THE BIGGER PICTURE.ORG

Raise Your Voice and Join the Conversation about Diabetes. Take a Look at The Bigger Picture.

TOOLKIT

"The Bigger Picture" is a collaborative campaign between the University of California, San Francisco's Center for Vulnerable Populations (CVP) at the San Francisco General Hospital and Trauma Center (http://cvp.ucsf.edu/) and the community-based youth organization, Youth Speaks (http://youthspeaks.org/). It showcases the talented voices of minority youth in California to raise awareness and catalyze social action on environmental and socio-economic inequities that drive the Diabetes epidemic among youth, their families, and their communities.

The Bigger Picture Campaign is a collaboration between Youth Speaks inc (www.youthspeaks.org), and The University of California, San Francisco's Center for Vulnerable Populations (cvp.ucsf.edu/) designed to combat the rising epidemic of Type-2 Diabetes by empowering youth to change the conversation about the disease, and work to change the social and environmental factors that have led to its spread.

Compiled and Edited by:, National Program Directpr Youth Speaks Inc., Hodari B. Davis
Co Edited by: Bigger Picture Project Coordinator Sarah Fine

BIGGER PICTURE TOOLKIT

Dear Educators,

Welcome to the Youth Speaks/UCSFCVP Bigger Picture Educational Tool Kit. The aim of the toolkit is to equip and empower your students and communities to become agents of change in their respective environments, raising their voices and joining the conversation about combating the spread of Type 2 Diabetes. This is not a campaign about individual choices. The focus is on the institutional and environmental factors that contribute to the spread of this epidemic, and on how young people can change the trajectory of the disease by taking action. We want them to be inspired to act to diminish theirs and their family's risk factors for Type 2 Diabetes, including intervening in their homes, schools, workplaces and neighborhoods.

In this toolkit you will find important facts as well as thought-provoking classroom activities to engage your students and community members in the conversation, encouraging them to write, speak, and take a stand. The toolkit familiarizes participants with truths about the spread of Type 2 Diabetes, and provides them with points of engagement, inspiration and action. It includes lessons designed to augment the PSA's and the Bigger Picture School Visit program in such a way that encourages young people to take action to transform their environments. The lessons are designed with age/grade in mind, but can be easily adapted for use in your classroom. The Facts *are well researched and provided by the CVP and its health partners. The* Glossary *provides vocabulary terms that offer further insight into the disease and the language used in reference to the fight against it.*

It is possible to prevent the spread of Type 2 Diabetes. Success/Making a difference will require well-informed, engaged and creative people. We are inspired by the creativity of the young people we work with. Their motivation and activation have encouraged us to believe that we can overcome this epidemic in our lifetime. With your active engagement with this toolkit, you and your students are becoming a part of the solution. As your students begin to reveal and confront their stories, and challenge the status quo around Type 2 Diabetes, they will become thought leaders, messengers and agents of change. We are encouraging all educators and young people to join this conversation and become active in the struggle against this debilitating and preventable disease

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How To Use this Toolkit

This toolkit is a resource for educators and students to learn more about The Bigger Picture behind Type 2 Diabetes. It includes lesson plans, writing prompts, visual aids, facts and figures, conversation starters, a glossary of terms, and insightful ways to view and examine the existing PSAs. It is our hope that as you implement the lessons and activities in this document, you inspire more stories to be told, and empower more people to care about preventing the spread of Type 2 Diabetes.

This toolkit has sections designed to teach young people about the social and environmental forces that contribute to the spread of Type 2 Diabetes in our communities and examples of how they can make a difference. The toolkit uses the PSA's as a medium to invite young people to speak out against the spread of Type 2 Diabetes and to care about transforming their environments to prevent the escalation of the disease.

*This **toolkit includes**:*

- *Definitions and descriptions of the different Types of Diabetes*
- *Diabetes risk factors with an emphasis on Type 2 Diabetes*
- *Consequences of Type 2 Diabetes*
- *Diabetes costs*
- *Diabetes facts and statistics*
- ***Success stories of individuals, schools and communities that mobilized to change their environments to improve health***
- ***How to correctly read food labels***
- ***What can you do? Advice for action***
- ***The social determinants of Diabetes including:***

The toolkit also includes an explanation of "The Bigger Picture", the Glossary of terms and factual information in order to provide research-based knowledge to help young people write their own testimonials or poems and spread the word about the need for action. An additional PDF of Lesson Plans, Writing Prompts and Conversation Starters are also available as a companion to this workbook.

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The toolkit's Visual Aides and other additional handouts are designed to provide more in-depth and varied methods of engagement, and serve as a platform for youth to the resources they may need to create their own testimonies.

This workbook is designed to inspire your students to become active in the fight against the spread of Type 2 Diabetes. Whether or not the Bigger Picture program makes it to your school, we are hoping this workbook along with the workshops, PSA's and other media can serve as tools to spread awareness and raise concern about this epidemic. To make the most use of this kit, we encourage you to watch the PSA's and identify particular themes you hope to focus on. If you have a Bigger Picture School Visit coming, we encourage you to initiate this workbook immediately following the Assembly. Students will be more engaged in the subject matter and can be better directed to producing their own testimonies and entering the on line contest. With $14K in scholarships on this line, it is important to get these kids started.

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The Bigger Picture is a **partnership between Youth Speaks Inc. and the University of California, San Francisco's Center for Vulnerable Populations** to combat the spread of Type 2 Diabetes.

We aim to **inspire young people to challenge a**nd name **the institutional, environmental and social causes of the spread of Type 2 Diabetes**. It is our hope that by **raising their voice**, **taking action** and **joining the conversation they will** inevitably **alter the trajectory of the disease**, and provide youth with a virtual platform, and real life performance opportunities for their stories to be heard.

