

Updates

1. **April 23-24** at Hyatt Vineyard Creek Hotel Santa Rosa is **CRIHB's Wellness Conference**. Presentation to include: Suicide Prevention, Strengthening Families and Communities, CRIHB Program Updates, HIV/AIDS Updates/Issues/Trends, Bullying & Violence Prevention (Film Screening), Integrating Substance Use & Primary Care Services, How to Address HIV/AIDS in your Community, Using Digital Media as a Prevention Activity, SafeTALK. For more information or to register see attached PDF.

2. **May 20th-23**, IHS California Area Office will host the **Medical Providers' Best Practices & GPRA Measures Continuing Education Conference**, in Sacramento. Registration is still open, visit CAO's webpage at

California Medical Providers' Best Practices & GPRA Measures Continuing Education Conference

Hosted by the IHS California Area Office, the National GPRA Support Team, and the California Rural Indian Health Board, Inc.

Sacramento, California

TARGET AUDIENCE: physicians, nurses, behavioral health professionals, mid-level practitioners, clinic support staff, GPRA coordinators, community outreach professionals, Tribal Leaders, healthcare program directors, and other interested community members.

May 20 Pre-conference
May 21-22 Conference
2013

In conjunction with Special Diabetes Program for Indians (SDPI) Meeting on May 23!

Registration is FREE!

<http://www.ihs.gov/california/index.cfm/news-events/calendar/2013-best-practices-gpra-measures-conference/>

Don't miss out! Reserve your guest room now!

Location: Holiday Inn Capitol Plaza
300 J Street
Sacramento, California 95814

Phone: (916) 446-0100

Group Code: QIV

Deadline: April 1, 2013

<http://www.ihotelgroup.com/ihg/hotels/us/en/sacramento-hccr/hoteldetail?groupCode=QIV>

If you have special needs questions or concerns, a grievance concerning the conference, or for more information, please contact Rachel Pulverman at 916-930-3961, ext. 341 or Rachel.Pulverman@ihs.gov.

<http://www.ihs.gov/california/index.cfm/news-events/calendar/2013-best-practices-gpra-measures-conference/>. This conference has no registration fees and will include CME. Target Audience: Physicians, Nurses, Dietitians, Behavioral, health professionals, mid-level practitioners, clinic support staff, GPRA coordinators, community outreach professionals, Tribal Leaders, healthcare program directors, and other interested

community members.

You won't want to miss these community wellness focused session!

General Session: "Building Community Wellness Infrastructure to Combat Significant Issues and Concerns Impacting Health"

Breakout Sessions: "Breastfeeding", "Successful Strategies to Raise Mammography Rates", "Wellness – Creating a Space for Things That Truly Matter"

3. **JULY 2013 COMMUNITY WELLNESS FORUM planning is underway!!!** This event is being planned in partnership with the California Division of the American Cancer Society AI/AN Health Equity Team. Interested partners to support, help plan or mark the event are encouraged to participate in the next planning by clicking on this link

<http://doodle.com/krzb7vq84kbc86p>. Can't participate in the next call, but still

Event Alert

NATIVE COMMUNITY WELLNESS FORUM

July 2013
Sacramento CA

Your input is important!
Join the next planning call or email your thoughts!

WELLNESS

journey perspectives

interested....just email me to share information or to get on the list of those wishing to be kept informed. **This event is for those working on wellness in Native communities and will be in Sacramento this July. It will create a space for sharing of what works, learning together and honoring those champions who make a difference in California tribal and urban Indian communities.** Many are working to champion the communities as the leaders, shifting the focus of community wellness from a disease-based model to an empowerment-based model. This positive model involves tradition, innovation, capacity and sustainability all working together toward improving the health status AI/AN people. This forum will be about coming together to share knowledge, skills, and experience as a

valuable way for communities continue to work on wellness for a healthier future. In conjunction, **½ day training on their Circle of Life prior to the forum**. The training is being offered by the American Cancer Society. It is a cancer education and resource program for those working within American Indian and Alaska Native communities. For more on Circle of Live visit: <http://www.cancer.org/circleoflife/app/index>

4. The UC/CSU **28th Annual California Indian Conference and Gathering** will be held at California State University Sacramento October 3-5, 2013. Planning has begun, you are invited to join the planning and/or share the attached flyer far and wide across disciplines (see attached for more planning session information).
5. April 8th was the Just Move It California Challenge kick off with 50 participants celebrating wellness at the Fun Run/Walk during the Tribal Leaders Consultation. This is the 8th annual challenge, which works to support community-based physical activity and encourages sharing of what works with others at www.justmoveit.org.



All tribal and urban CA JMI partners are invited to request no cost incentives again this year. Please contact the JMI Consultant helping support CA partners, Kelly Concho-Hayes at kelly.ch@hncpartners.org.

Input from our partners helped to shape the new design, which includes updated tribal list, all tribal and urban programs on the back of the t-shirt this year.

Resources:

1. No live on CAO's webpage, Physical Activity virtual training page at: <http://www.ihs.gov/california/index.cfm/clinical-management/hpdp/resources-for-hpdp/virtual-training/>. The webpage includes short training videos to view to assist with implementing physical activity programs. All who view the videos and complete the short online survey will receive a complementary "Physical Activity Kit"
2. **Way of the Circle** manual is available online at: http://www.ihs.gov/Nutrition/index.cfm?module=dsp_ndtp_training. This is an IHS Nutrition and Dietetics Training Program manual that provides culturally appropriate information and instructions for providing nutrition and physical activity lifestyle change training to parents, caregivers, and adolescents. The intent of Way of the Circle training is to prevent pre-diabetes and diabetes through healthier eating and physical activity. The curriculum focus is making "Three small, doable changes which can make a difference to me, my family, and my community."

3. January 2013, **New Rules for School Snack Foods released**. These nutritional guidelines are for snack foods sold in schools and are an effort to combat the expanding waistlines of school-age children.
For more information visit the USDA at:
<http://www.usda.gov/wps/portal/usda/usdahome?contentid=2013/02/0019.xml>.
New York Times January 2013 article at:
http://www.nytimes.com/2013/02/02/us/politics/us-releases-nutritional-rules-for-snacks-at-schools.html?_r=3&
4. Community Health Media Monitoring report (example attached), a resource from the Centers for Disease Control and Prevention's Division of Community Health. The report is distributed daily, lists articles covering topics such as access to healthy food, physical activity, obesity, and tobacco. Community news story can be submitted for sharing by send full text of the article to commhealthmediamonitor@fhi360.org.
5. An interesting tool from NIDDK for professionals and researchers, is their Body Weight Simulator. It takes two minutes to watch the short video then give it a try...at: <http://bwsimulator.niddk.nih.gov/> It was developed by Dr. Kevin Hall's research group at the NIDDK and was published as part of The Lancet series on obesity "[Quantification of the effect of energy imbalance on bodyweight](#)", Lancet. 2011 Aug 27;378(9793):826-37. (PMID:21872751) . A full description of the model equations can be found in [Dynamic Mathematical Model of Body Weight Change in Adults](#) (PDF, 244Kb) document.
6. New resources for patients from CDC about smoking and pregnancy is at: <http://www.cdc.gov/reproductivehealth/tobaccousepregnancy/>. The material covers What Are the Effects of Smoking During Pregnancy on the Health of Mothers and Their Babies?. While most people know that smoking causes cancer, heart disease, and other major health problems. many women who smoke during pregnancy are unaware of impact to their unborn babies and risk for other health problems.
7. Are you looking for MyPlate materials for kids? For more information visit: <http://teamnutrition.usda.gov/Resources/servingupmyplate.htm> or <http://teamnutrition.usda.gov>

CALIFORNIA RURAL INDIAN HEALTH BOARD, INC. WELLNESS CONFERENCE

Date: April 23rd & 24th

**Location: Hyatt Vineyard Creek Hotel
Santa Rosa, CA**

**Integrating “Promising Practices”
in Health Promotion, Disease Prevention,
Chronic Disease and Behavioral Health**

This conference is designed to enhance and strengthen local efforts focused in the area of prevention. Come expecting to build partnerships, gain knowledge and re-energize yourself in promoting community based health and wellness

California Rural Indian Health Board, Inc.
4400 Auburn Blvd. 2nd Floor
Sacramento, CA 95841

**CHECK US OUT ON THE WEB AT
WWW.CRIHB.ORG**



Hotel Accommodations & Registration Information

Savor the charm of a Tuscan villa set in the heart of Sonoma Wine Country at Hyatt Vineyard Creek Hotel and Spa. Relax in this convenient award-winning hotel in beautiful Santa Rosa, California with first-class amenities and exceptional service. This Mediterranean style hotel in Santa Rosa is just a short drive from the gorgeous Pacific Coast, Napa Valley and the Sonoma County Airport. There are a myriad of shops, restaurants and cultural attractions in Santa Rosa, just minutes from the hotel.

Hyatt Vineyard Creek Hotel and Spa
170 Railroad Street,
Santa Rosa, California, USA 95401
Tel: +1 707 284 1234

Registration - Registration is free and scholarships are available on a limited basis for lodging for CRIHB member programs including: Mathiesen Health Clinic, MACT Health Board, Sonoma County Indian Health Project, United Indian Health Service, Tule River Indian Health Center, Warner Mountain, Greenville Tribal Health, Karuk Tribal Health, Pit River Tribal Health, Redding Rancheria, Rolling Hills Clinic, Chape De Indian Health and Toiyabe Indian Health.

If you are requesting a lodging scholarship, please fax or mail your registration form and room request to CRIHB by **April 1, 2013**. All cancellations need to be made 72 hours in advance. If you are not eligible for a scholarship, reservations need to be made under the "CRIHB Wellness Conference" by April 5th to get the conference rate of \$110/night. Please contact the hotel directly to reserve a room.

Registration Form Please return one form per participant by April 1, 2013

NAME: _____

TITLE: _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

PHONE: _____

FAX: _____

EMAIL : _____

LICENSE NUMBER (for professional CEU credit):

If you are requesting a lodging scholarship please check the dates you will need a room:

April 22 April 23
Do not need a scholarship and will be making my own room reservations

Please mail or fax this completed form to:
California Rural Indian Health Board
4400 Auburn Blvd., Floor 2
Sacramento, CA 95841
(916) 929-9761 Fax (916) 929-7246
Attn: Leah Hawkins



TUESDAY, APRIL 23rd DRAFT AGENDA

7:30 AM - 8:00 AM
Registration
Continental Breakfast

8:00 AM - 9:00 AM
Traditional Blessing
Keynote Speaker –
Regeneration of Self & Culture,
Dean Hoaglin

9:00 AM - 10:30 AM
**Culture as Prevention- Tribal Best Practices and
Suicide Prevention**
Gerry RainingBird, Technical Assistance Specialist
& Anara Guard, Suicide Prevention Advisor

10:30 AM - 10:45 AM Break

10:45 AM - 11:45 AM
**Fatherhood/Motherhood is Sacred -
Strengthening Families and Communities,**
Mike Duncan

11:45 AM - 12:15 PM
CRIHB Program Updates

12:15 PM - 1:30 PM
Lunch on your own

1:30 PM - 2:30 PM
**HIV/AIDS Updates, Issues &
Trends**
Sheila Fitzgibbons, UC Irvine

2:30 PM - 4:30 PM
**Bullying & Violence Prevention
Film Screening "Bullied to
Silence"** (hors d'oeuvres)
Agustin Garcia, Sonoma County
Indian Health Project

Continuing Education
9.5 Continuing Education Units are available for all eligible participants for this conference. Provider approved by the California Board of Registered Nurses, Provider Number 11712
Provider approved by CAADAC, Provider Number 5-03-035-1007

Intended Audience: The Wellness Conference has been made open to all California Tribal Public Health Nurses, Clinic Nurses, Diabetes Coordinators, Dietitians, Nutritionists, Outreach Workers, Community Health Representatives, Health Promotion Specialists, Fitness Specialists, Tobacco Cessation Program Coordinators, Substance Abuse Coordinators, Behavioral Health Specialists and others interested in integrating "Promising Practices" in health promotion, disease prevention, chronic disease and behavioral health.

