



U.S. DEPARTMENT OF AGRICULTURE



# ASCEND

## FOR BETTER HEALTH

Agricultural Science Center of Excellence for Nutrition and Diet (ASCEND) for Better Health

**BUILDING A HEALTHY  
COMMUNITY TOGETHER!**

LISTENING SESSION REPORT

## **ABOUT THE [UNITED STATES DEPARTMENT OF AGRICULTURE \(USDA\)](#)**

USDA provides leadership on food, agriculture, natural resources, rural development, nutrition, and related issues based on public policy, the best available science, and effective management. USDA's vision is to provide economic opportunity through innovation, helping rural America to thrive; to promote agriculture production that better nourishes Americans while also helping feed others throughout the world; and to preserve our Nation's natural resources through conservation, restored forests, improved watersheds, and healthy private working lands.

## **ABOUT THE [TEXAS A&M INTERNATIONAL UNIVERSITY \(TAMIU\)](#)**

Texas A&M International University (TAMIU), a member of the Texas A&M University System, prepares students for leadership roles in an increasingly complex, culturally diverse State, national, and global society. TAMIU provides a learning environment built on a solid academic foundation in the arts and sciences. The University offers a range of baccalaureate and master's programs, the Doctor of Philosophy degree in International Business, and the Doctor of Philosophy in Criminal Justice. In addition, the University pursues a progressive agenda for global study and understanding across all disciplines. Through instruction, faculty and student research, and public service, TAMIU improves the quality of lives for citizens of the border region, the State of Texas, and national and international communities.

## **ABOUT THE [TEXAS A&M INSTITUTE FOR ADVANCING HEALTH THROUGH AGRICULTURE \(IHA\)](#)**

The IHA is the world's first research institute to bring together precision nutrition, responsive agriculture, and behavioral research to reduce diet-related chronic disease in a way that considers environmental and economic effects. The mission of IHA is to improve human health for all by leading science-driven solutions in agriculture, nutrition, and food systems in a way that supports economic prosperity, environmental sustainability, and community well-being for current and future generations through innovative research-based guidance, policies, programs, and practice. Composed of three focus areas, the IHA brings together experts across many disciplines, including agriculture; nutrition; behavioral, social, and life sciences; engineering; data and computation science; and economics.

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## BACKGROUND AND INTRODUCTION

What we eat affects our health and well-being.<sup>1</sup> Eating healthy, among other lifestyle factors like active living and quality sleep, can increase quality of life and reduce the incidence of diet-related chronic diseases such as obesity, type 2 diabetes, heart disease and stroke, and certain types of cancer.<sup>2</sup> Despite our understanding of this relationship between food and health, diet-related chronic diseases are on the rise, and underserved communities are often at greater risk.<sup>3-6</sup> According to the Centers for Disease Control and Prevention (CDC), 6 out of 10 adults in the United States have a chronic disease and 4 out of 10 adults have 2 or more chronic diseases.<sup>2</sup>

Research indicates that diet-related chronic diseases often co-exist with food insecurity.<sup>7</sup> Without question, Coronavirus COVID-19 brought to the forefront how too many individuals and families in our great Nation do not have access to healthy, affordable food.<sup>8</sup> Researchers also estimate that nearly two-thirds of COVID-19 hospitalizations in the United States were related to diet-related diseases including obesity, diabetes, hypertension, and heart failure.<sup>9</sup> One of the most disturbing aspects of the COVID-19 pandemic was the disproportionate harm that it caused to historically underserved groups.<sup>10-13</sup> Indeed, Black, Hispanic, and Asian people have substantially higher infection, hospitalization, and death rates than White people.<sup>13</sup> While COVID highlighted disparities in food insecurity and diet-related diseases, these are longstanding problems that are associated with decades of structural inequities in education, employment, and housing, among others.<sup>14</sup>

An estimated 18.8 million people, or 6.1 percent of the U.S. population, lived in low-income and low-access neighborhoods and were more than 1 mile or 10 miles from a food store in 2019.<sup>15</sup>

Having limited access to healthy and affordable food, because of a lack of resources or living far from a store, can be considered worrisome for underserved, predominantly low-income areas, which can be disproportionately subject to health and income disparities.<sup>16</sup>

At the USDA, one of our core priorities is advancing food and nutrition security.<sup>17</sup> Nutrition security means having consistent and equitable access to healthy, safe, affordable foods essential to optimal health and well-being.<sup>18</sup> Our approach to tackling food and nutrition security aims to: (1) Recognize that structural inequalities make it hard for many people to eat healthy and be physically active; and (2) Emphasize taking an equity lens to our efforts.<sup>18</sup> Our work aims to accelerate progress on the historic [White House Conference on Hunger, Nutrition, and Health](#) and corresponding [National Strategy](#) goals to end hunger, improve nutrition and physical activity, and reduce diet-related diseases and disparities by 2030.<sup>19</sup>

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*“The overwhelming response from the Laredo community demonstrates the importance of community-based conversations linking healthy eating and disease prevention. We appreciated the eagerness and engagement of our participants who shared important perspectives about their communities’ lived experiences in accessing healthy, affordable, and culturally appropriate foods. Engaging with diverse communities is integral to advancing USDA’s nutrition research efforts as we work together with partners like TAMIU and the Institute for Advancing Health Through Agriculture to retool the way our society approaches healthy eating.”*