As an added incentive **we are offering $14K in educational scholarships to** reward **young people who make exceptional statements** to persuade others to join the conversation, **or who take direct action** against this epidemic.

The Bigger Picture campaign will employ several strategies including:

Writing Workshops – We have facilitated three curated Bigger Picture Writing Workshops that were facilitated by Expert Poet Mentors from Youth Speaks and health professionals from the Center for Vulnerable Populations at San Francisco General Hospital.

Video Public Service Announcements (PSAs) – Select pieces from the three already completed writing workshops (mentioned above) were selected to be filmed and produced as short films. These PSAs invite people to join the conversation and encourage young people to take action against the spread of this disease. All of these pieces can be viewed on our website, thebiggerpicture.org

School Assemblies and Outreach Events – We will present The Bigger Picture Assemblies at 15 SF Bay Area High Schools and numerous local and national conferences in the 2012 – 2013 school year. We aim to present to over 10,000 young people before the end 2013 school year.

Educators Toolkit – This toolkit is a resource for educators and students to learn more about The Bigger Picture behind Type 2 Diabetes. It includes lesson plans, writing prompts, visual aids, facts and figures, conversation starters, a glossary of terms, and insightful ways to view and examine the existing PSAs. It is our hope that as you implement the lessons and activities in this document, you inspire more stories to be told, and empower more people to care about preventing the spread of Type 2 Diabetes.

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Online Contest – We are offering over $14K in scholarships for exceptional examples of young people speaking out against this disease. By posting their own dynamic poetry or written songs to help spread the word or demonstrating an action they have taken or facilitated to combat the spread of Diabetes and encourage others to join the movement, high school students can earn a $4K, $2K, or $1K scholarship in each category.

To summarize:
6 total educational scholarships

- 2 grand prize winners of 4K each (one poet and one youth leader)
- 2 second place winners of 2K each (one poet and one youth leader)
- 2 third place winners, 1K each (one poet and one youth leader)

TheBiggerPicture.org – A dynamic website that contains Bigger Picture media and information as well as a map of the state indicating places where the voices of young people have been raised in opposition to the factors that contribute to this health crisis. This site exists as a resource to health professionals, young people, community members, activists, and anyone else seeking a dynamic presentation of the facts behind the Type 2 Diabetes epidemic and an overview of the social and environmental forces that perpetuate it

What is the Problem?

Type 2 Diabetes is spreading at epidemic proportions in the United States and in the State of California. If left untreated, it can lead to a number of ailments including high blood pressure, heart attack, other respiratory problems, amputations and even death. This disease used to be an adult disease, but the age of its victims grown younger and younger.

The causes for the spread Type 2 Diabetes often are not obvious, and are often not within the control of individuals. Oftentimes income determines where you live, and the access you have to healthy recreational areas, affordable, healthy food and health care. An overwhelming number of statistics, including hospitalization rates, and obesity rates suggest a causal relationship between quality food and Type 2 Diabetes. The Bigger Picture behind Type 2 is that these social, institutional and environmental factors are having a detrimental effect on communities that have traditionally been plagued by poverty and poor health. The spread of Type 2 Diabetes is a crisis for the State of California, and for the entire country.

The problem is deeper than food and exercise. **Most awareness campaigns focus on individual responsibility as the cause for the escalating Diabetes crisis**. In these campaigns institutional practices are not emphasized, and individuals are told to make better choices to prevent contracting the disease.

Before the Federal Government forced the labeling of cigarettes as hazardous to human health, the argument against this type of regulation was that it was a matter of individual responsibility.

The idea was that if cigarettes were bad for human consumption, it was on individuals to decide not to smoke. Since that time, overwhelming data and other concrete scientific information verified the relationship between cigarettes and cancer, nicotine and addiction, and tobacco smoke and disease. Government pressure revealed that cigarette companies knew their product was unsafe, and used advertising, marketing and lobbying to deceive people to continue smoking. It was clear that without that pressure, cigarette companies were not going to regulate themselves, limit the ways they market to children and teens, hide the fact that their product was addictive, or change their practices.

In 2013 we find ourselves in a similar situation with the food and beverage industry.

Data suggests that diets high in sugar and salt increase the consumers' risk of becoming diabetic. Food companies that advertise high sugar and salty foods and beverages to teens and children put them at risk of becoming diabetic. Corn subsidies help make some foods affordable, but also undermine the nutritional qualities of food available to those who can afford them. Cheap food helps families in low income communities survive, but it also contributes to poor health and high rates of obesity, and chronic disease, especially Type 2 Diabetes.

It is not the personal responsibility of individuals living in poor neighborhoods to find quality food if it is not available within a reasonable distance from their home.

It is not reasonable to think that youth who are in need of free and reduced lunch in school, can afford to be selective when it comes to what they eat, especially if the food that is provided in the free breakfast or lunch is not nutritious and contributes to the problem. Especially if the food in their neighborhoods is high in corn-related additives like High Fructose Corn Syrup. Especially if there is no substantive

nutritional education that provides young people with the knowledge they need to make healthier decisions. Especially if traditional meals that exist as cultural staples in families are contributors to the disease. Especially if other social factors exist, including but not limited to high crime and violence, limited access to grocery stores or farmers markets, low income and unemployment, easier access to fast food, etc.

Data suggests that living without regular exercise, or recreational activity can also increase obesity rates and therefore increase the risk of becoming diabetic.

Communities that have high rates of gun violence or gang-related activity are not safe places for people to play, and exercise. Often times low income communities receive little to no governmental resources to support street repairs, park up-keep, playground construction and maintenance, walking and bike paths and other infrastructure improvements that can encourage health and physical activity. This problem is compounded by the erosion of physical education programs and funding in public schools, the deterioration of recreational facilities, leagues and other outdoor activities, and the dramatic increase in technology that encourages people to live sedentary lives. The rise of computers, television, the movie industry, the internet and all of the associated digital and technological applications have led to a significant decrease in physical engagement and activity for teens and young people. The lack of physical activity in people's lives has also contributed to the Type 2 Diabetes crisis.

