



Baltimore Healthy Stores
Community Leaders Workshop #1
November 7, 2003

Summary Report

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Acknowledgements

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Introduction

The purpose of the Baltimore Healthy Stores Community Leaders Workshop was to build collaborations, rapport, and a participatory process with organizations working to improve health in Baltimore City. This report provides summary results from the first workshop.

Background

Obesity rates are increasing dramatically in both children and adults in the United States (1-3). According to NHANES data, the prevalence of overweight among adults increased from 25.4% in 1976-80 to 34.9% in 1988-94 (4). During a similar period, overweight among adolescents almost tripled from 5.7% in 1976-80 to 15.5% in 1999-00. The increasing trend of obesity is a serious health hazard in the U.S. since obesity is associated with an increased risk for diabetes, cardiovascular diseases, and other chronic conditions (5-9).

Obesity and other diet-related chronic diseases in the U.S. disproportionately affect minority ethnic groups and those living in urban centers. According to the NHANES 1988-91 data, African-American adults had much higher rates of obesity compared to Caucasians. Moreover, the prevalence of adolescent overweight increased by more than 120% among African-American and Hispanics compared to 50% among Caucasians from 1977 to 1998 (10). Diet-related chronic diseases are also a problem. In 2002, Diez-Roux et al.¹¹ found a higher risk of coronary heart disease in low-income neighborhoods than in more affluent neighborhoods. NHANES III (1988-1994) data shows that rates of diabetes (DM) among African-Americans were 1.6 times the rate seen in Caucasians (12). Higher levels of diet-related diseases among minority ethnic groups suggest the importance of implementing interventions to reduce risk factors and modify behavior at a younger age.

In the US, diet is shaped by choice, by community resources (e.g., food stores), and for some, by participation in food assistance programs (13-14). Inner city residents face numerous environmental constraints which make it difficult to maintain a healthy diet, including the distance they must travel to food sources and the lack of variety in nearby food stores (15). Urban communities desperately need innovative strategies and programs to combat the significant and worsening problem of diet-related chronic disease.

Food store-centered programs offer a viable means to sustainably improve diet quality at the point of purchase. Over the past year, we conducted formative research in support of the Baltimore Healthy Stores (BHS) project – a program that will be piloted in East and West Baltimore neighborhoods. Our mission is to develop a healthy food store program that will benefit the low-income population by improving diet quality and thereby reducing dietary risk factors for obesity and related conditions. Based on additional formative research, the project team will also develop a program component specifically targeting the needs and health concerns of adolescents. The program's goal is to increase the availability of healthy foods and provide targeted and culturally appropriate nutrition

education in food stores that will improve consumer knowledge and skills relating to food choices and, as a result, improve the quality of diets.

Community Leaders Workshop

Purpose/Goals

In order to develop a successful and sustainable health program in Baltimore city, participation from community leaders as well as involvement from community organizations is greatly needed in the development phase of the program. The BHS project team seeks to continuously develop partnerships with community organizations, local food stores and markets, and local food producers. For this reason, we hosted the first BHS Community Leaders Workshop on Friday, November 7, 20003. At this forum, we worked with BHS project partners to develop project materials and discuss ways to improve the availability and consumption of healthy foods in Baltimore City.

Representatives from the following organizations attended (see appendix for complete list):

Maryland Cooperative Extension
Maryland State Department of Education, Child and Adult Care Food Program
Baltimore City Health Department (BCHD)
BCHD, Child and Adult Care Food Program
Baltimore Housing Authority
Baltimore City 4th District Human Services Center
St. Frances Academy Community Center
BCHD, Environmental Health
The Men's Center
Cultural Eye Productions

Workshop goals included:

Building and strengthening collaborations between organizations interested in increasing the availability and consumption of healthy foods in Baltimore
Developing a community program based on formative research and the ideas/ experience of BHS project partners
Identifying ways for the BHS project to serve its collaborators and their programs

Formative Research Presentation

Background on the Healthy Stores Projects

The first Healthy Stores project took place in the Republic of the Marshall Islands, a population largely dependent on imported foods and with limited access to fresh foods, as is the case in some Baltimore City neighborhoods. The Apache Healthy Stores program,

located in Arizona, built upon the lessons of the Marshall Islands project and is currently working with 15 stores on the White Mountain and San Carlos Apache reservations. Like Baltimore City residents, Native American populations have a high prevalence of chronic conditions.

