

¿Qué determina el estado de salud?

What determines health status?

Taller comunitario #1

Community workshop #1

Perris, CA

Febrero (*February*) 2021



HEALTHY EATING
ACTIVE LIVING
CITIES
CAMPAIGN

Love 4 Life Association

501(c)3 Non-profit Organization



Love 4 Life

Our vision is to save lives through love.

Wendy Romero, Chief Executive Officer

Brenda Carolina Romero, Assistant Chief Executive Officer



Fundadores:

Funders:



Aliados:

Partners:



**PUBLIC HEALTH
ADVOCATES**



Love 4 Life Association

Bullying and Suicide Prevention 501(c)3
Non-Profit Organization

El Orden del Día

Outline for Today

- **Resumen de la Organización**
Organizational Overview
- **Descripción del Proyecto**
Project Overview
- **Estadísticas de Salud Pública**
Public Health Statistics
- **¿Qué Determina la Salud?**
Determinants of Health
- **Estrategias de Salud Pública**
Public Health Strategies
- **Próximos Talleres**
Next Workshops

"No hay ninguna circunstancia humana más trágica que la existencia de un problema que persiste para el que un remedio es fácil de conseguir."

- Dr. Martin Luther King, Jr.



"There is no human circumstance more tragic than the persisting existence of a harmful condition for which a remedy is readily available." - Dr. Martin Luther King, Jr.



Nosotros creemos que todos tienen el derecho de ser saludables.

We believe everyone has the right to be healthy.



**PUBLIC HEALTH
ADVOCATES**



Nosotros creemos que barrios deben ser lugares donde condiciones físicas, sociales, y económicas apoyan la salud y bienestar.

We believe neighborhoods should be places where physical, social, and economic conditions nurture health and well-being.



Nosotros creemos que políticas de salud buenas hacen una realidad la buena salud para todos.
We believe good public policy can make health a reality for everyone.

Nosotros creemos que la salud es un derecho humano y reconocemos que la injusticia que existe resulta de desigualdad sistémica.

We believe health is a human right and we acknowledge that the existence of injustice stems from structural inequality!

Public Health Advocates

Nosotros proveemos un enfoque de salud pública a los problemas actuales más problemáticas, ayudando a las comunidades pasar leyes, reformar sistemas, y crear normas que promueven justicia, equidad, y salud.

We bring a public health lens to today's most pressing problems, helping communities to pass laws, reform systems, and establish norms that foster justice, equity, health.

- **Investigación**

Research

- **Asistencia Técnica**

Technical Assistance

- **Desarrollo y Seguimiento de Políticas**

Policy Development and Tracking

- **Educación y Movilización de la Comunidad**

Community Education and Mobilization



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The policy brief was developed
with funding from the California
Center for Public Health Adv

UCLA CENTER FOR
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*“More than
13 million
California adults
—nearly half of
the state’s adult
population—are
estimated to have
prediabetes.”*



This policy brief was developed
in partnership with the California
Center for Public Health Advocacy
with funding from the California
Health Care Foundation and
The California Endowment

UCLA CENTER FOR
HEALTH POLICY RESEARCH



Health Policy Brief

March 2016

Prediabetes in California: Nearly Half of California Adults on Path to Diabetes

Susan H. Babey, Joelle Wolstein, Allison L. Diamant, Harold Goldstein

SUMMARY: In California, more than 13 million adults (46 percent of all adults in the state) are estimated to have prediabetes or undiagnosed diabetes. An additional 2.5 million adults have diagnosed diabetes. Altogether, 15.5 million adults (55 percent of all California adults) have prediabetes or diabetes. Although rates of prediabetes increase with age, rates are also high among young adults, with one-third of those ages

18-39 having prediabetes. In addition, rates of prediabetes are disproportionately high among young adults of color, with more than one-third of Latino, Pacific Islander, American Indian, African-American, and multiracial Californians ages 18-39 estimated to have prediabetes. Policy efforts should focus on reducing the burden of prediabetes and diabetes through support for prevention and treatment.

Diabetes, particularly type 2 diabetes, is a significant and growing health problem that affects both adults and children and can cause a number of serious complications, including blindness, kidney disease, cardiovascular disease, amputation, and premature death. Nationally, the prevalence of diabetes among adults has nearly tripled over the past 30 years.¹ In 2014, 29.1 million people in the U.S., or 9.3 percent of the population, had diabetes (including 8.1 million with undiagnosed diabetes).² In California, the prevalence of diabetes among adults increased by 35 percent between 2001 and 2012.³

Prediabetes, also referred to as impaired glucose tolerance or impaired fasting glucose, is a condition in which blood glucose levels are higher than normal but not high enough for a diagnosis of diabetes. People with prediabetes have a much higher risk of developing type 2 diabetes, as well as an increased risk for cardiovascular disease. Results from the Diabetes Prevention Program (DPP) clinical trial indicated that

among those with prediabetes, increased physical activity, improvements in diet, and weight loss can prevent or delay the onset of diabetes significantly more than placebo or medication.⁴ Results also indicated that medication, while effective, is not as effective as lifestyle changes.

