

What determines health status and why healthy retail?

Community Workshop #1

Stockton, CA
January 21, 2021



FFSJ's Health & Environmental Justice Dept

Mission & Vision:

To reverse the harm and extraction of our environment and natural resources and aims to restore healing and regeneration to the environment. We build up the people who have been most impacted by environmental (in)justice, marginalized black, indigenous, and people of color, by building up environmental stewards rooted in our cultural practices and going from redlining to greenlining the hood.

Environmental
Justice Workshops

Brandon Harrison
Memorial Garden

Community Tree
Planting

Healing Roots

Stockton Transformative
Climate Communities

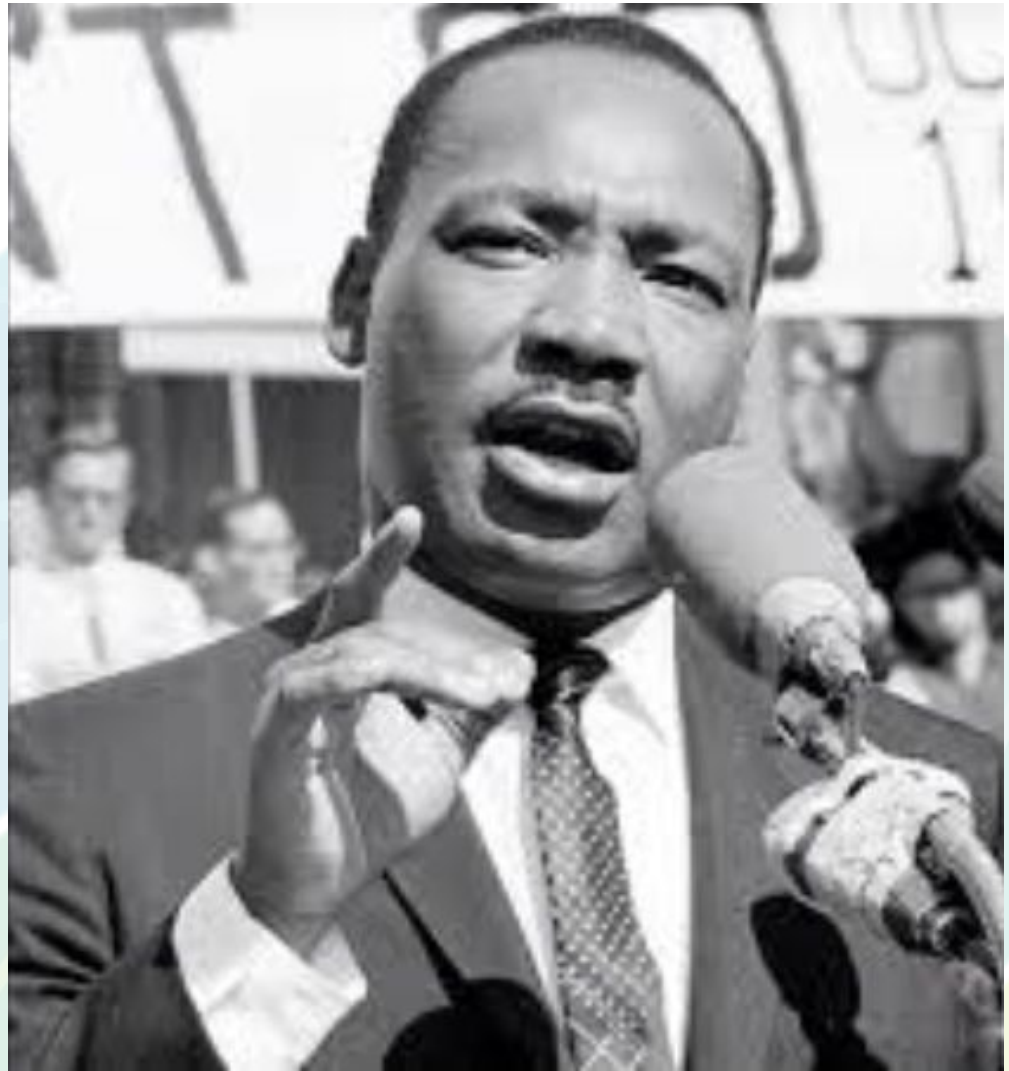
Greenlining
the Hood



H&EJ Manager: Irene Calimlim
EJ Equity Organizer: Paige Tengeluk

"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.

- Dr. Martin Luther King, Jr.



What do you bring to the space?

(Please share in the chat)



Funders:



Partners:



Outline for Today

- **Organizational Overview**
- **Project Overview**
- **Public Health Statistics**
- **Determinants of Health**
- **Nutrition**
- **Public Health Strategies**
- **Next Workshop(s)**

*Policy Advocacy and Surveying Local Retailers: February 18th, 2021
5:00pm-7:00pm*



We believe everyone has the right to be healthy.



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



We believe good public policy can make health a
reality for everyone.

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

***Race, biological sex, gender identity, sexual orientation, income,
immigration status, religion, mental health and physical
ability...***

Public Health Advocates

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.

- *Research*
- *Policy Development and Tracking*
- *Technical Assistance*
- *Community Education and Mobilization*



Search
The

definitions

T
O
P
C
A
C
O
N

CA
PU
C

www

2005 California
Note: included
and adolescent
*Indicates co

Brown Miller
(800) 710-0121



City of
Design

Anaheim

Antioch

Bakersfield

Baldwin

Bellflower

Buena Park

Burbank

Calicut

Carson

Chino

Chino Hills

Chula Vista

Citrus Heights

Clarksburg

Compton

Concord

Corona

Costa Mesa



This policy brief was developed
with funding from the California
Center for Public Health Advocacy

Brown Miller
(800) 710-0121

UCLA CENTER FOR
HEALTH POLICY RESEARCH

Overweight

Data from
Fitness
the Body

Background

During the
of overweight
has increased
children.¹
were obese
percent.¹ In
children is
among children
considerable
2003-2008
among young
percent, at
ages 6 to 11
More positive
Health and
that, between
has been a
of obesity
prevalence
off national
approximate
and 34 percent
to be overweight

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

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

“Sugar-sweetened beverage consumption is increasing among adolescents.”

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.⁵ Between 1999 and 2010, the prevalence of prediabetes among adults in the U.S. increased from 29 percent to 36 percent.⁶ 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



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

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.



For more information, contact:

Flojaune G. Cofer, PhD • Public Health Advocates • FC@PHAdvocates.org • (844) 962-5900, x230
 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



MomsRising.org | MamásConPoder.org

EVERYONE HAS THE RIGHT TO BE HEALTHY

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.



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.



For more information, contact:

Flojaune G. Cofer, PhD • Public Health Advocates • FC@PHAdvocates.org • (844) 962-5900, x230
 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



MomsRising.org | MamásConPoder.org

EVERYONE HAS THE RIGHT TO BE HEALTHY

What is the Stockton Healthy Retail Initiative?

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.



Healthy Checkout Aisles Project

***In September 2020, Berkeley City Council Approves Nation's First
Healthy Checkout Policy***

Grocery Stores Required to Sell Nutritious Options



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

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

- Candy, sugary drinks and salty snacks dominate check-out aisles.
- Placing these unhealthy items in high-traffic areas is a way to market to children.
- Having unhealthy items near the unavoidable check-out stand makes it tough for parents who want to make healthy choices for their families.
- Supermarkets, retailers and food manufactures could support parents by removing unhealthy items from check-out stands.