WEDNESDAY, APRIL 24th DRAFT AGENDA

8:00 AM - 8:30 AM
Continental Breakfast &
CRIHB Program Updates

8:30 AM - 10:00 AM
**Integrating Substance Use and
Primary Care Services**
Victor Kogler, Executive Director
Alcohol and Drug Policy Institute

10:00 AM - 10:45 AM
How to Address HIV/AIDS in your Community,
Matt Ignacio, MSW, National Native American
AIDS Prevention Center

10:45 AM - 11:00 AM Break

11:00 AM - 12:15 PM
Using Digital Media as a Prevention Activity
Jack Kohler, Media Director for the United Auburn
Indian Community Tribal School

12:15 PM - 1:30 PM
Lunch on your own

1:30 PM - 4:30 PM
**SafeTALK: Safe Tell, Ask,
Listen and KeepSafe:** is a training that prepares you to identify persons with thoughts of suicide and connect them to suicide first aid resources. As a safeTALK-trained suicide alert helper, you will be better able to: 1) Move beyond common tendencies to miss, dismiss or avoid suicide indicators; 2) Identify people who have thoughts of suicide; and 3) Apply the TALK steps (Tell, Ask, Listen and KeepSafe) to connect a person with suicide thoughts to suicide first aid and intervention caregivers



Artwork by: Lyn Risling (Karuk, Yurok and Hupa) "Mother and Child"

**28th Annual
California Indian
Conference and Gathering
October 3-5, 2013
California State
University, Sacramento**

The California Indian Conference and Gathering is an annual event for the exchange of views and information among academics, educators, California Indians, students, tribal nations, native organizations and community members focusing on California Indians. A wide variety of topics are presented including: sovereignty, leadership, dance, storytelling, native languages, histories, law, political and social issues, federal recognition, families and children, education, economic development, arts, traditions and numerous others.

We live in the homelands of California Indigenous peoples and their nations. It is of vital importance for Indians and non-Indians to be aware of current issues, as well as the histories and cultures of our first peoples of this state. Through the combined efforts of many individuals, organizations and tribal nations, we are looking forward to a successful event. We need the active participation of many to make this a reality. Therefore, we invite those who are interested, both on and off campus, to planning meetings at Sacramento State. The following are the dates, times and places for the meetings. We hope you join us in this heartfelt endeavor.

All planning meetings are 9 a.m. until noon.

Planning Meeting #1— Friday, February 15, 2013—Orchard Suite, University Union, 2nd floor

Planning Meeting #2—Friday, April 5, 2013—Foothill Suite, University Union, 3rd Floor

Planning Meeting #3—Friday, May 3, 2013—Foothill Suite, University Union, 3rd Floor

Planning Meeting #4— Friday, July 12, 2013—Orchard Suite, University Union, 2nd Floor

Planning Meeting #5—Monday, August 19, 2013—Orchard Suite, University Union, 2nd Floor

For further information and to RSVP contact:

Annette L. Reed, Ph.D., (Tolowa, enrolled Smith River Rancheria)

Faculty in Native American Studies/Department of Ethnic Studies

Email: alreed@csus.edu



Community Health Daily Media Monitoring

2/11/2013


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*Denotes DCH local/state/organization story

★ Response to Nanny State 🚩 Heavy Opposition 🟡 Light Opposition

Star Herald

Soda tax could help reduce childhood obesity in Nebraska

http://www.starherald.com/news/regional_statewide/soda-tax-could-help-reduce-childhood-obesity-in-nebraska/article_679ce8ac-725b-11e2-ac00-0019bb2963f4.html

Sara Giboney

2/9/2013

Kearney, NE

The University of Nebraska at Kearney could play an integral role in helping Nebraska schools reduce childhood obesity.

LB447, which was introduced in the Nebraska Legislature by state Sen. Bill Avery, would tax soda and create the Nebraska Healthy Kids Fund, which aims to help schools implement wellness programs.

If the Nebraska Healthy Kids Fund receives funding, UNK will be responsible for collecting, analyzing and developing school-based reports for weight and fitness data.

"It's taking the best practices from what we've learned here in Kearney as what seems to have been effective in decreasing the prevalence of overweight and obesity and preventing excessive weight gain and trying to implement those strategies in other schools across the state," said Kate Heelan, professor of health, physical education and recreation and the Kearney Public Schools wellness program evaluator.

UNK has worked with KPS collecting weight and fitness data on students.

KPS has implemented new physical education curriculum, put salad bars into schools, began offering a wellness program for overweight families and more.

Lincoln Public Schools also has implemented a wellness program and has been collecting data.

Dr. Bob Rauner, chair of the Nebraska Medical Association's public health committee and co-chair of the Nebraska Academy of Family Physicians' Legislative Committee, has been working with Lincoln Public Schools to reduce childhood obesity with the help of a Carol M. White Physical Education Program grant, the same grant KPS used to implement its wellness program.

"This bill came out as a way to sustain what we're doing in Lincoln and Kearney, but also roll it out to the rest of the state," Rauner said.

"We want to make it happen everywhere because it's working."

Rauner said every school district in Nebraska has a wellness policy, but there isn't a mandate that says the schools have to implement wellness programming.

"In Lincoln and Kearney, it (wellness policy) didn't just sit on the shelf, we actually did things to change the policy," he said.

In Lincoln, some schools had eliminated recess to create more time for academics, Rauner said.

"Kids need physical activity, and it actually helps their academics when they're more active," Rauner said. "Now, all schools have to have recess, they have to have physical activity breaks."

Data collection will be the first step to help school districts across the state implement their own wellness policies.

If the bill is approved, beginning in 2014, UNK will receive \$500,000 a year as part of the Nebraska Healthy Kids Fund.

The funds will be used to develop and maintain a statewide database for weight and fitness data on students in Nebraska public schools.

"We have data here in Kearney that's been very effective in helping us to secure grants and also to be able to track over time to see whether or not our programs are effective," Heelan said. "We'd like to be able to get that data at a statewide level so we can help other communities to be able to see where they stand."

Having students' weight and fitness data allows school districts to determine areas that need improvement in the schools' wellness programming, apply for grant funding and seek community support, she said.

"Having the data is really what has gotten people's attention to start making change," Heelan said. "Everybody knows that there's an obesity problem across the nation with children, but until you put it in a personal situation, until it's right here in our community and there are kids with health risks and there are kids that need help right here in our community, it doesn't seem to personally impact."

Since 2006, there has been a 15 percent decrease in obesity rates among students. LPS saw a 6 percent decrease in obesity rates over two years.

Heelan and UNK Human Performance Lab Coordinator Bryce Abbey developed a web application to help schools calculate BMI and create aggregate data for reporting. The application, which is used by KPS and some surrounding schools, will be used throughout the state.

UNK will provide training to school districts on data collection processes. UNK will use the data to prepare an annual report on obesity and fitness among students.

"We will also provide annual professional development opportunities for the school districts to learn more about what kind of person they need to hire for wellness coordinators," Heelan said.

Heelan and UNK professor Todd Bartee will work with Nebraska schools on how to implement and evaluate best practices for school-based obesity prevention interventions.

In addition to funding data collection, the soda tax will help pay for schools to implement wellness programs.

Beginning in 2014, 70 percent of the remaining funds from the Nebraska Healthy Kids Fund will go to the Nebraska Department of Education.

The first \$100,000 will be used each year to monitor compliance by school districts and to help school districts in the development and implementation of school wellness policies. \$10,000 will be distributed to each school district.

The remaining amount will be distributed to school districts based on the number of students in each district.

In order for a district to continue receiving those funds, it must hire a wellness coordinator, involve a public health entity in its wellness programming, create a wellness policy and implement a wellness

program. The wellness policy must include evaluation of weight and fitness data. The date must be reported to UNK annually.

The soda tax will also go to the Department of Health and Human Services and will be allocated to public health departments.

The funds must be used to organize community efforts relating to child health and obesity. The funds will also be distributed to community-based organizations that work on issues related to breast-feeding, child care or school-based health efforts.

The next hearing on LB447 is March 15.

Arizona schools are serving breakfast to 50,000 more low-income students than they did five years ago, but still reaching fewer than half the children eligible, according to a national advocacy group.

The 229,394 students who got free or reduced-price breakfasts in the 2011-2012 school year represented a 30 percent increase from the number fed in 2007-2008, according to the Food Research and Action Center.

But the center said that was still only 46.5 percent of the kids who are eating free or reduced-price lunches at their schools. That was slightly below the national average of 50.4 percent and well below the goal of 70 percent set in the report, which only one state – New Mexico – met.

Arizona school officials said they would like to reach every eligible student, but that it can be a slow process, complicated by a lack of a statewide requirement, differing approaches at the local level, the stigma surrounding subsidized meals and other factors.

“We do take steps to actively increase the number of qualified children participating in the school lunch program,” said Mary Szafranski, deputy associate superintendent for health and nutrition services in the Arizona Department of Education.

Supporters say well-fed students are better able to learn, making them more attentive in class and leading to higher test scores, in addition to the obvious physical benefits. Breakfast is particularly important to getting ready for the school day, they say.

“Breakfast is most certainly the most important meal of the day,” Szafranski said. “The children just have a better outlook. They respond better and they’re more conducive to learning.”

The federal government reimburses states for money spent on meals in schools. Students qualify for free meals at school if their families earn 130 percent of the federal poverty level or less, under federal guidelines. Reduced-price meals are available to students whose families make up to 185 percent of the poverty level.

In 2012, a family of four would be at 130 percent of the poverty level if it earned \$29,965 in the continental U.S.

Arizona requires that schools participate in the lunch program through eighth grade, but there is no statewide requirement that schools provide breakfasts.

The state Education Department provides tools and techniques, but much of the responsibility for increasing student participation at breakfast falls to individual schools and districts.

One program that has boosted participation in some districts is “breakfast in the classroom,” where all kids get breakfast during their first-period class. The Creighton School District in east Phoenix adopted that program and now all students get breakfast, said governing board President Matt Jewett.

“It really is important for children to have breakfast and so moving it into the classroom is a great way to get that done,” said Jewett, who is also health policy director at the Children’s Action Alliance in Arizona.

Jewett said other school districts might balk because of teacher concerns that in-class breakfast could leave a mess in their classrooms, and they do not want to be responsible for the meal. But schools and the state could both do a better job making the program more successful, he said.

Karen Johnson, director of the child nutrition program for Yuma Elementary School District One, said her district has offered every student free breakfast before school since the early 1990s.

“By opening the door, we knew children of all socio-economic backgrounds could come in and all be treated the same,” she said. “That’s a really big deal.”

When the program started, Johnson said the district saw more kids come to school to eat breakfast early. But it leveled off at around 42 percent, even as unemployment increased during the recession, she said.

Johnson said pride could be one reason parents do not push their kids into the breakfast program. The stigma surrounding the program has been a problem in the past, which Johnson said could also contribute to the low numbers.

Statewide, participation in school breakfasts in Arizona has been steadily inching up. Szafranski said the progress is good but the Food Research and Action Center’s goal of 70 percent “is high” for now.

Only New Mexico made the 70 percent goal in 2011-2012, while five others – the District of Columbia, Kentucky, South Carolina, Vermont and West Virginia – had 60 percent participation.

Every state showed an increase in school breakfast participation in the last school year. Arizona’s 14,000-student gain was 19th best in the nation, but its overall participation rate put it in 29th place.

The center increased its goal for states twice in the last seven years, from 55 percent to 60 percent in 2005-2006, and again to 70 percent for 2011-2012.