Big Tobacco was held responsible for the increased rates of cancer among smokers because they understood the negative health impact of the continual consumption of their product and through marketing deceived people into consuming it anyways.

The U.S. Government was found to be complicit in the deception until they regulated Big Tobacco requiring specific labels be placed on the product that identified it as hazardous to one's health. The Media was found to be complicit in the deception so they were directed to ban cigarette commercials and the consumption of cigarettes on television. Health professionals were found to be complicit unless they directed their patients away from smoking cigarettes and toward pursuing healthier lifestyles. It was clear that it was an institutional deception involving many players supporting Big Tobacco and the culture of smoking, while contributing to the spread of cancer, disease and death.

Unlike with smoking, no one had been held accountable for the spread of Type 2 Diabetes. The increased rates of obesity in young people, especially young people of color, are an alarming precursor for epidemic levels of adult on-set Diabetes in the years to come. Big Food and Soda has not been held responsible for the increased rates of Type 2 Diabetes among young people and adults, although they understand the negative health impact of the continual consumption of their products. They direct marketing and advertising especially at young people of color, encouraging them to consume foods that are high in sugar and salt, high in additives and preservatives, and high in corn by-products. The U.S. Government has not been seen to be complicit in the way neighborhoods are zoned for business, the way investments are made in public infrastructure, or why roads, parks and schools in certain neighborhoods are not improved or maintained. They are not held responsible for regulating the food industry by placing labels on Genetically Modified Organisms, High Fructose Corn Syrup, Hydrogenated Corn and Vegetable Oil, and other contributors to the disease. The Media has not been found to be complicit in the crisis although many of them profit from Fast Food, Sugar Food, and beverage advertising, all of which contribute to the spread of the disease. Health professionals have not been found to be complicit although in many of the communities where the hospitalization rates are high, there are no health clinics, centers or other services available or accessible. Additionally lack of health insurance among low income populations makes it even more difficult to receive the necessary information, therapy or intervention necessary to prevent or treat the disease.

One major problem Type 2 Diabetes is facing is silence. The risk factors associated with the spread of the disease are not often associated with poor health in low income communities. Communities suffering from the disease are not receiving media attention or the Type of coverage that could raise the awareness of the pending epidemic. Oftentimes in the most vulnerable areas, there are more urgent safety risks that make Type 2 seem as if it is less of a crisis. The statistics suggest otherwise.

At some point, someone has to stand up, raise their voice and say enough. Statistics predict that anyone born after the year 2000 has a 1-3 chance of contracting Type 2 Diabetes in their lifetime. This means that the generation most at risk is ours, and our younger brothers and sisters, cousins and friends. This means that even though I may not have the disease now, I have a 1 in 3 chance of having it in my lifetime. Everyone should know about this.

The Bigger Picture is that for the social and environmental forces that are spreading this disease should be transformed. The institutions that support it should be regulated, changed, modified and made to counteract their contribution to the Type 2 Diabetes crisis.

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GLOSSARY

Diabetes – refers to a series of metabolic diseases in which a person has high blood sugar. Though most forms of Diabetes are treated with insulin, the hormone does not prevent the debilitating effects of the disease including kidney failure, blindness, impotence, nerve damage, amputations, heart attack, stroke and pregnancy complications.

Type 1 Diabetes – Also referred to as Juvenile On Set Diabetes: a condition characterized by high blood sugar levels caused by a total lack of insulin. Occurs when the body's immune system attacks the insulin producing cells in the pancreas and destroys them. People who have this disease are born with it, and at this point there is no known way to prevent or cure Type 1 Diabetes.

Quick Facts:

- Type 1 Diabetes is a genetic and environmental disorder
- Type 1 usually strikes in childhood, adolescence or young adulthood
- Type 1 Diabetes lasts a lifetime. (There is no known cure)
- Type 1 requires its victims to take multiple insulin injections daily or a continual infusion of insulin through a pump to stay alive.

Type 2 Diabetes – Also called Adult Diabetes: The most common form of Diabetes. This disease is caused when the body builds up a resistance to insulin and can't use it properly to convert sugar into energy. Type 2 accounts for over 95% of all Diabetes cases.

Quick Facts:

- Type 2 Diabetes is largely preventable by a regiment of exercise and healthy eating
- Type 2 Diabetes is usually diagnosed in young adulthood and adulthood
- Type 2 Diabetes does not always require insulin injections.
- The increase of obesity rates has led to a rise in cases of Type 2 Diabetes in children and young adults.
- Decreased access to parks, recreational facilities and healthy and affordable foods increases the risk of contracting Type 2 Diabetes.

Social and Environmental Forces – The demographic characteristics of the population and its values: The social and environmental forces behind the spread of Diabetes include lack of access to healthy and quality food, public parks and play areas, and health services often as a result of income or education-level. The limits of access play themselves out in multiple institutions within affected communities including schools, playgrounds, neighborhoods, senior centers, stores, shops and other businesses.

Good Sugar – Found in whole foods like fruits and vegetables. These sugars are bundled with fluid, fiber, vitamins, minerals and antioxidants and are easily digested.

Bad Sugar – Found in refined and pre-packaged foods including bottled, canned and boxed. These sugars are found in sodas and other sugar-sweetened beverages (SSB), candy and baked goods and often go under the name of High Fructose Corn Syrup. They are also found in many products where one would not expect such as cereals, salad dressings and "healthy" drinks.

Food Insecurity – The inability to afford food.

