THE DETERMINANTS
OF HEALTH AND FACTORS THAT
IMPACT THE HEALTH OF LATINX
CHILDREN AND THEIR CAREGIVERS,
AND REDUCING.
WE ARE GOING TO BE DESIGNING AN
INTERVENTION THAT IS CULTURALLY
RELEVANT TO THE LATINX COMMUNITY
BASED ON WHAT PODER TELLS US
[INAUDIBLE] AND -- PROGRAMS
THAT HAVE A LOT OF EVIDENCE.
SO WHAT I WILL DO FOR THE
NEXT COUPLE OF MINUTES IS TO
SHARE SOME OF OUR PRELIMINARY
RESULTS FROM STUDY NUMBER 2,
UNDERSTANDING THE FACTORS THAT
IMPACT THE HEALTH OF LATINX
CHILDREN WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES.
WE ARE FOCUSING ON COLLECTING

INFORMATION ABOUT SOCIAL
DETERMINANTS OF HEALTH.
OUR DATA IS COLLECTED ACROSS --
SITES TEXAS AND ILLINOIS.
OUR FRAMEWORK,
OUR STUDIES ARE BEING
GUIDED BY THE SOCIAL
DETERMINANTS OF HEALTH.
AND I THINK AS WE SPEAK
ABOUT HEALTH, NUTRITION,
PHYSICAL ACTIVITY IN THE
DISABILITY POPULATION,
IT'S REALLY IMPORTANT BECAUSE --
SOCIAL DETERMINANTS OF HEALTH.
WHAT ARE THOSE NEIGHBORHOOD
ECONOMIC, EDUCATION,
SOCIAL AND COMMUNITY
CONTEXT FACTORS THAT MIGHT
IMPACT THEIR HEALTH?
WHAT ARE THOSE FAMILY
AND CULTURAL FACTORS,
LIKE CAREGIVER FACTORS,
IN THE STUDY THE MALE
CAREGIVERS FIRST OR
TYPICALLY THE CAREGIVERS FOR
LATINX CHILDREN AND YOUTH
WITH INTELLECTUAL AND
FUNDAMENTAL DISABILITIES.
HEALTH BEHAVIORS,
IN THOSE BEHAVIORS OF THE
CHILD WITH INTELLECTUAL AND
DEVELOPMENTAL DISABILITIES.
BUT WE ALSO ARE LOOKING AT
CHILD AND CAREGIVER OVERWEIGHT,
OBESITY, HEALTH RELATED QUALITY
OF LIFE, UNREDUCED WEIGHT GAIN.
I WANT TO JUST SHARE
SOME OF OUR -- RESULTS.
OUR NEXT SLIDE LOOKS AT
WHO ARE OUR PARTICIPANTS.
THE FEMALE CAREGIVER
OF LATINX BACKGROUND,
CHILDREN WITH INTELLECTUAL
DEVELOPMENT AND DISABILITIES
BETWEEN 6 AND 17 YEARS OF AGE,
AND THE FOCAL CHILD HAS A
DIAGNOSIS OF ATTENTION
DISORDERS DOWN'S SYNDROME
OR INTELLECTUAL DISABILITY.
WE ARE ALSO FOCUSING ON
CHILDREN WITH [INAUDIBLE].
WE ARE COLLECTING DATA THROUGH
-- AND ON FOR INTERVIEWS.
THE THREE INTERVIEWS
WITH EACH FAMILY,
WE COLLECT A NUMBER
OF ASSESSMENTS,

BUT ALSO QUALITATIVE QUESTIONS,
A MIXED STUDY,
MIXED MENTAL STUDY.
DO THREE INTERVIEWS AND THEN
THE CHILD AND THE MOTHER ARE
ASKED TO WEAR ACCELEROMETERS.
I WON'T BE SHOWING THAT
DATA TODAY BUT FOCUS
ON PRELIMINARY DATA.
THE CHILD RECEIVES A TOY
AND THEIR FAMILY RECEIVES
$25 FOR EVERY INTERVIEW.
SO NEXT, I'M GOING TO
TALK A LITTLE BIT ABOUT
OUR PARTICIPANTS.
SO FAR WE HAVE INTERVIEWED
88 CHILDREN WITH INTELLECTUAL
DISABILITIES AND
THEIR CAREGIVERS.
THE MEAN OF THE CHILD,
THE AGE IS 12.6 YEARS;
68.2 ARE MALE.
AND THE MAJORITY ARE
BORN IN MEXICO,
THE MAJORITY OF THE FAMILIES.
THE MAJORITY ARE
FIRST-GENERATION IMMIGRANTS,
AND WE COLLECT A NUMBER OF
MEASURES THAT I'M JUST GOING TO
HIGHLIGHT THE RESULTS OF SOME OF
OUR PRELIMINARY DATA AND SOME
OF OUR PRELIMINARY RESULTS.
NEXT.
SO OVERALL,
33% OF CHILDREN MET THE
CRITERIA FOR OBESITY,
BASICALLY HIGHER THAN
THE NATIONAL PREVALENCE
FOR LATINO CHILDREN.
FEMALE CHILDREN HAD A HIGHER BMI
PERCENTILE THAN MALE CHILDREN.
CHILDREN OF PARENTS WHO WERE
OLDER AND EMPLOYED AND HAD
A HIGHER BMI THEMSELVES.
THE CHILD HAD A HIGHER
BMI AS WELL.
CHILDREN WHOSE PARENTS
DEMONSTRATED GREATER USE OF
CONTROLLING PARENTING STRATEGY
HAD A LOWER BMI AND GREATER
USE OF PARENTING STRATEGY
INCLUDE HAVING SCHEDULES,
HAVING SPECIFIC TIMES FOR SCREEN
TIME, HAVING RULES ABOUT EATING,
ABOUT MEAL PREPARATION
AND SO FORTH.
AND ALSO USE OF THE ELECTRONICS.

BUT WE ALSO NOTICE THAT THOSE
WITH GREATER ACCESS TO
ELECTRONICS HAD A HIGHER BMI
WHICH IS CONSISTENT WITH
SOME OF THE LITERATURE
FOR DEVELOPING CHILDREN.
WE ALSO NOTICED THAT CLOSE TO
40% OF THE FAMILIES REPORTED HAD
A LOW OR VERY LOW FOOD SECURITY
DURING THE LAST FEW YEARS.
BASICALLY 40% OF FAMILIES
WERE HAVING A HARD
TIME ACCESSING FOOD,
AND ACCESSIBLE AND FRESH FOODS.
NEXT SLIDE.
OUR PRELIMINARY RESULTS
ALSO INDICATE THAT PERCEIVED
SOCIAL SUPPORT, HIGHER INCOME,
AND HAVING ACCESS TO FINANCIAL
BENEFITS WERE ASSOCIATED WITH
LESS MENTAL HEALTH SYMPTOMS.
WE ALSO NOTICE THAT THOSE
FAMILIES WITH THE MOTHER
CAREGIVER WHO WAS EXPERIENCING
MENTAL HEALTH SYMPTOMS HAD A
HARDER TIME CONTROLLING FOOD
INTAKE AND MEAL PREPARATION.
DECREASED FAMILY INCOME WAS
SIGNIFICANTLY ASSOCIATED
WITH DEPRESSIVE SYMPTOMS.
SEVERAL CAREGIVERS REPORTED
MODERATELY HIGH PERCEIVED
SOCIAL SUPPORT FROM A
SIGNIFICANT OTHER.
AND FINANCIAL BENEFITS WAS
SIGNIFICANTLY ASSOCIATED
WITH INCREASED PERCEIVED
SOCIAL SUPPORT.
SO HERE WE SEE THAT IT IS
REALLY IMPORTANT FOR THE
MOTHER TO -- AND THE FAMILY'S
SOCIAL SUPPORT TO ADDRESS
THE MENTAL HEALTH ISSUES.
AND THAT OF COURSE IS GOING TO
IMPACT -- THE CAREGIVERS' MENTAL
HEALTH IS GOING TO IMPACT CARING
FOR A CHILD WITH INTELLECTUAL
AND DEVELOPMENTAL DISABILITIES.
THIRTY-SIX PERCENT OF THE
CAREGIVERS WERE AT RISK
FOR DEPRESSION.
THAT'S PRETTY HIGH.
OVERALL, THEY HAVE MODERATELY
HIGH DEPRESSIVE SYMPTOM SCORES.
IN COMPARISON WITH THE MEDIAN
PREVALENCE OF DEPRESSION
AMONG THE GENERAL POPULATION,