Crystal FitzSimons, FRAC’s director of school programs, said the center raised the goal after some high-achieving states began to hit the mark.

“We try to come up with a goal we think is doable, that states can hit,” FitzSimons said.

“Arizona is moving in the right direction,” she said. “Obviously we would love it to be higher, but that is growth in the program.”

The days of eating greasy pizza with a side of deep-fried tater tots in a school cafeteria are coming to an end thanks to programs such as the Healthy Hunger-Free Kids Act and the USDA Foods Distribution Program.

The Healthy Hunger-Free Kids Act requires schools to include more fruits and vegetables, whole grains, fat-free or low-fat milk in school lunches, and places strict limits on saturated fats and portion size.

The distribution program takes USDA foods and distributes them to processors who make nutrient-dense reduced fat products, such as whole wheat crust pizza or whole grain breaded chicken nuggets, that are provided at a reduced cost to school districts.

The New Jersey Department of Agriculture, in conjunction with the New Jersey School Nutrition Association, recently held the inaugural USDA Foods Conference in East Brunswick.

More than 250 school food service professionals, food manufacturers and distributors attended the conference in an effort to share information about foods which are geared to meet the nutritional requirements of the Healthy Hunger-Free Kids Act school lunch regulations.

The act, which was first created in 2010, allows the USDA to make reforms to the school lunch and breakfast programs by improving the critical nutrition and hunger safety net for millions of children.

New Jersey Secretary of Agriculture Douglas H. Fisher said using USDA foods can help reduce food costs while providing healthy, kid-friendly meals.

“The USDA Foods Distribution Program is part of the Department’s overall commitment to providing students with delicious and nutritious options in their school cafeterias,” Fisher said.

Rose Tricario, director of the department's Division of Food and Nutrition, which administers the USDA foods program, said there were many low-sodium, low-fat, whole grain and individually packaged fresh fruits and vegetables at the conference.

“The manufacturers are doing a good job developing nutritious and appealing options for students by using USDA foods,” Tricario said.

At the conference, school food service professionals had the opportunity to sample foods and speak directly with manufacturers to inquire about which items meet their district’s specific needs so they could determine which foods to order for the 2013-2014 school year.

“The conference was great,” said Ruth Arnold, operations manager for Nutri-Serve Food Management which serves 10 local school districts including Clayton, Delsea and Glassboro.

One of the most popular food items showcased at the conference was a line of whole-grain pretzel products including a pretzel bread roll.

The pretzel roll has zero sodium, and works the same as a regular sandwich roll, said Diane Briskey, J and J Snack Foods’ Eastern School Foodservice manager.

“Kids are loving it,” Briskey said. “It’s fun, but it’s also healthy. Schools are looking for these types of products to increase participation.”

Arnold said some of her districts already serve the pretzel roll.

“They are phenomenal,” she said. “The kids go crazy over them.”

Arnold recently visited a district that was serving hot ham and cheese on the pretzel roll.

“They said they couldn’t make enough,” she said. “They were flying out of there.”

Some other products that Arnold said stood out at the conference were some new dip selections.

“There was a chipotle ranch dip that was really good and a garlic spread,” she said. “Kids have much more sophisticated palates these days. It’s not just about ketchup anymore.”

Land O’Lakes presented a spinach cheese dip at the conference that Arnold said would most likely appeal to high school students.

But one of the trends that is growing among school lunches is fresh fruits and vegetables.

“I see so many more fresh fruits and vegetables. And I think it’s great,” Arnold said. “It’s amazing. You put a vegetable or a fruit in a single-serving bag and the kids love it.”

She said the novelty of having a tiny bag of fruit or fresh vegetables appeals to the younger crowd.

“It is working,” she said. “When I’m in the districts, I see it.”

And lunch time is not necessarily free time for the students anymore — they are actually learning.

“They are learning a life skill of how to eat for success in the future,” Arnold said. “I started with Nutri-Serve about 12 years ago, and everything was canned. Not that there’s anything wrong with canned, but now there’s so much more fresh fruits and vegetables. There’s really no comparison.”

Other food presented at the conference included baked chickpea patties for falafel, turkey whole grain hot dogs and turkey ham, whole grain breaded fish, peanut-free sunflower seed butter products, and foods featuring Buffalo or Asian flavors.

For more information about the USDA Foods Distribution program, visit www.nj.gov/agriculture/divisions/fn/fooddistrib/slcd.html.

"Do new school lunch rules go too far?"

http://www.phillyburbs.com/news/local/whats-for-lunch/do-new-school-lunch-rules-go-too-far/article_a682ea77-a00d-50b6-9ad7-6a9e11a61c3f.html

Reducing childhood obesity through healthier foods is the goal of the new federal mandates that overhauled school meals, but some say the rules go too far.

The new meal rules set limits on overall calories and content, which has led to rumbling stomachs and compromised performance in some classrooms and on the athletic field, according to some legislators, school administrators and students.

Faced with the changes, students say they're finding ways to manage. Some opt for tastier, but non-subsidized, à la carte snack items. Others bring lunch -- and snacks -- from home. And then there are those who work harder to find something they like in school lunches.

Stephen Larocque, a second-grader in Burlington County's Beverly City Elementary School, compromises, picking and choosing what he'll eat.

"I don't like vegetables, but I like fruit, mostly grapes and strawberries," said the Burlington County student, who's also a big fan of cheeseburgers.

New Hope-Solebury 11th-grader James Russin, who spoke to a reporter at a local McDonald's, brings his lunch from home -- and visits the lunch line only for à la carte treats.

"The new lunch won't be enough for me," James said. "Most of the food has little to no taste and the portion sizes are actually pretty small."

His complaints are underscored by the Association of State Departments of Agriculture, which criticizes the limits as depriving growing students of the fuel they need to learn.

"Dietary guidelines should not deprive students of sufficient calories and protein for healthy growth and mental alertness. Overly restrictive dietary guidelines in the school lunch program will not solve the serious, national problem of childhood obesity," according to the Washington, D.C.-based trade group for agriculture agencies.

Ritchie Webb, food service director of the Bristol Township School District, is among a number of school lunch officials around the region and the country who have said the protein limits are too low to satisfy the nutritional needs of many high school kids.

Other officials have called the mandates a "one-size-fits-all approach," including Rich Wolbert, president of the Beverly City Board of Education.

"Every child is different, with different metabolisms, different needs and different situations that lead to obesity. Healthy choices, availability to healthier low-cost meals and programs to get them moving are the way to healthier kids; not what the federal government is mandating," said Wolbert, who wistfully recalled his own school days, when awards were given for physical fitness.

"We have shifted from encouragement to mandates, and I can assure you, there aren't many kids and even adults who like to be told what to do," he said.

Officials from the U.S. Department of Agriculture, which guided the changes, defended the calorie limits, explaining the government needed to put the brakes on a lunch program that, for too long, was serving students nearly double the recommended number of calories.

"The updated requirements are not designed to mandate a one-size-fits-all approach to school lunch and, in fact, they now allow for a range of calories with both a minimum and maximum level, adjusted to the age of the student," the USDA said in a statement. "Previously, the meal patterns had required a minimum number of calories to be served. However, scientific experts at the (National Academy of Science) Institute Of Medicine identified this as a critical area of concern since, with no limit to the number of calories being served, some students were receiving nearly double the recommended amount of calories at lunch."

How to appeal to kids?

Making healthy foods more appealing to kids is the real challenge, Central Bucks School District food services director Craig Lin said.

"Are you offering fruits and vegetables that students want?" Lin asked, noting baby carrots, apples, bananas, cucumbers cut in coin shapes and oranges sliced into smiles are a hit with kids.

"The one thing that we notice is some of the students who never took fruit or vegetables before have to take them and still don't eat them. ... Even fruit punch can qualify, so it's kind of a shame that there's not something in there they want," said Karen Kinzle, food service director for the Hatboro-Horsham School District.

Kinzle hopes more time and exposure to healthy options will encourage better eating habits. Still, it's hard to compete with the à la carte snacks also for sale at most schools.

Riley Krumenacker, an 11-year-old at Cold Spring Elementary in Buckingham, said the healthy options — the side cups of peas or carrots — don't appeal to her friends, but snacks do.

"We have a lot of snacks that a lot of kids like; we have fruit roll-ups, cookies and ice-cream. And most kids will go for the other stuff instead of the apples and bananas and all those items," she said.

By the numbers

Based on complaints and criticism from school officials, students and lawmakers around the nation, the USDA informed Congress in December that it was changing the meat and grain limits -- but not the calorie limit -- for this school year.

The USDA rules also limit fat, sugar and sodium content, with the goal of reducing childhood obesity and improving nutrition. They set minimum and maximum amounts for calories and food groups. Unique guidelines are set in three categories: kindergarten through fifth grades; sixth through eighth grades; and ninth through 12th grades.

Specific guidelines are set for vegetable subgroups of dark green and red/orange foods, beans/legumes (i.e. chick peas and lentils) and starchy food (potatoes, corn). Whole-grain products must compose half of the grains consumed, a category that includes bread, pasta, rice and the more exotic couscous.

Deborah Beauvais, spokeswoman for the Academy of Nutrition and Dietetics and district supervisor of nutrition for the Gates Chili Central School District in Rochester, N.Y., acknowledges the amounts of food haven't changed dramatically, just the proportions of what goes into meals.

"(The mandates) really caused us to look at and reformulate what our menus are looking like. What I find somewhat disappointing is that I had a great program (before the mandates)," said Beauvais.

"It's kind of like putting a puzzle together," she said of meeting the new guidelines.

Beauvais said the limits on grains, the most popular food group in her district, are "very restrictive compared to (former) offerings," which included pizza products, wraps, bagels and specialty rolls, most of which went over the federal ounce limits. The grain limits also meant students in the strictest threshold, kindergarten through fifth grades, couldn't eat a two-slice sandwich every day without exceeding the limits.

Also, the weekly caps for meat and other protein content — which were no more than 10 ounces for kindergarten through eighth grades and 12 ounces for high school students — meant that a familiar staple like a cheeseburger may exceed the total limits.

Limits draw notice

Students are noticing that portions are smaller in the Palisades School District, which serves Bridgeton, Durham, Nockamixon, Springfield and Tinicum.

"The kids do complain and they will say, 'Why can't I have cheese on my cheese steak or why can't I have cheese on my hamburger?' Either I reduce the size of the burger or I eliminate the cheese," said Gerry Giarratana, the district's food services director.

Staying within the weekly calorie limits has been the biggest challenge in the Moorestown School District, according to Business Administrator Lynn Shugars. For example, peanut butter and jelly sandwiches can no longer be offered daily in the elementary schools.

"It's a favorite for kids, but we can't offer it every day because of the calories. But we are experimenting with different things and keeping track of what's popular and constantly making adjustments every month to keep kids happy," Shugars said.

Saturated fats, which are lipids that are solid at room temperature, cannot exceed 10 percent of total calories, and trans fats have been eliminated. Guidelines also govern milk products; only low-fat, fat-free or skim milk is acceptable.

Despite the limits and changes, Giarratana said Palisades students aren't going hungry. Elementary school students have a designated morning snack time; middle and high school students are allowed to snack in class throughout the day. Plus, the district is looking into creating a snack period in the afternoon for elementary schools.

But the calorie limits — 650 for grades k-five, 700 for grades six to eight and 850 for grades nine to 12 -- were blasted by the National Association of State Departments of Agriculture, which called for a more comprehensive approach, including dietary education and increased physical activity.

Introduced by North Dakota Agriculture Commissioner Doug Goehring during NASDA's annual meeting in Des Moines, the government trade group's policy statement calls the new guidelines "well-intentioned, but falling short of providing a comprehensive policy for educating students in healthy living."

Moorestown's Shugars and the nutrition academy's Beauvais agreed the health-minded mandates are well-intentioned, but jarring to the students.