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Health Crisis – a difficult situation or complex health system that affects people in one or more geographic locations, from a particular locality to encompass the entire planet. Health crisis generally have significant impacts on community health, life and the economy. They may result from disease, industrial processes, poor public policy or as in the case of Type 2Diabetes, all of the above.

Epidemic - a widespread and sudden occurrence of an infectious disease or undesirable phenomenon in a community at a particular time.

Community Health – a field of public health that concerns itself with the study and betterment of the health characteristics of biological communities: Focuses on work with defined communities to identify and resolve public health problems and to promote overall wellness.

Food Justice – A movement that attempts to address hunger and food insecurity by addressing the underlining issues of racial and class disparities and the inequities in the food system that correlate to inequities in economic and political power.

Environmental Literacy – A basic understanding of ecological principles and the ways society affects or responds to environmental conditions: The capability for a contextual and detailed understanding of an environmental problem in order to effectively analyze, summarize , evaluate and ultimately form an informed decision.

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The Bigger Picture Vocabulary Quiz

1 - What are the three main differences between Type 1 and Type 2 Diabetes?

_____

_____

_____

_____

2 – What are some of the environmental and social forces that contribute to the spread of Type 2 Diabetes?

_____

_____

_____

_____

3 – How do corporations contribute to the spread of this disease? In what ways are their actions part of the systemic problem of health disparities and inequities?

_____

_____

_____

_____

4 – What are some examples of foods and drinks that have "Bad Sugars" and how do corporations target low-income and minority communities with these foods and drinks? What is the impact of the high accessibility of "Bad Sugars" relative to "Good Sugars" in these communities?

_____

_____

_____

_____

5 – What is the relationship between averting this health crisis, addressing the environmental and social forces that contribute to the spread of Type 2 Diabetes, and the Food Justice Movement? How can alliances be built between those fighting for food justice, environmental responsibility and public health?

_____

_____

_____

MAJOR FACTS

Type 2 **Diabetes is a major problem** in the United States, the State of California and even in the Bay Area.

Those suffering from the disease **are** more often than not **people of color** and people from low income communities.

Type 2 **Diabetes is preventable**, on both an individual and institutional level.

Institutions and systems contribute to the spread of this epidemic that are outside of the control of individuals.

If something is not done, **the rates of Type 2 Diabetes will spike to1 out of every 3** people in the next 50 years.

What are some of the institutions that are contributing the most to the epidemic?

The Food and Beverage Industry

Schools

Marketing Agencies

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Diabetes Health Consequences

- **Diabetes is the leading cause of blindness, amputations, and kidney failure**, impotence and is a **major contributor to heart attacks and strokes.** (1)
- The risk for death among people with Diabetes is about twice that of people of similar age without Diabetes. (1)
- **Diabetes reduces life expectancy** by eighteen years if diagnosed at age 20, fourteen years if diagnosed at age 40, and ten years if diagnosed at age 60. (3)
- 50 years ago, fewer than 1 out of 100 people in the U.S. had Diabetes. Now, 1 in 10 do. At this rate, **in 50 years 1 in 3 people in the U.S. will have Diabetes**.

Diabetes Prevalence in the United States and California

- About 80 million (35% of adults) over age 20 "have pre-Diabetes."
- There are approximately 2 million new diagnoses annually
- Age 65 or higher: 11 million people; (27%)
- Age 20 or higher: 26 million people; (11.3%)
- 11% of American adults have Diabetes, 26 million people, of which more than 90% is Type 2
- 35% of all adults, another 79 million people, are estimated to have early warning signs, pre-Diabetes. Being obese is a significant cause (10).
- Diabetes kills 71,300 people each year (6).
- 65% of people with Diabetes die of heart disease and stroke.
- One in three of the young people born since the new millennium are likely to develop Diabetes (13)
- Type 2 Diabetes is the problem. It used to be an adult disease, appearing over age 40, but it is increasingly being found in teenagers, even children as young as eight.
- More than 7% of teenagers (2 million) are estimated to be pre-diabetic, with symptoms of high blood pressure and high blood glucose levels. At the early stages, the symptoms can start to be reversed within a few weeks.
- Losing weight and taking exercising more can reduce the development of Diabetes by 58% (12). The combination is more effective than taking medication.
- According to the CDC, nearly one in four youth ages 12 – 19 have pre-Diabetes and 50% of these youth are at greater risk of developing full-blown Diabetes within five years.
- Type 2 Diabetes used to be an adult disease, appearing over age 40, but it is increasingly being found in teenagers, even children as young as eight
- Since the start of the wars in Iraq and Afghanistan, over 1000 Americans have had all or part of their leg amputated due to injury. In that same period, over 70,000 Californians have had all or part of their leg amputated as a result of Diabetes.

Bigger Picture Worksheet 2
Comprehension Questions:

1 - What is the leading cause of blindness and kidney failure in the United States? _____

2 - Diabetes reduces life expectancy by _____ years if diagnosed at age 20 and 14 years if diagnosed at age _____.

3 - Since the start of the wars in Iraq and Afghanistan over _____ Americans have had an amputation. In the same time over _____ Californians have had all or part of their leg removed as a result of Diabetes.

4 - 50 years ago fewer than _____ people in the US had Diabetes. Now 1 in 10 Americans has Diabetes. In 50 years if nothing changes it is projected that _____ Americans will contract Type 2 Diabetes.

	Comprehension Questions	**True or False**
1	Type 2 Diabetes affects more Americans that are 65 and older than Americans under the age of 65.	
2	Every year over 2,000,000 new cases are diagnosed in the United States. This means that in 5 years over 10 million new people will contract the disease.	
3	Only 5% of adults in the United States over the age of 20 have "pre-Diabetes".	
4	Type 2 Diabetes is preventable.	
5	If you are a teenager or young adult you have no chance of contracting Type 2 Diabetes.	
6	Obesity is one of several precursors and indicators of pre Diabetes.	