Nationally, more than one in three adults is estimated to have prediabetes, and 90 percent of these individuals are not aware that they have the condition.² Between 1999 and 2010, the prevalence of prediabetes among adults in the U.S. increased from 29 percent to 36 percent.⁵ Moreover, between 1999 and 2008, the prevalence of diabetes and prediabetes among adolescents in the U.S. rose dramatically, from 9 percent to 23 percent.⁶ Without intervention efforts, up to 30 percent of people with prediabetes will develop type 2 diabetes within five years, and up to 70 percent will develop diabetes within their lifetime.⁷ There are very effective interventions available, including lifestyle modification programs recognized by the CDC’s National Diabetes Prevention



SB 1192

HEALTHY-BY-DEFAULT KIDS' MEAL BEVERAGES

The California Healthy-by-Default Kids' Meal bill makes a healthy beverage—water or milk—the default beverage for children's combo meals instead of sugary drinks, helping parents provide healthy drink options to their children while eating outside the home.



thePROBLEM

extra calories

Sugary drinks are the single biggest source of calories in the diets of kids under 13, contributing between 10-15 percent of their daily calories.

overweight

Drinking just one sugary drink a day increases a child's likelihood of being overweight by 55 percent.

cavities

Children who frequently consume sugary drinks are nearly twice as likely to have cavities than children who consume mostly milk or water.

eating out

More than half of food expenditures in the United States are spent outside of the home, and children get an average of 25 percent of their calories from restaurant foods and beverages.

theSOLUTION

healthy habits

SB 1192 will help children grow up at a healthy weight and assist them in forming better eating and drinking habits that they will carry throughout their lifetimes.



healthy choices

The "healthy-by-default" beverage makes it easier for parents to start the meal off right and gives California an opportunity to engage restaurants, community groups and the public about the importance of offering healthy beverage options to young children.



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California cities and counties are already committing to making the healthy choice the easy choice for kids.

★ Ordinances:

- ✓ Berkeley
- ✓ Cathedral City
- ✓ Daly City
- ✓ Davis
- ✓ Long Beach
- ✓ Perris
- ✓ Stockton
- ✓ San Francisco County
- ✓ Santa Clara County

★ Resolutions (passed but no enforcement):

- ✓ Chula Vista
- ✓ Hawthorne

The whole state should join the movement!



"Our lives are busy, and more and more we're grabbing a meal on the run or eating out. That's why it's so important that restaurants offer healthy food and beverage options—especially for children."
— California Parent

74% of top restaurant chains still have sugary drinks on children's menus.

The current environment still makes it very hard for parents to choose a healthy option for their kids. Some companies have voluntarily implemented this health-focused practice in their menus: McDonald's, Wendy's, Burger King, Dairy Queen, IHOP, Applebee's and Jack-in-the-Box.

We need more action.



MomsRising.org | MamásConPoder.org

For more information, contact:

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Jamie Morgan • American Heart Association • Jamie.Morgan@heart.org • (916) 446-6505
Rebecca DeLaRosa • Latino Coalition for a Healthy California • rdelarosa@lchc.org • (916) 448-3234 x2012
Kris Lev-Twombly • California State Alliance of YMCAs • kris@ymcasofca.org • (916) 730-0271
Karen Showalter • MomsRising.org • karen@momsrising.org • (914) 589-0983



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¿Qué es la Iniciativa de Ventas Saludables en Perris?

What is the Perris Healthy Retail Initiative?

Es una campaña para crear una ciudad más saludable con eliminar comida chatarra de cajas registradoras que promueve el consumo de comidas y bebidas insalubres.

A citywide campaign to create a healthier Stockton by removing unhealthy retail items from check-out aisles that promote the consumption of unhealthy foods and beverages.



Proyecto de Cajas Registradores Saludables ***Healthy Checkout Aisles Project***

En Septiembre del 2020, el Ayuntamiento de Berkeley Aprueba la Primera Política de Cajas Registradores Saludables en la Nación

***In September 2020, Berkeley City Council Approves Nation's First Healthy Checkout Policy
Grocery Stores Required to Sell Nutritious Options***



**¿Cómo
logramos lo
mismo en
Perris?**

***How do we accomplish the
same in Perris?***

Lo que sabemos sobre ventas de comidas y bebidas chatarras en las cajas registradoras

What we know about unhealthy retail at checkout counters...