Dr. Chavonda Jacobs-Young  
USDA Undersecretary for Research,  
Education, and Economics  
USDA Chief Scientist





USDA is committed to ensuring all we do is driven by research, grounded in science, and informed by analysis and evaluation.<sup>17</sup> We also aim to ensure our actions are informed by lived experience and developed in partnership with those we aim to serve.<sup>17</sup> To accelerate our efforts in developing community-informed and data-driven approaches, Secretary of Agriculture Thomas Vilsack announced the launch of the USDA’s Agricultural Science Center of Excellence for Nutrition and Diet (ASCEND) for Better Health on December 5, 2022. [ASCEND for Better Health](#) is a virtual science center that brings together scientists, partner organizations, and communities to develop and deliver science-based solutions that improve the health and well-being of every individual, family, and community in this country. The primary goal for ASCEND is to reduce the incidence and burden of diet-related chronic diseases, especially in historically underserved populations.

Engaging with communities to better understand the real-world opportunities and challenges around addressing food and nutrition insecurity and diet-related chronic diseases is critical to the success of ASCEND. On March 21, 2023, USDA partnered with TAMIU and IHA to hold a community engagement event focused on food, nutrition, and health-related outcomes in Hispanic communities. The event was attended by more than 120 community members, small farmers, and students who shared feedback on a variety of questions. Student nurses from the TAMIU College of Nursing and Health Sciences played a key role in facilitating conversations and collecting information. During the listening session, participants

had opportunities to interact with food and nutrition experts during a Share Fair, which provided information on Federal and local nutrition programs, healthy eating, and relevant community activities.

This report summarizes the information captured at the event. The goal is to use this information to inform future research, education, extension, and program efforts and ensure that the USDA’s science-based solutions are impactful and relevant to the communities they serve.

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*“We are keenly aware of the diet-related health disparities in our community and how certain food choices can, unfortunately, lead to health outcomes including diet-related chronic diseases and cancer. This initiative offered a positive opportunity to gain and share knowledge and impact solutions.”*

Dr. Pablo Arenaz, President  
Texas A&M International University  
Laredo, Texas



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***We are very grateful to the community members for their time, input, and passion. We all have a role to play in the shared goal of improving health through food and nutrition, and by working together, we can truly make a difference. – The ASCEND Community Engagement Team***



## INFORMATION COLLECTION AND ANALYSIS

Appendix 1 provides the meeting agenda, detailing how the day included a mix of activities designed to stimulate community discussions and share information on food, nutrition, and health-related outcomes. A World Café format was used to gather feedback from the community, where community members discussed a series of questions in small groups at round tables, a table host captured the main discussion points on templates, then information was shared verbally with the larger group. Information was also captured by asking participants to answer questions on posters, and a “Story Booth” was available to record “Stories for Better Health,” which are short video segments that capture lived experiences in relation to food, nutrition, and well-being.



The information gathered on World Café templates and posters was reviewed by a small group of scientists and students from USDA, TAMIU, and IHA. Since participant information was open-ended, responses were analyzed using NVivo software to visualize the qualitative data and identify emergent topic areas and subtopics using inductive reasoning, then statements were prepared to summarize the information contained in individual responses within each subtopic area. Some researchers were also members of the community; they translated any nuances and/or bias that may have been hidden in the text. The number of responses within each topic area are represented by a pie chart, which shows the number of responses as a percentage of the total number of responses collected. A table is also included, which provides a description of subcategories in each topic area, and a summary statement representing individual responses within each subcategory. The number of individual responses is provided after the summary statement in parentheses. Topic and subtopics are listed in order of most frequently to least frequently mentioned.