Free Write

As you write all of these answers and hear all of this information, what are some of your initial thoughts about the impact this disease is having on the people of this country? What do you think can be done by every-day citizens to change the trajectory of this epidemic?

_____
_____
_____
_____

Environmental Contributors to The Spread of Type 2 Diabetes

Where you live can significantly influence your health. A recent study demonstrates the correlation between neighborhood depravation and diseases, including Diabetes. The study concluded that **environmental factors play a major role in one's risk factors**, and that modifying **individual behavior is not sufficient** to improve health. (http://www.ncbi.nlm.nih.gov/pubmed/22373821).

This means that where you live has a relationship to the diseases you are afflicted with, "including Diabetes". **Changing your individual habits is not enough to improve your health or the health of your community.**

Moreover, an article from The New England Journal of Medicine titled "TODAY – A Stark Glimpse of Tomorrow" came to the conclusion that "…tomorrow and beyond, public-policy approaches — **sufficient economic incentives to produce and purchase healthy foods and to build safe environments that require physical movement** — and not simply the prescription of more and better pills **will be necessary to stem the epidemic of Type 2 Diabetes** and its associated morbidity."
http://www.nejm.org/doi/full/10.1056/NEJMe1204710

It's not just a problem of health and habits. **It's also a problem of Economics, food access, safe neighborhoods, and systems to make people more physically active.**

According to a recent study, **hunger and socioeconomic disparities are also a major factor in chronic disease and more specifically, Diabetes** prevalence. "Food insecurity," meaning **the inability to afford food, is rising** in the United States and is especially striking minorities. Increased Diabetes rates are coupled with this surge in lack of food due to the cyclical relationship between not having enough food and overconsumption of unhealthy food when some form of food can be afforded. Recent conducted at the Center for Vulnerable Populations also found that adults living with the most severe levels of food insecurity have more than **twice the risk of Diabetes** of adults who have ready access to healthful foods. http://www.nejm.org/doi/full/10.1056/NEJMp1000072)

Food Insecurity + Lack of Access + Unsafe Neighborhoods =

limited physical activity
low quality food consumption
and …

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Type 2 Diabetes

Lack of access to healthy food and poverty have been linked to diet-related disease, including Type 2 Diabetes.

- In communities of color, residents often live in neighborhoods lacking access to physical activity spaces, which can lead to higher rates of obesity, Diabetes, and other conditions
- Communities of color are less likely to live within walking distance to a park or open space.
- Living in a low income neighborhood with limited access to healthy food increases one's chance of getting Diabetes by 20%.
- A white child born in 2000 has a one in four chance of developing Diabetes over his/her lifetime; a Latino child one in three; and an African-American child one in two. On average, one in three children born in the year 2000 will get Diabetes.
- In 2009, diagnosed Diabetes prevalence was much higher among those with a family income below 100 percent of the federal poverty level (FPL) (12.4 percent) compared to those whose income is above 300 percent of the FPL (6.1 percent).(4)
- In 2009, diagnosed Diabetes prevalence was much higher among those with less than a high school degree (13.2 percent) compared to those with a college degree or higher (7.8 percent). (4)

Many of these amputations, removals of toes, feet, parts of legs and entire limbs have happened **in silence, in the low income, underserved, and impoverished communities of color throughout the State**. **Behind closed doors**, **people are losing their limbs and often their lives** without anyone ever having helped them to identify the loaded gun, the institutional and systemic and environmental factors that made it more likely for them to contract the disease.

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Bigger Picture Worksheet 3
Comprehension Questions:

1 - What some of the leading environmental factors that contribute to the spread of Type 2 Diabetes in the United States?

_____
_____
_____
_____

2 – How does the Rise in rates of Diabetes connected in any way to a lack of quality grocery stores or safe public parks in low income communities?

_____
_____
_____
_____

3 –What is food insecurity and in what way does it impact or contribute to the epidemic?

_____
_____
_____
_____

4 – Who profits from the spread of Type 2 Diabetes and in what ways do they profit?