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

- Many people believe that the availability of affordable healthy food is important to people's health.
- $\frac{3}{4}$ of shoppers who purchased unhealthy food and drinks at checkouts regretted doing so.
- Checkout merchandising unfairly targets low-income and minority shoppers.
- Most people want stores to make it easier to make healthy choices and shop with children



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

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%*

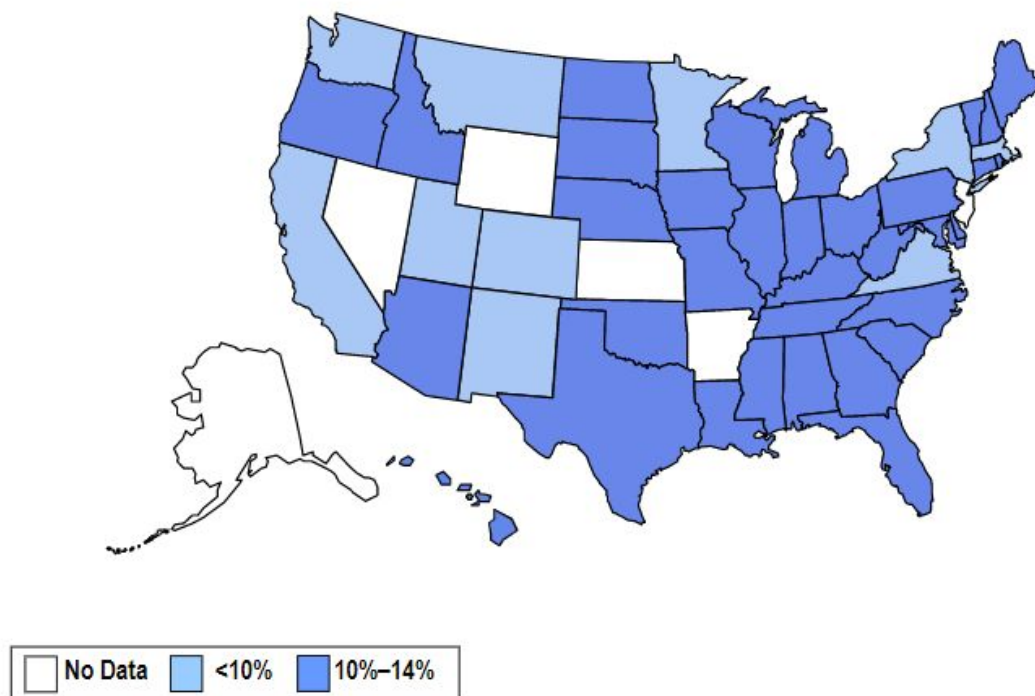


Obesity Statistics

Obesity Trends* Among U.S. Adults

BRFSS, 1990

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

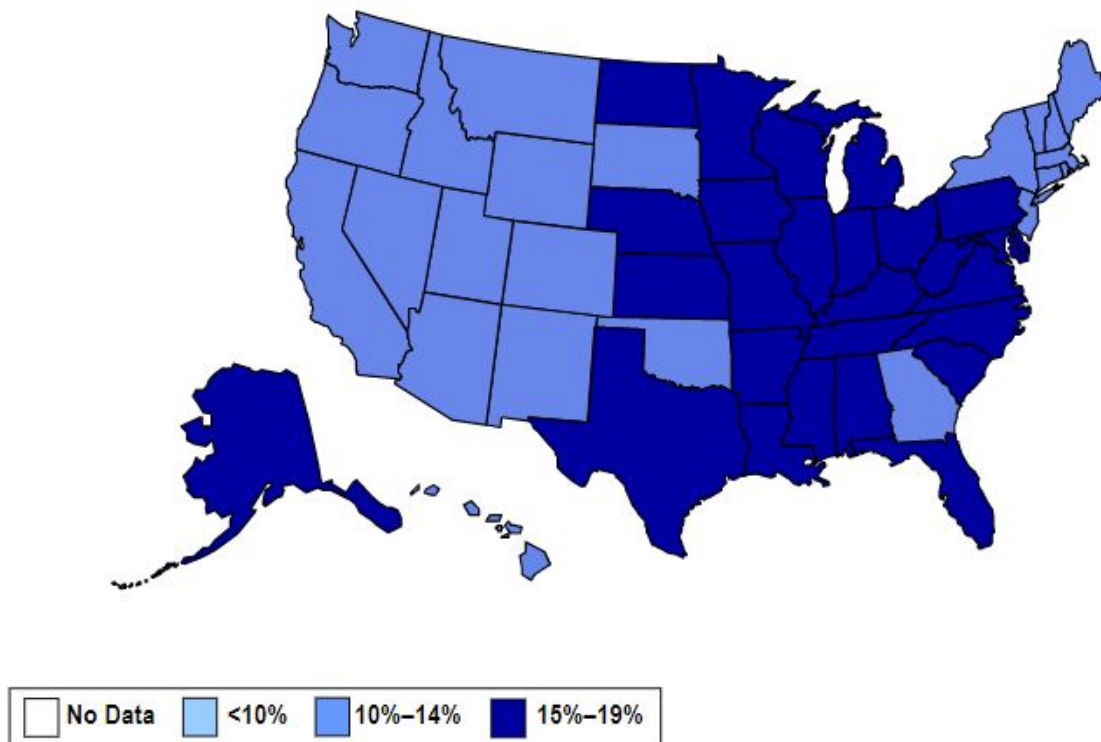


Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Statistics

Obesity Trends* Among U.S. Adults BRFSS, 1995

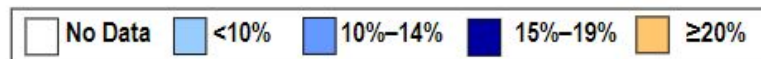
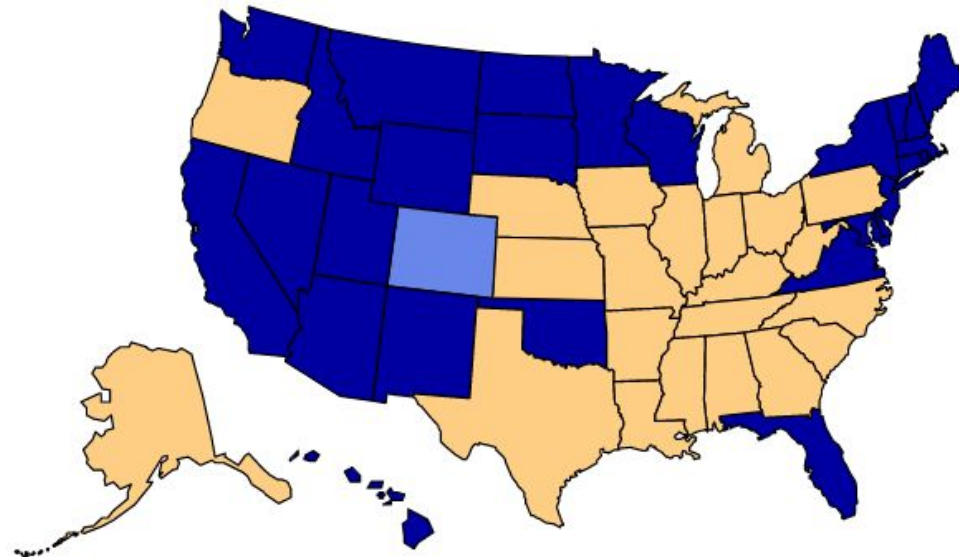
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