- Dulces, bebidas azucaradas, y meriendas saladas dominan las cajas registradoras.
Candy, sugary drinks and salty snacks dominate check-out aisles.
- Colocar estas comidas y bebidas chatarras en zona con mucho tráfico es una manera de promocionar estos alimentos a niños.
Placing these unhealthy items in high-traffic areas is a way to market to children.
- Tener estos alimentos cerca de las cajas registradoras inevitables le propone dificultad a padres que quieran hacer decisiones saludables para sus familias.
Placing these unhealthy items in high-traffic areas is a way to market to children.
- Supermercados, minoristas, y fabricantes de alimentos pueden apoyar a padres de familia con eliminar alimentos chatarras de las cajas registradoras.
Supermarkets, retailers and food manufactures could support parents by removing unhealthy items from check-out stands.

Lo que sabemos sobre ventas de comidas y bebidas chatarras en las cajas registradoras

What we know about unhealthy retail at checkout counters...

- Muchas personas creen que la disponibilidad de comida saludable económica es importante para la salud.

Many people believe that the availability of affordable healthy food is important to people's health.

- $\frac{3}{4}$ de compradores que compraron comidas y bebidas chatarras en las cajas registradoras lo lamentaron.

$\frac{3}{4}$ of shoppers who purchased unhealthy food and drinks at checkouts regretted doing so.

- Mercadotecnia en las cajas registradoras se enfoque injustamente en los compradores de bajos recursos y minorías.

Checkout merchandising unfairly targets low-income and minority shoppers.

- La mayoría de la gente quieren que las tiendas hagan el hecho de hacer decisiones saludables y hacer compras con niños más fácil.

Most people want stores to make it easier to make healthy choices and shop with children.

¿Cuál es el impacto del consumo de comida y bebidas chatarras en nuestra comunidades?

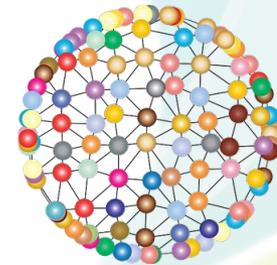
How is the consumption of unhealthy food and beverage impacting our communities?

¿En 1990, qué porcentaje de adultos eran obesos en California?

- (a) Menos de 10%*
- (b) Entre 10-15%*
- (c) Mas de 15%*
- (d) Mas de 25%*

In 1990, what percentage of adults were obese in California?

- (a) Less than 10%*
- (b) Between 10-15%*
- (c) More than 15%*
- (d) More than 25%*



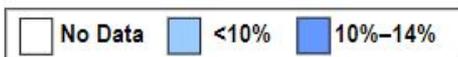
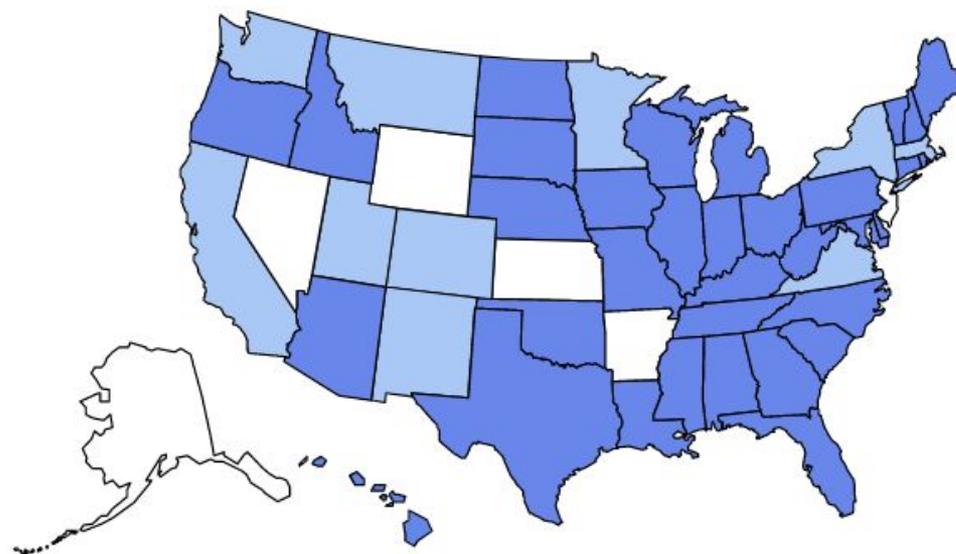
Estadísticas de Obesidad