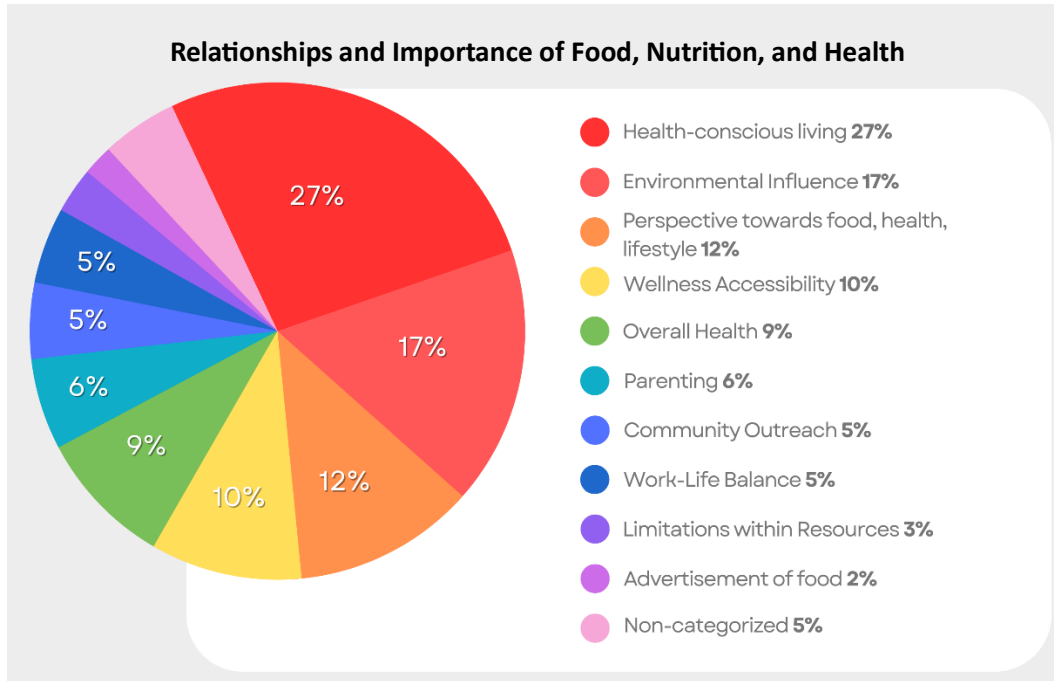
**SUMMARY OF RESPONSES FROM WORLD CAFÉ QUESTIONS**

**Question 1. What is your understanding about the relationship between food, the accessibility and availability of foods, physical activity, and health? Why are these important to you and your community?** A total of 233 responses were collected on templates from 23 roundtable discussions.

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*“It’s important to have proper nutrition especially at older age because of the risk factors for diabetes and atherosclerosis.”*

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Category	Summary Statements
<p><b>Health-Conscious Living (27%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Health concerns</u> – A mention of effects of health decline. (26 responses)</li> <li>• <u>Dietary/lifestyle changes</u> – A call to action on lifestyle changes in relation to diet. (22)</li> <li>• <u>Disease prevention</u> – Preventative measures to ensure control of potential diseases. (20)</li> <li>• <u>Motivation</u> – Bridging the association of a healthy lifestyle to actualization. (15)</li> <li>• <u>Management</u> – Current habits of exercise and diet that are acceptable. (10)</li> <li>• <u>Aging</u> – Acknowledgement of the need for better health as one ages. (6)</li> </ul>
<p><b>Environmental Influences (17%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Economic impact</u> – Cost of living outpaces the need for a healthy lifestyle. (26)</li> <li>• <u>Family/community</u> – The influence of family and community to be more physically active and eat better. (15)</li> <li>• <u>Cultural influence</u> – Habitual gatherings with traditional foods that are unhealthy. (14)</li> <li>• <u>Biological factors</u> – Genetics or family history playing a role in health. (4)</li> <li>• <u>Healthcare expenses</u> – Healthier living will cost less than healthcare. (1)</li> </ul>
<p><b>Perspective Towards Food, Health, Lifestyle (12%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Healthy living/a healthy person</u> – Examples of what a healthy lifestyle can lead to. (23)</li> <li>• <u>Nutritional education</u> – The lack and need for more promotion of healthy lifestyles to improve perspectives on healthy eating. (13)</li> <li>• <u>Lack of knowledge</u> – Mention of a lack of knowledge to what healthy living looks like. (8)</li> </ul>