ACCORDING TO A SYSTEMATIC
REVIEW PUBLISHED IN 2016.
THEIR DEPRESSION SCORES WERE
NEGATIVELY ASSOCIATED WITH
PHYSICAL ACTIVITY OR PHYSICAL
HEALTH, LEVEL OF ENERGY,
FAMILY INCOME,
AND WHETHER THE FAMILY
RECEIVED FINANCIAL BENEFITS.
SO BASICALLY DEPRESSION SCORES
AND BEING AT RISK FOR MENTAL
HEALTH ISSUES CAN AFFECT
THE PHYSICAL HEALTH OF THE
FAMILY AND THE CAREGIVER.
CHILD SERVICES,
WHETHER OR NOT THEY WERE
RECEIVING THERAPEUTIC SERVICES,
LIKE PT OR TE SPEECH,
WE HAVE WERE NOT ASSOCIATED
WITH ANY MATERNAL DEPRESSION
OR RISK FOR DEPRESSION.
WE ALSO NOTICED THAT FIRST
GENERATION IMMIGRANTS HAD
TENDED TO HAVE LOW SCORES
IN PHYSICAL HEALTH.
SOME OF OUR QUANTITATIVE DATA,
CHALLENGES AND CONCERNS,
SOME OF THE RESULTS ARE WHAT
PARENTS' QUALITATIVE DATA,
OR WHAT PARENTS ARE TELLING US.
ACCESS TO RESOURCES AND
SETTINGS FOR PHYSICAL
ACTIVITY ARE CRITICAL.
THEY LACK ACCESS TO RESOURCES
AND SETTINGS TO ENGAGE
IN PHYSICAL ACTIVITY.
AND ESPECIALLY,
IN WORKING CLASS NEIGHBORHOODS
IN NEIGHBORHOODS WHERE BROWN
OR BLACK COMMUNITIES MIGHT BE
WHERE SAFETY MIGHT BE AN ISSUE.
ACCESS TO DISABILITY RESOURCES
AND SUPPORT HAS BEEN A CONCERN.
ECONOMIC UNCERTAINTY AND
EXPERIENCING FOOD INSECURITY.
MENTAL HEALTH AND WELL-BEING
AND OBTAINING RESOURCES IS
A CONCERN FOR FAMILIES.
SEDENTARY BEHAVIORS BECAUSE
OF THE LACK OF ACCESS
TO PHYSICAL ACTIVITY,
THE CHALLENGES THAT THEY HAVE,
ENGAGING IN MORE SEDENTARY
BEHAVIOR AND DECREASE IN
PHYSICAL ACTIVITY.
CONCERNS ABOUT THE CHILD'S
DEVELOPMENT AND BEHAVIORS

WERE ALSO EXPRESSED BY
OUR CHALLENGES.
IN THE NEXT SLIDE WE'RE
GOING TO LOOK AT OPPORTUNITIES
AND BENEFITS THAT FAMILIES
HAVE EXPERIENCED IN THE
LAST TWO YEARS.
THEY HAVE EXPERIENCED
OPPORTUNITIES FOR LEARNING
NEW SKILLS AND TECHNOLOGIES.
OPPORTUNITIES FOR
FAMILY BONDING.
OPPORTUNITIES FOR PREPARING
MEALS AT HOME AS A FAMILY.
ONE OF THE FAMILIES
SAID MY CHILDREN,
INCLUDING THE CHILD'S
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES WERE EATING
MOST OF THE MEALS AT SCHOOL.
AND BECAUSE OF THE PANDEMIC
THAT THE SCHOOLS WERE CLOSED
FOR OVER A YEAR IN CHICAGO,
THE FAMILY, THE CHILD WAS
EATING HEALTHIER FOODS.
THEY WERE RECEIVING SUPPORT,
MEAL SUPPORT AT SCHOOL.
OPPORTUNITIES FOR MORE
HEALTHY EATING IS ALSO
HIGHLIGHTED BY OUR FAMILIES.
SO IN CONCLUSION -- NEXT
SLIDE -- AND IMPLICATIONS.
LATINX FAMILIES OF CHILDREN WITH
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES MAY FACE
UNIQUE CHALLENGES.
THEY MIGHT NOT BE ACCESSING
SUPPORTS AND RESOURCES
THAT ARE AVAILABLE TO THEM.
IN PART, THEY FACE [INAUDIBLE]
OR THEY DON'T HAVE ACCESS
TO THOSE RESOURCES.
FIRST-GENERATION IMMIGRANT
STATUS MAY BE ASSOCIATED WITH
EXPERIENCING MORE BARRIERS
TO HEALTHY LIFESTYLES.
MORE BARRIERS TO ENGAGING
IN PHYSICAL ACTIVITIES.
MORE BARRIERS TO
ACCESSING HEALTHY FOODS.
MOST FAMILIES IN THE STUDY
WERE NEGATIVELY IMPACTED
BY THE PANDEMIC WHICH THEN
LED TO GREATER CAREGIVER
RESPONSIBILITIES AND WORSE
HEALTH AND MENTAL HEALTH
OUTCOMES FOR THE CAREGIVERS.

PARENTS' BMI AND AGE
IMPACTS THE CHILDREN'S BMI.
AND THAT IS SO CRITICAL FOR
US TO WORK WITH THE CHILDREN
WITH INTELLECTUAL DISABILITIES
AND THEIR FAMILIES.
ACCESS TO ELECTRONICS -- IMPACTS
CHILD'S INTELLECTUAL DISABILITY,
IMPACTS THE BMI WITH
MORE ACCESS,
MORE LIKELY TO HAVING
INCREASE IN BMI.
SO KNOWLEDGE TRANSLATION
AND WHAT DO WE DO?
STRATEGIES?
ONE OF THE THINGS THAT WE ARE
DOING AS PART OF OUR RESEARCH
PROJECT IS THAT AFTER COMPLETING
THE THREE INTERVIEWS WE ARE
PERSONALIZING PHYSICAL
ACTIVITIES AND NUTRITIONAL
REPORTS TO FAMILIES.
WE PROVIDE THEM WITH A ONE
OR TWO-PAGE REPORT OF WHERE
THEY ARE IN TERMS OF THE
PHYSICAL ACTIVITY PATTERNS,
EATING PATTERNS OF THE
CHILD'S INTELLECTUAL
DISABILITY AND THE FAMILY,
AND THEN DISCUSSING AND
HAVE A CONSULTATION WITH
OUR INTERVIEWERS.
WHAT CAN THEY IMPROVE
OR DO BETTER?
WE NEED TO PROVIDE RESOURCES
THAT SERVE FAMILIES REGARDLESS
OF THE IMMIGRATION STATUS,
REGARDLESS OF WHERE THEY ARE
IN TERMS OF ACCESSING SERVICES.
IN ONE OF OUR MEETINGS WITH
THE COMMUNITY PARTNERS,
ONE OF THE FAMILIES
TALKED ABOUT,
IT'S NOT ENOUGH TO THINK ABOUT
FOOD DESERTS, WE NEED TO
TALK ABOUT FOOD JUSTICE BECAUSE
THIS HAS IMPLICATIONS FOR
ADDRESSING DISCRIMINATORY
POLICIES AND STRUCTURES THAT
PREVENT BLACK AND BROWN
COMMUNITIES FROM ACCESSING FOOD.
WE ATTEND ALL THE MEETINGS
WITH OUR FAMILIES AND OUR
COMMUNITY PARTNERS,
AND THE FAMILIES ARE TALKING
ABOUT SEEING GROCERY STORES
BEING CLOSED IN THEIR

COMMUNITIES AND THEY NEED
TO TRAVEL OUTSIDE THEIR
COMMUNITIES TO ACCESS FOOD,
TO SURVIVE WITH JUSTICE.
AND SOME SCHOLARS HAVE BEEN
TALKING ABOUT FOOD APATHY
BECAUSE WHY ARE OUR BROWN AND
BLACK COMMUNITIES EXPERIENCING
LACK OF ACCESS, LACK OF FRESH,
BUT ALSO ACCESSIBLE FOODS.
WHAT [INAUDIBLE] COMMUNITIES?
PARTNERED WITH COMMUNITY
ORGANIZATIONS.
THAT HAS BEEN PART OF
OUR CORE OF OUR PROJECT.
FROM THE BEGINNING WE PARTNERED
WITH COMMUNITY GATEKEEPERS,
COMMUNITY LEADERS,
SOCIAL SUPPORT GROUPS AND
COMMUNITY -- SERVING THE
LATINX COMMUNITY.
NOT ONLY BECAUSE WE
CAN REACH OUT TO THEM,
SO WE CAN RECRUIT THEM
TO BE IN OUR STUDIES,
BUT BECAUSE WE ARE OFFERING
PROGRAMMING THROUGH OUR
COMMUNITY PARTNERS.
PROGRAMMING HAS BEEN
WEBINARS AND TALKS ABOUT
PROMOTING WELL-BEING,
PROMOTING HEALTHY EATING,
PHYSICAL ACTIVITY,
SEXUALITY AND DISABILITY,
OCCUPATIONAL THERAPY SERVICES
AND OTHER TOPICS --
BY THE FAMILIES.
AND I THINK THEY ARE -- NOW
WE'RE REALLY EXCITED BECAUSE WE
ARE MOVING INTO THE INTERVENTION
PHASE AND WE ARE CONSULTING
WITH OUR COMMUNITIES
ABOUT INTERVENTION.
SO INTERVENTION, AS WE SPEAK,
I AM HERE WITH THE PODER
TEAM AND WE'RE PLANNING
AN INTERVENTION,
WE CAN FOCUS ON CULTURALLY
RELEVANT INTERVENTION TO REACH
OUT TO LATINX COMMUNITIES,
WITH CHILDREN WITH INTELLECTUAL
AND DEVELOPMENTAL DISABILITIES
AND CREATE AN EVIDENCE BASED
PROMOTING PROGRAM.
LATINX COMMUNITY ALSO RELIES A
LOT ON EACH OTHER FOR SUPPORT.
SO WE ARE RELYING NOT ONLY AS

A PROMOTION-BASED PROGRAM,
BUT SOCIAL LEARNING STRATEGIES
SO THAT WE CAN EMPOWER LATINX
FAMILIES TO MANAGE THE
ENVIRONMENTS TO PROMOTE
THEIR HEALTH.
THANK YOU SO MUCH.
AND PLEASE REACH OUT TO ME
IF YOU HAVE ANY QUESTIONS.
THANK YOU FOR INVITING ME
TO BE A PART OF THIS PANEL.