Obesity Statistics

Tendencias de obesidad entre adultos de Estados Unidos
Obesity Trends Among U.S. Adults*

BRFSS, 1990

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

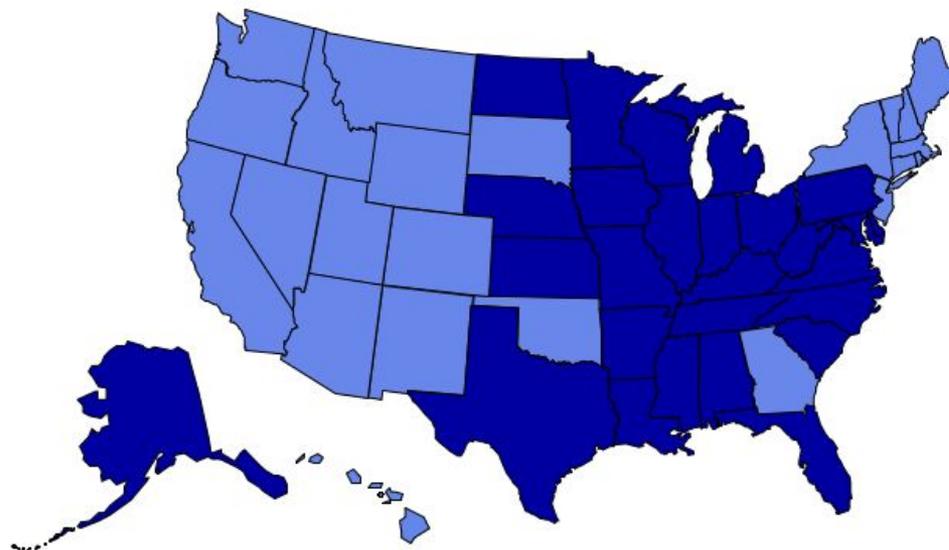


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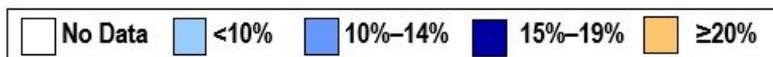
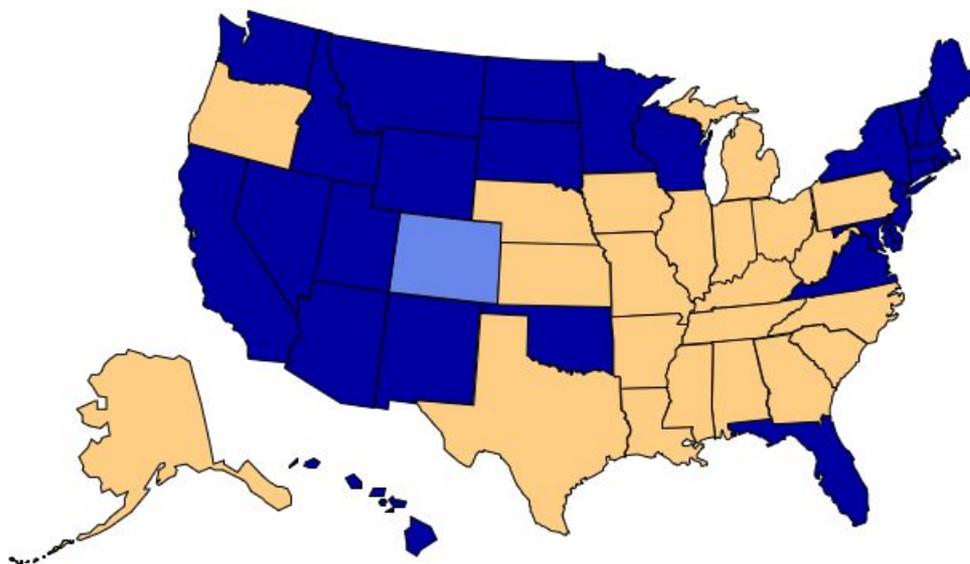