Formative Research Findings

Highlights of the formative research findings were presented. They include: the diversity of food sources that residents utilize, the priorities expressed by community members for improving food availability, the decision making process regarding where to shop, and the most frequently consumed foods for low-income residents of Baltimore City. In-depth interviews conducted with storeowners and community leaders were also discussed. The complete formative research report can be found at <http://www.healthystores.org/images/downloads/bmore.pdf>.

Target Foods List Generation

The group generated a specific list of foods that the BHS program should focus on during the intervention [please refer to the appendix for the full workshop agenda]. Participants and BHS staff brainstormed individually to create a list of foods that should be targeted in the intervention. Foods were chosen based on the perception of what people commonly eat and what the BHS program can do to change these food choices. Once the individual lists were generated, participants shared their list with the group. After a collective list was complete, everyone voted for the top ten foods that contribute most to poor health in Baltimore. People raised their hands to cast their vote when the specific food was announced. Participants enthusiastically voted for their top choices and in some cases voted more than ten times since there were so many problem foods from which to choose. The purpose was to select foods that contributed the most calories, represented a larger part of the diet, and added calories with no “real” nutrients. The following table includes the results from this voting:

Table 1. List of target foods to focus during the intervention (not mutually exclusive)

Food	Votes
Fried Chicken/Chicken box	12
Hamburgers	12
French Fries	10
Soda	10
Potato Chips	9
Candy	9
Cereals with high sugar	9
Processed meats (bologna, cold cuts, hot dogs, spam, etc.)	9
Lard	7
Donuts	6
White bread	6
Fast food kids meals	6

Oodles of noodles	6
Lunchables	5
Whole Milk/Dairy	5
Kool aid and fruit drinks	4
Mayonnaise	3
Scrapple	3
Beer/Alcohol	3
Cheese	3
Honey buns	3
Seasoning salts	3
TV dinners	2
Yakami (Chinese noodles)	2
Fried fish (lake trout with cheese subs)	1
Salad dressings (high fat)	1
Cheese steak subs	1
High fat beef	1
Eggs	1
Soul food with high fat (collard greens w/fat)	1
Macaroni and Cheese	0
Pizza	0
Biscuits	0
Half and Half (lemonade and sweet tea)	0

One participant questioned whether our target audience would be children or adults, since different foods would be prioritized for each group, thus changing the rankings. Once the top foods were listed, the participants brainstormed further by generating healthier alternatives to these foods.

Healthier Alternatives to Target Foods

The group generated possible alternatives to the he top five culprit foods from table 1. In selecting the alternative foods, we made sure to choose foods that people would not find too radically different so that people would find it easier to transition from unhealthy to healthier options. Results from this session are summarized in table 2.

Table 2. Healthier alternatives to the potential foods targeted for intervention

Target food	Healthier alternatives
Soda	Water (Sports bottle containers)
	Kool-Aid
	Lemonade
	Iced-Tea
	Diet soda
	Flavored water
	Fruit juice

	Seltzer
	Sports drinks
Potato Chips	Pretzels (Salt-free)
	Trail mix
	Baked potato chips
	Natural cheese puffs
	Alternative chips
	Low-fat popcorn
	Low-fat tortilla chips
	Cereal mix
Oodles of noodles	Spaghetti
	Baked oodles of noodles
	Low-salt soup
Fried chicken	Grilled Chicken
	Use spicy seasoning
	Barbequed chicken
	Rotisserie chicken
	Crispy-coated chicken
	Kabobs
Fast food kids meals	Sandwiches from Subway
	Substitute soda in fast food meals with juice or milk
	Substitute French fries in fast food meals with vegetables and salads
	Look into what Chick-Fil-A is doing for kids meals