"It's admirable and it's the right thing to do. But it's certainly a challenge. More fruits and vegetables are great, but it's such a challenge for the kids. They're not used to it," Shugars said.

Webb agreed. "Change doesn't come easy," he said.

Food and thought

If students don't eat the balanced meals provided by the school and opt to go hungry or eat junk food, their schoolwork will likely suffer because the link between nourishment and mental capacity is critical, according to a former school nurse who's an associate professor of nursing and childhood studies at Rutgers Camden.

"They can't engage," said Robert Atkins, who also directs the Rutgers Camden's Nurse Certification Program.

Brain function relies on glucose, with support from other food groups, a theory that has been proven repeatedly by clinical research, he explained.

"It (the body) needs to have the sugars, a balance of proteins and even fats. When they're (kids) not nourished, their stomachs are empty and they're not able to concentrate," said Atkins.

Insufficient nutrition can have long-term impacts as well, according to family physician Dr. Mary Campagnolo.

"Long term, nutrition affects the membrane structure of our brain cells, which can add or detract from our overall performance at school or work, and our intelligence," said Campagnolo, medical director for primary care at the Virtua Medical Group and chief of the Department of Family Medicine at Virtua Memorial Hospital in Mount Holly.

James, the New Hope-Solebury 11th-grader, is living proof of what the doctors say. He decided to start packing his lunch after two bad experiences buying post-mandate school meals. He typically brings a ham and cheese sandwich, grapes, an apple, yogurt, chips and sparkling lemon water.

"A good school lunch is pretty important because I find that when I'm not satisfied at lunch, that I spend a lot of my day just thinking about and complaining about how hungry I am rather than focusing in class. A good lunch has a big impact on how I learn," said James.

Energy levels aren't the only health-related vulnerability.

Wolbert, the Beverly Board of Education president, said new and unfamiliar foods can exacerbate autism spectrum disorder, which affects several students in his district.

"Sometimes, it's the texture of the food, the smell or the sight of certain foods that can over-stimulate the children with ASD and it can actually cause physical pain for the child," he explained. "Many parents who have children with ASD know this and will pack home lunches for these children, but there are parents with ASD kids who qualify for free or reduced (-price) breakfast and lunch and these children will just opt to forgo eating entirely rather than experience the discomforts associated with eating these foods."

Still, some Beverly students are trying to make do by eating what they're served.

Sharon McLoone, an area supervisor for the Nutri-Serve school management company, which serves Beverly and other districts, said, "There's not a lot of waste here, whereas if you go to other districts, it's a different story."

The athletic impact

Perhaps no one has criticized the mandates more theatrically than a group of students in the Wallace County High School in Sharon Springs, Kan., who took their message to YouTube. The video for a song titled "We Are Hungry" — to the tune of the hit "We Are Young" by Fun. — shows famished student athletes weakly attempting to throw a basketball, collapsing on the track and struggling on the weight bench.

Wearing a T-shirt proclaiming his love for beef, the star of the viral video sings, "By the time you go to practice and you feel like falling down, I'll carry you home."

Released in September, the parody has received more than 1 million hits.

In Pennsbury High School, a student who wrestles and plays football said he brings an extra snack from home -- either a granola bar or a bag of peanuts -- to maintain his energy level. Students in that district said teachers also allow them to snack in class, and swimmers said they snack all day long on days when they have morning and afternoon practices.

The district's dietitian points out that the federal school lunch program was never intended to meet the individual nutrition needs "for each and every individual student. This is a federal program wherein the nutrition standards and guidelines for lunch are intended to meet one-third of a typical child's needs for calories (age-group appropriate), etc.," said Juli Tracy, the district's nutrition educator.

Morsels of support

The federal mandates have not gone without support.

Ann Cooper, food services director for the Boulder Valley, Colo., School District, said she doesn't agree with the USDA's decision to loosen some rules.

"I think the reason the USDA implemented these guidelines is because students need a more balanced diet, with more fresh fruits and vegetables," Cooper said.

"We've seen the amount of fruits and vegetables kids are eating is going up. We are seeing kids that are eating more salads because there's less bread on the plate, said Cooper, aka The Renegade Lunch Lady. "We should not be backing off of these issues. We should be working with the students."

In this region, some officials said the revamped menus aren't leaving everyone hungry.

Burgers and pizza still get eaten faster than greens at Beverly City Elementary School, but fruits are growing in popularity. Cereal and carrots also got high marks from some students eating lunch there.

Before she feasted on a plate of grilled cheese, french fries, apple juice, peas and strawberries, Beverly sixth-grader Laniyah Harris spoke favorably about the new mandates.

"I would think that would be good, for students to have healthier (meals)," she said.

Getting kids to eat healthier school lunches is a challenge

http://www.phillyburbs.com/news/local/burlington_county_times_news/getting-kids-to-eat-healthier-school-lunches-is-a-challenge/article_1b3383a7-4c1f-548c-9af1-72f986472725.html

All the warnings from Washington about children's nutrition and the deficiencies in school lunch programs might simply have remained rhetoric, as so many things do, but at the Beverly City Elementary School, the rhetoric has been turned into action.

Student taste tests and the clever presentation of foods have kids not only eating -- but embracing -- lunches that include items like chocolate hummus, black bean brownies and cauliflower "popcorn."

"Some of the kids had never tried kiwi before. They take the fruits, they take the vegetables," said Sharon McLoone, an area supervisor for Nutri-Serve, a food service management company that works with Beverly, among other districts.

They also take -- and eat -- offerings that some kids might view with suspicion.

The federal government's overhaul of the National School Lunch Program, which requires more fruits and veggies and limits calories and fats, was the impetus for the changes in meal programs at schools around the county and across the country.

Those new mandates have led to broadened horizons for kids in the roughly 300-student school, according to McLoone, who said the secret to school lunch success is largely the combination of whole-food ingredients with traditionally tasty ingredients. She pointed to the chocolate hummus and the pumpkin twister, which mixes pudding and spiced pumpkin.

And the kid-friendly presentation helps, too, McLoone said. The cauliflower "popcorn," made from roasted pieces of the vegetable served with seasoning in a red checkered cup, has gotten favorable feedback from the kids, along with sweet potato "coins."

"Who would have thought it?" marveled Maryellen Carter, the school's food service director.

In her three years with the district, Carter has developed a few secrets of her own. Among them: a yearly tasting session in which students try an assortment of new dishes and smaller-scale tastings throughout the year. Involving students in potential menu choices helps cut down on waste, she said.

"If they don't know what something is, I'll give them a 'thank you' bite," Carter explained.

Before she feasted on a plate of grilled cheese, french fries, apple juice, peas and strawberries, Beverly sixth-grader Laniyah Harris spoke favorably about the new mandates.

"I would think that would be good for students to have healthier (meals)," she said.

In Burlington City, Superintendent Patricia Doloughty said the school district participated in a program last year that introduced new foods to students, who provided input to create the menus for this school year.

Doloughty said the district is exploring the possibility of working with the Cooperative Growers Association in Tabernacle to provide cooking demonstrations for students that will incorporate healthy ingredients.

The cost and the hard-sell to kids

Still, it's not always easy to get kids to eat healthier.

Carter and McLoone said burgers and pizza still get eaten faster than greens. Beans remain a tough sell in many districts, along with unusual grains like couscous and quinoa. But turkey bacon, spinach with sliced strawberries, buffalo chicken salad, fruit-and-yogurt parfait and baked potato bars have become welcome additions to the school cafeteria, McLoone and Carter said.

That's a good thing, since school districts won't qualify for federal reimbursements, which cover part of the cost of all school lunches, unless the right combination is on students' lunch trays. And if the trays aren't topped with at least a serving of vegetables or a fruit, students who pay regular meal prices are charged more expensive à la carte prices.

The changes to the school lunch program are part of the U.S. Healthy Hunger-Free Kids Act of 2010, which will pump \$4.5 million in new funding into child nutrition programs annually.

The 2012 Back to School Trends survey by the School Nutrition Association found revamping menus has come at a cost -- and one that generally won't be covered by the extra six cents per lunch in federal funding.

Of the more than 500 districts surveyed, 90 percent anticipated an increase in food costs and nearly 70 percent expected the federal reimbursement for school meals to fall short of the cost of producing the meals. Nearly 64 percent of the surveyed districts had raised lunch prices for some of their schools for the 2012-13 school year, with the average cost increasing by 11 cents per meal.

A number of public school districts in the county did raise their prices this school year due to the requirements of the new federal mandates.

Prices in the Pemberton School District, which serves the borough and the township, went from \$2.20 to \$2.25 for preschool and elementary kids, and from \$2.40 to \$2.50 for high school lunches.

There's no indication yet whether the school district's budget will be affected because of the federal changes, said Tom Pirolli, supervisor of food services for the district.

"It's too early to know, but fresh fruit would determine that," Pirolli said. "If there's a drought, the price of fruit would be much higher."

In Lumberton, student lunches went up 15 cents this year, from \$2.50 to \$2.65. The increase was due, in part, to the federal mandates, but the increasing cost of food, fewer commodities from the federal government and labor costs also played a role in the increase, according to Betsy Sapulskey, communications specialist for the Lumberton School District.

Beverly hasn't raised its lunch prices, officials said. And in Burlington City, Doloughy said lunch prices haven't been discussed yet.

Mandates limit calories

The new federal rules also set calorie maximums. For kindergarten through fifth grades, students are allowed 650 calories a meal. In sixth through eighth grades, the number rises to 700 calories. High school students get 850 calories per meal.

Those limits are needed to help curb the nation's childhood obesity epidemic, according to the USDA, which reports nearly one in three children are at risk for preventable diseases like diabetes and heart disease because they're overweight or obese. In New Jersey, more than 30 percent of children and adolescents ages 10 to 17 are overweight or obese, according to the New Jersey Department of Health.

The issue of childhood obesity isn't black and white, said Barry Sackin, a former food services director and School Nutrition Association vice president who runs his own consulting firm, B. Sackin & Associates.

"The nation has an obesity problem. It is not a school meal problem," said Sackin, adding school meals are often the most nutritious meals that children eat. "Unless you're going to deal with the other 84 percent of what kids eat, the culture that we live in, which is telling them that that school meal is yucky — it's not going to succeed.

"That said, we have an obesity problem in this country that has an enormous fiscal impact on individuals, on governments," Sackin added. "Trying to find the balance between those is the challenge."

The renegade

Ann Cooper, director of food services for the Boulder Valley School District in Colorado, believes protests about the new school lunch standards are much ado about nothing.

"Seven hundred fifty calories for lunch is a tremendous amount," Cooper said. "Neither you nor I probably eat that on any given day, let alone every single day. Kids used to be able to get three pieces of pizza, a cookie and chocolate milk and call it lunch. Now, they have to get one piece of pizza, a fruit or a salad, organic milk, things like that. It's not that there's not enough offered. It's just that some of the kids don't want to eat what those calories are."

Cooper spent much of her career as a chef in professional kitchens before joining the school district. Her crusade for healthier cafeteria food has earned her the nickname "The Renegade Lunch Lady."

Four years ago, Cooper's district began instituting widespread changes to menus, adding more fruits and vegetables, whole grains and other healthy food items, and cutting out foods that weren't healthy.

"I think what everyone has to understand is, we should not be backing off of these issues," she said. "We should be working with the students to get them to eat more fruits and vegetables. Of course, there's going to be some push-back. But you have to start somewhere, and you have to start with education."

Cooper agreed home plays a big role in kids' nutrition, but disagreed with those who say monitoring what kids eat shouldn't be the role of schools.

"Would we be having this discussion if the literacy education in our country had changed and kids are pushing back that they don't like it?" she said. "Would we be letting kids make a decision on how they are learning English or math when they are 12? We would not. ... Lunch food is no different. There's no reason food is treated in a different way than the different parts of the educational paradigm."