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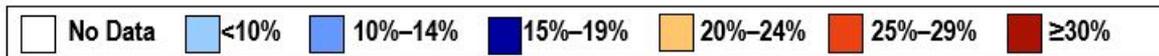
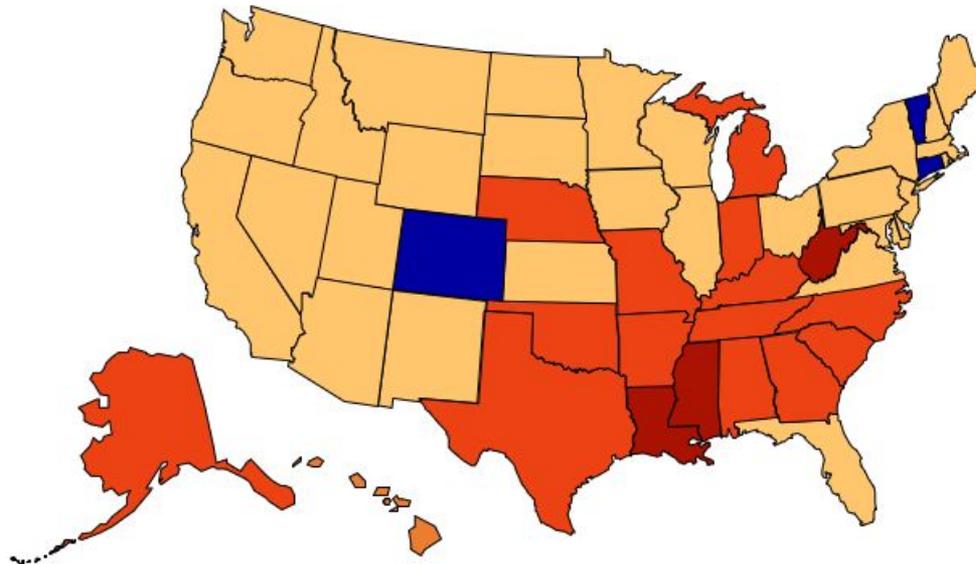
Source: Behavioral Risk Factor Surveillance System, CDC.

Estadísticas de Obesidad

Obesity Statistics

Tendencias de obesidad entre adultos de Estados Unidos
Obesity Trends Among U.S. Adults*
BRFSS, 2005

(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)

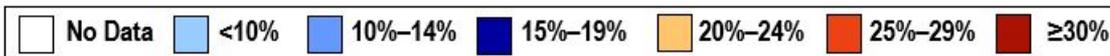
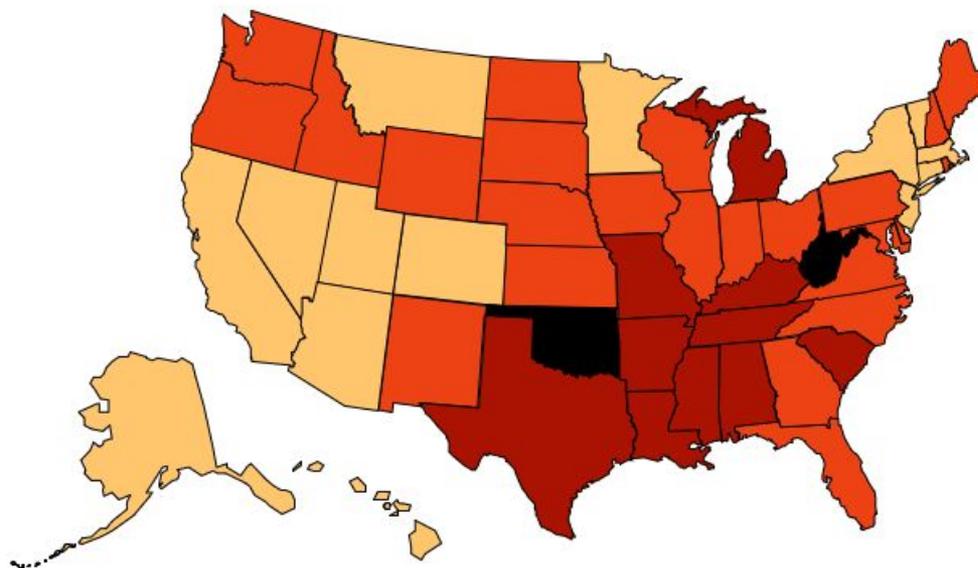


