



**Prevention Institute Testimony to the
Assembly Committee on Health and Legislative Women's Caucus
Informational Hearing on
“DIABETES AND HEALTH DISPARITIES IN CALIFORNIA:
Building a Policy Agenda”
Wednesday, May 7, 2008**

My name is Virginia Lee, Program Manager at Prevention Institute. We very much appreciate being invited to participate in this hearing. We believe there is a great opportunity for the State to address the root causes of diet and activity related chronic diseases such as diabetes, and therefore to eliminate health disparities in California.

Recently a colleague of mine was talking to a physician who had just diagnosed her patient with diabetes. She had told her patient that he needed to start eating better and exercising more, but knew that he was going home to a neighborhood where this was not realistic – a neighborhood that lacked a supermarket and where it was not safe to walk down the street. She felt like a hypocrite.

As a parent, I also feel frustrated. This is my son Ezekiel. I worry about raising him in this culture and environment that that promotes unhealthy living. As a health professional working in nutrition and physical activity, I know what the healthy choice is. But when we leave the house, I often find it challenging to make that healthy choice for him. As a culture, we are constantly surrounded by unhealthy processed foods that are readily available and affordable.

Many people are facing similar challenges, and it does not help when you're receiving mixed messages like this one: “Beat diabetes – buy 5 junior frostys for \$1.”

In this low-income community in Santa Ana, California, the housing complex these children live in has a sign forbidding playing in the courtyard. There is a lack of safe and nearby parks and open space,

and these children are being creative and playing in the dumpster. But what implications does this have on their health?

Lack of parks and open space is a problem in other areas of California as well. This is an example of the striking disparities in park access in Los Angeles. This study showed that both African American and Latino neighborhoods have far less space for parks than predominately white neighborhoods. Predominantly white neighborhoods of Los Angeles have on average 31.8 acres of park space per 1,000 people, which is almost 19 times that of predominantly African American neighborhoods, and 53 times that of predominantly Latino neighborhoods. This is significant because access to parks has been linked to increases in physical activity.

Additionally, what's sold in a community and how it's promoted plays an influential role in shaping eating behaviors. A 2002 landmark study demonstrated the inequities in food access. It reported that in low wealth neighborhoods there were four times fewer supermarkets and three times more liquor outlets compared to high wealth neighborhoods. (Kimberly Morland, et al. American Journal of Preventive Medicine, 2002). Research has shown that supermarkets remain the primary food source for Americans and increases their likelihood of buying fruits and veggies, and in this particular study, African American residents increased their fruit and vegetables by 32% for each additional supermarket on a census tract.

As the health field is advancing, we're learning that the environment clearly affects health. Traditionally, the understanding has been about how toxins in the air, water, and soil impact health. But we also need to understand how the environment --the social, cultural, and physical settings in which people live, work, play and learn—directly shapes *behavior*, which in turn affects health outcomes. Norms and other elements in the environment are so powerful that the Institute of Medicine has concluded, “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.” Unfortunately, when thinking about health outcomes of a population, low-income communities and communities of color suffer from the same injuries and illnesses only more so.

Based in public health literature, Prevention Institute developed this health disparities trajectory to help us understand the root causes that lead to inequitable health outcomes for low income people and people of color. Let me quickly highlight a few points. Root factors such as poverty, racism, and

oppression are manifested in the environment. They shape the overall community environment and affect where people live, what they do, the education they receive, and their overall quality of life. While improving access to medical care is a critical part of reducing disparities, we need other complimentary solutions. So when we look at solutions to reducing the health gap, we turn to the environmental and behavioral factors which contribute to health disparities. Changing environments to encourage health-promoting behaviors is a key opportunity for primary prevention--preventing health conditions from occurring in the first place. While it is important that there is treatment for diabetes, isn't it better for people to not get it at all?

In order to address disparities in diabetes rates, we must address disparities in community environments. We need to build health back into our communities, especially in those that are most underserved. A study by the The New England Journal of Medicine reported that people at high risk for diabetes reduced their risk by 58% by improving their eating habits and engaging in more physical activity. Since we know that Type 2 diabetes is strongly associated with poor diet and inactivity, we must foster environments that have access to healthy and affordable food and safe and convenient opportunities for physical activity.

What can we do? Government can play a key role in changing community environments to make a healthier California. Specific actions include:

- Training state and local staff to understand and implement environmental change approaches using a health disparities/determinants of health framework
- Creating assessments that look at community factors not only disease outcomes
- Investing in infrastructure of communities
- Supporting collaboration across disciplines and sectors

“Good Health Counts: A 21st Century Approach to Health and Community for California” can be a valuable resource that can help broaden understanding among the field of all the elements that contribute to community health and lays out the role that government can play in promoting community health (http://preventioninstitute.org/documents/GoodHealthCounts_Final.pdf).