BRFSS, 2000

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

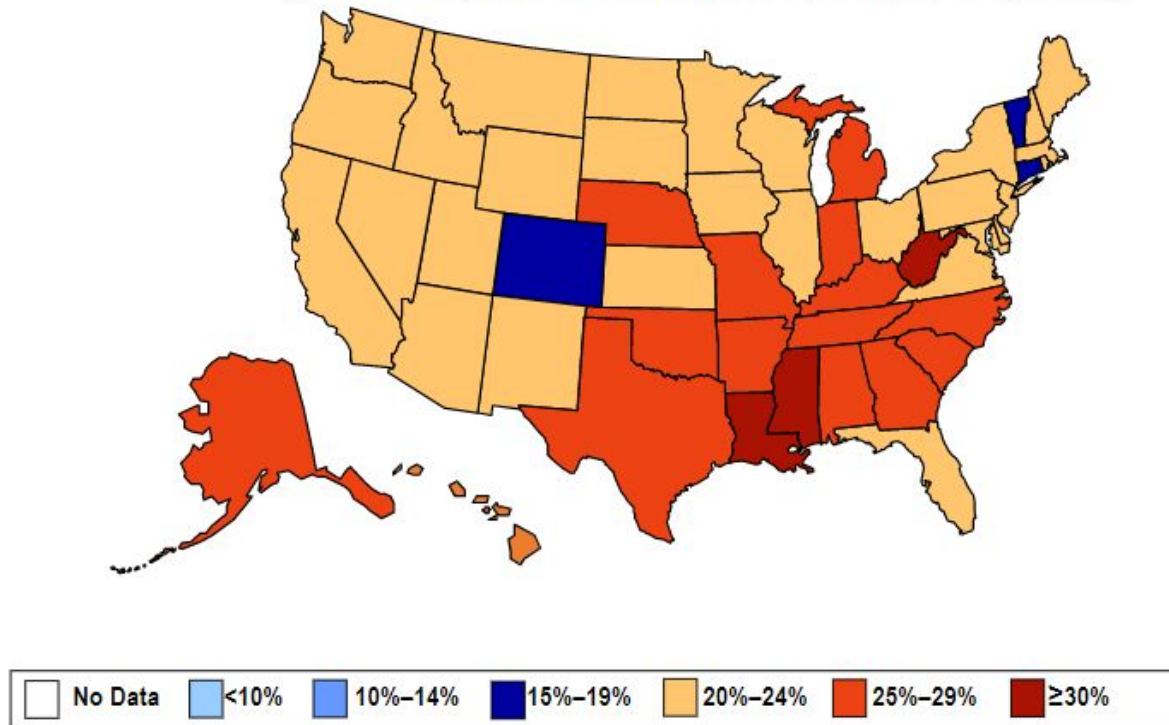


Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Statistics

Obesity Trends* Among U.S. Adults
BRFSS, 2005

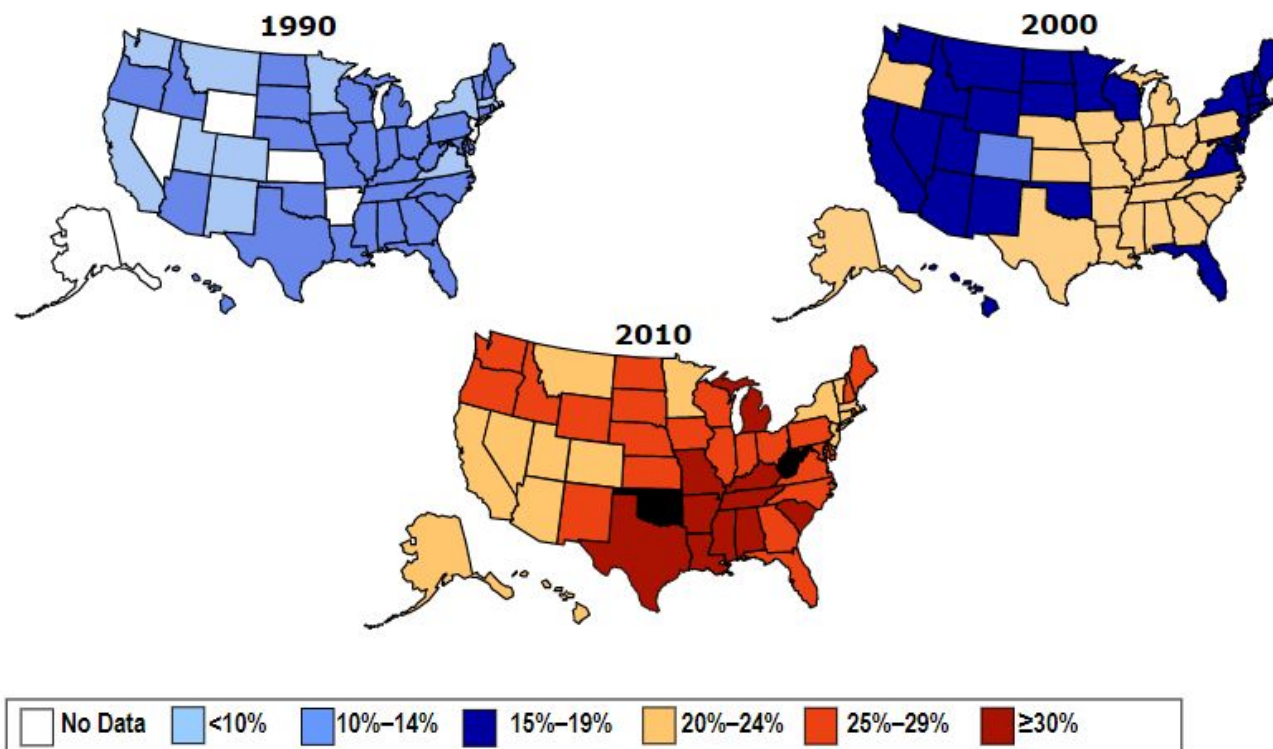
(*BMI ≥ 30 , or ~ 30 lbs. overweight for 5' 4" person)



Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Statistics

Obesity Trends Among U.S. Adults*
BRFSS, 1990, 2010, 2000

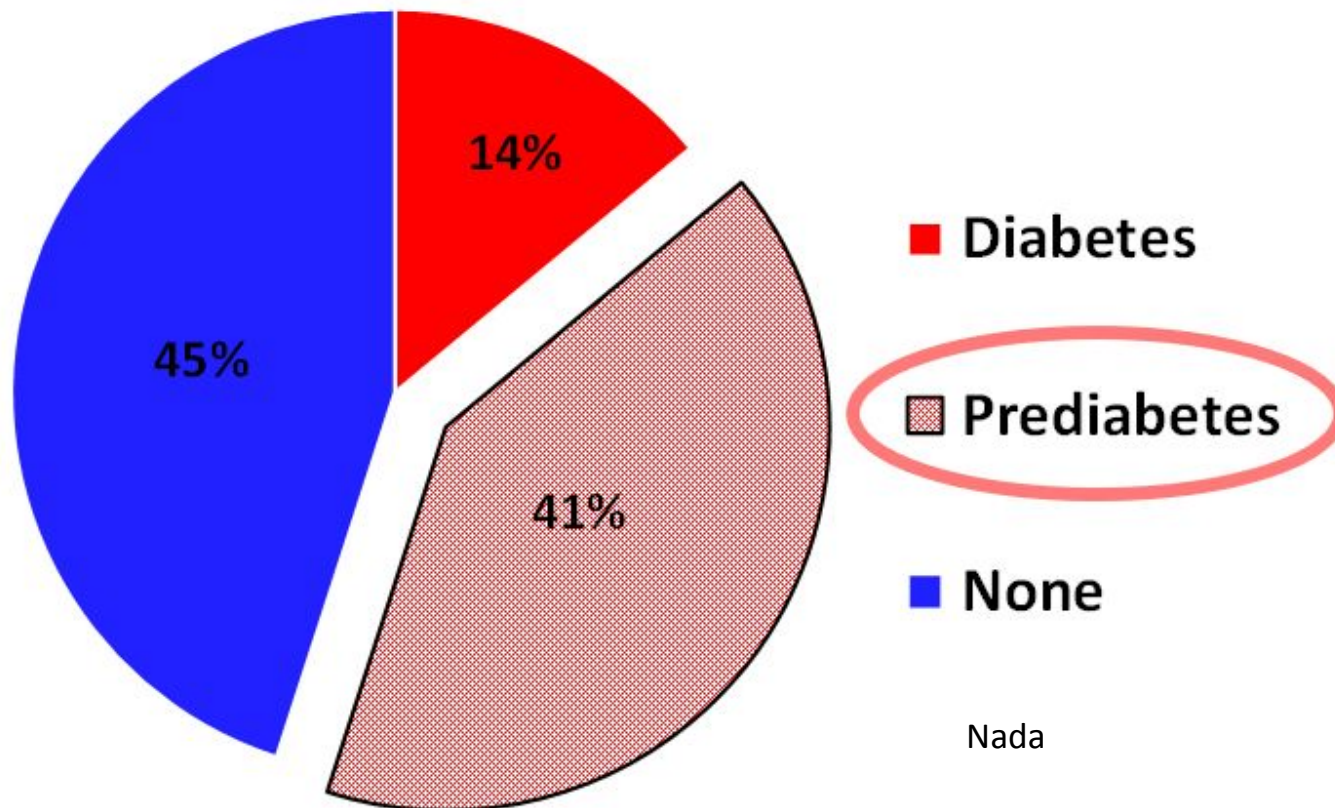


Source: Behavioral Risk Factor Surveillance System, CDC.

Obesity Statistics

Tazas de Diabetes Entre Adultos en California (2011)

Diabetes Rates Among CA Adults (2011)



What percentage of the environment affects our health status?

(a) 20%-30%

(b) 10%-15%

(c) 60%-70%

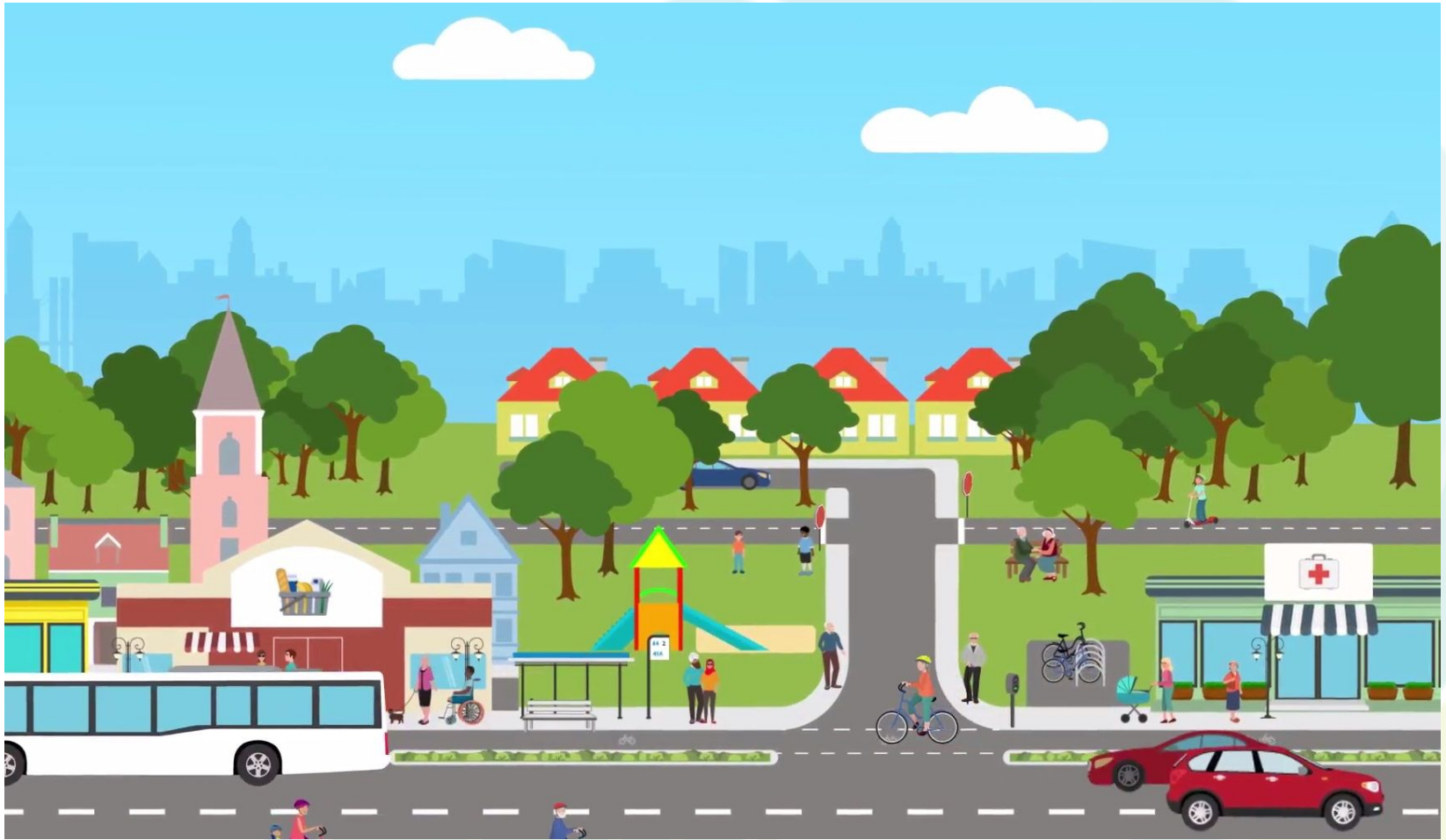


How do Policies Determine Health Status?

*“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

What is the build environment?