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Tendencias de obesidad entre adultos de Estados Unidos
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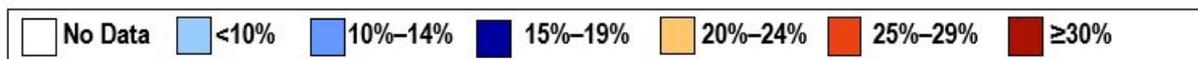
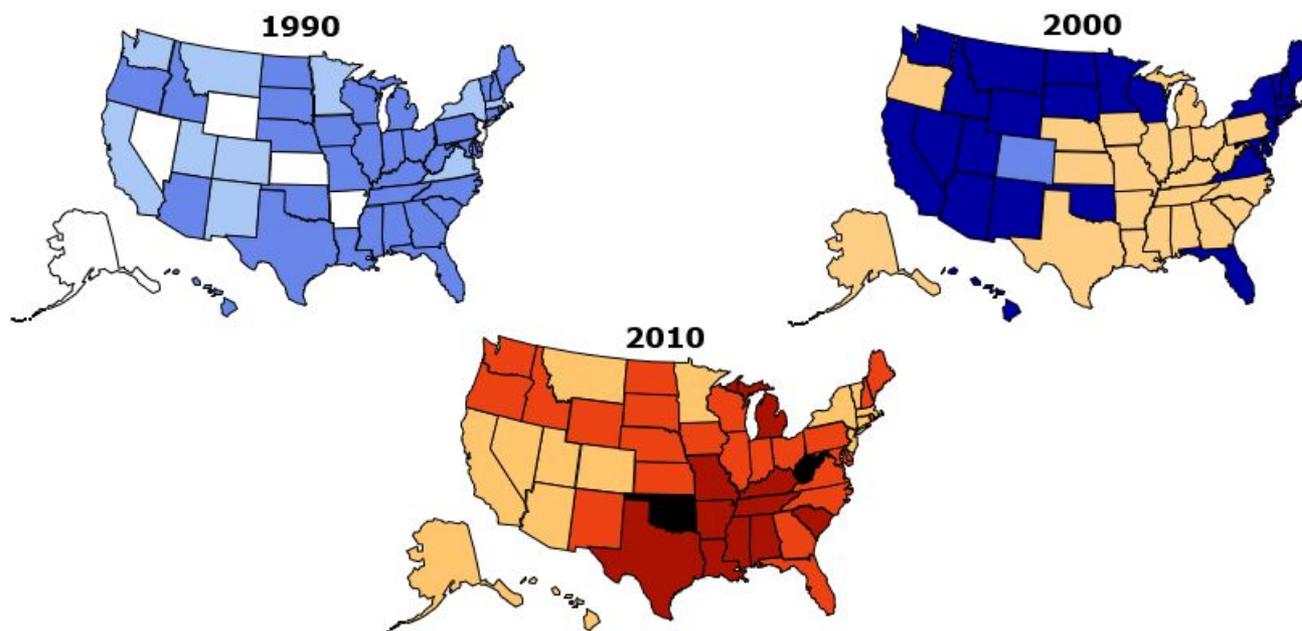
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Estadísticas de Obesidad

Obesity Statistics

Tendencias de obesidad entre adultos de Estados Unidos
Obesity Trends Among U.S. Adults*
BRFSS, 1990, 2010, 2000