Healthy food use behaviors

The focus of this session was to discuss specific behavior changes that need to be addressed in the community. Behavior categories included cooking methods, selecting foods, and using unhealthy additives. During this session, we identified key behaviors and group members voted on the top five behaviors to target. The results from this session are summarized in table 3.

Table 3. Food use strategies that need to be targeted

Behavior	Votes
Use of animal oil/fats (seasoning w/fats)	15
Lack of cooking knowledge	15
Deep frying chicken/fish	12
Adding salt	10
Excessive consumption of frozen/microwaveable dinners	9
Adding sugar to drinks, cereals, etc.	6

Heavy use of mayonnaise	5
Chicken box carry out	5
Lack of sit-down family dinners	4
Lack of exercise	4
Use of empty calories	2
Adding syrup	1
Adding creamer	0

While the table above identifies key behaviors that the BHS program could potentially address in the community, we cannot ignore the numerous and complex socio-economic and cultural issues that contribute to these behaviors. For example, choosing healthy alternatives when preparing meals is not a high priority for low-income families, particularly if they perceive cost or convenience to be a barrier to these choices. One meeting participant mentioned that many families work long hours and must prepare or purchase meals in a hurry. The group identified possible solutions that would promote healthy food use behaviors, including:

- Pre-cooking the meals
- Thrifty meal plan cookbook
- General nutrition education
- Taste tests for healthy, inexpensive alternatives
- Money management classes
- Planning
- Food Co-ops/buying clubs

People who participate in food assistance programs may also be unfairly affected by the business practices of local store merchants. Food stamp recipients usually spend the bulk of their assistance early in the month when they receive their benefits. Shockingly, prices increase in the market during this period, since merchants recognize and capitalize on the higher demand. Meeting participants mentioned that other factors such as poor food quality, security barriers, and unclean stores limited the shopping experience for many residents. Lack of transportation to the better food stores was identified as a major barrier and participants raised the question of whether the stores could provide assistance in this area (e.g., a shuttle service).

Meatless Monday

The Meatless Monday program is a national public health campaign to help Americans prevent heart disease, stroke, and cancer – the three leading causes of death in America – by reducing their intake of saturated fats from meat. It is a nonprofit organization working in association with the Center for a Livable Future (CLF) at the Johns Hopkins Bloomberg School of Public Health, but is separate from the BHS program. At the request of the CLF, who is one of our funders, we presented the concept at this workshop in order to gauge interest and solicit feedback about their program. Generally, the project concept was not well received by the participants. One of the criticisms of the project was that people in the community usually cook big meals on Sundays and eat leftovers on

Monday. Community leaders that it was a good concept but might not work if it restricted meat on Mondays.

Key Message Development

This session explored potential project messages relating to the key behaviors that were identified in the earlier session. The top six key behaviors were selected for developing messages that could be used to reach people in the community. During this session, participants and the BHS staff were divided into three subgroups and each subgroup developed messages for two key behaviors. The results from this session are summarized in table 4.

Table 4. Messages developed based on the food use behaviors

Behavior	Message
Use of animal oils/fats	Season your greens with smoked turkey or a blend of herbs
	Use less meat to season foods
	Use nuts to season food
	Use vegetable oils, not animal fat
	Not all fats are created equal
	Don't clog your arteries, drain the fat
	Substitute yogurt/apple sauce/egg white for oil in baked goods
Lack of cooking knowledge	Show how to use cooking spray
	Cook your X in cooking spray
	Save more money if you cook your food from scratch
	Buy real food
	Show how to use seasoning for cooking vegetables
Lack of cooking knowledge	Meals kids can prepare
	Save time & money by cooking at home
	Snacking: Have healthy food available for kids to eat when they come home from school
	Plan your meals before shopping (e.g., write a list & shop from a list)
	Pass on the art of cooking to the next generation
	Convey the idea that everybody can cook
Deep frying chicken/fish	Bake or grill your chicken/fish instead of frying
	Marinate chicken/fish before you grill it for added taste
	Stir fry your chicken/fish for a quick meal