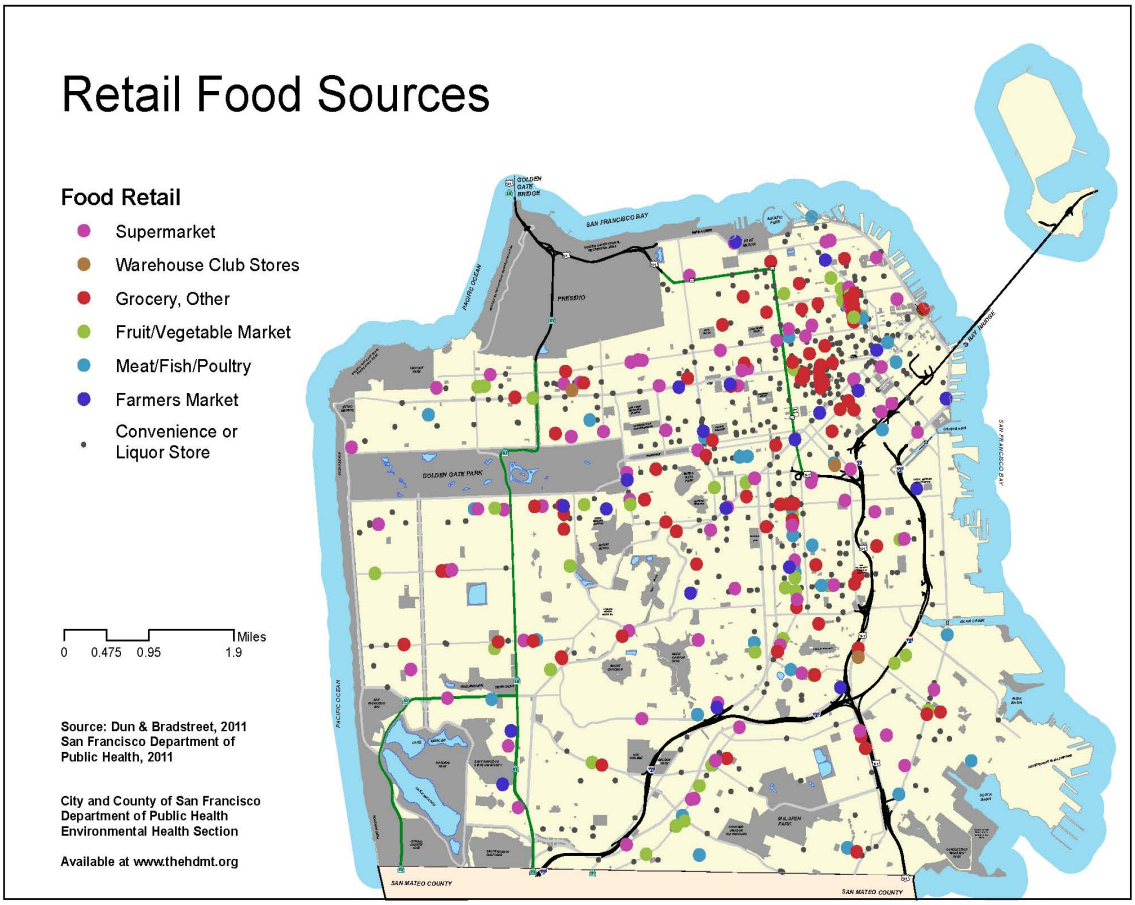
_____
_____
_____
_____

Freewrite:

What would it feel like to have to choose between hunger or eating poison? How far would you be willing to take it to extend your life, even if you know what you were eating and the lifestyle you were living, were killing you slowly and a bit more painfully?

_____
_____
_____
_____
_____
_____
_____

San Francisco, California – A Case Study



This map illustrates a system of disparities that have led to a public health crisis in San Francisco. High poverty communities lack access to fruit and vegetable markets, fresh fish and poultry and most importantly farmers markets. Even communities with supermarkets are often inundated with processed foods that are high in salt and sugar content. Many supermarkets distribute the food from a small number of corporations that control large shares of the food industry. More often than not affluent communities have greater access to fresher foods, either by having farmers markets, or fresh meat and fish markets in their neighborhoods. This map demonstrates that Bay View Hunters Point, which is a predominantly African American and Latino community, and extremely low income, in the bottom right quadrant, has the least access to quality food, and subsequently the highest rates of hospitalization for Type 2 Diabetes.

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Comprehension Questions

Where on the Retail Food Sources map does it indicate the highest availability of fresh fruits and vegetables? _____

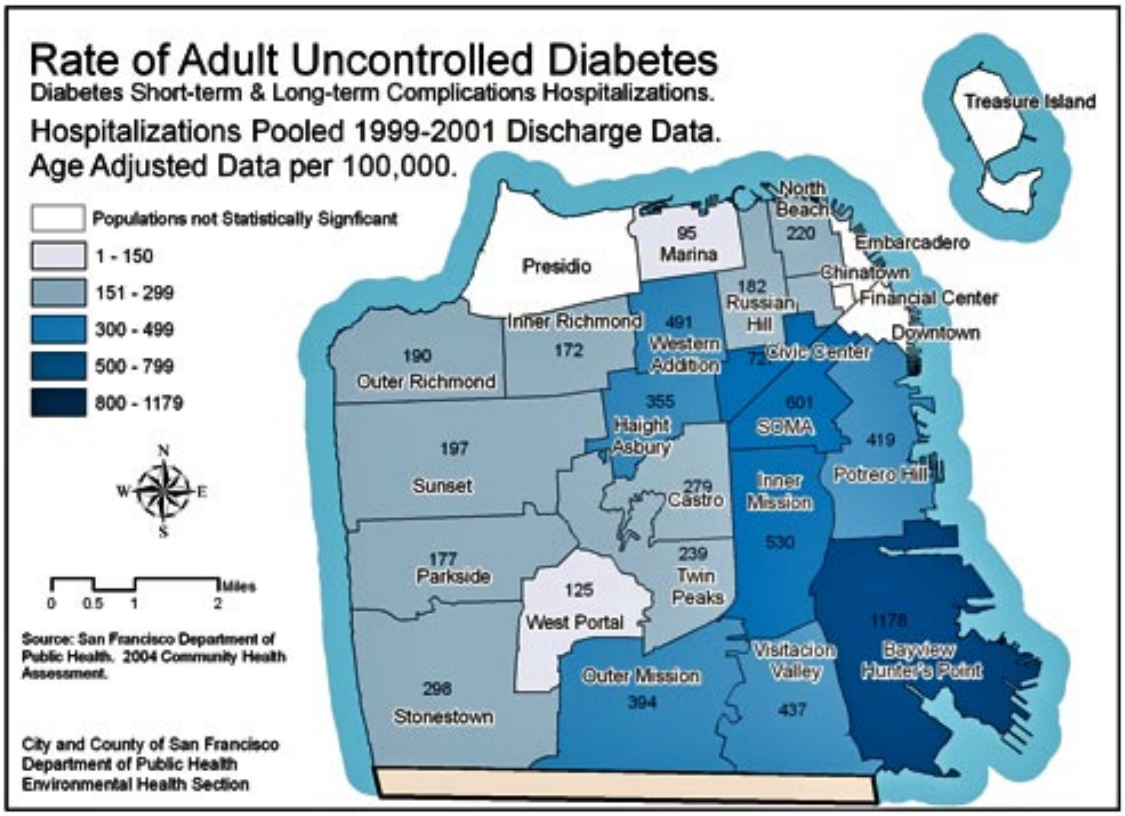
Where on the map does it indicate the least availability of fresh fruits and vegetables? _____

Where on the map is there a high concentration of smaller markets and liquor stores? _____

How does this map relate to the next map indicating Diabetes hospitalization rates? _____

_____

_____



As illustrated above, Diabetes hospitalization rates are highest in San Francisco's poorest neighborhoods. Equally as significant is the areas with the lowest rates which also happen to be those with the highest access to quality food, health care and the most affluent neighborhoods of San Francisco. The environmental impact of this affects all levels of institutions in the city, including the schools, crime, public health, community development, education, and so on.