ASHLEY BURNSIDE >> THANK YOU, YOLANDA.
ALL RIGHT.
NEXT UP I'M GOING TO INTRODUCE
MS. MARIBELLE BALBES WHO IS
THE BRANCH CHIEF OF THE STATE
ADMINISTRATION BRANCH FOR
PROGRAM ACCOUNTABILITY AND
ADMINISTRATION DIVISION OF
THE SUPPLEMENTAL NUTRITION
ASSISTANCE PROGRAM AT THE U.S.
DEPARTMENT OF AGRICULTURE.
I CAN SEE YOUR SLIDES.
FEEL FREE TO START.

MARIBELLE BALBES >> GREAT.
THANK YOU SO MUCH FOR THE
INVITATION FROM THE SOCIAL
SECURITY ADMINISTRATION
AND PARTICIPATING IN THE
NATIONAL DISABILITY FORUM.
I APPRECIATE THE OPPORTUNITY
TO SHARE OUR PROGRAM'S ROLE
IN SUPPORTING EFFORTS TOWARDS
HEALTHIER EATING PATTERNS
IN THE EQUITABLE WAY.
THE SUPPLEMENTAL NUTRITION
ASSISTANCE PROGRAM OR SNAP IS
THE CORNERSTONE OF THE USDA,
NUTRITION ASSISTANCE SAFETY NET.
AND THE SNAP NUTRITION EDUCATION
OR SNAP-ED IS THE NUTRITION
EDUCATION AND HEALTH PROMOTION
COMPONENT OF THE SNAP.
SO THE GOAL OF THIS SNAP-ED IS
TO IMPROVE THE LIKELIHOOD THAT
PERSONS ELIGIBLE FOR SNAP WILL
MAKE HEALTHY FOOD CHOICES WITHIN
A LIMITED BUDGET AND CHOOSE
PHYSICAL ACTIVITY LIFESTYLES
CONSISTENT WITH THE CURRENT
DIETARY GUIDELINES FOR AMERICANS
AND THE USDA FOOD GUIDANCE.
IN ORDER TO RECEIVE SNAP-ED
FUNDING STATES MUST SUBMIT A
PLAN ANNUALLY TO THE FOOD AND

NUTRITION SERVICE OR NFNS.
THESE PLANS MUST INCLUDE
NEEDS-ASSESSMENT,
TARGET AUDIENCE, INTERVENTION,
BUDGET INFORMATION AND ANY
OTHER INFORMATION AS OUTLINED
IN THE SNAP-ED PLAN GUIDANCE.
SNAP-ED STRENGTHENS SNAP
PUBLIC HEALTH IMPACT BY
ADDRESSING NUTRITION SECURITY,
TO IMPROVE NUTRITION,
AND PREVENT OR REDUCE DIET
RELATED CHRONIC DISEASES,
AND OBESITY AMONG
SNAP-ED PARTICIPANTS.
THIS YEAR WE ARE ACTUALLY
CELEBRATING 30TH ANNIVERSARY
OF SNAP-ED.
OUR THEME THIS YEAR IS
CELEBRATING 30 YEARS OF SNAP,
EDUCATING COMMUNITIES AND
PROMOTING NUTRITION SECURITY.
SO A LITTLE BIT OF A HISTORY.
SO THE SNAP-ED STARTED IN
1992 ACROSS SEVEN STATES.
THESE WERE NEW HAMPSHIRE, OHIO,
NEW YORK, MINNESOTA, WISCONSIN,
OKLAHOMA, AND WASHINGTON.
IT HAS NOW GROWN TO
INCLUDE ALL 50 STATES,
THE DISTRICT OF COLUMBIA,
THE VIRGIN ISLANDS, AND GUAM.
THIS INCLUDES 166 IMPLEMENTING
AGENCIES IN THE FORMS
OF UNIVERSITIES,
DEPARTMENTS OF HEALTH,
INDIAN TRIBAL ORGANIZATIONS,
FOOD BANKS,
AND OTHER NON-PROFIT
ORGANIZATIONS.
OVER THE YEARS,
SNAP-ED HAS EVOLVED FROM A
DIRECT EDUCATION PROGRAM
TO A COMPREHENSIVE,
MULTI-LEVEL COMMUNITY AND
PUBLIC HEALTH APPROACH,
USING MORE UPSTREAM APPROACHES
SUCH AS SOCIAL MARKETING AND
POLICY SYSTEMS ENVIRONMENTAL
CHANGE, PSE, STRATEGIES.
PSE IS INTENDED TO INFLUENCE
POLICIES, PRACTICES,
AND PHYSICAL ENVIRONMENTS
TO SUPPORT HEALTHY EATING.
IT IS WIDELY CONSIDERED AS
THE MOST EFFECTIVE STRATEGY
IN IMPLEMENTING LARGE

SCALE IMPROVEMENTS TO THE
FOOD ENVIRONMENT WHILE
ADDRESSING FOOD SECURITY,
REDUCING CHRONIC DISEASE,
AND PROMOTING HEALTHY EQUITY.
SO LET'S TALK ABOUT A LITTLE
BIT ABOUT NUTRITION SECURITY.
I THINK THAT YOU HAVE
HEARD SECRETARY VILSACK
TALK ABOUT THIS.
AND IT IS ONE OF THE PRIORITIES
OF THIS ADMINISTRATION.
SO NUTRITION SECURITY FOR
US MEANS ALL AMERICANS HAVE
CONSISTENT ACCESS TO THE SAFE,
HEALTHY, AFFORDABLE FOOD
ESSENTIALS TO OPTIMAL
HEALTH AND WELL-BEING.
THE NUTRITION SECURITY BUILDS
ON FOOD SECURITY BY FOCUSING
ON HOW THE QUALITY OF OUR
DIETS CAN HELP REDUCE
DIET-RELATED DISEASES.
BUT IT ALSO EMPHASIZES EQUITY
AND TACKLING LONG-STANDING
HEALTH DISPARITIES.
TO GUIDE THIS EFFORT,
SECRETARY VILSACK INCLUDED FOUR
PILLARS TO COMPLIMENT THE WORK
WE DO IN THE NUTRITION SECURITY.
THE FOUR PILLARS -- SORRY.
THE FOUR PILLARS ARE:
MEANINGFUL SUPPORT;
PROVIDING NUTRITION SUPPORT
THROUGHOUT ALL STAGES OF LIFE.
TWO, HEALTHY FOOD;
CONNECTING ALL AMERICANS
TO HEALTHY, SAFE,
AFFORDABLE FOOD SOURCES.
THREE, COLLABORATIVE ACTION;
DEVELOPING, TRANSLATING
AND ENACTING NUTRITION
SCIENCE THROUGH PARTNERSHIP.
AND NUMBER FOUR,
EQUITABLE SYSTEMS;
PRIORITIZING EQUITY
EVERY STEP OF THE WAY.
THESE FOUR PILLARS ARE ALREADY
INTEGRATED IN OUR SNAP-ED.
SNAP-ED PROVIDES MEANINGFUL
SUPPORT BY TEACHING GOOD
RESOURCE MANAGEMENT,
SHOWING PARTICIPANTS HOW
TO MAKE HEALTHIER CHOICES
AND TEACHING COOKING SKILLS.
POLICY SYSTEMS AND
ENVIRONMENTAL, OR PSE,