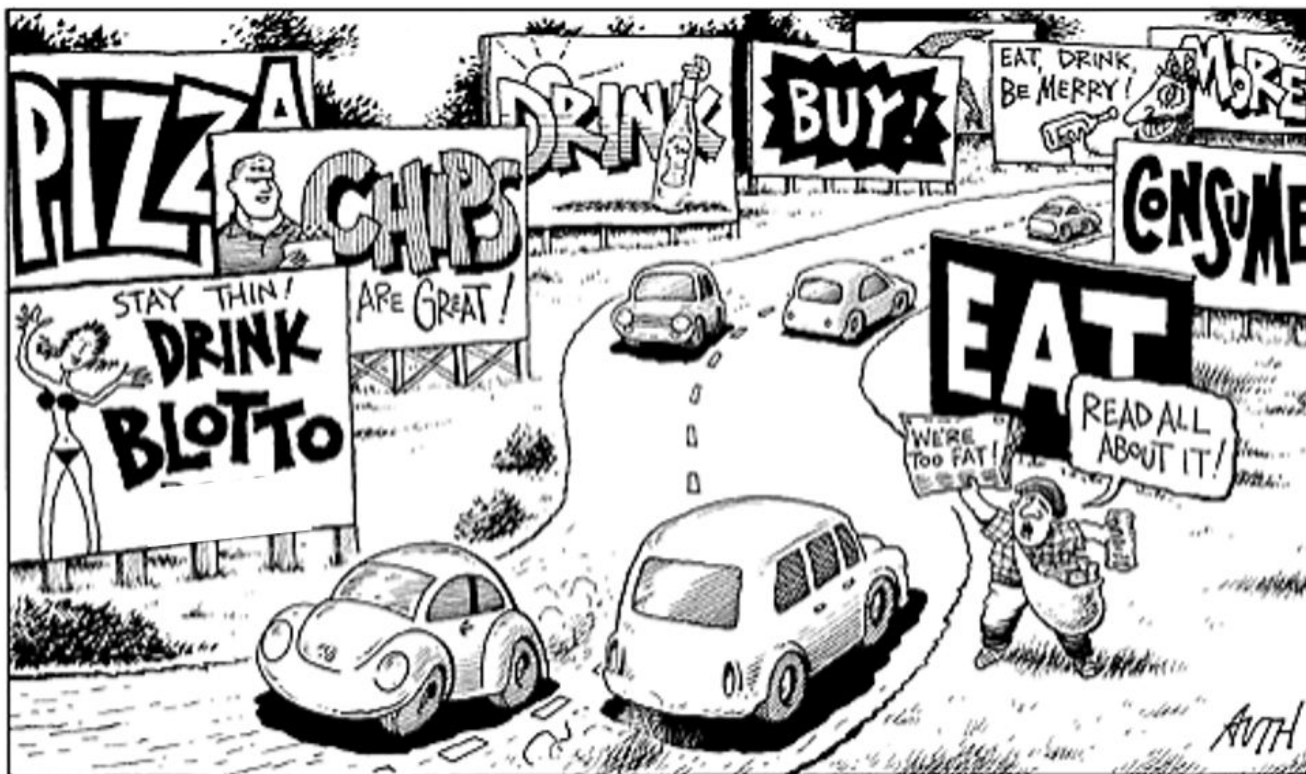


“It is unreasonable to expect that people will change their behavior easily when so many forces in the social, cultural, and physical environment conspire against such change.”

How do Policies Determine Health Status?







**\$10 BILLION IS SPENT ANNUALLY ADVERTISING
FOOD AND BEVERAGES TO CHILDREN**

IOM, 2005

Added Sugar Intake

Daily Recommendations:

- Men: **9** tsp (~ 150 calories)
- Women: **6** tsp (~100 calories)
- Children: **3** tsp (~ 50 calories)

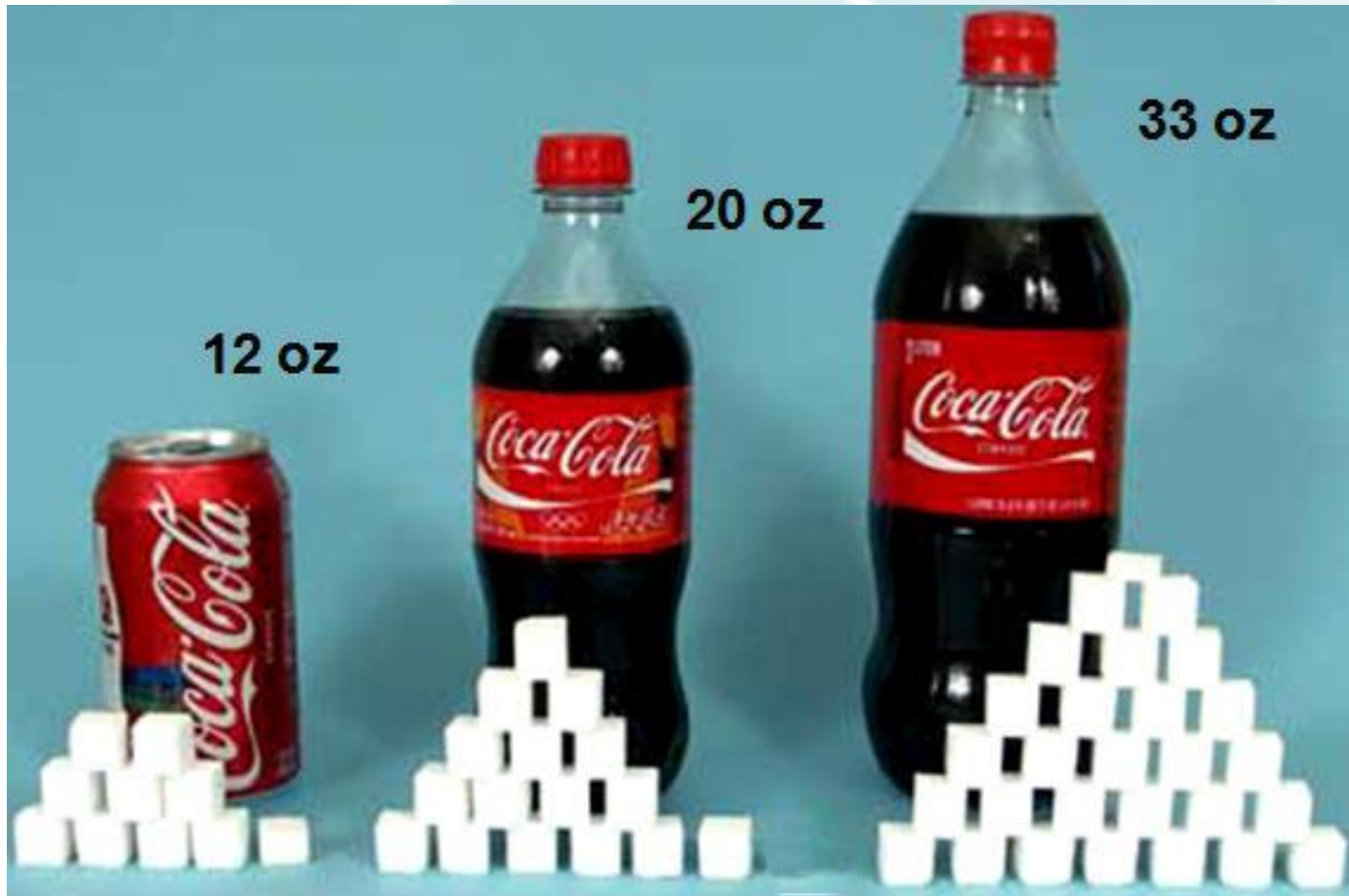
**The average American consumes 17 tsp
(270 calories) of added sugar a day!**

What are We Consuming?