	<p>Dip your chicken/fish in following sauce: BBQ, Sweet & Sour, Mustard, & Orange</p> <p>Sauté your chicken over the grill</p> <p>Roast vegetables with your chicken</p> <p>Try a veggie and chicken kabob with seasoned rice and fruit salad</p> <p>Food preparation: Make a family affair (picture of family grilling healthy foods (no charred foods))</p> <p>Children who have family sit down dinners get better grades in school</p> <p>Poaching is quick and easy for tender flavorful fish/chicken</p>
Adding salt	<p>Spicy up your day with herbs</p> <p>Take salt shaker off the table</p> <p>Use Mrs. Dash instead of salt</p> <p>Identify herbs for cooking different dishes</p> <p>One last shake of the salt shaker</p> <p>Take thyme with rosemary and basil</p> <p>High salt = high blood pressure</p>
Excessive frozen/microwave dinners	<p>Contains enormous amount of salt & carbohydrates</p> <p>Read the nutrition labels</p> <p>Emphasis on saving money</p> <p>Know what you're eating, save money, calories etc</p> <p>Quick meals = Doctor visits</p> <p>Convenience</p> <p>Plan & preparation</p> <p>Freeze single food</p> <p>Cook ahead & eat well all week</p> <p>Peanut butter & jelly</p> <p>Targeting family (family health)-take the time for family</p>
Adding sugar	<p>Sugar substitute-splenda</p> <p>Sodas/Sweet drinks cause cavities, corrosion</p> <p>Risks of family diabetes</p> <p>Prevent diabetes: limit sugar</p> <p>Fruit will satisfy sugar craving</p> <p>Obesity education</p> <p>Reduce eating sugar coated cereals</p> <p>Add fruit instead of sugar</p> <p>Reduce dental problems (pain, money)</p> <p>Fruit roll-ups</p>

Key Message Media Dissemination

The purpose of this session was to identify venues to get the health messages out to the community. BHS staff learned a lot from workshop participants about the multitude and variety of local resources that will enable us to reach the community. The results from this session are summarized in the following table.

Table 5. Media outlets for reaching the community

Media type	Source
Publications	Afro-American newspaper
	City Paper
	Baltimore Times
	Kids Scoop newspaper
	Housing Authority Baltimore City newsletter
	School newspapers
Radio	Radio one
	95.9 FM
	Health segment on 1010 AM
	92 Q (Big Phat morning show)
Television	Baltimore City public access TV
	Cable TV
Community locations	Barbershops/beauty shops
	Basketball courts
	Church bulletins
	Youth Groups
Promotions	Taste tests
	Cooking Demonstrations
	Food classes
	Cookbook-giveaways
	Produce-giveaways
	Thanksgiving/Health baskets
Advertisement	MICA to help with art work for advertising
	City payroll advertising

Community collaborations and information linkages

The last part of the workshop focused on how BHS could support the work of the organizations represented at the workshop. In a roundtable discussion, the participants took turns expressing their vision for a collaborative effort with the BHS program. Some avenues for potential collaboration included:

The St. Frances Academy representative expressed that BHS could benefit by having access to the organization's human services centers and their various health education programs. He encouraged BHS staff members to find a way to be

involved with these programs. For example, St. Frances is opening a health suite this year with a nurse practitioner and a health educator who will work with the 350 high school students.