CHANGE INTERVENTIONS HAVE
HELPED IMPROVE HEALTHY FOOD
ACCESS IN MANY COMMUNITIES,
MAKING HEALTHIER CHOICES
THE EASIER CHOICES.
FOR EXAMPLE,
SNAP-ED WORKS WITH FOOD
RETAILERS AND COORDINATES
POP-UP FORUMS,
STANDS IN NEIGHBORHOODS THAT
ARE CONSIDERED FOOD DESERTS.
OR ACTUALLY FOOD DESERT
OR FOOD SWAMPS.
WE CONTINUE TO EMPHASIZE
COLLABORATIVE EFFORTS
IN OUR PROGRAM,
SO THAT OUR GRANTEES CAN
LEVERAGE THEIR RESOURCES
AND EXPERTISE UPON THEIR
ORGANIZATIONS AND AVOID
DUPLICATION OF EFFORTS.
IN 2020,
THE SNAP-ED PROGRAM WORKED WITH
MORE THAN 37,000 COMMUNITY
PARTNERS NATIONWIDE.
SO LET'S DEFINE THE
EMPHASIS IS ON EQUITY.
AS PART OF THE SNAP-ED'S
EMPHASIS ON EQUITY STATE
IMPLEMENTING AGENCIES PROVIDE
SERVICES TO PEOPLE WITH PHYSICAL
DISABILITIES AS WELL AS THOSE
WHO MAY HAVE MENTAL AND/OR
LEARNING AND DEVELOPMENTAL
DISABILITIES OR ARE RECOVERING
FROM TRAUMA OR ADDICTION.
NUTRITION EDUCATION CLASSES
CAN HELP THIS POPULATION
GAIN MORE INDEPENDENCE WITH
SHOPPING OR ON A BUDGET AND
PREPARING HEALTHY MEALS.
SO NOW I'M GOING TO SHARE A FEW
EXAMPLES OF THE SNAP-ED PROJECTS
THAT WE WORK WITH INDIVIDUALS,
AND THAT I THINK THAT THIS
IS TO, TO YOUR INTEREST.
WE ARE GOING TO
START WITH KANSAS.
EARLY IN 2021,
THE SPECIAL OLYMPICS
OF KANSAS, OR SOK,
REACHED OUT TO KANSAS SNAP-ED,
TO BE PART OF THE
"GROWING A GARDEN PROGRAM."
IN 2021, THE PROGRAM GOAL WAS
TO ENABLE ATHLETES TO GROW
HEALTHY FOODS NO MATTER THEIR

ENVIRONMENT AND STRENGTHEN
THEIR HEALTHY EATING HABITS.
KANSAS SNAP-ED USED VIRTUAL
ONLINE CLASSES TO TEACH HEALTHY
EATING AND GARDENING TO THE
SPECIAL OLYMPICS ATHLETES.
THE PARTNERSHIP EXPANDED TO
INCLUDE KANSAS STATE RESEARCH,
AND EXTENSION HORTICULTURAL
SPECIALIST,
TO PROVIDE EDUCATION
ON GARDENING.
NEXT WE HAVE MICHIGAN.
THE SNAP-ED PROGRAM IN THE
MICHIGAN FITNESS FOUNDATION,
FORMED A PARTNERSHIP WITH THE
DISABILITY HEALTH PROGRAMS
ADVISORY COUNCIL AT THE
MICHIGAN'S DEPARTMENT OF
HEALTH AND HUMAN SERVICES
OVER THE NEXT FIVE YEARS.
THIS PARTNERSHIP WILL OFFER
OPPORTUNITIES TO COLLABORATE
WITH OTHER ORGANIZATIONS AND
IDENTIFY WAYS TO EXPAND THE
SNAP-ED'S NUTRITION EDUCATION
PROGRAMMING AND RESOURCES TO
MEET THE NEEDS OF PEOPLE
WITH DISABILITIES.
THE SNAP-ED PROGRAM IN MINNESOTA
WILL USE THE NUTRITION
CURRICULUM OF TEENAGERS WITH
INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES TO TEACH AGE
APPROPRIATE NUTRITIONAL
EDUCATION TO ADULTS AND
SOME YOUNG ADULTS WITH
INTELLECTUAL DISABILITIES.
IN KENTUCKY,
THE UNIVERSITY OF KENTUCKY HAS
DEVELOPED AN EVIDENCE BASED
HEALTHY CHOICE FOR EVERYBODY
OR HCEB CURRICULUM.
THE PROGRAM TRANSLATES
SELECT HANDOUTS TO BRAILLE,
PROVIDED PHOTOS AND ILLUSTRATED
EDUCATIONAL RESOURCES,
INCORPORATED ADAPTED KITCHEN
EQUIPMENT FOR STUDENTS
WITH DISABILITIES,
AND OFFERED COOKING CLASSES FOR
STUDENTS WITH DOWNS SYNDROME.
THIS PROGRAM ALSO COMBINES AN
INCLUSIVE HEALTH QUALITY TREND
THAT IDENTIFIES SOLUTIONS FOR
INCLUSION AND CONDUCTS STAFF
TRAINING ON THE USE OF INCLUSIVE

RESOURCES AND EQUIPMENT.
IN FISCAL YEAR 2022,
THEY ARE EXPANDING TO CREATE
A LINK CALLED WORKING WITH
INDIVIDUALS WITH DISABILITIES,
WITH ASSISTANCE FROM THE
KENTUCKY DISABILITY
AND HEALTH PROGRAM.
THIS COLLECTION OF EXISTING
AND NEW RESOURCES,
WILL BE USED FOR CORE HCEB
LESSONS WITH MODIFICATIONS FOR
INCLUSIVITY AND ACCESSIBILITY.
IN TENNESSEE,
THE TENNESSEE STATE UNIVERSITY'S
SNAP-ED PARTNERS WITH THE
VARIOUS DISABILITY AGENCIES
AND REHABILITATION CENTERS.
IN 2021, TSU PARTNERED WITH
THE ARC TO PROVIDE NUTRITION
EDUCATION THROUGH THE
"EATING SMART BEING
ACTIVE" CURRICULUM.
THEY FOCUS ON TEACHING HEALTHY
EATING HABITS AND COOKING SKILLS
TO FACILITATE MORE INDEPENDENCE.
CAREGIVERS REPORTED THAT THE
CLASS TAUGHT THEM NEW WAYS TO
ASSIST PEOPLE WITH DISABILITIES.
IN NORTH CAROLINA,
THE UNIVERSITY OF
NORTH CAROLINA GREENSBORO,
RECIPE FOR SUCCESS CURRICULUM
TEACHES BASIC NUTRITION,
FOOD SAFETY, AND COOKING SKILLS.
THEY HAVE ADVANCED THEIR PROGRAM
BY PROVIDING MENTAL HEALTH
FIRST-AID TRAINING TO STAFF,
IN PARTNERSHIP WITH MENTAL
HEALTH GREENSBORO.
THEY HAVE OFFERED NUTRITION
EDUCATION TO VETERANS AND
INDIVIDUALS WITH DEPRESSION,
TRAUMA, OR PTSD,
PHYSICAL AND/OR LEARNING
DISABILITIES.
THEY ALSO PARTNER WITH
COMMUNITY COLLEGES,
POWER PATHWAYS PROGRAM,
TO PROVIDE NUTRITION EDUCATION
TO ADULT STUDENTS WITH
DISABILITIES THAT ARE
INTERESTED IN PURSUING
JOBS IN THE FOOD INDUSTRY.
IN LOUISIANA,
THE STATE UNIVERSITY
LOUISIANA STATE UNIVERSITY,

LSU AG CENTER'S SNAP-ED AND THE
LOCAL MORE TOWN COMMUNITY FAITH
GARDEN COLLABORATED WITH THE
MEMBERS OF THE "WE GROW TOGETHER
COALITION" TO MAKE GARDEN MORE
ACCESSIBLE TO CHILDREN AND
ADULTS WITH DISABILITIES.
THEY INSTALLED A
COMMUNICATION DOOR FOR
STUDENTS WHO CANNOT SPEAK,
A GARDEN TOOL PRACTICE STATION,
INCLUSIVE GAME STATIONS
SUCH AS NUMBER BOTH HOP
SCOTCH AND NUMBERS STAMP,
AND A SENSORY GARDEN
WITH FRAGRANT HERBS.
SO IN SUMMARY,
THE SNAP-ED PROGRAM STRIVES
TO EXPAND IT'S REACH TO
UNDERSERVED COMMUNITIES AND
THOSE WHO FACE IT'S BARRIERS
TO PROGRAMS AND SERVICES.
THE USDA'S NUTRITION SECURITY
INITIATIVE EMPHASIZES MEANINGFUL
NUTRITION SUPPORT AT ALL STAGES,
ACCESS TO HEALTHY,
AFFORDABLE FOOD,
COLLABORATIVE EFFORTS,
AND PRIORITIZING EQUITY
EVERY STEP OF THE WAY.
WE TOUCHED ON THESE FOUR
PILLARS IN THE PROGRAMS
THAT WE SHARE TODAY.
THERE IS AN INCREASING TREND
OF SNAP-ED GRANTEES DEVELOPING
CURRICULA OR PARTNERING WITH
ORGANIZATIONS THAT SERVE
PEOPLE WITH DISABILITIES.
FNS CONTINUES TO ENCOURAGE
STATES AND LOCAL SNAP-ED
AGENCIES TO COLLABORATE WITH THE
COMMUNITY BASED ORGANIZATIONS,
TO IN OTHER COMMUNITY
ORGANIZATIONS AND TO LEVERAGE
EXPERTISE AND RESOURCES TO
CREATE SYNERGY AND BUILD IMPACT.
I HAVE PROVIDED
A LOT OF EXAMPLES.
WE HAVE ADDITIONAL INFORMATION
ON OUR SNAP-ED CONNECTION.
IT IS OUR WEBSITE THAT WE HAVE.
THAT PROVIDES A
LOT OF INFORMATION,
NOT JUST FOR THE STATE AGENCIES,
BUT ALSO FOR ANYBODY,
SNAP PARTICIPANTS OR ANYBODY
THAT IS INTERESTED IN THE WAY

THAT WE ARE ACTUALLY CONDUCTING
BUSINESS AND BUILDING
COLLABORATIONS AND PARTNERSHIPS.
SO I HAVE PROVIDED THAT
LINK IN THIS PRESENTATION,
THAT IS ALSO AVAILABLE ON THE
NATIONAL DISABILITY FORUM PAGE.
I REALLY WANT TO THANK YOU FOR
THE OPPORTUNITY TO SPEAK TODAY,
AND WILL BE HAPPY TO
ANSWER ANY QUESTIONS.
THANK YOU.