In the U.S. the #1 source of calories for:

- **Children age 6-11** = **Desserts**
 - #2 **sugar-loaded beverages (SSBs)**
- **Adolescents age 12-19** = **SSBs**
 - #2 **Desserts**
 - (#3 pizza)
- **Adults age < 50** = **SSBs**
 - #2 **Desserts**

Largest source of sugar in the American diet



*How much sugar is in 20 oz
of soda?*

- (a) 8 tsp*
- (b) 16 tsp*
- (c) 20 tsp*



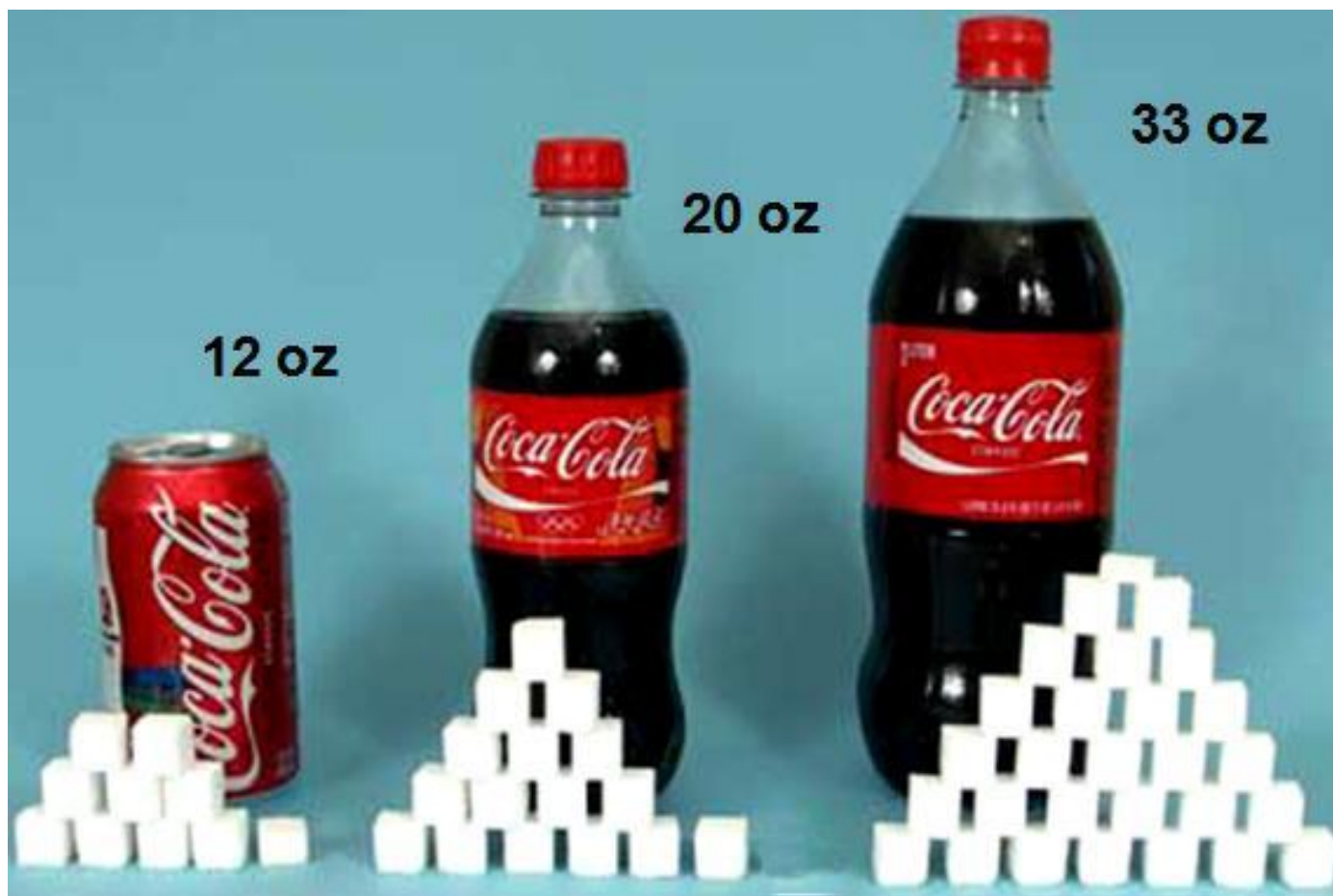
*How much sugar is in 33 oz
of soda?*

(a) 27 tsp

(b) 20 tsp

(c) 15 tsp





12 oz

20 oz

33 oz

10 tsp

16 tsp

27 tsp

Nutrition Facts Labels

Nutrition Facts

Serving Size 1 Cup (228g)
Serving Per Container 2

Amount Per Serving

Calories 250 **Calories from fat 110**

	% Daily Value
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrates 31g	20%
Dietary Fiber 0g	0%
Sugars 5g	
Protiens 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories	2000	2500
Total Fat	Less Than	65mg	85mg
Saturated Fat	Less Than	20mg	25mg
Cholesterol	Less Than	300mg	300mg
Sodium		2400mg	2400mg
Total Carbohydrates		300mg	375mg
Dietary Fiber		25mg	30mg

6. Quick Guide to % Daily Value

5% or Less is Low

20% or More is High

Largest source of extra calories



Uniquely harmful effects of liquid sugar

1 bottle of SSB/day

↑ Risk for diabetes by 26%

2 bottles of SSB/day for just 2 weeks

↑ LDL cholesterol & triglyceride by 20%

2 bottles of SSB/day for 6 months

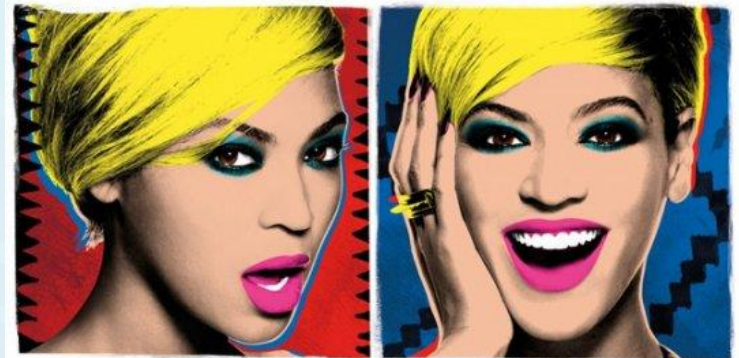
↑ Fat in the liver

Human Beings are not designed to consume liquid sugar

Obesity 2.0 = Diabetes

- *Diabetes rates have tripled in 30 years.*
- *Diabetes is the primary driver of increased health care costs in the US.*
- *Medical expenditures for people with diabetes are 2.3 times higher than for those without diabetes.*

Product MOST marketed to kids: \$400M/yr



Bounce



Policies for the Prevention of Obesity & Diabetes

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

Physical Education Funding (2006)

Menu Labeling in Chain Restaurants (2007-2008)

Soda & Other Sugary Drinks (1999-)