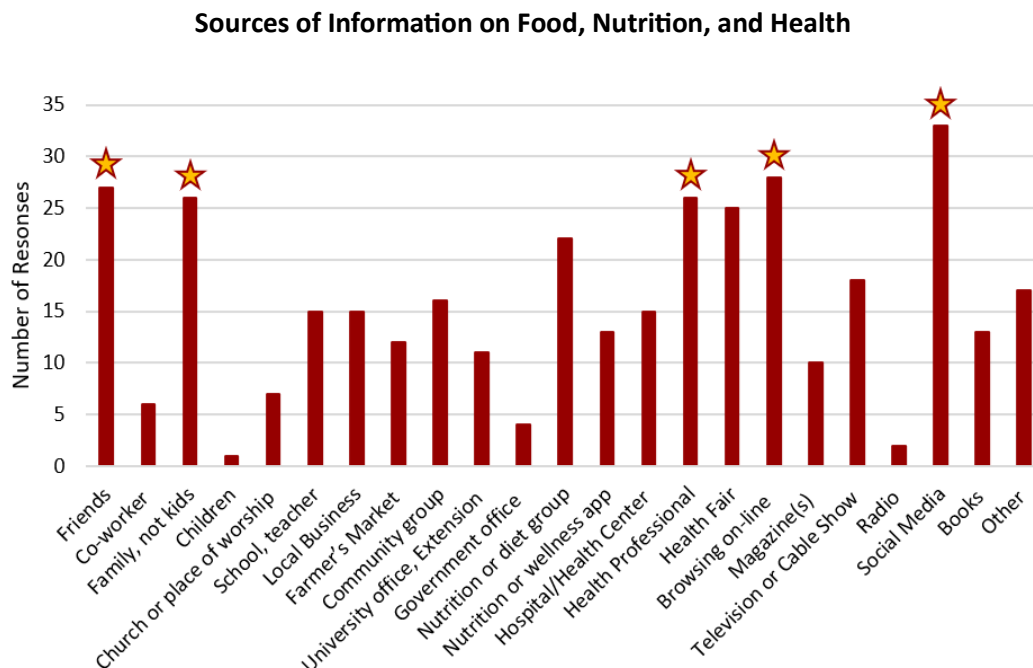
<p>● <b>Wellness Accessibility (10%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Healthy food</u> – Access to healthy food is limited to grocery stores. (21)</li> <li>● <u>Fast food</u> – Unhealthy food is more convenient. (11)</li> <li>● <u>Longevity of resources</u> – Buying groceries in bulk to save money. (2)</li> <li>● <u>Recreational resources</u> – Recreational gyms require a lifestyle change. (2)</li> </ul>
<p>● <b>Overall Health (9%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Mental health</u> – Stress levels contribute to physical health, lifestyle, diet, and an overall unhealthy lifestyle. (26)</li> </ul>
<p>● <b>Parenting (6%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Habits/attitudes in children</u> – The challenges in trying to instill healthy living in younger generations. (9)</li> <li>● <u>Unhealthy habits in children</u> – The diet and lack of exercise children can have in their environment. (4)</li> <li>● <u>Children</u> – Children can be a motivating factor to living healthier. (3)</li> <li>● <u>Future generations</u> – Acknowledgement that unhealthy habits can be passed down to children. (3)</li> </ul>
<p>● <b>Community Outreach (5%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Health education and accessibility</u> – Suggestions on how improving accessibility and education can help the community. (12)</li> <li>● <u>Public awareness</u> – The need to spread awareness of healthy living. (6)</li> </ul>
<p>● <b>Work-Life Balance (5%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Time</u> – Emphasis on time as a restricting factor to healthy living. (7)</li> <li>● <u>Convenience</u> – The ease in the ability to obtain unhealthy foods. (5)</li> <li>● <u>The impact of work</u> – Working conditions can affect healthy lifestyle. (5)</li> </ul>
<p>● <b>Limitations Within Resources (3%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Availability/accessibility</u> – Getting to healthy food via transportation can be challenging. (5)</li> <li>● <u>Rejection</u> – Social services to afford and have access to healthy food should be less restrictive. (5)</li> </ul>
<p>● <b>Advertisement of Food (2%)</b></p>	<ul style="list-style-type: none"> <li>● <u>Consumer behavior</u> – Cost, habits, and needs being a driving factor in food purchases. (9)</li> </ul>
<p>● <b>Non-categorized (5%)</b></p>	<ul style="list-style-type: none"> <li>● Statements that do not fit into any of the other categories. (18)</li> </ul>





## Question 2. Where do you get your information about food and health?

Community members were given a sheet with a list of common sources of information and asked to check all that were used. A total of 57 forms were collected. The graph below shows the number of responses for each category, and the top five sources of information are highlighted with a star.

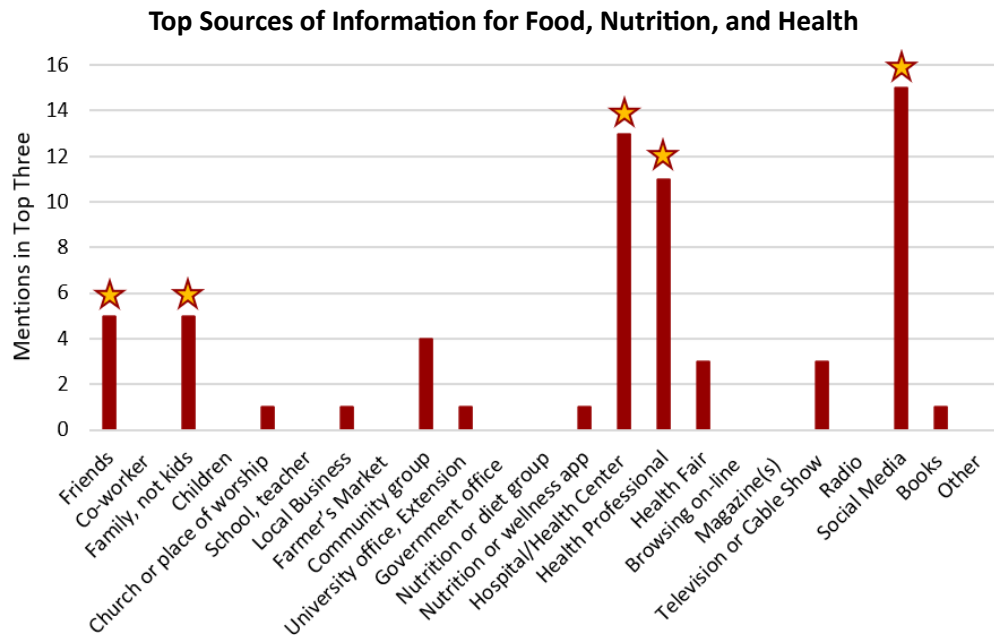


Participants were also asked to provide specific details\* on sources of information within the generic categories, and identities of sources are described below when two or more participants identified the same information source within a category. Categories are listed in the same order as the bar graph.