ASHLEY BURNSIDE >> THANK YOU, MARIBELLE.
AND THANK YOU TO ALL
OF THE PRESENTERS.
I'M GOING TO INVITE ALL
OF YOU TO COME ON CAMERA,
SO WE CAN START THE Q&A PORTION,
AND BEGIN ANSWERING THE
QUESTIONS FROM THE AUDIENCE.
AND AS A REMINDER,
FOR THE INTERPRETERS,
BEFORE YOU SPEAK
PLEASE SAY YOUR NAME.
I FORGOT TO SAY MY
NAME IS ASHLEY.
BUT WHEN YOU RESPOND,
PLEASE SAY YOUR NAME.
AND TO START,
THE FIRST QUESTION IS
SPECIFICALLY FOR HEATHER,
BUT ANYBODY ELSE CAN FEEL
FREE TO ANSWER AS WELL.
WHAT CAN BE DONE TO CHANGE
PEOPLE'S RELATIONSHIP WITH
FOOD TO DECREASE STRESS
AND BINGE EATING?
WHAT HABITS COULD REPLACE THIS?
AND WHAT COULD BE DONE TO
CHANGE THIS ON A SMALL SCALE
TO INFORM INDIVIDUALS AND AT
A LARGER SCALE THROUGH POLICY
THROUGHOUT THE NATION?

HEATHER PADILLA >> WOW, THERE IS A LOT TO --
>> THERE IS A LOT
THERE TO UNPACK.
>> YEAH.
SO THIS IS HEATHER PADILLA.
WOW, YEAH,
THERE IS A LOT TO UNPACK.
I THINK AT THE INDIVIDUAL LEVEL,
THE TOOLS ARE REALLY POTENTIALLY
AROUND YOU KNOW USING
MINDFULNESS AND OTHER EVIDENCE
BASED STRATEGIES TO BE MORE

PRESENT IN THE MOMENT WITH FOOD.
BUT I THINK THAT IS NOT
THE SOLUTION REALLY.
I MEAN,
THAT IS REALLY PUTTING IT BACK
ON THE INDIVIDUAL WHEN THERE
IS SO MANY OTHER FACTORS
FROM THE FOOD AVAILABILITY
TO THE PRESSURES THAT
WE ALL EXPERIENCE.
THERE IS NEVER ENOUGH TIME,
THERE IS INCREASING DEMANDS.
I MEAN, IT IS A REALLY
COMPLEX QUESTION, RIGHT.
AND I THINK IT REQUIRES
INTERVENTION AT ALL OF THOSE
LEVELS FROM A POLICY STANDPOINT.
I THINK AROUND,
AROUND FOOD PROMOTION AND
ADVERTISING AND WHERE
FOOD IS MARKETED AND MADE
AVAILABLE TO PEOPLE,
IT IS LITERALLY EVERYWHERE.
YOU GO CLOTHES SHOPPING AND
THERE IS FOOD AT THE CHECKOUT
LINE AS YOU ARE EXASPERATED
BECAUSE YOU HAVE BEEN
STANDING IN LINE FOR SO LONG.
I MEAN,
IT IS ALL AROUND US CONSTANTLY.
AND IT IS NOT LIKE THERE
IS AN APPLE AND BANANA
READY FOR YOU, RIGHT.
IT IS LIKE A HERSHEY BAR
WHEN YOU ARE IN THE MOMENT.
SO I DON'T, I DON'T REALLY,
THAT IS A VERY BIG TASK,
AND I WELCOME ANY OTHER FOLKS
HERE ON THE CALL TO CHIME IN.
BUT I THINK WE COULD PROBABLY
DO A WHOLE FORUM ON THAT TOPIC.

LORETTA DIPIETRO >> THIS IS LORETTA DIPIETRO.
I'M WONDERING IF, YOU KNOW,
SOMEHOW YOU COULD INCENTIVIZE
MALL STORE OWNERS TO YOU KNOW
CHANGE WHAT IS AVAILABLE
AT THE CHECKOUT COUNTERS,
AND RATHER THAN SODAS
AND CANDY BARS,
INDEED HAVE FRUIT OR
YOU KNOW JUST WATER OR
SOMETHING LIKE THAT.

ASHLEY BURNSIDE >> THANK YOU BOTH.
YEAH, IT IS A VERY LOADED,
COMPLICATED QUESTION.

THE NEXT ONE IS DIRECTED AT YOU,
LORETTA, BUT AGAIN ANYBODY ELSE
SHOULD FEEL FREE TO CHIME IN.
HOW CAN WE SYSTEMICALLY
CHANGE THE AMOUNT OF
EXERCISE THAT PEOPLE DO?
THERE IS A LOT OF MEDIA
THAT TELLS PEOPLE THEY
HAVE TO BE FIT.
BUT HOW CAN WE MAKE SURE
THAT EVERYONE HAS THE
ABILITY TO DO THIS?
FOR EXAMPLE,
HOW CAN IT BE INTEGRATED INTO
SCHOOLS AND WORKPLACES TO
ENCOURAGE AND GIVE SPACE
TO PEOPLE TO EXERCISE?

LORETTA DIPIETRO >> THIS IS LORETTA
DIPIETRO AGAIN.
THAT'S ANOTHER QUESTION
WITH MULTIPLE LAYERS.
I PURPOSELY AVOIDED THE
WORDS FIT AND EXERCISE,
BECAUSE IT SCARES PEOPLE.
EVERYONE HAS THE OPPORTUNITY
TO BE PHYSICALLY ACTIVE.
YOU KNOW, PEOPLE IN
WHEELCHAIRS, EVERYONE.
THE SLIDE THAT WAS MISSING
FROM MY DECK HAD TO DO WITH THE
BENEFITS OF PHYSICAL ACTIVITY,
TO PHYSICAL FUNCTION,
THE EVIDENCE IN PEOPLE WHO
HAVE HAD STROKES, PARKINSONS,
ET CETERA.
AND SO THE NEXT QUESTION ON,
IS -- ON, ASKS ABOUT EMBEDDING
IT INTO SOCIETY?
YOU KNOW, WHY CAN'T WE HAVE
MORE SCHOOL BASED POLICIES FOR
RECESS AND PHYSICAL EDUCATION?
MAKING THEM CORE REQUIREMENTS.
WHAT ABOUT WORK SITE STRATEGIES,
WHERE THERE ARE BREAKS ALLOWED
IN THE ROUTINE FOR PEOPLE
TO GET UP AND MOVE AROUND?
PROVIDE OPTIONS FOR STANDING
DESKS FOR PEOPLE WHO
ARE ABLE TO STAND.
SO THERE ARE,
THERE ARE LOTS OF WAYS
TO EMBED IN A SYSTEM.
WITH REGARD TO TRANSPORTATION,
SIMPLY IMPROVING MASS
TRANSPORTATION INCREASES
PHYSICAL ACTIVITY,

RATHER THAN PEOPLE
DRIVING THEIR CARS.
WE JUST HAVE TO MAKE IT A
PRIORITY AND WE HAVEN'T
DONE THAT AS A NATION YET.

ASHLEY BURNSIDE >> STEVE, DID YOU WANT TO
HOP IN FOR THAT QUESTION?

STEVEN GORTMAKER >> YEAH, SURE.
BUT I THINK LORETTA HAS
COVERED A NUMBER OF THE
IMPORTANT ISSUES HERE.
I WOULD ADD THAT WHILE THERE IS
PROBABLY A LOT OF THINGS ALSO
THAT CAN BE DONE IN SCHOOLS,
THAT KIND OF CREATE A,
A HUGE ISSUE IN SCHOOL IS THE
SHORTNESS OF THE SCHOOL DAY.
BUT YOU CAN START TO BUILD
IN MORE ACTIVE RECESS,
MORE ACTIVE PE,
YOU CAN BUILD IN MOVEMENT
BREAKS WITHIN THE CLASSROOM.
AND WE HAVE SHOWN THAT A
NUMBER OF THESE STRATEGIES
ARE PRETTY COST EFFECTIVE.
SO BUILDING PHYSICAL
ACTIVITY IN,
AND YOU CAN DO THE SAME
THING IN EARLY CARE AND
EDUCATION SETTINGS.
BEGIN EARLY IN LIFE SO PEOPLE
REALLY GET USED TO MOVING,
YOU KNOW, IN A WHOLE
RANGE OF DIFFERENT WAYS.
AND, OF COURSE,
REDUCING SCREEN EXPOSURE
YOU MENTIONED.
I THINK WE HAVE TALKED
ABOUT THAT ALREADY.
SCREENS EVERYWHERE IN OUR
LIFE PROMOTING INACTIVITY
AND MARKETING UNHEALTHY
FOODS AND BEVERAGES.
I THINK WE CAN START TO CHANGE
ALL OF THOSE ENVIRONMENTS
AND MAKE THEM HEALTHIER.