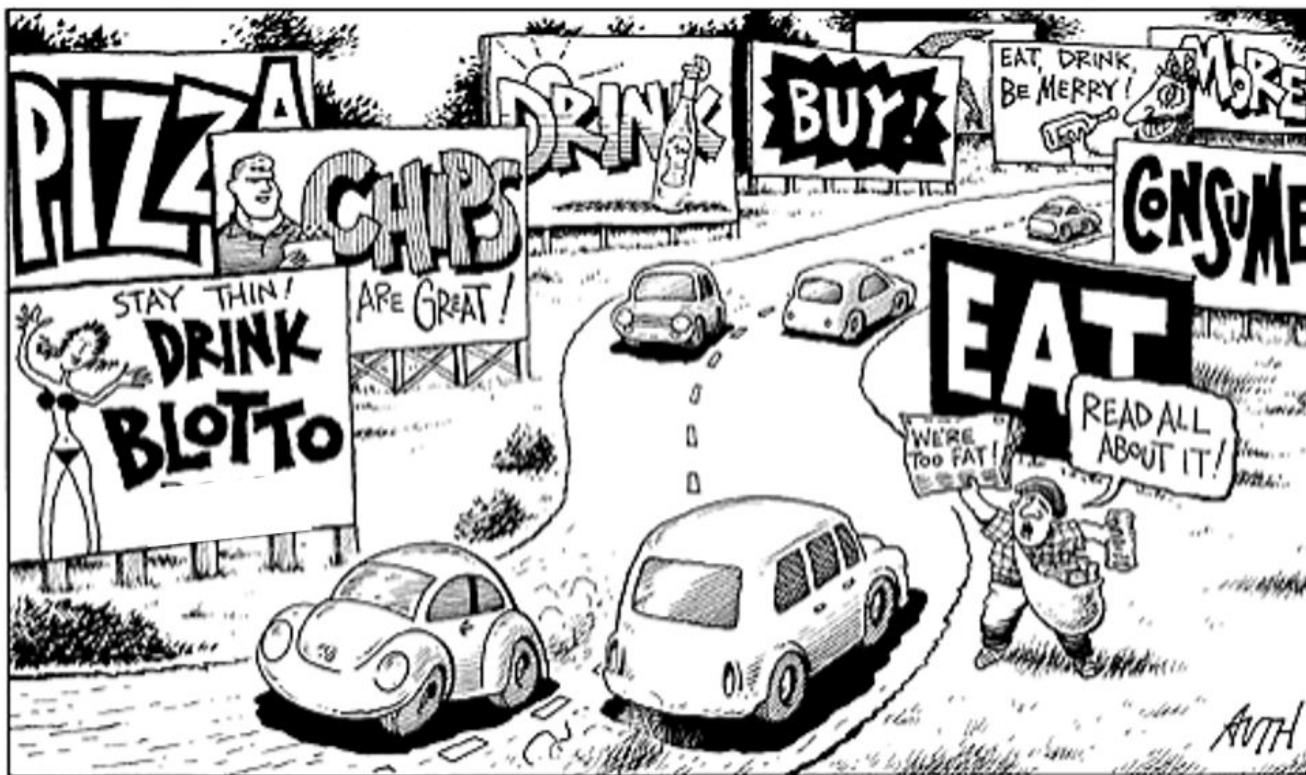
✓ *Soda tax legislation*

✓ *Warning label legislation*

Upcoming... Healthy Retail Checkout Aisles

Universal Lessons from Public Health

1. *Solution is never only personal responsibility.*
2. *Education and programs are essential.*
3. *Broader social factors must be changed to change social norms.*
4. *Federal, state, and local policies are needed.*
5. *People WANT public policy to be consistent with their values.*



**\$10 BILLION IS SPENT ANNUALLY ADVERTISING
FOOD AND BEVERAGES TO CHILDREN**

IOM, 2005

Added Sugar Intake

Daily Recommendations:

- Men: **9** tsp (~ 150 calories)
- Women: **6** tsp (~100 calories)
- Children: **3** tsp (~ 50 calories)

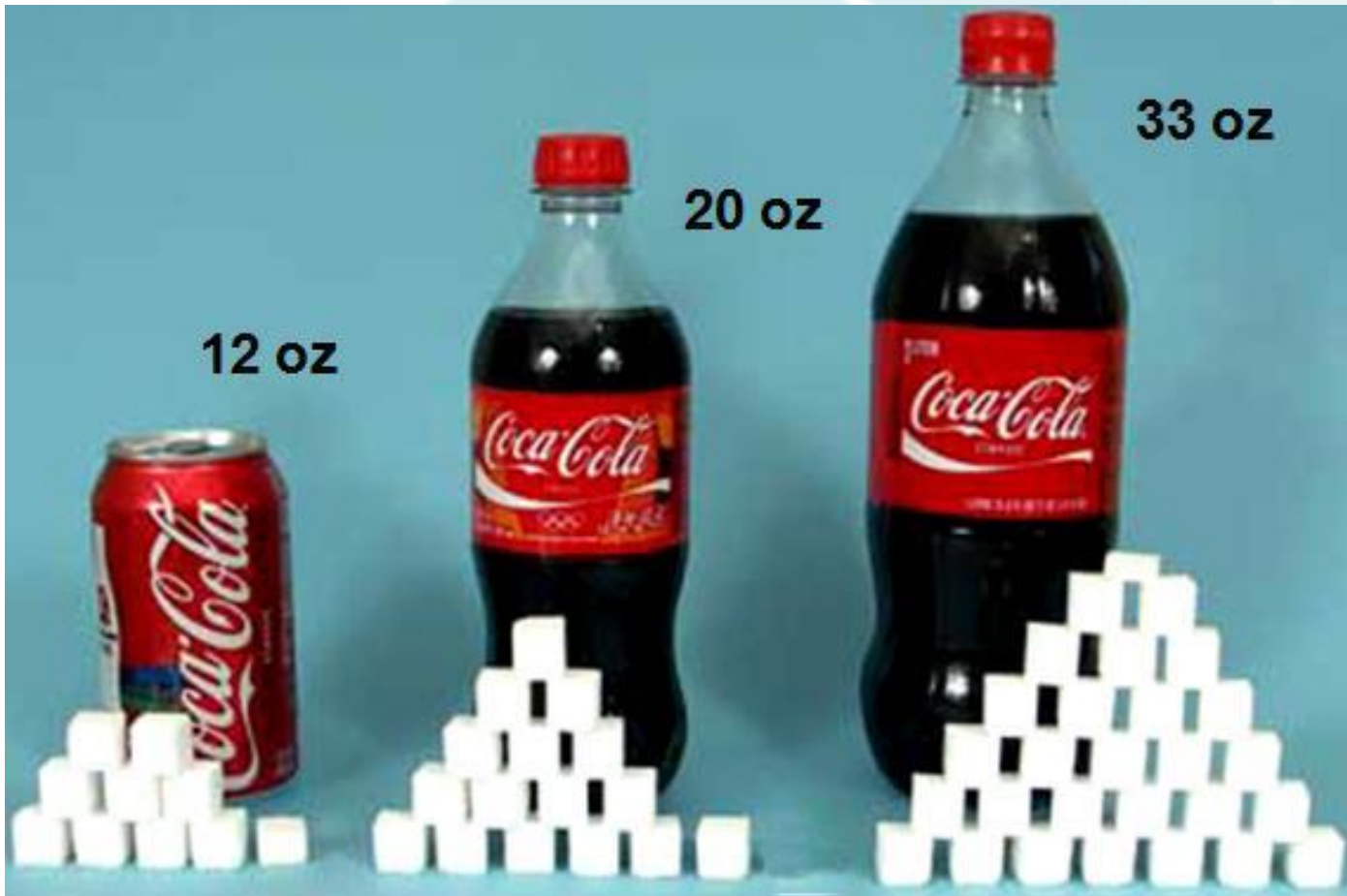
**The average American consumes 17 tsp
(270 calories) of added sugar a day!**

What are We Consuming?