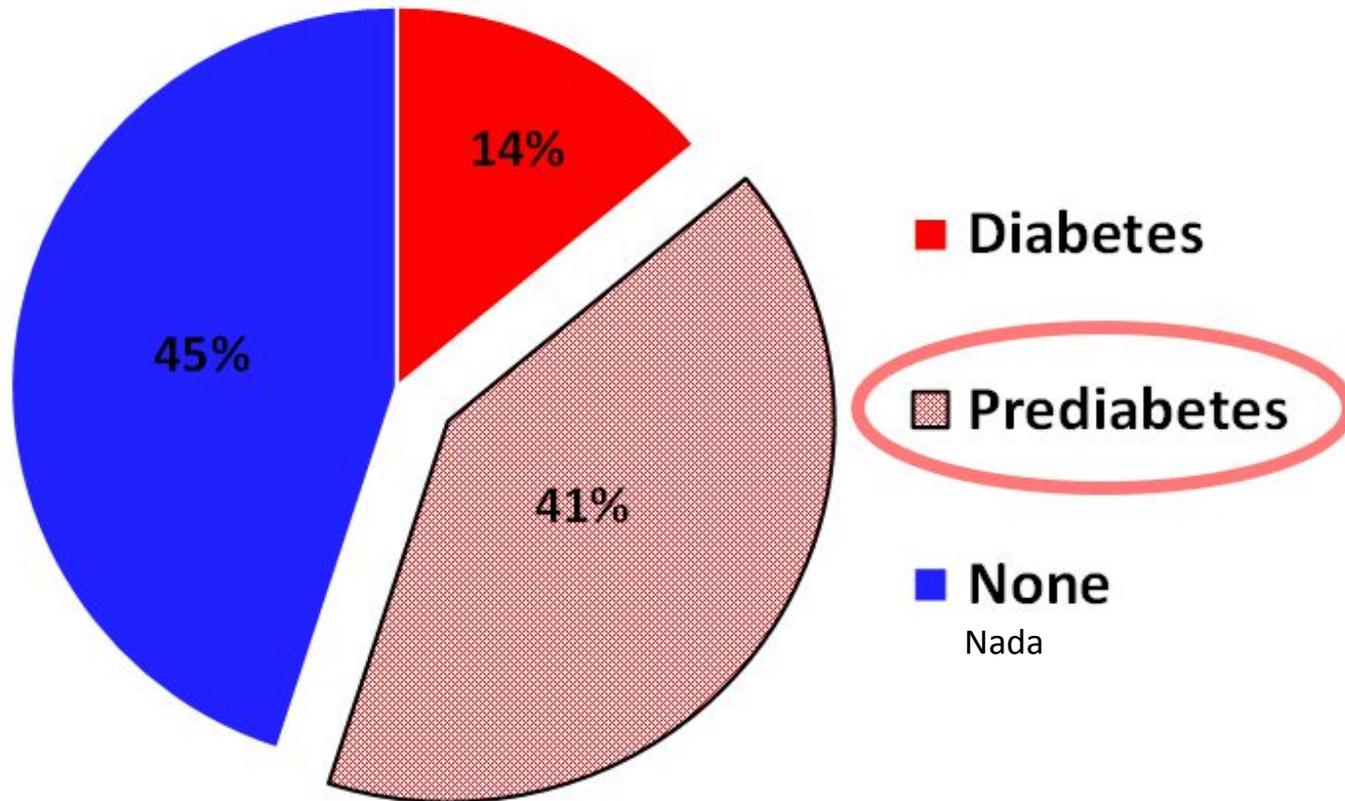


Estadísticas de Diabetes

Diabetes Statistics

Cifras de Diabetes Entre Adultos en California (2011)

Diabetes Rates Among CA Adults (2011)



¿Cómo políticas pueden determinar el estado de salud?

How do Policies Determine Health Status?

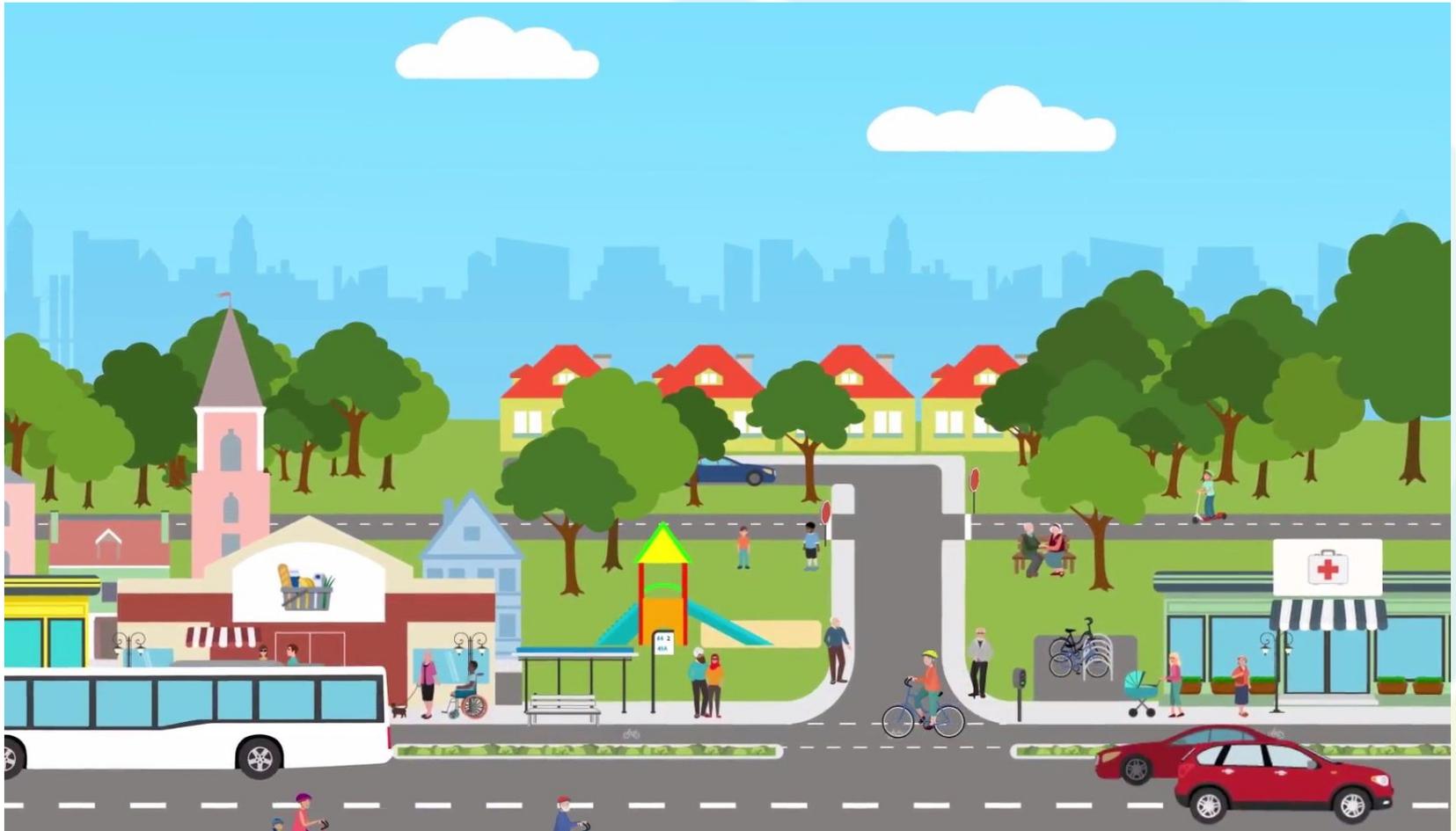
"Muchos se sorprenderán al saber que se hizo la mayor contribución a la salud de la nación en los últimos 150 años, no por los médicos u hospitales, pero por **el gobierno local.**"