ASHLEY BURNSIDE >> THANK YOU BOTH FOR
THAT RESPONSE.
THIS NEXT QUESTION WAS
DIRECTED AT YOLANDA,
BUT AGAIN ANYBODY SHOULD
FEEL FREE TO CHIME IN.
YOU TALKED A LOT ABOUT THE
SOCIAL DETERMINANTS OF HEALTH

THAT EFFECT THE WEIGHT OF
LATINO CHILDREN IN FAMILIES.
SINCE MANY OF THESE
DETERMINANTS ARE SYSTEMIC,
WHAT WOULD YOU WANT THE
GOVERNMENT TO DO TO ELIMINATE
THESE SOCIAL DETERMINANTS?
WHAT COULD BE DONE TO HELP
TAKE THE BURDEN OFF OF PARENTS
TO CONSTANTLY MONITOR THEIR
CHILDREN'S WEIGHT AND HEALTH?
AND ESPECIALLY FOR PEOPLE WHO
DON'T HAVE THE ABILITY TO
EXERCISE FREQUENTLY OR HAVE
ACCESS TO HEALTHY FOODS.

YOLANDA SURAREZ-BALCAZAR >> THANK YOU FOR THE QUESTION.
AND I THINK IT IS REALLY
IMPORTANT TO PROMOTE POLICIES
THAT INVEST IN LOW INCOME
BLACK AND BROWN COMMUNITIES,
BECAUSE THEY ARE MOST EFFECTED
BY THOSE SOCIAL DETERMINANTS.
WHY THERE AREN'T POLICIES
PROTECTING THOSE GROCERY
STORES OR FUNDING TO SUPPORT
THOSE GROCERY STORES
THAT WANT TO STAY,
BUT BECAUSE THEY ARE NOT
MAKING ENOUGH PROFIT,
THEY MOVE OUT OF
THESE COMMUNITIES.
THAT, THAT SHOULDN'T HAPPEN.
RIGHT.
THEY ARE STRICT THROUGH
THE POLICIES.
WHAT ABOUT SAFETY IN OUR
BROWN OR BLACK COMMUNITIES?
ONE OF THE STUDIES WE
DID A FEW YEARS AGO,
WE TOOK FOOTAGE OF THE
PLAYGROUND IN BROWN AND BLACK
COMMUNITIES IN CHICAGO AND THE
PLAYGROUNDS WERE A DISASTER.
WHY DON'T WE HAVE SYSTEMS,
COMMUNITIES, NEIGHBORHOODS,
AND GOVERNMENTS THAT INVEST MORE
IN BLACK AND BROWN COMMUNITIES
TO ADDRESS SOCIAL DETERMINANTS?
WE HAVE FAMILIES
WHO HAVE TOLD US,
I CAN'T SEND MY CHILD TO
PLAY TO THE PLAYGROUND.
HE FOUND A GUN IN THE
SANDBOX THE OTHER DAY.
SO WHY ARE THESE
THINGS HAPPENING?

THESE PLACES THAT ARE SUPPOSED
TO BE FOR WALKING AND PLAYING,
LIKE PLAYGROUNDS IN BROWN
OR BLACK COMMUNITIES,
THEY ARE ABANDONED.
AND THE EQUIPMENT IS IN DISARRAY
AND DESTROYED OR NOT MAINTAINED.
SO WHY OF [INAUDIBLE] CITIES.
AND THE CITY OF CHICAGO
IN THIS CASE,
NOT SUPPORTING AND INVESTING
IN THESE COMMUNITIES.
SUPPORTING GROCERY STORE AND
FARMERS MARKETS TO BE THERE.
WHAT ARE WE DOING?
BECAUSE WE CAN'T CHANGE
THIS INTEREST OF HEALTH,
WE HAVE CONVERSATIONS WITH
FAMILIES ABOUT HOW DO YOU
NAVIGATE THE ENVIRONMENT?
RIGHT.
AND THEY TALKED ABOUT
I HAVE TO GO OUT OF MY
NEIGHBORHOOD TO BUY FOOD.
I HAVE TO TAKE TRANSPORTATION
AND THEN YOU HAVE TO PAY FOR
PUBLIC TRANSPORTATION TO GET
OUT TO THE GROCERY STORE,
AND THEN HAVING FOUR KIDS,
AND ONE TELL [INAUDIBLE]
AND INSTABILITIES TO
GO OUT OF THE COMMUNITY.
WHY IS THAT HAPPENING?
WE DO ENGAGE WITH,
WITH OUR FAMILIES IN A LOT OF
SOCIAL LEARNING FROM EACH OTHER.
AND THEY SUPPORT EACH OTHER,
CARPOOL OR BUY A BOOK
AND THEN DIVIDE IT.
BUT IT IS NOT ENOUGH.
WE ARE TEACHING OUR FAMILIES HOW
TO NAVIGATE THEIR ENVIRONMENTS,
SOME TESTING INCREDIBLY
[INAUDIBLE] AND UNHEALTHY.
BUT I THINK WE NEED TO WORK
WITH COMMUNITIES AND CITIES
TO ADVOCATE FOR PROMOTING AND
INVESTING IN BLACK AND BROWN
COMMUNITIES SO THEY CAN
HAVE ACCESS TO HEALTH,
HEALTHY ACCESSIBLE
AFFORDABLE FOODS,
BUT ALSO TO CLEARLY PUT
MONEY IN THE PLAYGROUNDS,
TO SAVE WALKING TRAILS,
AND SO FORTH.
AND WE REALLY HAVEN'T DONE THAT.

THERE ARE A FEW EXAMPLES
AROUND THE COUNTRY,
BUT NOT ENOUGH TO TRACK ISSUES.
I THINK THERE WAS ANOTHER
PART OF THE QUESTION,
THERE WERE TWO PARTS.

ASHLEY BURNSIDE >> YOU HAVE DONE A
GREAT JOB ANSWERING.
I THINK THE LAST PART
COULD BE DONE,
WHAT COULD BE DONE TO HELP
TAKE THE BURDEN OFF OF PARENTS
TO CONSTANTLY MONITOR THEIR
CHILDREN'S WEIGHT AND HEALTH?
AND ESPECIALLY FOR
PEOPLE WHO DON'T NEED
TO EXERCISE FREQUENTLY.

YOLANDA SURAREZ-BALCAZAR >> THAT IS A GOOD QUESTION.
WE NEED TO INVITE ALL OF THOSE
DIFFERENT PLAYERS TO THE TABLE.
WE ARE GOING TO BE TRAINING
FAMILIES THROUGH, PROMOTE US,
TO PROMOTE THEIR HEALTH,
MAKE DECISIONS ABOUT
HEALTHY EATING, EXERCISE.
BUT WE NEED TO BRING THOSE
DIFFERENT PLAYERS, COMMUNITIES,
OTHER MEN, OTHER WOMEN,
PEOPLE WHO ARE IN POSITIONS
OF POWER TO THE TABLE.
AND HAVE THEM MEET THE FAMILIES.
COME UP TO THE COMMUNITIES,
TOWARDS THE COMMUNITIES AND
SEE FOR THEMSELVES WHEN YOU
INVITE THEM TO THE TABLE.
AND WE PUT TOGETHER A
SENSE OF INFOGRAPHICS,
WE DID A WALKABILITY STUDY,
WITH LATIN EXAMINERS
TO DEAL WITH DISABILITIES.
OR PUT INFOGRAPHICS TOGETHER,
TO FACILITATE TO POLICY MAKERS
AND HOW UNWALKABLE COMMUNITIES
SOMETIMES ARE FOR FAMILIES OR
CHILDREN WITH DISABILITIES,
IF IT IS IN THE BROWN
OR BLACK COMMUNITIES.
SO WE NEED TO BRING DIFFERENT
DECISION MAKERS TO THE TABLE,
AND TO USE INFOGRAPHICS OR DATA
THAT THEY CAN QUICKLY AND EASILY
BROWSE THROUGH AND ADVOCATE.
SO WE NEED TO GET ENGAGED
IN ADVOCACY AS WELL.