- **Local Business:** H-E-B (Major grocery store chain; 5).
- **Community group:** Ladrillito Activity Center (2); Rio Bravo Community Center (2); South Texas Promotores Association (2).
- **University office, Extension:** University (4).
- **Nutrition or diet group:** MHP Salud - Familia Saludables Program (4); Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) (2).
- **Hospital/Health Center:** Gateway Community Health Center (7); City of Laredo Health Department (3).
- **Health Professional:** Nutritionist (2).
- **Browsing on-line:** Google (3); USDA website (2).
- **Social Media:** Facebook (11); Instagram (8); TikTok (8); YouTube (6).
- **Other:** Area Health Education Center (11).

\*Mention of trade names or commercial products in this public information release is solely for the purpose of providing specific information and does not imply recommendation or endorsement by the USDA.

Community members subsequently held small group discussions to identify their top three sources of information used. The graph below shows the number of times each category was mentioned by a group in the top three, and the five most frequently mentioned sources are marked with a star.



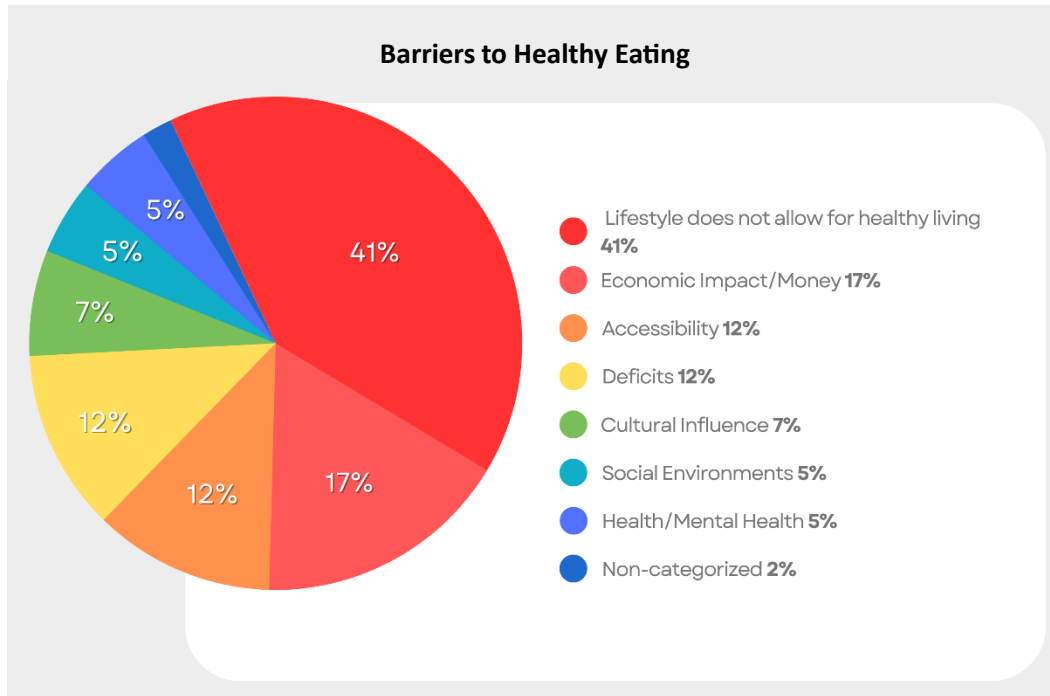
Participants were also asked to explain why these sources were used most frequently. Categories are listed in the same order as the bar graph.

- **Friends:** Trusted relationships and a source of advice that is provided in your best interest.
- **Family:** Readily accessible, trusted sources of information, particularly those family members who have done additional research or have relevant life experience.
- **Local business:** Local grocery stores can provide useful information on food and health.
- **Community group:** Being together with people that have a shared interest, such as a fitness program that involves cardio and Latin-inspired dance, creates an opportunity to learn facts about health and diet that can be shared with friends and family.
- **Nutrition or wellness app:** Easy to download and can provide useful information, when convenient or desired.
- **Hospital/Health Center:** Provides clear communication about health-related topics, is readily accessible within the community, and is a trusted source of information.
- **Health Professional:** Health professionals such as doctors, nutritionists, and dieticians are trusted individuals who provide clear, useful health-related information.
- **Health Fair:** Provides easy access to health-related information and resources.
- **Television or cable show:** A readily accessible platform for doctors or other trusted individuals to share information.
- **Social Media:** Easily accessible and provides a wealth of information, but some concern about the trustworthiness of information sources.
- **Books:** Convenient, readily accessible sources of information.

**Question 3. What are the barriers to healthy eating?**

A total of 185 responses were collected from 23 roundtable discussions.