While meal participation was flat the first year and fell in year two, it began to rise in the third year. This year, it is up 4.7 percent, from an average of about 7,500 students a day to 7,900 students, Cooper said.

Some area school districts have noticed fewer students getting school lunches this year.

In Burlington City, participation is “markedly down” with the new menu, said Superintendent Patricia Doloughy. The district plans to research and review meal plans from schools where many children get cafeteria lunches.

Changing minds and behaviors

David Just, co-director of the Cornell University Center for Behavioral Economics in Child Nutrition Programs, spent time in more than 100 schools examining the effects of the new standards.

“The big positive is that many schools that once provided inadequate offerings of fruits and vegetables now offer them,” said Just. “The negative is that (some of) what is on the tray does not enter the belly.”

Food isn't nutritious unless it is eaten, though, and he estimated that more than half of the additional fruits and vegetables taken by students are thrown away in some districts.

“The legislation made sure we would have very nutritious trays, but didn't account for the behavior of children,” Just said.

He wants the government to offer more flexibility with calorie limits, taking into consideration that “one size does not fit all and that kids do not eat every morsel on the tray.”

Schools must help

Despite the challenges, schools must serve a role in meeting students' nutritional needs, said a Lehigh University education consultant.

George White, a professor of educational leadership and a consultant to dozens of schools around the region, said the federal government is making a positive move by requiring healthier meals, but now it's up to local schools to make the food more appetizing.

“Students have to be taught to eat good foods, in many cases,” he said. “Put asparagus on a plate and it may get tossed, but if you mix the asparagus in a soufflé, kids might enjoy it.”

He said schools have to think about nutrition strategies if they want students to perform at their best in the classroom. “We need to have kids fueled throughout the day so their brain and body can work well in the learning process,” White said.

Keeping them fed throughout the day could be a challenge.

As school populations grow, so do the number of lunch periods, presenting a quandary for schools that have to schedule lunches early and late in the day, he said. White said mid-morning or afternoon snacks, such as apples or pretzels, are becoming a more common part of some school days, especially in elementary schools.

“It makes a lot of sense in having students fueled for learning,” said White, adding that some high schools students arrive at school at 7:30 a.m. and don't eat lunch until 1 p.m. “If schools don't think about the implications, we'll start to see kids getting more sluggish. The goal of all educational systems is to have kids at their peak learning performance.”

In an effort to help with that goal, the U.S. Department of Agriculture is expected to issue proposed rules on school snacks sometime this spring.

For those of us who expect more from our public school lunch programs, here's some food for thought: The mid-Hudson's rapidly sprouting local food movement could be taking root at a school lunchroom near you.

That's the goal of the first regional "School Food Summit 2013: Celebrating Our Children, Food and Future." It's scheduled for Friday at Rondout Valley High School.

Local organizations representing hundreds of area growers plan to meet with parents and school food-service directors to dish about the best way to get products out of their fields and onto your child's lunch plate.

According to Nicci Cagan of From the Ground Up, organizers plan to discuss whether the kids and the community will reap more benefits with food that is grown locally.

"Why would we get broccoli from California if we grow it here?" said Cagan, whose child attends the Rondout Valley School District. "It's about freshness and keeping the dollars in our community."

She also explained that it makes good environmental sense because it requires less fuel to ship the food locally.

According to Deborah DeWan of the Rondout Valley Growers, there's an educational component to all of this, as well, since kids will learn about from where their food comes.

"It's to spark their interest in fresher, healthier alternatives and find ways to bring the bounty of the region into the schools," she said.

First Lady Michelle Obama's federal lunch program under the Healthy Hunger-free Kids Act remains a work in progress.

In recent months, the U.S. Department of Agriculture relaxed some of the restrictions on the program after many high school students across the country complained the small portions left them hungering for more.

Last week, at the urging of U.S. Sen Chuck Schumer, D-N.Y., the USDA agreed to launch a pilot program to add yogurt to lunch menus as a protein alternative by April.

While I'm sold on the idea of giving our kids the freshest food possible and helping to sustain area farmers, the sticking point is whether the farmers' groups will be able to cut through the bureaucracy to establish a program that works.

Can the growers produce enough to feed thousands of hungry school children? Can they agree on a fair price point and deliver the food on time?

The Food Summit begins in the Rondout Valley High cafeteria at 5:30 p.m., where the participating organizations plan to serve samples made with local foods.

Try some breakfast burrito, featuring eggs and sour cream from the mid-Hudson. Or perhaps some macaroni and cheese with local squash might be more to your liking.

At Rondout Valley, the local food movement already has found a foothold thanks to the efforts of food service director Chris Van Damm.

If the growers are successful, school cafeterias plan to cook up more change in the months to come.

WTOP

Fairfax County trying to create a better school lunch

<http://www.wtop.com/149/3222324/Fairfax-Co-aims-for-better-school-lunch>

Hank Silverberg

2/10/2013

Washington, DC

A combination of overweight kids, too much junk food and precooked and processed food in schools has prompted the Fairfax County School Board to hire a nutrition company.

Prismatic Services, Inc., of Huntersville, N.C., has already started its work of coming up with a better school lunch, says JoAnne Hammermaster, a local parent and president of Real Food For Kids, which has been pushing for the improvement.

"We're hearing diabetes and obesity and this horrible trend that has gone for three decades now and we need to start reversing that trend," says Hammermaster.

The Fairfax County school district is paying the company \$200,000 to come up with better entrees that include less processed food and more options.

At the same time, the kitchen at Marshall High School will be renovated to allow for the actual cooking of food, instead of just reheating already prepared food.

Kathy Smith, a school board member, says the money for the project is coming from the food service within the county, which is self-sustaining and has a reserve, so no other school services will be impacted by the expenditure.

"We've worked to get rid of additives in food," she says, noting also that students are not allowed to drink soda during school hours.

The school district hopes to have the renovations at Marshall High ready in time for the next school year. But Hammermaster says an overhaul of the school lunch menu may take longer than that.

Prismatic, which has done similar work in San Francisco, says use of the school cafeteria food by students went up by 40 percent after recommended changes were made in the school lunch program.

Substitution patterns can limit the effects of sugar-sweetened beverage taxes on obesity

http://www.cdc.gov/pcd/issues/2013/12_0195.htm

Dramatic increases in obesity and sugar-sweetened beverage consumption over the past several decades have become major public health and clinical concerns. Obesity rates tripled in 30 years, and sugar-sweetened beverage consumption among children more than doubled in the last 2 decades of the twentieth century (1). Many children drink more sugar-sweetened beverages than milk, and sugar-sweetened beverages represent the largest category of daily caloric intake (7%–12%) for many demographic groups (1). Emerging evidence suggests that increasing consumption of sugar-sweetened beverages raises weight and obesity rates.

These trends and the evidence that modest but persistent reductions in calories (approximately 1 can of sugar-sweetened beverage per day) could halt the obesity epidemic for 90% of the population or more (2) has focused attention toward enacting policies to curb consumption of sugar-sweetened beverages, especially in children. Most prominent among these policies has been the push to increase the prices of sugar-sweetened beverages through increases in state and local taxes on these items. A recent Institute of Medicine (IOM) report suggests that governments implement a sizeable tax to reduce the overconsumption of sugar-sweetened beverages (3). Originally proposed more than a decade ago (4), the idea follows basic economic reasoning and the compelling success story of the reduction in tobacco use from tobacco taxation. The economic intuition is that higher prices discourage use, so enacting a “sin tax” on carbonated soft drinks (or sugar-sweetened beverages in general) could lower consumption; subsequently, the effect of decreased sugar-sweetened beverage consumption on obesity rates could also have an effect on the high social costs of obesity.

Although US states have taxed carbonated soft drinks for nearly 100 years as a means of raising revenue, only recently has this policy been evaluated for its potential effect on reducing obesity rates. Evidence on this issue is available primarily in 2 varieties. A host of studies have used data on household consumption and grocery store prices to show that households that encounter higher prices reduce carbonated soft drink purchases (5). These estimated price responses are often used by other researchers to calculate the reductions in calories attributable to lower carbonated soft drink consumption and to then calculate the implied reduction in weight from these reductions in calories (6). A typical estimate is that a 10% price increase on carbonated soft drinks would reduce consumption by approximately 10%, leading to a 20 kcal per day reduction (7).

These studies do not fully address several complex behavioral and biological responses, however. These responses include the possibility that consumers would substitute other caloric beverages (eg, orange juice, chocolate milk) or foods for sugar-sweetened beverages if only the latter are taxed. Another possibility is that manufacturers would respond to higher taxes by lowering prices (“strategic pricing”). A third possibility is a dynamic response of weight to a change in the rate of sugar-sweetened beverage consumption. A second variety of studies addresses these issues by directly linking existing state-level carbonated soft drink tax rates to information about both daily beverage consumption and measured weight to estimate actual (as opposed to hypothetical) tax effects. These studies have found little or no evidence that people faced with higher carbonated soft drink taxes have lower weight (8).

How could these 2 sets of studies come to such different conclusions on the effects of carbonated soft drink taxes on weight? A key distinction between these similar approaches is in how substitution patterns

are incorporated — that is, if consumers drink fewer carbonated soft drinks, what, if anything, do they drink instead? Studies of the first variety typically assume that consumers respond only partially to the reduction in carbonated soft drink calories by increasing intake of other caloric beverages such as juice or whole milk. For example, some researchers (6) assume only one-third of each calorie reduction in carbonated soft drinks from taxation is replaced by substitution of other high calorie beverages. Rather than make these assumptions, studies of the second variety estimate actual substitution patterns and have shown that consumers fully offset all calorie reductions in carbonated soft drinks from taxation by drinking other high-calorie beverages. These studies find no reduction in population weight from carbonated soft drink taxes.

On the basis of substantial increases in both obesity and sugar-sweetened beverage consumption in the past decades and the links between them, the effectiveness of sugar-sweetened beverage taxation in reducing rates of obesity is essential to consider in any discussion of public health measures available to reduce obesity rates. Evidence suggests caution in enacting sugar-sweetened beverage taxation legislation with a core purpose of obesity reduction. “Big taxes” may have different effects than the small taxes currently in place, but these big taxes would need to dramatically shift the substitution patterns we see when small taxes are implemented. Big taxes would need to effectively shift people toward water and other low-calorie drinks in a way that small taxes do not; taxes alone would not likely cause such a shift.

However, what if sugar-sweetened beverage taxes are ineffective in reducing obesity? Does this mean that we should not consider implementing them as public health measures? Not necessarily — the broader benefits of tax increases on sugar-sweetened beverages must be considered. Most studies suggest that such taxes will likely reduce consumption of sugar-sweetened beverages, and researchers (8) find that the reduction in calories from soft drinks is equivalent to the increase in calories from whole milk, which may be a good public health outcome, irrespective of any obesity reduction. Associated high levels of added sugar may also lead to other poor health outcomes, such as diabetes, cardiovascular risk, and poor dental health. Sugar-sweetened beverage taxes could successfully combat these poor health outcomes even if taxation does not lower obesity rates.

In addition to encouraging other potential health benefits, sugar-sweetened beverage taxes may be helpful in reducing obesity rates if they are used as one aspect of a larger, more comprehensive policy approach that aims to redirect consumers away from caloric sweeteners and toward more healthful alternatives such as water or food without added sweeteners. For example, a tax combined with a subsidy for water could be more effective than a tax in isolation. Additionally, a recently proposed extension of a sugar-sweetened beverage tax that instead taxes all caloric sweeteners at the manufacturer level would limit consumers’ ability to easily switch to foods with caloric sweeteners or other unhealthful beverages (9). A key feature of this broader approach is that it limits the possibility for substitution to unhealthful alternatives, ensuring that these policies effectively achieve the goal of reducing and stemming the rise in obesity.