ASHLEY BURNSIDE >> THANK YOU.
THE NEXT QUESTION IS --
THIS IS ASHLEY.
THE NEXT QUESTION IS --
>> THANK YOU FOR THE QUESTION.
>> THE NEXT QUESTION
IS FROM A FATHER.
IT IS FOR ANYBODY.
AND I ENCOURAGE YOU ALL TO TRY
TO ANSWER IT QUICKLY SO WE
CAN GET THROUGH AS MANY OF
THESE QUESTIONS AS WE CAN.
BECAUSE WE HAVE QUITE
A FEW QUESTIONS.
CAN YOU IDENTIFY INEQUITIES AND
THE IMPACTS OF A LACK OF ACCESS
TO NUTRITIOUS FOODS AND FITNESS?

LORETTA DIPIETRO >> THIS IS LORETTA DIPIETRO.
REPEAT THE QUESTION FOR
A SECOND, ASHLEY?

ASHLEY BURNSIDE >> CAN YOU IDENTIFY INEQUITIES
AND THE IMPACTS OF A LACK
OF ACCESS TO NUTRITIOUS
FOOD AND FITNESS?
IT IS A MUCH BROADER QUESTION,
SO --

LORETTA DIPIETRO >> I CALL IT RACISM BASICALLY.
I MEAN, I DON'T KNOW
WHAT ELSE TO CALL IT.
IT IS WHAT WE DEAL
WITH IN PUBLIC HEALTH,
AND LACK OF ACCESS
TO DECENT FOOD.
AND AS YOLANDA JUST SAID,
SAFE PLACES TO BE
PHYSICALLY ACTIVE.
THERE ARE RACE AND COLOR
DIFFERENCES IN THAT,
IN SIDEWALKS, IN SCHOOLS,
IN PLAYGROUNDS.
WHY IS THAT STILL HAPPENING?
I CALL IT RACISM.
I CALL IT SYSTEMIC RACISM.
AND UNTIL WE CALL IT WHAT
IT IS AND ADDRESS IT,
IT IS GOING TO BE MUCH MORE
DIFFICULT TO OVERCOME
THOSE EQUITY ISSUES.
>> I AGREE WITH LORETTA THERE.
AND I THINK THOSE MAPS I SHOWED
EARLIER OF THE INCREASING IN
SEVERE OBESITY THROUGHOUT
THE UNITED STATES WITH HUGE
DISPARITIES BY RACE, ETHNICITY,

GENDER, INCOME, AND STATE,
SHOWS THAT THE PROBLEMS
ARE NOT GETTING SMALLER.
AT LEAST IN THIS
PARTICULAR AREA,
BUT THEY ARE GETTING BIGGER.
THEY ARE WORSENING.
AND THAT'S I THINK A
CONCERN FOR EVERYBODY.

ASHLEY BURNSIDE >> THE NEXT QUESTION I THINK
MARIBELLE WOULD BE ESPECIALLY
EQUIPPED TO ANSWER BEING FROM
THE FEDERAL GOVERNMENT
SIDE OF THINGS,
BUT IT IS OPEN TO EVERYBODY.
WHAT EFFORTS ARE BEING MADE
TO PROVIDE HEALTHY EATING
AND FOOD DESERTS FOR
UNDERSERVED COMMUNITIES,
SUCH AS SCHOOL LUNCHES,
SNAP BENEFITS, FOOD PANTRIES,
AT THE FEDERAL, STATE,
AND LOCAL GOVERNMENT LEVELS?

MARIBELLE BALBES >> SO I CAN TELL YOU
THAT HERE IN FNS,
WE DO HAVE A LOT OF THOSE
PROGRAMS THAT YOU MENTIONED,
SCHOOL LUNCHES, SNAP.
BUT SPECIFIC TO SNAP-ED WE
ARE USING A LOT OF THE POLICY
SYSTEMS ENVIRONMENTAL CHANGES,
THE PSC STRATEGIES TO
IMPROVE THE HEALTHY FOOD
ACCESSING COMMUNITIES.
WE ARE TALKING ABOUT SCHOOL
ON COMMUNITY GARDENS.
WE ARE WORKING WITH THE
FOOD RETAILS TO INCREASE
HEALTHIER FOOD CHOICES.
WE HAVE COORDINATED LIKE I
MENTIONED IN THE PRESENTATION,
THE POP-UP FARM STANDS.
WE ARE WORKING WITH FARMERS
MARKETS OPERATORS DOING
COALITION BUILDING TO
ESTABLISH FOOD OPS.
WE ARE ALSO EXPANDING,
I KNOW THAT THE ONLINE TO SNAP,
ONLINE PURCHASING PROGRAM
WAS MENTIONED BEFORE,
SO IT STARTED AS A PILOT.
AND DURING THE PANDEMIC
WE EXPANDED THAT PROGRAM.
AND RIGHT NOW, WE HAVE,
WE HAVE OVER 97% OF THE

HOUSEHOLDS RECEIVING SNAP
NOW HAVE ACCESS TO IT ONLINE,
PURCHASING THROUGH LIKE
70 RETAILERS, BANNERS,
PRESENTING THOUSANDS
OF STORE LOCATIONS.
SO WE HAVE IMPROVED THE WAY
THAT WE ARE PROVIDING ACCESS.
WE CONTINUE WORKING WITH
THE ONLINE PURCHASING TO
MAKE SURE THAT THAT,
WE CONTINUE TO LOOK AT SMALL
STORES, BIG STORES, AND SO ON.
AND THEN IN TERMS OF ACCESS
TO FRUITS AND VEGETABLES,
I KNOW THAT THERE WAS
A QUESTION ABOUT IT.
I THINK THAT I WANT TO POINT
OUT THAT WE HAVE THE GUS NIP,
THE GUS SCHUMACHER NUTRITION
INCENTIVE PROGRAM,
THAT PROVIDES NUTRITION
INCENTIVES,
GRANTS TO INCREASE THE PURCHASE
OF FRUITS AND VEGETABLES.
I'M ON THE SNAP HOUSEHOLD.
SO THIS IS SOMETHING THAT
PEOPLE CAN ACTUALLY LOOK AT.
IF YOU WANT,
I CAN PROVIDE SOME OF THE
LINKS FOR WHERE TO GET
ADDITIONAL INFORMATION.
AND THIS IS NOT SOMETHING
THAT IT'S NECESSARILY,
THAT WE ARE DOING,
BUT I THINK RECENTLY SECRETARY
VILSACK ANNOUNCED INCREASE
OF FUNDING FOR THE RURAL
DEVELOPMENT ON HEALTHY
FOOD INITIATIVES HELPS,
THAT INCREASES THE FUNDING.
SO SOMEBODY WAS ASKING,
WHAT OTHER FUNDING
CAN BE ACCESSIBLE?
I DON'T HAVE A LOT
OF INFORMATION.
WE ARE STILL KIND OF LIKE
LOOKING AT SOME OF THE
THINGS THAT ARE AVAILABLE.
BUT I WILL ENCOURAGE EVERYBODY
TO LOOK AT SOME OF THOSE TYPE
OF FUNDING THAT IS AVAILABLE
FOR THIS TYPE OF ACTIVITIES.
AND AGAIN,
IF YOU GUYS WANT TO TALK AND
WORK WITH THE STATE AGENCIES
THAT WE FUND, THAT IS NOT BAD.

THEY HAVE A LOT OF INITIATIVES
THAT HAVE BEEN IMPLEMENTED
TO INCREASE ACCESS TO FOOD
AND HEALTHY CHOICES.
SO I THINK THAT IS IN A NUTSHELL
WHAT I CAN PROVIDE IN THAT AREA.

ASHLEY BURNSIDE >> OKAY.
THANK YOU.
I THINK WE HAVE TIME FOR
MAYBE ONE MORE QUESTION,
BEFORE WE HAVE TO TURN
IT OVER TO CLOSING.
AND THIS ONE I THINK IS
ESPECIALLY TO WHAT YOU WERE
TALKING ABOUT, HEATHER,
BUT AGAIN ANYBODY CAN JUMP IN.
TWO PART QUESTION.
DOES NUTRITION AND FITNESS
EFFECT WORKPLACE BEHAVIOR?
AND, IN ADDITION,
DOES IT IMPACT EMPLOYMENT
AND UNEMPLOYMENT OUTCOMES?

HEATHER PADILLA >> SO THIS IS HEATHER
PADILLA AGAIN.
WE, TO MY KNOWLEDGE,
LIKE WE DON'T HAVE DATA THAT
LOOKS AT NUTRITION AND FITNESS'S
EFFECT ON WORKPLACE BEHAVIOR,
AND I GUESS I NEED TO KNOW A
LITTLE BIT MORE SPECIFICALLY,
WHAT BEHAVIOR THAT
IS IN REFERENCE TO.
IF THAT IS IN REFERENCE
TO PRODUCTIVITY,
OR IF THAT IS IN REFERENCE
TO NON-DESIRABLE BEHAVIORS
IN EMPLOYEES.
I AM NOT SURE WHAT THE REFERENCE
TO WORKPLACE BEHAVIOR, IS THERE,
CAN WE ELABORATE ON THAT.

ASHLEY BURNSIDE >> THAT WAS THE FULL QUESTION.
BUT I THINK JUST WHAT
YOU WERE DESCRIBING IS,
ENCAPSULATES IT WELL.