*"Many would be surprised to learn that the greatest contribution to the health of the nation over the past 150 years was made, not by doctors or hospitals, but **by local government.**"*

~ Dr. Jessie Parfitt,
Public Health Physician

¿Qué es el Ambiente Construido?

What is the build environment?



¿Qué porcentaje del medio ambiente afecta nuestro estado de salud?

(a) 20%-30%

(b) 10%-15%

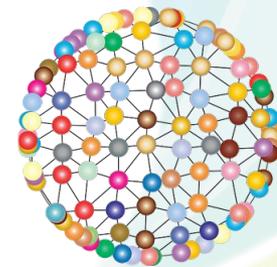
(c) 60%-70%

What percentage of the environment affects our health status?

(a) 20%-30%

(b) 10%-15%

(c) 60%-70%



“Es irrazonable esperar que personas cambiarán su comportamiento cuando hay tantas fuerzas en el ambiente social, cultural, y físicas que conspiran contra cambios positivos.”

“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

¿Cómo políticas pueden determinar el estado de salud?

How do Policies Determine Health Status?



Políticas Para la Prevención de Obesidad y Diabetes

Policies for the Prevention of Obesity & Diabetes

Refrescos y Comida Chatarra Afuera de la Escuelas (1999-2005)

Soda & Junk Food out of Schools (1999-2005)

Fondos Para la Educación Física (2006)

Physical Education Funding (2006)

Etiquetas en los Menú de Restaurantes de Franquicias (2007-2008)

Menu Labeling in Chain Restaurants (2007-2008)

Refrescos y Otras Bebidas Azucaradas (1999-)

Soda & Other Sugary Drinks (1999-)

✓ Legislación de Impuestos para Refrescos

Soda tax legislation

✓ Legislación de Etiquetas de Advertencia

Warning label legislation

Próximamente...Cajas Registradoras Saludables

Upcoming... Healthy Retail Checkout Aisles

Lecciones Universales de Salud Pública

Universal Lessons from Public Health

La única solución nunca es responsabilidad personal.

Solution is never only personal responsibility.

Programas de educación son esenciales.

Education and programs are essential.

Factores sociales amplias se DEBEN cambiar para modificar normas sociales.

Broader social factors must be changed to change social norms.

Políticas federales, estatales, y locales son necesarias.

Federal, state, and local policies are needed.

Personas QUIEREN políticas públicas que correspondan con sus valores.

People WANT public policy to be consistent with their values.

¡Manténgase Involucrado!

Stay Involved

Próximos Entrenamientos:

Upcoming Trainings:

- **Entrenamiento #2:**

Training #2:

Marzo (March) 11th
6:00 pm-7:00 pm

- **Entrenamiento #3:**

Training #3:

Abril (April) 8th
6:00 pm-7:00 pm

- **Entrenamiento #4:**

Training #4:

Mayo (May) 13th
6:00 pm-7:00 pm

- **Entrenamiento #5:**

Training #5:

Junio (June) 10th
6:00 pm-7:00 pm

- **Entrenamiento #6:**

Training #6:

Julio (July) 8th
6:00 pm-7:00 pm

¡Gracias por participar
el día de hoy!

Thank you for joining us today!

Para más información,
comuníquese con:

For more information, contact:

Ana Goins-Ramirez
AGR@PHAdvocates.org