*“A family of seven, so expenses are limited— either bills are paid, or you buy good groceries.”*



Category	Summary Statements
<p><b>Lifestyle Does Not Allow For Healthy Eating (41%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Time management</u> – Lack of time to make changes to lifestyle. (44)</li> <li>• <u>Attitude/personal perspective</u> – Emotions affecting eating habits. (43)</li> <li>• <u>Preferences/eating habits</u> – Unconscious dietary choices. (34)</li> <li>• <u>Bad habits</u> – Mention of bad habits and lack of discipline. (31)</li> <li>• <u>Overindulgence</u> – Food discipline is needed. (13)</li> </ul>
<p><b>Economic Impact (17%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Cost</u> – Inability to afford healthy lifestyle (inflation, rising costs, etc.). (29)</li> <li>• <u>Socioeconomic status</u> – Employment and salary. (15)</li> </ul>
<p><b>Accessibility (12%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Convenience</u> – Unhealthy foods more readily accessible. (19)</li> <li>• <u>Distance</u> – Healthy foods often too far away. (12)</li> <li>• <u>Transportation</u> – Not readily available. (11)</li> <li>• <u>No resources available</u> – Healthy foods often not available, and resources such as water and electricity may not be available to prepare them. (7)</li> </ul>
<p><b>Deficits (12%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Knowledge</u> – Healthy eating/habits/resources education needed. (27)</li> <li>• <u>Initiative</u> – Lack of discipline and willpower.</li> <li>• <u>Understanding of nutritional facts</u> – Struggle to understand nutrition. (8)</li> <li>• <u>Self-awareness</u> – Willingness to change is lacking. (7)</li> </ul>
<p><b>Cultural Influence (7%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Family and culture</u> – Learn to cook and eat at home; hard to change. (16)</li> <li>• <u>Cultural views</u> – Traditional foods can be rich in fat and carbs. (11)</li> </ul>
<p><b>Social Environ. (5%)</b></p>	<ul style="list-style-type: none"> <li>• <u>Other social influences (media, etc.)</u> – Mention of media influence. (11)</li> <li>• <u>Family input/preferences</u> – Pushback from community over diets. (10)</li> </ul>

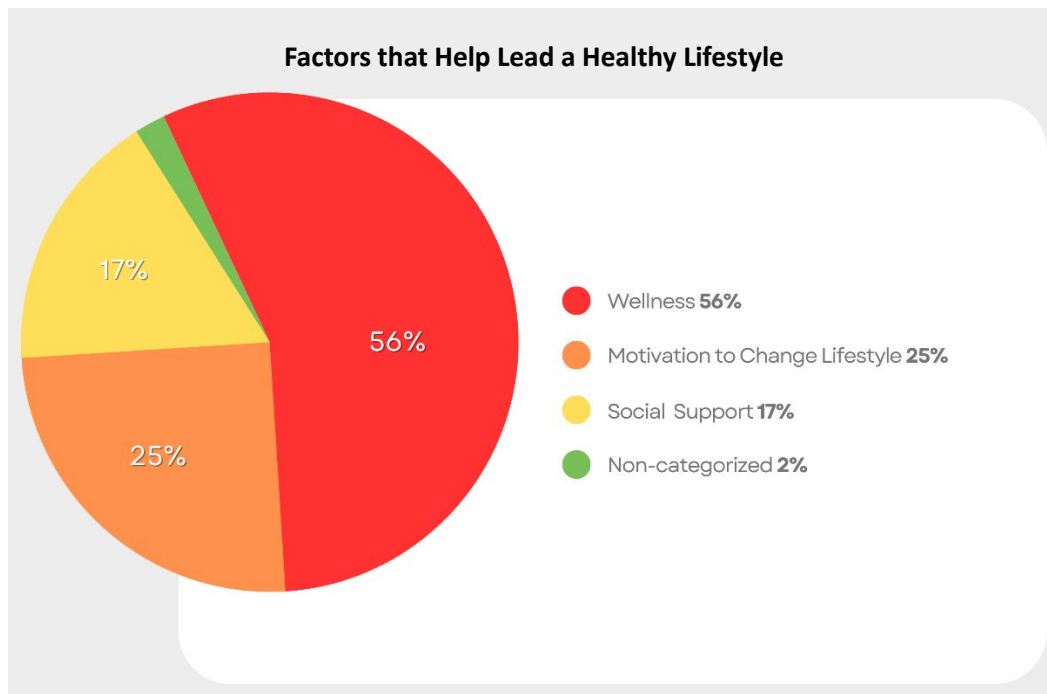


<ul style="list-style-type: none"> <li>● <b>Health, Mental Health (5%)</b></li> </ul>	<ul style="list-style-type: none"> <li>● <u>Illness prevents healthy lifestyle</u> – Heathy eating challenging with a health condition. (13)</li> <li>● <u>Effects of mental health</u> – Acknowledgement of mental health to diet. (5)</li> <li>● <u>Overly exhausted</u> – Energy and sleep are important to health. (2)</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Non-categorized (2%)</b></li> </ul>	<ul style="list-style-type: none"> <li>● Statements that do not fit into any of the other categories. (8)</li> </ul>

**Question 4. What helps you lead a healthy lifestyle?**

A total of 176 responses were collected from 23 roundtable discussions.