HEATHER PADILLA >> YEAH.
AND SO NUTRITION AND FITNESS ARE
INHERENTLY DIFFICULT TO MEASURE
AND ARE OFTEN COMPLICATED AND
ARE ASSOCIATED WITH CHRONIC
DISEASE AND OTHER THINGS.
SO WE DO KNOW THAT PEOPLE
WITH CHRONIC DISEASE IN
THE WORKPLACE TEND TO HAVE

EARLY DEPARTURE FROM THE
WORKPLACE DUE TO DISABILITY.
THAT IS SOMETHING THAT
WE HAVE DATA ON.
SO I WOULD SAY THERE IS
A RELATIONSHIP, RIGHT.
I MEAN,
POOR NUTRITION AND LACK OF
PHYSICAL ACTIVITY OFTEN LEADS
TO OVERWEIGHT AND OBESITY
WHICH ARE OFTEN,
CO-OCCUR OR PRECEDE
CHRONIC DISEASE.
AND CHRONIC DISEASE LEADS TO
PREMATURE DEPARTURE FROM THE
WORKPLACE DUE TO DISABILITY.
BUT AS FAR AS OTHER BEHAVIORS,
I DON'T THINK WE HAVE
DATA SPECIFIC TO OTHER
EMPLOYEE BEHAVIORS.

ASHELY BURNSIDE >> THANK YOU.
AND WITH THAT,
I DO THINK WE UNFORTUNATELY
HAVE TO GO IN TO CLOSING.
I'M SORRY TO CUT-OFF
THIS CONVERSATION,
BUT THANK YOU ALL SO MUCH
FOR YOUR PRESENTATIONS
AND FOR YOUR INSIGHT,
AND THANK YOU TO EVERYBODY
WHO SUBMITTED QUESTIONS.
I THINK I'M TURNING IT BACK
OVER TO STEVE ROLLINS TO
GIVE OUR CLOSING.

STEVE ROLLINS>> OKAY, THANK YOU.
AND YES, I'M STEVE ROLLINS.
I'M THE ACTING ASSOCIATE
COMMISSIONER FOR THE OFFICE
OF DISABILITY, POLICY,
HERE WITHIN THE SOCIAL
SECURITY ADMINISTRATION.
I WOULD LIKE TO THANK YOU,
ASHLEY, FOR MODERATING TODAY.
YOU DID A REALLY NICE JOB.
I ALSO WANT TO SAY A SINCERE
THANK YOU TO ALL OF OUR
KNOWLEDGEABLE PANELISTS.
YOU KNOW, THIS WAS A GREAT
DISCUSSION AND WE APPRECIATE
YOU TAKING TIME OUT OF YOUR
BUSY SCHEDULES TO HELP US
UNDERSTAND MORE ABOUT
THESE MATTERS.
I WOULD LIKE TO ALSO THANK
ALL OF OUR PARTICIPANTS

THAT LISTENED IN TODAY
AND OFFERED QUESTIONS.
AND I ALSO WANT TO GIVE A SHOUT
OUT TO THE SSA TEAM HERE THAT
MADE THIS FORUM POSSIBLE.
A LOT OF WORK REALLY DOES
GO ON BEHIND THE SCENES TO
MAKE THESE FORUMS HAPPEN.
SO TODAY'S DISCUSSION,
I MEAN IT WAS VERY ENLIGHTENING.
YOU KNOW, IT WAS INTERESTING
TO HEAR ABOUT THE
INNER-RELATIONS BETWEEN
NUTRITION AND INDIVIDUALS
ABILITY TO SUSTAIN ACTIVITIES
INCLUDING WORKING AND
OTHER THINGS.
IT IS INTERESTING TO HEAR ABOUT
HOW POOR NUTRITION CONTRIBUTES
TO DECREASED CAPABILITIES
ACROSS THE SPECTRUM GENERALLY,
AND IMPORTANTLY THE REALITY
THAT POOR NUTRITION IS NOT
ALWAYS SOMETHING OF CHOICE
OR A VOLUNTARY BEHAVIOR.
THAT YOU KNOW INSTEAD FACTORS
SUCH AS FOOD AVAILABILITY,
AND POVERTY,
IN-AVAILABILITY OR AVAILABILITY
OF TRANSPORTATION AND MEDICAL
AND MENTAL HEALTH ISSUES,
YOU KNOW, ALONG WITH
MEDICATION TREATMENT CAN
CERTAINLY LEAD TO OR AT LEAST
CONTRIBUTE TO POOR NUTRITION.
YOU KNOW, IT WAS ALSO
NOTEWORTHY TO HEAR THAT
DISABLED INDIVIDUALS ARE
THREE TIMES MORE LIKELY
TO FACE FOOD INSECURITY
AND LIVE IN POVERTY.
THAT IS AN INTERESTING TAKEAWAY.
SO WITH THAT SAID,
HOWEVER, YOU KNOW,
IT IS ENCOURAGING TO HEAR FROM
THE PANELISTS THAT THERE ARE
MULTIPLE INTERVENTIONS AND
PLANS ON VARIOUS LEVELS BEING
UNDERTAKEN TO ADDRESS NUTRITION
AND FITNESS CONCERNS FOR ADULTS
AND CHILDREN THAT, YOU KNOW,
WILL HELP THEM LEARN AND
MODEL GOOD NUTRITION HABITS
TO THE EXTENT IT IS
WITHIN THEIR CONTROL.
YOU KNOW, CERTAINLY WHILE
IMPROVED NUTRITION AND

PHYSICAL ACTIVITY MAY NOT
BE ABLE TO CURE EVERYTHING,
IT SEEMS CLEAR FROM TODAY'S
PRESENTATIONS THAT THEY CAN
HELP IMPROVE SEVERAL THINGS
OR AT LEAST KEEP THEM
FROM GETTING WORSE.
YOU KNOW, BUT AS STATED ABOVE,
THE PANELISTS INDICATED
SOME STILL FACE CHALLENGES
THAT THEY CAN'T CONTROL,
AND YOU KNOW CAN'T NECESSARILY
ACHIEVE BETTER NUTRITION AND
INCREASED PHYSICAL ACTIVITY,
AND WILL UNFORTUNATELY NEED TO
DEAL WITH THE INCREASED PROBLEM
THROUGH NO FAULT OF THEIR OWN.
SO TODAY BEFORE WE
CLOSE TODAY'S FORUM,
I DO HAVE A BRIEF ANNOUNCEMENT.
YOU WILL RECEIVE AN EMAIL
WITH A LINK TO AN EVALUATION
FOR THIS FORUM.
WE APPRECIATE YOU TAKING TIME TO
COMPLETE THE EVALUATION FOR US.
THE EMAIL WILL ALSO INCLUDE
A LINK TO ENGAGE SSA WHICH
IS OUR ONLINE FORUM.
THIS GIVES YOU AN OPPORTUNITY
TO CHIME IN WITH ANY ADDITIONAL
THOUGHTS ABOUT TODAY'S FORUM,
YOU KNOW, AS WELL AS SUGGEST
IDEAS FOR FUTURE FORUMS FOR US.
WE ALSO ASK PEOPLE WHO
NEED SERVICES FROM SSA,
PLEASE USE OUR ONLINE
SERVICES WHICH YOU CAN
FIND AT WWW.SSA.GOV,
OR CALL US TO SCHEDULE
APPOINTMENTS IN ADVANCE,
RATHER THAN JUST WALKING
IN TO AN OFFICE WITHOUT
AN APPOINTMENT.
SCHEDULING REALLY DOES HELP
PREVENT LONG LINES AND WAIT
TIMES AND PHONE APPOINTMENTS
CAN SAVE YOU A TRIP
TO A BUSY OFFICE.
MANY SOCIAL SECURITY SERVICES
ARE ALSO AVAILABLE BY DIALING
TOLL FREE TO 1-800-772-1213.
PEOPLE ARE WHO DEAF OR HARD
OF HEARING MAY CALL SOCIAL
SECURITY'S TTY NUMBER
AT 1-800-325-0778.
I ENCOURAGE THOSE WHO ARE
ABLE TO CREATE A "my SSA"

OR I'M SORRY,
"my SOCIAL SECURITY" ACCOUNT.
MOST SOCIAL SECURITY SERVICES
DO NOT REQUIRE AN IN-PERSON
VISIT TO AN OFFICE AND CAN BE
HANDLED THROUGH THIS ACCOUNT.
PEOPLE CAN CREATE THEIR "my
SOCIAL SECURITY" ACCOUNT BY
GOING TO WWW.SSA.GOV/MYACCOUNT.
THANK YOU AGAIN FOR JOINING US.
PLEASE CONTINUE TO BE SAFE AND
ENJOY THE REST OF YOUR DAY.
THANK YOU.
>> THIS CONCLUDES THE SOCIAL
SECURITY ADMINISTRATION'S
NATIONAL DISABILITY FORUM
ON "FOOD FOR THOUGHT,
HOW NUTRITION AND FITNESS IMPACT
DISABILITY ACROSS THE LIFESPAN."
THANK YOU FOR JOINING US TODAY.
STAY SAFE AND HAVE
A WONDERFUL DAY.