Comprehension Questions:

Where on the Rate of Uncontrolled Diabetes map does it indicate the highest rates of hospitalization for Type 2 Diabetes? _____Why do you think that is?

Where on the map does it indicate the lowest rates of hospitalization for Type 2 Diabetes? _____ Why do you think that is?

What are do the neighborhoods with the highest instances of Diabetes hospitalization rates have in common? Who lives there? What do they look like? What are these neighborhood's income and/or education levels?

_____

_____

How does this map relate to the map indicating food availability? _____

_____

_____

_____

San Francisco Unified School District (SFUSD) – A Case Study

These are facts about SFUSD as it relates to incidences of obesity, Type 2 Diabetes, eating habits, and physical activity. This information is courtesy of the **2011 YRBS (Youth Risk and Behavior survey) administered to SFUSD high school students:**

- Almost 12% of are overweight, more than 7% are obese and almost 44% are trying to lose weight.
- Almost 24% of Latino SFUSD high school students are overweight and almost 15% are obese.
- 30% described themselves as slightly or very overweight (40% of Latinos).
- 70% of students drank 100% fruit juices one or more times in the 7 days prior to the survey being conducted.
- Almost 90% had eaten fruit one or more times during the past seven days.
- 58% had eaten green salad one or more times during the past seven days.
- Only 23% had eaten fruits and vegetables five or more times per day during the past seven days.
- Almost 33% were physically active for a total of at least 60 minutes per day on five or more of the past seven days.
- 24.6% were not physically active all in the past seven days.
- 26.5% watched three or more hours per day of TV on an average school day (that number climbed to 38.3% for Filipinos and 36.5% for Latinos).
- 43.5% played video or computer games (not school-related) for three or more hours per day on an average school day.
- 23.7% attended a PE class daily in an average school week (only 8.5% of 12th graders and 9% of 11th graders).
- Almost 39% have eaten less food, fewer calories or foods low in fat to lose weight or to keep from gaining weight (43% of thirteen-year-olds).
- 41% drank soda one or more times the day before the survey was administered (39.5% of twelve-year-olds, 45% of thirteen-year-olds, 60.7% of black students, and almost 55%of Latino students).

Comprehension Questions

Which of the above facts surprised you the most? Why?
What behaviors described above would need to change so that SFUSD students could decrease their chances of getting Type 2 Diabetes?

_____
_____
_____
_____

What changes in SFUSD student's neighborhoods, homes and schools would improve their health and make it less likely that they would get Type 2 Diabetes?

_____
_____
_____
_____

Is it good or bad that the SFUSD is using Revolution Foods for their school

_____
_____
_____

Create a Political Cartoon: Can you draw a picture that tells the story of this SFUSD case study? Can you illustrate some of the irony that is in these statistics?

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Co Edited by: Bigger Picture Project Coordinator Sarah Fine

Food and Drink Marketing

The Food industry invests billions of dollars to invest in marketing unhealthy foods, and distributing them in poor and urban communities of color**.** Below are facts about how they use disinformation to deceive people into poisoning themselves. How the Food industry uses deceptive tactics to make big profits while entire communities die and lose their limbs.

- The food and beverage industry in the U.S. spends almost $12 billion a year (one million dollars every hour of every day) targeting people to buy unhealthy food.
- In CA Schools, more than 60% of posters and signage for food products were found to be for "discouraged foods" such as candy, soda, and chips.
- 94% of all marketing activities were from companies that make high fat, high sugar foods.
- 50 years ago, the average American consumed approximately 20 lbs. of sugar and corn sweetener each year. That number has risen to almost 130 lbs.
- Youths' exposure to TV ads for full-calorie sodas doubled from 2008 to 2010.
- In 2010, teens saw 18 percent more TV ads and heard 46 percent more radio ads for energy drinks than adults did. Teens also saw 20 percent more TV ads for energy drinks in 2010 than they saw in 2008.
- From 2008 to 2010, children's and teens' exposure to full-calorie soda TV ads doubled. This increase was driven by Coca-Cola and Dr Pepper Snapple Group. Children were exposed to 22 percent fewer ads for PepsiCo sugary drink products.

Companies are targeting African-American and Hispanic children and teens:

- Companies view African-American and Hispanic youths as a source of future growth for sugary drink sales.
- African-American children and teens saw 80 percent to 90 percent more ads compared with white youth, including more than twice as many for Sprite, 5-hour Energy, and Vitamin Water.
- For Hispanic youths, marketing on Spanish-language TV is growing. From 2008 to 2010, Hispanic children saw 49 percent more ads for sugary drinks and energy drinks, and teens saw 99 percent more ads.
- Hispanic preschoolers saw more Spanish-language ads for Coca-Cola Classic, Kool-Aid, 7 Up, and Sunny D than Hispanic older children and teens did.
- In 2010, African-American children and teens saw 80 percent to 90 percent more TV ads for sugary drinks compared with White youths.

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Bigger Picture Worksheet 5
Comprehension Questions:

1 – Why does to food industry invest so much money to market these unhealthy foods to children?

_____
_____
_____
_____

2 – What is the impact of this marketing on the bigger picture around the health and wellness of children?