In terms of improving community environments, policy and organizational practice change are important mechanisms to achieve this. In thinking about which policies and organizational practices

would have the most impact, Prevention Institute helped develop Strategic Alliance’s Environmental Nutrition and Activity Community Tool (ENACT), which delineates the seven key environments and the strategies for fostering healthier eating and activity behaviors.

(<http://preventioninstitute.org/sa/enact/members/index.php>)

I also want to quickly share with you a document that we produced for the Healthy Eating/Active Living Convergence Partnership that provides a comprehensive and cross-cutting review of policy and strategy recommendations to create healthy eating and active living environments. This review draws from the most prominent and promising strategies for change at national, state, and local levels.

We want to thank the legislature for continuing to place a high priority on healthy eating and physical activity environments. There are many bills introduced by you and your colleagues that embrace the improvements that are needed. Let me share with you some priorities for action, which can also be found in the resources I just shared:

Starting points for action –

Yield the Greatest Health Benefits from Investments Already Being Made in California’s Infrastructure Through:

1) **Integrate Health into Planning Decisions** - Charge the California Department of Public Health to provide technical assistance and grants to local public health agencies and community organizations to evaluate land-use planning decisions to ensure that they create communities that promote health. (AB 1472, Leno)

2) **Redirect public investments to support “complete streets” infrastructure** – Promote funding, training, and guidelines to support complete streets throughout California that are designed not only for cars but for all modes of transportation, including pedestrians, bicycles, and people with disabilities. (AB 1358, Leno)

3) **Eliminate marketing in schools** – Prohibit a school district from permitting the display of the name, logo, or trademark of a restaurant or food and beverage manufacturer if any of the products manufactured or sold by the restaurant or manufacturer do not comply with the existing school nutrition standards. (AB 2708, Solorio)

4) **Facilitate joint use of public facilities** – Facilitate joint-use of public facilities for active recreation. The state should reduce barriers to collaboration between multiple jurisdictions so that communities can fund and implement joint-use partnerships that will create greater opportunities for recreation during school hours and after school.

5) **Make state facilities models for healthy worksites** – Offer healthy foods and beverages, encourage physical activity, and provide lactation accommodation. Provide health plan benefits that cover prevention and wellness activities.

6) **Institute Menu Labeling** – Reduce the impact of unhealthy fast food. Require each food facility in the state that is part of a chain to provide nutritional information on menus or menu boards. (SB 1420, Padilla)

Critical Areas for Long Term Investment –

7) **Establish fresh food financing funds** – Expand the availability of affordable, high quality fruit, vegetables, and other healthy foods in underserved communities. Develop a state fund to provide grants and loans on a competitive basis for land acquisition, business plan development, feasibility studies, refrigeration units, outside technical assistance, and other startup costs for farmers markets and locally owned retail food markets. A related measure, the Healthy Purchase Pilot Program to use any source of funding and extends the Pilot dates to 1/1/12 to accommodate the challenges presented by securing these alternate funds (AB 2726, Leno)

8) **Authorize park bond funds** – In accordance with the California Recreation policy, “Californians should have safe access to a park or other recreation area within walking distance of where they live.” At a minimum, the state should keep all state parks open and maintain lifeguard staff levels at all public beaches. The Governor should authorize the bond funds for parks approved by the citizens in Proposition 84 (passed in 2006) to develop parks and recreation facilities in underserved areas.

9) **Create healthy environments for children and youth** – Create pre-school, child care, school, and after school environments that reinforce health education messages and support healthy choices. Provide at minimum 30 minutes of daily physical activity. Improve the nutritional quality of meals,

including with reactivation of the California Fresh Start Program to provide additional servings of fruit for school breakfast. Implement and enforce healthy food and beverage standards for competitive foods. Eliminate the advertising of unhealthy foods and beverages in all of these venues.

We can prevent disease in the first place by changing community environments. The good news is that we can also save money with prevention. The California Department of Health Services projected in 2003 that the rising prevalence of diabetes costs Californians \$18 billion each year. In our work with economists from the Urban Institute, we calculated that a 5% reduction in the incidence of type II diabetes would save Californians \$79,102,320 annually. You can learn more by reading our report, “Reducing Health Care Costs through Prevention” (http://www.preventioninstitute.org/documents/HE_HealthCareReformPolicyDraft_091507.pdf). And of course, what is most important is making a real difference on human life. Therefore, it is our responsibility to act now to reduce the rate of diabetes in California, especially in communities that are most affected by this disease. As Martin Luther King, Jr. once said, “Of all the forms of inequality, injustice in health is the most shocking and inhuman.”