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Cold, dark winter months combined with an overdose of TV viewing, and time-consuming electronic games and gadgets all too often limit outdoor and indoor play time for Alaska children. That's where Healthy Futures Challenges steps in to make a difference.

The grassroots initiative was started a decade ago by an Anchorage couple concerned with the growing obesity rate among Alaska children.

According to state statistics about three in every 10 Alaska children are overweight or obese.

Healthy Futures is focused on positively changing those statistics by promoting and involving childhood physical activity through schools and community events.

"Healthy Futures is unique," said Fairbanksan Aelin Peterson Allegood, a spokeswoman for the physical fitness program.

"It recognizes all students, not just the top athletes. This is a chance for all students to be recognized for hard work towards being physically fit or physically active."

Allegood became involved in Healthy Futures in 2006, and her enthusiasm grows as the program expands.

"It's seeing the joy on the children's faces when they cross the finish line and they get a medal; face after face lights up," she said.

"Even the last kid who comes in gets a medal and is applauded just as much as the first kid. It allows students to experience success and that is such a wonderful, internal environment."

In the decade since its inception in 2003, Healthy Futures has grown to include programs at 147 schools statewide.

In the Interior, Kaltag and Manley schools are signed up as well as 14 schools in the Fairbanks area.

Statistics for the most recent Healthy Futures Challenge — fall 2012 — tallied 9,833 student participants and 18,701 completed activity logs.

Activity logs are an incentive-based, record-keeping tool for students to record their daily physical activity. To qualify for prizes, the student must have 30 minutes of vigorous physical exercise outside their physical education class three times per week for a consecutive, one-month period, and/or participate in three community events, or any combination of the two to be eligible for the grand prize incentive drawing — a \$300 sports package of the student's choice.

In participating schools, a physical education teacher, nurse or counselor usually heads up the Healthy Futures program.

At Badger Elementary, PE teacher Renee Kazmierczak, has been running Healthy Futures for the past five years.

“Healthy Futures is well worth my time and energy to put into it,” she said. “There isn’t another program out there like it. It’s an opportunity for kids to achieve extra activities for a healthier life.”

It’s not unusual for Kazmierczak to have excited, young students stop her in the hall or while she is on bus duty to share with her where they are on filling out their Healthy Futures physical fitness logs. She sees the difference it makes.

“The kids who participate, they’re the ones who have a little bit more energy,” she said.

The Healthy Futures program incentives also are a big attraction to students, Kazmierczak said.

“They give incredible gifts. Last semester they gave out digital jump ropes. That brought a lot of students on board.”

She estimates there are now 200 students at Badger Elementary signed up for the three month, spring Health Futures program.

Monthly prizes for the spring program (February-April) include a clip-on blinking light, step pedometer and water bottle with an attached carabiner.

The growth in the number of schools and children participating in Healthy Futures is exciting for Allegood who visits classrooms, gives assemblies, delivers incentive prizes, hands out medals and coordinates community events.

“I love to do this. I am so thankful for this program, it allows me to motivate kids to be physically fit. It’s kind of a dream come true for me,” she said.

Doctors' beliefs about the causes of obesity can affect the advice they give to patients, researchers say.

In an Internet survey of 500 primary-care doctors in the United States, participants were asked their opinions about the causes of obesity and about what type of advice they gave to their obese patients.

The investigators found that doctors who believe that over-eating is a major cause of obesity were much more likely to advise patients to change their eating habits by reducing portion sizes, avoiding high-calorie ingredients when cooking and drinking fewer sugar-sweetened beverages.

Similarly, doctors who believe that sugar-sweetened beverages are a leading contributor to obesity were much more likely to tell patients to cut back their consumption of those beverages.

"Eighty-six percent of primary-care physicians indicated that overconsumption of food is a very important cause of obesity, followed by 62 percent of physicians reporting that restaurant or fast-food eating is a very important cause and 60 percent attributing consuming sugar-sweetened beverages as a very important cause," study lead author Sara Bleich, an associate professor in the health policy and management department at Johns Hopkins Bloomberg School of Public Health, in Baltimore, said in a university news release.

Only a few of the doctors said they believed that genetics, family history or metabolic problems were important causes of obesity, according to the study, which was published in the February issue of the journal *Preventive Medicine*.

Improved education for doctors about the causes of obesity may be a good way to increase the amount of nutritional counseling they give their patients, Bleich suggested. This education should include practical dietary tips that doctors can easily share with patients.

It's no surprise that sugary drinks and exercise contribute to the growing number of overweight and obese children. Yet new research from Washington State University shows that there's another factor involved. A mother's eating habits and behavior at the dinner table can vastly influence her preschooler's obesity risk.

The study, published in the journal *Appetite*, analyzed surveys of 222 low-income African-American and Latino Head Start preschoolers and caregivers. The team, which included Halley Morrison and Tom Power, found that the problem was no longer food scarcity, but rather too much food.

Morrison and Power found that moms who eat when they are already full and also show a high level of control when feeding their kids (such as pushing children to finish what is on their plate), tend to produce picky eaters. They also found that moms who eat in response to their emotions or who are easily tempted by the sight, scent or taste of food had children with a strong desire to eat. Essentially, the children mimicked their parents' behaviors.

Currently, nearly 17 percent of U.S. children between the ages of 2 and 19 are obese, and obesity rates among preschoolers are highest in African-American and Latino populations, which are 21 and 22 percent respectively.

Fortunately, this study shows that change can happen. When mothers or parents curb their own food behaviors, their children will follow suite. These behavior changes can include dishing up smaller portions of food and then giving children only more if they ask, which helps keep a child from overeating. In addition, mothers who tend to eat based on their emotions or temptation should try to keep unhealthy food out of the cupboards. That way, the temptation isn't there.

"It's important for parents to be mindful of their eating practices and how they feed their children," said Morrison in a press release. "It will help their kids develop a healthy relationship with food that can then naturally carry over into future generations."

While sugary drinks, lack of exercise and genetics contribute to a growing number of overweight American children, new research from Washington State University reveals how a mom's eating habits and behavior at the dinner table can influence her preschooler's obesity risk.

The findings come from WSU alumna Halley Morrison's undergraduate honors thesis, which recently was published in the journal *Appetite*.

As a biology major and student fitness instructor, Morrison knew she wanted to focus on health and the human body. She learned about the childhood obesity and prevention research of Tom Power, chair of the WSU Department of Human Development.

Together, they analyzed surveys of 222 low-income African-American and Latino Head Start preschoolers and caregivers in a U.S. Department of Agriculture/Agricultural Research Service Children's Nutrition Research Center study.

"The problem is no longer food scarcity, but too much food," Morrison said. "It doesn't cost families extra to change their behavior."

Morrison found that moms who eat when they are already full and also show a high level of control when feeding their kids - for example, by pushing children to finish what's on their plate or withholding food until the next meal - tend to produce picky eaters. Meanwhile, moms who eat in response to their emotions or who are easily tempted by the sight, scent or taste of food had children with a strong desire to eat.

"Like mother, like child," Morrison said. "This is especially true when kids are so young their environment is primarily based on what their parents are doing."

Nearly 17 percent of U.S. children between ages 2 and 19 are obese. While past research has focused mainly on middle-class European-American families, Morrison said the demographic focus on low-income families made this particular study unique. Obesity rates among preschoolers are highest in African-American and Latino populations: 21 and 22 percent, respectively.

The results from the study suggest a family can alter eating behaviors to reduce obesity risk and associated health problems like high blood pressure, respiratory issues and sleep apnea.

Power said some of these behavior changes can include dishing up smaller portions of food and then giving children more only if they ask. This creates a positive mealtime experience for a child, as he or she feels a sense of accomplishment and is less likely to overeat.

Power said moms who eat based on their emotions or temptation can try to keep unhealthy foods out of cupboards.

"When a preschooler says they are full and still has food on his or her plate, it's important for parents to listen and trust the child," Power said. "Limit the availability of high-calorie low-nutrient foods, like sweets, but don't turn them into forbidden fruits."

It typically takes up to eight exposures to a new food before a child is willing to eat it - a natural instinct to make sure the food isn't poisonous or dangerous, Power said. Since preschool children tend to get

hungry every two or three hours, they might not eat everything on their plate but rather enjoy a healthy snack a few hours after a meal.

As children grow up and begin to make their own food choices, they have a tendency to seek out foods they were not allowed to eat when younger, Power said. Morrison said this could lead them to consume unhealthy foods in amounts that increase their obesity risk.

"It's important for parents to be mindful of their eating practices and how they feed their children," Morrison said. "It will help their kids develop a healthy relationship with food that can then naturally carry over into future generations."

UPI.com

Parents make a big impact on child obesity

http://www.upi.com/Health_News/2013/02/09/Parents-make-a-big-impact-on-child-obesity/UPI-77791360448534/

2/9/2013

Buffalo, NY

A parent's everyday behavior plays a big part in shaping a child's behavior, including healthy eating and getting enough exercise, a U.S. researcher says.

Dr. Leonard H. Epstein, an expert on childhood obesity at the University at Buffalo, said parents are very important in terms of arranging an environment and setting a model for healthy or unhealthy behavior.

"Parents bring foods into the house. They control how much time a child can watch TV. They control what kinds of social activities are paired with foods," Epstein told News In Health, a newsletter from the National Institutes of Health.

Epstein's team assigned obese children ages 8-12 to different types of weight loss programs. All were taught about healthy diet, behaviors and exercise.

For some groups, positive feedback and encouragement for weight loss and behavior changes were given only to the child. Other groups focused on both the child and an obese parent.

Comparison groups received little feedback.

Epstein said when obese parents and children worked together, both were more successful at losing weight and making healthy changes.

"Even after 10 years, when these kids ages 18-22, the ones who had the parent working with them had lost more weight and maintained more weight loss than the ones treated by themselves, and more than the comparison groups," Epstein said.

The state of Sampson County's health is not strong, with obesity, heart disease and teen pregnancy rates exceeding the state average, but initiatives are in place with the goal of improving the health for all citizens.

The 2012 State of the County Health (SOTCH) Report was recently released, and an overview given to the Sampson County Board of Commissioners.

The Sampson County Health Department and the Sampson County Partners for Healthy Carolinians collaborate to provide the SOTCH, a yearly review of the top health concerns determined by the 2011 Community Health Assessment and how Sampson has taken action to address them. The goal of the report is to improve the health and quality of life for Sampson residents by detailing identified problems, as well as health education programs being developed to decrease health disparities.

Kathie Johnson, Sampson County Health Department preparedness coordinator, gave an update on the key areas of concern, statistics as it relates to the state and the progress being made to improve Sampson's numbers.

"Every four years, the Health Department is tasked with doing a report on the health of the county, the Community Health Assessment. Other years, we do a State of the County Health Report," said Johnson. "We did a (CHA) in 2011, and the concerns that were identified by county residents included obesity, teen pregnancy, chronic disease (heart disease/stroke, and diabetes), drug and alcohol abuse and tobacco use."

The report provides a review of major morbidity and mortality data, a discussion of progress on selected priorities, changes that impact health concerns in Sampson County, as well as "new and emerging" issues that affect the county's health status.

"The main goal for our report is to help identify how we are doing in reducing these risk factors," said Johnson, "so we partner with such people as United Way, Sampson Regional (Medical Center), Cooperative Extension and we all work together to help reduce the county's health cost and health burden."

The numbers

The report highlights local numbers in key health categories, statistics that are alarming when compared to the state.

In Sampson County, 128 died from heart disease in 2009, and 151 in 2010. The heart disease mortality rate increased to 195.7 (out of 1,000 people) and exceeded the state rate of 182.6 in 2009. In 2010, the mortality rate increased to 238.1 and exceeded the state rate of 179.2.

There were 140 cancer deaths in Sampson in 2009, and the same amount the next year. The cancer mortality rates of 214 in 2009 and 220.7 in 2010 were each higher than the state rate, which hovered at 186-189.