The Baltimore City Housing Authority representative said that they have contact with as many as 60,000 public housing residents and he suggested that housing projects are a good site for outreach. He also commented that we could work together with the Healthy Hearts and Healthy Homes project and that maybe together we could get the supermarkets involved.

The Men's Center representative felt that any opportunity to reach and teach more people would benefit everyone. There is a health clinic at the Men's Center that works with kids and adults. BHS could do food giveaways with them and help with the health fair.

The Child and Adult Care Food program representative said that they teach 1,000 care providers who work with 6,000 Baltimore City children. This might be a way to teach kids right from the start. They help providers with menus and pay them to implement them. She also expressed that fresh food in the supermarkets is very much needed and promotion of supermarkets in Baltimore would be a great help. Possibly a parent workshop could be arranged.

The 4th District Human Services Center representative spoke about how the center is working to start parenting workshops and that BHS could facilitate a piece of these workshops by talking about nutrition and budgeting money for food.

The City Health Department, Environmental Division representative felt that he could help by maintaining "healthy stores" through enforcement of health and cleanliness standards and shed light on health issues that are often overlooked.

Future Work

Develop and pilot Quantitative Food Frequency Instruments [EXPLAIN]
Complete development of intervention materials for the pilot study
Conduct pilot study focusing on the food assistance population (phase 1) and on adolescents (phase 2) in East Baltimore (Stop Shop and Save; 2 small stores)
Conduct process evaluation on how the various intervention components were implemented
Evaluate the pilot program in terms of feasibility (acceptability, operability, perceived sustainability) from the point of view of store owners/managers
Develop linkages between local producers of fruits and vegetables and 1-2 of the small stores that do not currently stock these foods
Develop acceptable standards for implementing Baltimore Healthy Stores materials/program components in the stores.

Timeline of the Baltimore Healthy Stores project

1. Formative research: February 2002-October 2003
2. Materials development: August 2003-March 2004
3. Community workshops: November 2003-January 2004
4. Pilot program in 2-3 stores: March-May 2004
5. Feasibility trial: 2005-2007
6. City-wide trial: 2008+

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Appendix

Baltimore Healthy Stores
Community Leaders Workshop Agenda
Friday, November 7, 2003

Johns Hopkins Bloomberg School of Public Health, Conference room E6519
8:30 a.m.– 5:00 p.m.

8:30 – 9:00	Breakfast
9:00 – 9:15	Welcome and Introductions
	Goals of the Workshop
9:15 – 9:45	Presentation of BHS formative research
	Consumer surveys
	24-hour recalls
	Interviews and observations
9:45 – 11:00	Target foods list generation
	Brainstorming and Prioritization: what foods should be targeted for intervention?
	What are the healthier alternatives
	Adults vs. adolescents
11:00 – 11:15	Coffee Break
11:15 – 12:30	Healthy food use behaviors
	What food use strategies should be targeted?
	Food Purchasing, Food Preparation, Food Consumption
12:30 – 1:15	Lunch Break
1:15 – 1:30	Presentation of Meatless Monday concept
1:30 - 3:00	Key message development
3:00 – 3:15	Coffee Break
3:15 – 4:30	Key message media dissemination
	Radio, newspapers, in-stores, etc. (Adults vs. adolescents)
4:30 – 5:00	Community collaborations and information linkages

Community Representatives Present at this workshop

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Baltimore Healthy Stores Project Partners

Center for a Livable Future
 Baltimore City Health Department
 BCHD, Child and Adult Care Food Program
 Baltimore Public Markets Corporation
 Baltimore's Safe and Sound Campaign
 Historic East Baltimore Community Action Coalition
 Housing Authority of Baltimore City, Division of Family Support Services & Human Services Offices (Districts 2, 4, 5)
 The Men's Center
 Middle East Community Development Corporation
 St. Frances Academy
 Stop Shop and Save food markets
 Super A Farms
 Maryland State Department of Education
 Cultural Eye Productions
 Maryland State Cooperative Extension Program