In the U.S. the #1 source of calories for:

- **Children age 6-11** = **Desserts**
 - #2 **sugar-loaded beverages (SSBs)**
- **Adolescents age 12-19** = **SSBs**
 - #2 **Desserts**
 - (#3 pizza)
- **Adults age < 50** = **SSBs**
 - #2 **Desserts**

Largest source of sugar in the American diet



*How much sugar is in 20 oz
of soda?*

- (a) 8 tsp*
- (b) 16 tsp*
- (c) 20 tsp*



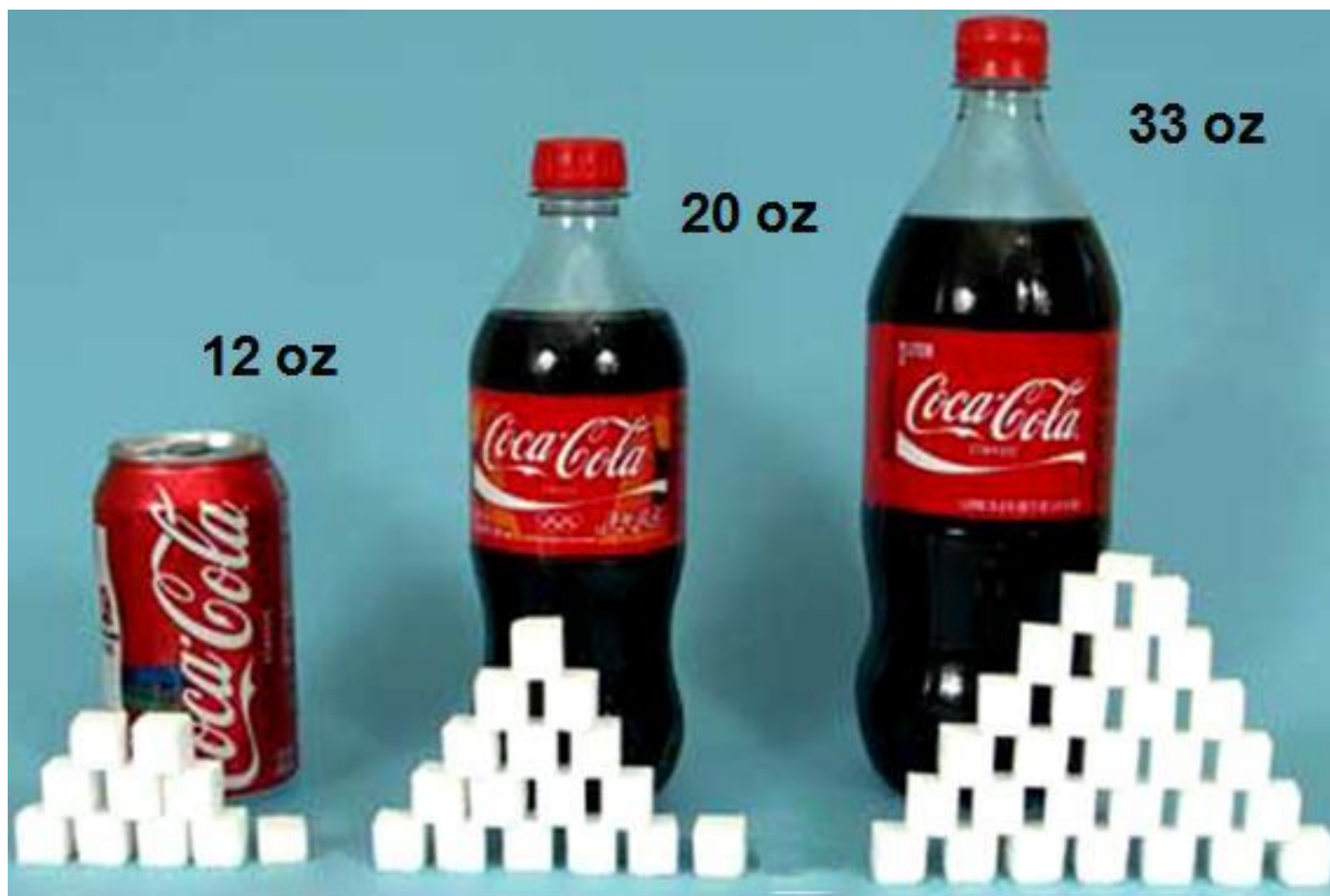
*How much sugar is in 33 oz
of soda?*

(a) 27 tsp

(b) 20 tsp

(c) 15 tsp





12 oz

20 oz

33 oz

10 tsp

16 tsp

27 tsp

Nutrition Facts Labels

Nutrition Facts

Serving Size 1 Cup (228g)
Serving Per Container 2

Amount Per Serving

Calories 250 **Calories from fat 110**

	% Daily Value
Total Fat 12g	18%
Saturated Fat 3g	15%
Trans Fat 3g	
Cholesterol 30mg	10%
Sodium 470mg	20%
Total Carbohydrates 31g	20%
Dietary Fiber 0g	0%
Sugars 5g	
Protiens 5g	
Vitamin A	4%
Vitamin C	2%
Calcium	20%
Iron	4%

Percent Daily Values are based on a 2,000 calorie diet. Your Daily Values may be higher or lower depending on your calorie needs.

	Calories	2000	2500
Total Fat	Less Than	65mg	85mg
Saturated Fat	Less Than	20mg	25mg
Cholesterol	Less Than	300mg	300mg
Sodium		2400mg	2400mg
Total Carbohydrates		300mg	375mg
Dietary Fiber		25mg	30mg

6. Quick Guide to % Daily Value

5% or Less is Low

20% or More is High

Largest source of extra calories



Uniquely harmful effects of liquid sugar

1 bottle of SSB/day

↑ Risk for diabetes by 26%

2 bottles of SSB/day for just 2 weeks

↑ LDL cholesterol & triglyceride by 20%

2 bottles of SSB/day for 6 months

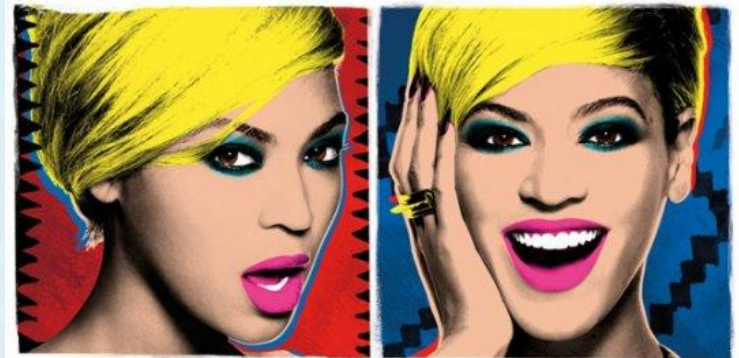
↑ Fat in the liver

Human Beings are not designed to consume liquid sugar

Obesity 2.0 = Diabetes

- *Diabetes rates have tripled in 30 years.*
- *Diabetes is the primary driver of increased health care costs in the US.*
- *Medical expenditures for people with diabetes are 2.3 times higher than for those without diabetes.*

Product MOST marketed to kids: \$400M/yr



Bounce



Policies for the Prevention of Obesity & Diabetes

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

Physical Education Funding (2006)

Menu Labeling in Chain Restaurants (2007-2008)

Soda & Other Sugary Drinks (1999-)

✓ *Soda tax legislation*

✓ *Warning label legislation*

Upcoming... Healthy Retail Checkout Aisles

Universal Lessons from Public Health

1. *Solution is never only personal responsibility.*
2. *Education and programs are essential.*
3. *Broader social factors must be changed to change social norms.*
4. *Federal, state, and local policies are needed.*
5. *People WANT public policy to be consistent with their values.*

Stay involved

Upcoming Trainings:

- **Training #2: Policy Advocacy and Local Retail Checkout Aisle Assessment**
February 22, 2020 5pm-7pm
- **Training #3: Policy Development and Messaging**
March 22, 2021 5pm-7pm

Photovoice

Local Retail Surveys

Stay involved

Upcoming Trainings:

- **Training #2: Policy Advocacy and Local Retail Checkout Aisle Assessment**
February 22, 2020 5pm-7pm
- **Training #3: Policy Development and Messaging**
March 22, 2021 5pm-7pm

Photovoice

Local Retail Surveys

Thank you for joining us today!

For more information contact Erin
Reynolds: **ER@PHAdvocates.org**