In 2009, there were 21 deaths in Sampson due to diabetes, which increased to 27 in 2010. The diabetes mortality rate in Sampson in 2009 was higher than the state average, and just got worse the next year, at 42.6 compared to the 21.4 state average.

In 2011, heart disease and cancer accounted for nearly 300 deaths and close to half of the deaths in the county.

Also identified as a problem area, Sampson County ranks 22nd out of 100 counties in North Carolina for teen pregnancy.

“That is not something that we should be very proud of,” said Johnson. “It is something that we really, really, truly need to work toward reducing dramatically.”

From July 2011-November 2012, Sampson County Health Department's Maternal Health clinic served 7 percent of clients ages 15-19. While the teen pregnancy rate decreased from 69.6 in 2009 to 63.2 in 2010, it was still higher than the 2010 state rate of 49.7.

Sampson County's total number of teen repeat pregnancies was 31 percent, ranking 16 out of 100 counties. The rate of N.C. live births to mothers less than age 18 was 3.8, compared to Sampson's rate of 5.1.

Obesity among the entire population, children and adults, has also been a prevalent issue, with many initiatives implemented locally to promote community health and begin more active

In 2009, 19.7 percent of Sampson County's children ages 2-18 years of age were overweight compared to the state's 16.2 percent. In 2010, 19.1 percent of Sampson children were obese compared to the state's 18 percent, and an adult obesity percentage of 32.7 percent in Sampson exceeded the 29.5 percent in North Carolina.

In 2011 Sampson County's adult smoking percentage of 23 percent exceeded the state percentage of 22 percent.

Efforts being made

Numerous efforts have been made to raise awareness, educate the public and bring resources to the community as it relates to heart disease and diabetes.

Heart disease presentations have been conducted and “Heart Healthy” classes held at Sampson Regional Medical Center (SRMC).

The 14th annual Breast Cancer Rally was held at County Courthouse downtown, following a “Walk for the Cure” to First Baptist Church, in which 145 people participated. Sampson County Breast and Cervical Cancer Control Program (BCCCP), who put on the rally, distributed over 675 pink ribbons to local churches and organizations for the Pink Ribbon Campaign, and more than 15 breast and cervical cancer presentations were conducted, reaching over 215 community residents.

The Diabetes Self-Management Program at the Sampson County Health Department provided 12 diabetes education classes reaching 87 diabetics. The department also provided monthly individual Medical Nutrition Therapy (MNT) sessions and a diabetes educator was able to reach more than 500 people at various community health fairs.

Through its 2nd Annual Holiday Health Fair, the Health Department was able to reach more than 130 participants.

Also in 2012, SRMC initiated the Diabetes Bus Initiative that has conducted 11 classes reaching over 78 patients.

Obesity and teen pregnancy also remain very much on the community radar, along with drug abuse and alcohol and tobacco use.

Johnson said the Health Department has as its goal to reduce the teen pregnancy ranking from 22nd and repeat teen pregnancies in teens under 17. To that end, the Health Department partnered with the Academic Abundance to educate teens in Family Planning and STD presentations that reached 102 high school students during the 2011-2012 school year.

The Health Department and N.C. Cooperative Extension Eat Smart Move More Weigh Less is an ongoing program that promotes weight loss through activity. The Extension and the Sampson County Partnership for Health Carolinians (SCPHC) also purchased playground equipment through funds from the Eat Smart Move More Community Grant in May 2012.

Additionally, the Fitness Renaissance Program has played a big part in both school systems and Clinton City Schools and SCPHC hosted the "Walk to School Day" in October with close to 1,100 students participating.

The Stay on Track Program was implemented in the middle school system during the 2012-2013 school year, a push led by the Sampson County Meth Task Force. Funding is used to purchase supplies for the program to educate middle school students on the dangers of drugs and addictions.

Commissioner Jefferson Strickland noted some of the numbers in the report, which have improved, but needed work. Johnson said there are "a lot of problems" that Sampson has and solutions are being vigilantly sought.

"We hope to continue to work toward healthier outcomes for all of our citizens," said Johnson.

"We're a little bit better, but as you have stated, we have our work cut out for us," said

The SOTCH report is available online at the Sampson County Partners for Healthy Carolinians webpage, at www.scpfhc.org, or upon request at the Sampson County Health Department, which can be reached at 910-592-1131.

CBS Atlanta

Father's obesity may mean health risks for children

2/8/2013

<http://atlanta.cbslocal.com/2013/02/08/fathers-obesity-may-mean-health-risks-for-children/>

Atlanta, GA

A new medical study concludes an obese father may mean an unhealthy life for his children, along with an increased risk of developing certain cancers.

The research project, released by Duke University, is apparently the first to link a father's lifestyle to genetic behaviors in the children. The study's medical team looked for links between parental obesity and a part of the DNA that controls some genes.

Among the findings, the DNA of children of obese parents changed in a way that could increase the risk of developing colorectal and ovarian cancers, along with others.

The change was likened to "environmental trauma." The study appears in the journal "BMC Medicine."

People shopping at the Moundsville Plaza Saturday either agreed with the expansion of the smoking ban or thought it was too stringent - while others said it should be expanded even further.

On Friday, the Marshall County Board of Health unanimously voted to expand its ban to include outdoor public areas such as parks, playgrounds and fairs and festivals. But a section in those areas still could be designated for smokers with health department approval. Board members said the reason for the expansion, scheduled to be implemented April 1, is to protect children.

"I think it's good to keep it away from kids. I think during county fairs they should designate a place to smoke - that would be fair," said Amy Lemasters of Jacobsburg in Wetzel County.

A "no smoking within 15 feet" sign is posted at the entrance of the Marshall County Health Department.

Moundsville resident and smoker Aubrey Payne disagrees with the ban's expansion to outdoor venues.

"I think it's very wrong to do that. They always talk about non-smokers' rights, what about smokers' rights?" she said. "If there is a child beside me I will move - I'm polite about it. They should tell people not to be disrespectful."

Moundsville resident C.J. Darrow, who plans on quitting smoking today, said he always moves away from children when smoking, too.

"That's what I'm used to. During family functions I go out back away from the kids," he said.

Becky Morgan, a Jacobsburg, Ohio, resident, said she enjoys coming to Moundsville's Riverfront Park for summertime concerts. But she dislikes it when people smoke in the crowd. She agrees with the expansion of the ban and believes having a designated area set aside for smokers is OK.

"It's not likely to affect anyone else. ... I lost my dad to smoking. And my mom - she was allergic to the medicine they gave him," Morgan noted.

Bellaire resident Martin Paliah said he enjoys shopping and eating out in Moundsville, but he believes the ban should be expanded to bars and bars that serve food as well. Currently, smoking still is allowed in bars and video gambling parlors.

The newly expanded regulation also calls for banning smoking at motels and hotels, something Haven Inn of Glen Dale owner Jim Weekley is looking forward to.

"It could actually prevent a structure fire," Weekley told the board of health Friday before their vote was taken.

He told the board he is constantly having to replace and repair damage caused by smokers.

His hotel currently has 16 smoking rooms and 28 non-smoking rooms. He said it will be easier to be completely smoke free when his competitor hotels are forced to also not allow smoking.

Local business owners and health officials are reflecting on the five years since the Smoke-Free Illinois Act banned smoking in businesses, workplaces, restaurants, bars, casinos, schools and other enclosed public places.

Alvin Cohn, who has been in the local restaurant and bar business for more than 30 years, said that since the ban went into effect in 2008, some aspects of business have been good, but others have not.

Cohn owns Gabby's Restaurant & Lounge in Decatur, co-owns the Whit's End locations in Decatur and Macon and is involved in several other ventures. He said that before the ban went into effect, he was concerned that he would lose his bar business.

"Which I did," he said. "My bar sales dropped off, yes. People like to smoke and drink ... Smoking and drinking go together. People that don't smoke during the week will smoke when they drink a beer."

Despite declining liquor sales, food sales have increased, Cohn said. Overall sales at the Decatur Whit's End location are up 50 percent, he said.

"Ever since the smoking ban went in and I stayed nonsmoking, my sales have been up 60 months in a row," Cohn said, adding that he attributes the increase in food business at least partially to the ban.

When he and his business partner purchased the business 15 years ago, sales were 30 percent food and 70 percent alcohol, he said. Now the breakdown is 82 percent food and 18 percent liquor.

Gabby's, which does about 95 percent food and 5 percent liquor business, is down in sales. That establishment has never had a big smoking crowd, Cohn said, adding that he figures the decline in sales has more to do with competition and the economy.

"There aren't too many restaurants that are up in sales," he said.

Cohn said he's heard rumors of some bars allowing people to smoke and others planning to close down because business is so slow. Overall, he's been happy with the effects of the smoking ban.

"If they said I could do smoking again in a restricted area, I wouldn't do it," he said. "... For me, I'd just prefer for it to stay just like it is. I don't want a smoking issue to come back up."

Brandi Binkley, the Macon County Health Department's director of health promotion and public relations, said enforcement of the smoking ban has picked up in the past year.

Health inspectors in the department's environmental health division are now responsible for looking for evidence of smoking on their regular inspections of area businesses.

"Every time they're going into these places, they're looking for a violation of Smoke-Free Illinois," Binkley said.

Once the manager signs off on the inspection, if evidence of smoking has been noted, officials are able to issue a citation, she explained.

Once a business has been issued a citation, the owner has the option of paying a fine or requesting a hearing.

The fines are \$250 for the first violation, \$500 for the second and up to \$2,500 for each additional within the same year.

Officials also find out about violations through complaints, which can be made by calling the health department directly or through an Illinois Department of Public Health hotline. People can complain anonymously or give their names, Binkley said.

"They've slowed down a little bit," she said. "We check them weekly ... Even if we're not getting the complaints all the time, we are out there watching and keeping an eye on it."

This past quarter, the Macon County Health Department received five complaints. In the year before that, there were 31, Binkley said.

After a complaint is made, those responsible for enforcing the ban can either send out a letter or investigate the establishment and issue a citation if necessary. On these visits, officials are looking for people smoking, evidence of smoking or other evidence that the owner of a business is not reasonably assuring that smoking is not occurring there, Binkley said. "It's usually pretty obvious."

Most local businesses have been good about following the law and asking for guidance when they do not understand, Binkley said. "For the most part, Macon County businesses have really complied and really done a great job to try to accommodate their patrons ..."

Across the state, the smoking ban is being enforced by local health departments and law enforcement agencies and, in some cases, combinations of the two.

Binkley said collaboration between the health department and Macon County State's Attorney Jay Scott's office has made for more efficient, precise enforcement.

Kim Miller, who co-owns the Bourbon Barrel with Chris Frank, said that business has gone down over the past five years, but that's not necessarily because of the smoking ban, she said. In tough economic times, it's hard to pinpoint the exact causes of such fluctuations.

"I can say that initially, we definitely lost business as far as drinking customers are concerned," she said.

In the same time, the establishment, which has been in business since 1970, has also seen a slight increase in food sales.

On a daily basis, Miller said she still hears customers complain, wishing they could just sit inside and have a cigarette. She is a smoker and said about half of her employees smoke.

The establishment added some picnic tables away from the entrance to provide a place for smokers.

Miller said that when the law went into effect, there were a few people who tried to smoke indoors, but she let them know that the behavior wouldn't be tolerated.

"Obviously, monetarily, I could be fined pretty heavily if I didn't follow the law," she said. "What business I might gain by allowing smoking would be taken away in fines."

Miller said that soon after the ban went into place, the establishment gained some customers who said they hadn't been in before because the smoke really bothered them.

Binkley said the law has had many positive effects for the employees no longer subjected to secondhand smoke and people with asthma, emphysema or other conditions who previously had to avoid restaurants and other establishments that allowed smoking.