*“Understanding that it is a journey and not an overnight change.”*



Topic	Summary Statements
<ul style="list-style-type: none"> <li>● <b>Wellness (56%)</b></li> </ul>	<ul style="list-style-type: none"> <li>● <u>Healthy habits</u> – Conscientious eating habits. (77)</li> <li>● <u>Dietary changes</u> – Changes and suggestions to healthier eating. (58)</li> <li>● <u>Physical activity</u> – Mention of exercise. (40)</li> <li>● <u>Healthy eating</u> – Discipline and other actions to lead a healthy lifestyle. (39)</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Motivation to Change Lifestyle (25%)</b></li> </ul>	<ul style="list-style-type: none"> <li>● <u>To maintain health</u> – Actions and suggestions to maintain health. (41)</li> <li>● <u>To prevent disease</u> – Mention of diseases caused by unhealthy lifestyles. (25)</li> <li>● <u>Learning from others</u> – A sense of community in mutual struggle with health. (18)</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Social Support (17%)</b></li> </ul>	<ul style="list-style-type: none"> <li>● <u>Having a strong support system</u> – Support and motivation from others. (30)</li> <li>● <u>Family influence</u> – Mention of family for accountability. (21)</li> <li>● <u>Community resources</u> – Mention of current resources. (15)</li> </ul>
<ul style="list-style-type: none"> <li>● <b>Non-categorized (2%)</b></li> </ul>	<ul style="list-style-type: none"> <li>● Statements that do not fit into any of the other categories. (7)</li> </ul>

**SUMMARY OF RESPONSES FROM POSTERS**

**Poster 1. Food is...**

Participants were asked to complete the phrase “Food is...”. Responses were graphically represented in a word cloud as illustrated below, with words occurring more frequently in larger font size. Differences in fonts and color are just for aesthetics. (55 responses total)

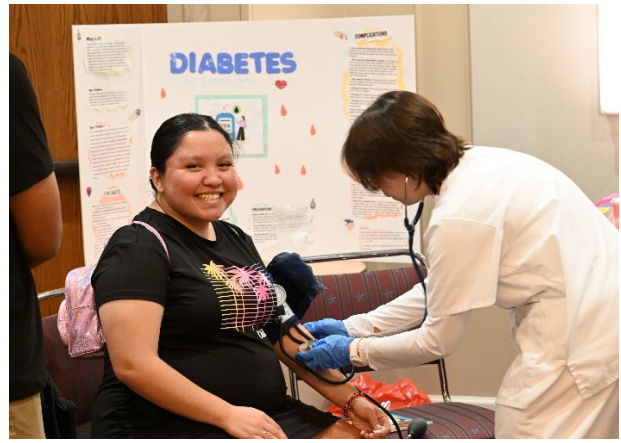


**Poster 2. What would encourage/discourage you from participating in a food/nutrition research study?** Responses of a similar type were first organized into topic areas, then within each topic area, individual responses were represented using summary statements. Only one response addressed the issue of discouragement, which stated, “Discouraged by the lack of time.” (11 responses total)

*What would encourage you?*

Topic	Summary Statements
<b>Improving Health for Self and Family (82%)</b>	<ul style="list-style-type: none"> <li>• I want to live longer for my children and grandchildren, teach them better eating habits, and improve the quality of life for my family. (6)</li> <li>• To learn how to eat better to live a healthier lifestyle. (3)</li> </ul>
<b>Learn New Information (18%)</b>	<ul style="list-style-type: none"> <li>• To learn new, useful information. (2)</li> </ul>

**Poster 3. Share a piece of advice regarding food and health that was passed down to you.**





## **DISCUSSION**

Event activities generated robust community discussion and feedback on topics related to food, nutrition, and health-related outcomes. Community members shared valuable insights into the nutrition-health relationships in their communities, as well as the challenges to healthy living and opportunities for improving health through food and nutrition.

### **Importance of Nutrition-Health Relationships**

Community members discussed their understanding of the relationship between food, accessibility and availability of food, physical activity, and health. They identified reasons why these relationships were important to them and their communities, which were categorized. Response categories included:

- **Health-conscious living:** Includes factors related to community members' awareness of the importance of healthy living and making changes to improve their diet and lifestyle.
- **Environmental influence:** Includes factors related to the physical and social environment that influence community members' health choices.
- **Perspective towards food, health, lifestyle:** Includes factors related to community members' knowledge, beliefs, and attitudes about food, health, and lifestyle.
- **Wellness accessibility:** Includes factors related to the availability and accessibility of healthy food and resources for physical activity.

### **Challenges to Healthy Eating**

Community members brought to light the complex and interconnected nature of individual and environmental barriers to healthy eating. Key barriers identified included:

#### *Individual barriers:*

- Lifestyle (e.g., time management, attitudes, personal perspectives, preferences, and habits)
- Health (e.g., health conditions posing challenges to healthy eating; effects of mental health and exhaustion on eating habits)
- Knowledge (e.g., lack of healthy eating knowledge and nutrition education)
- Initiative (e.g., lack of motivation, discipline, or willpower)

#### *Environmental barriers:*

- Cost and socioeconomic status (e.g., healthy food can be more expensive; inability to afford a healthy lifestyle)
- Accessibility (e.g., long distance and lack of transportation to places with healthy food available; lack of resources (e.g., water, electricity) to prepare healthy foods)
- Social environment and cultural influences (e.g., cultural traditions around food; family, friends, and other social pressures)

## Opportunities for Improving Health Through Food and Nutrition

Community members identified three key opportunity areas for supporting a healthy lifestyle: wellness, motivation to change lifestyle, and social support.

