

NUTRITION & DENTAL HEALTH

HISTORICAL CONTEXT

1. Backed by research
2. Lacking other data, supported by data from federally funded Waimanalo Health Study measuring Child & Youth and Maternal & Child Health; findings were paired with other demographic and health data.
3. Partners included [then] School of Public Health, Nutrition Branch at DOH
4. All volunteer effort
5. Community identified dental health as a significant issue
6. Native Hawaiian Health Consortium reviewed findings and brainstormed recommendations
7. Dept. of Health was adversarial; no value placed on serving Hawaiian community

SINCE 1988 ...

1. IMPROVEMENTS

- a. Increase in farming, lo'i and other 'āina-based food production
 - i. Examples: Ka'ala Farm, MA'O
- b. Increase awareness in body/mind/spirit approaches to well-being
- c. More farmers markets vendors accepting SNAP
- d. PacTrac is a dietary-assessment program that can be used to evaluate dietary data (nutritional composition) for the Pacific Islands and Hawai'i
- e. Schools have fewer vending machines offering sugar sweetened beverages, junk food than ever before
- f. Increased awareness of importance of nutrition
- g. # of Hawaiian organizations supporting good nutrition
- h. Due to lack of trust in government, Increased personal involvement in nutrition, dental care practices and beliefs
- i. More school and community gardens growing food
- j. 1 Native Hawaiian Health Care System (Hui No Ke Ola Pono on Maui) has a healthy café

2. PROGRAM DEVELOPMENT

- a. First Ho'okē 'Ai Diet on Molokai led to evolution of THDs (traditional Hawaiian diets)
- b. Children's Healthy Living initiative at UH
 - i. More data on children's eating habits and access to fruits and vegetables
 - ii. 2-8 years old
 - iii. 10,000 throughout Pacific; 1,000 in Hawai'i
- c. More nutrition curricula and education materials exist
- d. UH has curriculum in place-based training dietitians
- e. More Hawaiians in nutrition

- f. Green Wheel Hub serves as broker between SNAP and farmers market vendors
- g. School-based dental sealant program partnership with UH West O’ahu and DOH
- h. Family-based health programs (i.e. Kokua Kalihi Valley) including cooking and eating together

3. CHALLENGES

- a. Diminished access to local and cultural foods
- b. DOH eliminated school based health funding and programs that identified and enrolled students eligible for free or reduced lunches
- c. DOH eliminated Nutrition Branch
- d. Centralized procurement policies at DOE influence access to fresh, local foods for student meals
- e. Federal procurement policies reduce access to fresh, local foods
- f. Home economics not offered (in schools, UH Extension, HECO); diminishing cooking/food prep skills
- g. DOH eliminated Dental Division
- h. Higher cost of living since 1988, some hold multiple jobs – results in meals of fast, cheap, less nutritious food
- i. Gaps in services persist

EMERGING TRENDS (BLOSSOMING RECOMMENDATIONS)

1. Needs
 - Need for workshops in food prep, such as making imu
2. Partnerships:
 - Experts and resources are among farmers and other practitioners
 - DOH, FQHCs, private dentists Utilizing MedQuest
 - Kamehameha Schools produce and serve food produced on its lands
 - DOH Planning Office consults with E Ola Mau and Native Hawaiian Health Planning to fill in objectives to its Native Hawaiian health goals
3. Program development
 - Farm-to-table, farm-to-school programs
 - Community food gardens
 - New strategies that connect communities to food and nutrition
 - Prenatal & young family programs that include food, eating
4. Workforce development
 - Registered dietitian (RD) training – community based, community specific, place based
 - Increase awareness and trainings (continuing education) among providers (all disciplines) – offer CE, hold at workplace
 - Dental hygienist training is held in community and school clinics (UH School of Nursing and Dental Hygiene, or SONDH)
5. Data

- Need to improve BRFSS and YRBS to reflect behaviors and practices
 - CBPR generated data and recommendations
6. Policy
- Revisit fluoridating water
 - Reimbursable nutrition services
 - *All* Native Hawaiian serving organizations, Ali'i Trusts support and practice healthy nutrition policies
 - Long term investment (funding) in lifestyle change programs
 - Federal & State agencies and others shall consult [with Hawaiian health organization(s)] where Hawaiian health planning, program development and implementation are concerned
 - Consider community-specific recommendations where appropriate

WHO IS NOT AT TABLE

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| <ul style="list-style-type: none"> • Practitioners – body/mind/spirit, ‘āina • Dentists & others in dental fields • Family physicians, pediatricians, ob-gyns • Food growers • Chefs, cooks • Data people • Policy makers/health policy | <ul style="list-style-type: none"> • Environmental advocates • Hospitals, medical centers, clinics • Faith-based organizations • <i>All</i> Hawaiian serving organizations • DOE • DHHS (Medicaid, SNAP) |
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OBJECTIVES

1. Best describe status, condition
2. Identify strengths, assets, needs
3. Next steps

CO-LEADERSHIP: Jackie Ng-Osorio, Marie Kainoa Fialkowski, Jodi Leslie all willing to co-chair

NEXT MEETING: August 2016, during work hours

- Set date, time, place
- Invite others
- POL provide support