"I definitely think that across the board, there is a really positive energy of more accessibility for everyone," Binkley said.

According to the Illinois Department of Public Health, an estimated 50,000 people die each year in the United States because of exposure to secondhand smoke, including 2,000 Illinoisans.

After the Smoke-Free Illinois Act went into effect, the statewide percentage of people who reported smoking went from about 21 percent in 2008 to about 17 percent in 2010, the department reported. Calls to the Illinois Tobacco Quitline increased from about 7,600 in 2008 to about 24,500 calls in 2012.

Delta State became the first of the state's eight public universities to ban smoking on its campus when it went tobacco-free in 2010.

Two years later, the University of Mississippi enacted its smoke-free ban. And the University of Southern Mississippi has changed its policy to smoking-designated zones in a move to eventually ban smoking campuswide.

The shift in policies can present unique issues for each campus, leaving them with the responsibility to craft rules and procedures that cater to their students, faculty, staff and alumni.

At Delta State, students caught smoking on campus are referred to the Office of Student Affairs and go through the disciplinary process for violation of school policy, said school spokesman Michael Gann.

Faculty and staff are referred to the Office of Human Resources, while campus visitors are respectfully asked to discontinue tobacco use while on campus, Gann added.

"To date, there have been no incidents involving visitors that required further enforcement," he said.

Unlike Ole Miss and Southern policies, Delta State has banned all tobacco use and also has no fine associated with breaking the rules.

"But the university implemented free smoking cessation programs for students, faculty and staff," Gann said.

At Ole Miss, violators are fined \$25 for smoking, while those smoking outside the designated smoking zones at USM can be fined up to \$50.

USM uses monies collected from these fines to fund cessation education, materials for tobacco education and to cover costs for the smoking-zones. Ole Miss fines also go to cessation programs.

When drafting its current smoking policy, Ole Miss officials considered health risks for everyone on campus.

"That's why we're smoke-free instead of tobacco-free, because smokeless tobacco doesn't affect my health," said Shannon Richardson, assistant director of the university's Department of Campus Recreation.

For Delta State, the choice for a complete ban on all tobacco products came from a consensus of faculty, staff and students, Gann said. The eventual policy was enacted as part of the school's health initiative and funded through a grant from the Blue Cross/Blue Shield of Mississippi Foundation.

Gann said some individuals voiced concerns, but the overall response was positive. All complaints are registered with the Office of Student Affairs. "So far, all have been addressed with no problems," Gann said.

Before the school tossed tobacco from its campus, smoking was prohibited inside university buildings, and there were designated outdoor smoking areas located throughout the campus, Gann said.

The smoking zones have been USM's answer to their gradual shift to going smoke-free, said Jodi Ryder, the health education and promotion coordinator for Southern.

"We have a certain number of places on campus where people are allowed to smoke," said Ryder of the school's year-old policy. "The policy was written foreseeing we would eventually go to a smoke-free campus."

The plans were put on hold when USM President Martha Saunders resigned in July, Ryder said. But the goal remains the same, and she would like to have the new policy in effect by the fall.

"In my mind, I wanted to have it done by 2013," Ryder said. "But since we don't have a president in charge right now, it's best to wait on a new one."

If Southern moves to a smoke-free rule, Ryder said she knows there will be complaints, just as there were when the school created the smoking zones.

Ryder said school officials were greeted with concerns and complaints from faculty, staff and students, mostly about the locations of the smoking zones.

"We tried to get input on where to put them, to space them out," Ryder said. "But we heard from smokers and nonsmokers about their locations."

Last year, USM officials took a stab at repositioning the zone locations to help meet the needs of a community concerned over the zone placements, Ryder said.

"You can't please everyone," she said. "We gathered feedback to make the zones the best locations as possible."

When USM announced its plans to go smoke-free across the entire campus, Ryder said the backlash was swift with calls and messages being left around the clock.

"I expect once we do go smoke-free, I do foresee that happening again," she said .

Yet once USM went to its smoking zones, Ryder said the campus calmed down after awhile. Officials are hoping the same settling down of emotions will occur whenever the school does ban smoking entirely.

Chancellor Phil DiStefano signed the University of Colorado's no-smoking policy Wednesday, making the school the second in the Pac-12 with such a ban.

Until the measure officially goes into place Aug. 19, school officials will be exploring where to put a limited number of designated smoking areas, as well as alerting students and employees about the new policy.

CU is beginning with an educational phase of its ban, putting up no-smoking signs and linking smokers who want to quit with resources to help.

By the end of the calendar year, officials will decide whether having designated smoking areas -- away from main thoroughfares -- are effective and needed in the future, said Malinda Miller-Huey, a campus spokeswoman.

CU's Anschutz Medical Campus in Aurora used designated smoking areas as it transitioned to a smoke-free campus.

Unlike other colleges that issue tickets to those who smoke on campus, CU is not considering that type of enforcement.

"There's been no discussion of fines or ticketing," Miller-Huey said. "The police aren't going to be walking around ticketing people or looking for people smoking. But it is a campus policy."

Students busted smoking on campus could be referred to the Office of Student Conduct, and employees could be referred to their supervisors.

In December, CU's student government voted down a measure supporting an all-out tobacco ban. But that measure would have been more likely to pass had it been a smoking ban like the one CU is enacting, according to student leaders.

CU is the second university in the Pac-12 to ban smoking, following the University of Oregon. The 10 campuses in the University of California system -- including the Berkeley campus, which is part of the Pac-12 -- will all be smoke-free by 2014.

There are now roughly 1,130 college campuses across the country that are smoke-free with no exemptions, according to the American Nonsmokers' Rights Foundation, a California-based group.

A majority are smaller or mid-sized campuses. But momentum is building, said Liz Williams, a project manager for the foundation.

"I think the reason some larger schools may not have implemented smoke- or tobacco-free policies is because it takes longer to consider and adopt policy changes," she said.

She pointed to the University of Kentucky, which is a smoke-free campus in a region where tobacco is a major industry.

Smoking bans on college campuses are important to public health because nearly all smokers start the habit before they're 26, she said.

A Community Health survey in 2011 found that 60 percent of CU students said they had never smoked a cigarette. About 20 percent of students said they had smoked in the last 30 days, and 6.5 percent of students said they smoked daily, according to the survey.

CU will offer resources to students and employees who want to quit smoking. The Faculty and Staff Assistance Program is hosting a series of smoking cessation workshops, support groups and individual counseling sessions throughout the spring semester.

Community Health offers free, confidential counseling to students who want to stop smoking.

The University of Oregon enacted its smoking and tobacco ban in September. School officials announced their plans for the ban in 2010, saying they wanted to reduce the risks of second-hand smoke exposure and provide a healthier environment on campus.

Since then, the school has provided 167 students with cessation products, and faculty and staff members receive free nicotine replacement products and cessation counseling.

Lakewood Patch.com

Pierce County TV segment on smoke-free housing features John Ruze of Truaire Apartments

Brent Champaco

2/11/2013

http://lakewood-jblm.patch.com/articles/pierce-county-tv-segment-on-smoke-free-housing-features-john-ruze-of-truaire-apartments#youtube_video-13327376



The latest edition of Pierce County News is out, and one segment features a Lakewood apartment owner who's participating in the county's smoke-free program.

John Ruze, owner and manager of Truaire Apartments, tells Pierce County TV why he participated.

Click on the YouTube video in the media gallery above to watch.

Smokers in one of the nation's top tobacco-producing states would have fewer places to light up under legislation that appears to be gaining momentum in the Kentucky Legislature.

The House Health and Welfare Committee voted Thursday to pass the measure that would ban smoking in restaurants and other public places.

That vote came one day after Gov. Steve Beshear used his annual State of the Commonwealth speech to urge lawmakers to take the action.

"Over the years, we've taken numerous steps to reduce Kentucky's historic addiction to tobacco," Beshear said.

Despite that, he said, Kentucky ranks high for the number of adults who smoke, teens who smoke and pregnant women who smoke.

"Our addiction hurts productivity, jacks up health care costs and kills our people," he said

Beshear said some three dozen cities and counties in Kentucky already have smoking bans.

That includes large cities like Lexington and Louisville as well as smaller towns such as Beattyville and Manchester.

The governor said the 25 percent of Kentuckians who currently smoke still could light up, just not in public places where they would expose others to secondhand smoke.

The legislation now goes to the full House for consideration.

House Speaker Greg Stumbo, D-Prestonsburg, said the measure, which would have been quashed in years past, appears to have a shot at passage this year.

"It's an easy vote if you think about it, because most of our cities and communities ... particularly the big ones where all the votes are, already have smoking bans," Stumbo said.

While attitudes about smoking have changed, House Republican Whip Bam Carney said many lawmakers still believe the Legislature shouldn't be dictating smoking bans in local jurisdictions.

He said some believe decisions about whether to allow smoking should rest with city and county governments.

State Rep. Brent Yonts, D-Greenville, is among lawmakers who haven't decided how they will vote on the issue.

"If I were to vote for that, I think I'd anger a lot of people," Yonts said.

The legislation is House Bill 190.



In the State of the Commonwealth Address Wednesday night, Governor Steve Beshear surprised some by calling for a state-wide smoking ban.

The proposal passed in the House Health and Welfare Committee Thursday.

At Jabo's State of Mine Restaurant and Bar in Hazard, cigarettes are welcome inside.

"A lot of older people when they come in the door they ask do you have a smoking section before they even ask for a menu," said manager, Amy Combs.

Even from some that do not smoke welcome them.

"I've smoked all my life until I quit 15 years ago, but I still don't mind smelling it," said

Legislation was approved by the House health and welfare committee that would put those cigarettes out inside public places.

Around three dozen cities and counties in Kentucky already have smoking bans.

"It cost Kentucky \$3.8 billion dollars a year in healthcare and lost work costs. This is a situation we can remedy," said Representative Susan Westrom.

The proposal would force people to smoke outside at least 15 feet from the door, but some say the region may not be ready for a ban.

"I think we should cater to the people. This is Eastern Kentucky and in Eastern Kentucky a majority of the people are still smokers," said Combs.

The measure now goes to the full House for consideration.

House Speaker Greg Stumbo tells the Herald Leader that he supports a statewide smoking ban, but Senate President Robert Stivers said the government should not tell businesses they cannot regulate smoking on their own property.

Kentucky is one step closer to enacting a statewide smoking ban after legislation sailed Thursday through the House Committee on Health and Welfare.

House Bill 190, sponsored by Rep. Susan Westrom, a Democrat of Lexington, would prohibit smoking in public places and places of employment.

It's the third year the bill has been proposed, but only the second time it's been heard in committee. Gov. Steve Beshear endorsed the proposal Wednesday night in his State of the Commonwealth address.

Sylvia Suhl, of the Central Kentucky of the American Heart Association spoke at length on the bill's support from the medical community.

"The reason we're doing this is simple: No one should have to choose between their paycheck and their health," Suhl said.

Though the bill is considered have largely bipartisan support, concerns rose from some committee members.

Rep. Robert Benvenuti, a Republican of Lexington, questioned whether the bill would interfere with individual rights of the smoker. Rep. Tim Moore, a Republican of Elizabethtown, said he was torn on the ban. Moore questioned the bill's authority over smoking zones in airports and over the rights of tobacco shop proprietors.

Westrom said the bill would require that any exempted business would need to be a free-standing building which does not share a ventilation system with another building.

Westrom emphasized the impact a smoking ban could have on the Kentucky economy.

"We lose \$3.8 billion to loss of production in the workplace and to healthcare," Westrom said, "\$3.8 billion and we're talking about budget problems."

Committee chair Rep. Tom Burch, a Democrat of Louisville, said that anti-smoking measures might reduce smoking overall.

"When we pass these, a lot of people are stopping or reducing the amount they smoke," he said.

With 11 yes votes and four passes, HB 190 passed favorably out of committee and now moves to the House floor.