- **Wellness:** Community members pointed to factors that contribute to their wellness, including healthy habits, dietary changes, physical activity, and healthy eating.
- **Motivation to change lifestyle:** Community members noted the importance of being motivated to change lifestyle. This motivation can come from a desire to maintain health, to prevent disease, or to learn from others.
- **Social support:** The importance of social support in adopting a healthy lifestyle was emphasized by community members. This support includes strong social support networks, positive family influence, and community resources.

## Sharing Information and Conducting Research

A key goal of the ASCEND community engagement event was to gain a better understanding of the challenges around addressing food and nutrition insecurity and how to address them. To achieve this goal, event activities were designed to help build trust and foster a two-way flow of communication between those who work to support food and nutrition security in communities and the community members themselves.

While there is scientific information available that can inform and support community needs, to share this information effectively, it is important to know what sources of food and health information community members use most often. In a survey of community members, social media, online browsing, friends, family, and health professionals were the five most cited sources. In subsequent small discussion groups, community members explained why they used these sources most frequently, including:

- **Social media:** Easily accessible and provides a wealth of information, but some concerns about the trustworthiness of information sources (e.g., Facebook, Instagram, TikTok, YouTube).
- **Family (children not included) and friends:** Trusted relationships; sources of advice that are provided in your best interest; readily accessible, reliable sources of information, particularly those family members who have done additional research or have relevant life experience.
- **Health professionals:** Health professionals (e.g., doctors, nutritionists, and dieticians) are trusted sources who provide clear, useful health-related information.

In other cases, communities can be best served through research efforts that deliver results tailored to meeting communities' diverse needs. Our analysis of responses from poster sessions found that community members are motivated to participate in food/nutrition research if they believe it will have a positive impact on their health and the health of their families. Learning new, useful information was also identified as a source of encouragement in research participation.



## NEXT STEPS

TAMIU, IHA, and USDA will use the feedback gathered and insights gained through this engagement to develop and deliver science-based and community-engaged solutions that are impactful and relevant to the communities they serve. Information gleaned will be used by TAMIU and IHA to enhance their programs and activities that support health and well-being in the local community; USDA will use the information to inform future research, education, extension, and other program efforts; and others in the broader research and food and nutrition security area, including funding organizations, can use the findings and lived experiences captured here to develop more effective programs, services, and initiatives that promote community health and wellness.

By partnering together, we can accelerate progress towards a shared goal of improving health through food and nutrition and reducing the burden of diet-related chronic diseases for all individuals, families, and communities in this country.





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## APPENDIX 1 – Meeting Agenda.

<b>7:00 to 8:00 AM</b>	<b>Host teams arrive / Exhibitors set up Share Fair tables</b>
<b>8:00 to 9:00 AM</b>	<b>Doors open for participants / Registration / Share Fair open</b>
<b>9:00 to 9:40 AM</b>	<b>Welcome from Texas A&amp;M, USDA, and Congressional leadership</b> <ul style="list-style-type: none"><li>• Dr. Pablo Arenaz, TAMIU President</li><li>• Dr. Rebecca Seguin-Fowler, IHA Associate Director, Healthy Living</li><li>• Dr. Chavonda Jacobs-Young, USDA Under Secretary for Research, Education, and Economics (REE)</li><li>• John Sharp, Chancellor of the Texas A&amp;M System</li><li>• Henry Cuellar, U.S. Representative (D-TX)</li></ul>
<b>9:40 to 10:20 AM</b>	<b>World Café Round 1</b>
<b>10:20 to 10:40</b>	<b>Break / Share Fair open</b>
<b>10:40 to 11:00 AM</b>	<b>Context talk (moderated by Sanah Baig, USDA Deputy Under Secretary for REE)</b> <ul style="list-style-type: none"><li>• Dr. John Dyer, Senior Policy Advisor for Precision Nutrition, USDA REE, “USDA Programs and Resources that Support Food and Nutrition Security”</li></ul>
<b>11:00 to 11:40 AM</b>	<b>World Café Round 2</b>
<b>11:40 AM to 1:00 PM</b>	<b>Lunch / Speaker / Share Fair open</b> <ul style="list-style-type: none"><li>• Mari Gomez, Chief of Staff, USDA Agricultural Research Service “Our community’s shared health challenges”</li></ul>
<b>1:00 to 1:40 PM</b>	<b>World Café Round 3</b>
<b>1:40 to 2:00 PM</b>	<b>Cooking demonstration – Angie Sifuentes</b>
<b>2:00 to 2:40 PM</b>	<b>World Café Round 4</b>
<b>2:40 to 2:50 PM</b>	<b>Final observations</b> <ul style="list-style-type: none"><li>• Sanah Baig, USDA Deputy Undersecretary for REE</li><li>• Dr. Pablo Arenaz, TAMIU President</li></ul>
<b>2:50 to 3:00 PM</b>	<b>Survey and final logistics</b>
<b>3:00 PM</b>	<b>Meeting ends</b> <ul style="list-style-type: none"><li>• Crowd exits</li><li>• Share Fair and Story Booth remain open until 3:30 PM</li><li>• Time for participants to visit with University/USDA staff</li></ul>



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