_____
_____
_____
_____

3 –If the product they are marketing leads to the death of their consumers, without the consumers being warned about the dangers of what they are eating, aren't they responsible or accountable for something?

_____
_____
_____
_____
_____

4 - Does it bother you that food and drink companies market unhealthy products to young people and minorities? Why or why not?

_____
_____
_____
_____
_____

5 - Do you think food and drink companies should change their marketing tactics? What would you recommend they do differently?

_____
_____
_____
_____

How to Read Labels:

What is this Cartoon trying to say? In what ways does it accurately demonstrate what seems to be happening as it relates to food consumption and chronic disease?

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Nutrition experts recommend that for optimal health, no more than 25–35% of total calories consumed during the week come from fat. This translates to anywhere between 11–23 teaspoons of fat per day for teenagers, depending on their calorie needs.

Key terms on **food labels** are defined as follows:

Calories: A measure of energy in food mainly provided by carbohydrates, fat, and protein.
Calories from Fat: The amount of calories supplied by fat in a serving of food (1 gram of fat = 9 calories). Health experts recommend that no more than 25–35% of total calories come from fat for a healthy diet.
Trans Fat: A Type of fat made when manufacturers add hydrogen to vegetable oil that turns liquid oils into solid fats (a process called "hydrogenation"). This Type of fat clogs heart vessels and is associated with an increased risk for heart disease
Saturated Fat: A Type of fat supplied in one serving of food expressed in grams. This Type of fat clogs heart vessels and is associated with an increased risk for heart disease.
Sodium: The amount of sodium in one serving of food. Salt is a major contributor of sodium in the diet. Diets high in sodium may increase the risk of heart attack or stroke especially for those with high blood pressure.
Sugars: The amount of sugar in one serving of food. Sugar may be identified on a label as fructose, corn syrup, honey, etc.
Fat-free: Less than 0.5 gram of fat per serving. Remember: A fat-free food can still have lots of calories.
Light/Lite: A nutritionally altered product. Contains one-third fewer calories or half the fat of the regular form of this food.
Low-fat: Contains three grams (.5 teaspoons) or less of fat per serving.
Reduced-fat: Contains at least 25 percent less calories from fat per serving than the regular form of this food.

In addition to the nutrition label, most packaged foods sold in the United States must list their ingredients, from the highest to the lowest weight. Beware of key sources of fat and
sugar such as those listed below:

• **Fat**: vegetable oil, corn oil, butter, cream, shortening, margarine, palm oil, sour cream
(a dairy product high in fat), lard, animal fats, coconut oil.
• **Sugar**: fructose, corn syrup, high-fructose corn syrup, lactose, sucrose, dextrose, glucose, raw sugar, brown sugar, cane sugar, molasses (an ingredient high in sugar), honey, golden syrup, maple syrup, fruit juice concentrate, maltose, and

maltodextrin.

If these are listed among the first few ingredients, this can be a tip-off that the food contains too much fat or sugar.

NEED LABEL READING COMPREHENSION READING, CAN FRAME IT LIKE: DON'T LET THE FOOD AND DRINK COMPANIES FOOL YOU!
For more detailed information on general nutritional recommendations on fat:
http://www.healthierus.gov/dietaryguidelines/.

For More Information on Reading Nutrition Labels:
For more information on using the food label, visit
http://www.health.gov/dietaryguidelines/
dga2005/healthieryou/html/tips_food_label.html

You can also take the fun quiz from the U.S. Food and Drug Administration to test your food label
knowledge. Visit www.cfsan.fda.gov/~dms/flquiz1.html

Check out this useful interactive Web site in Spanish: Evalúe su plato
www.Diabetes.org/allabout-
Diabetes/chan_span/i3/i3p4.htm

Figuring out food labels for
kids http://kidshealth.org/kid/stay_healthy/food/labels.html

Another description of how to read a nutrition
label: http://wellnesscitychallenge.com/?p=346

Health Food or Health Fraud? Deceptive Marketing Strategies Revealed

Many beverage and snack companies have self-defined nutrition seals that are often the color green to express how healthy they are. An example is this PepsiCo seal shown below, which does not have to adhere to any regulated nutrition standards.

The point of this seal is to convey the idea that the consumer is making a smart choice by choosing a particular product. As if it is a checklist for environmental responsibility, and how much more easy life becomes after that smart choice. Even though the company that is promoting this is the Pepsi Company responsible for such healthy beverages as Diet Pepsi.

Another example of this is Wal-Mart's it is "Great for you" Seal of Approval which is only regulated by Wal-Mart. Also green, it is to connote the idea of health and prosperity, and environmental responsibility.

Comprehension Question:

Why do you think these companies use these types of deceptive practices, and how can you prevent yourself and your family from being fooled by them?

_____

_____

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_____

_____

Furthermore**, companies like General Mills use whole grain labels on their products since there is no federal standard**. An example of this deceptive marketing is the image below of the cereal Reese's Puffs:

Fat 3 x 9 = 27 g
Carb 22 x 4 = 88 g
Protein 2 x 4 = 8 g
123 g

Corn is a grain but a good source of whole grain should contain at least 4 g of fiber per serving.

Count the number of "sugar" ingredients (in red). Sugar should be the top ingredient, not the second. Remember, excess sugar can turn into fat (lipin).

Comprehension Question:

Do you read the labels on the containers that your food comes in? What are the common ingredients that you see? What is the impact of not knowing what your food is made of, or exactly what is in your food?

_____

_____

_____

_____

_____

_____

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This image of Ronald McDonald as a skateboarder and soccer player is a prime example of how fast food companies market their unhealthy food to young people.

Comprehension Question:

Do you think the images above are effective? Do they make you think that McDonald's offers healthy food that will make you active and that Ronald McDonald is "cool"?

_____
_____
_____
_____

Additional Resources on Food and Drink Marketing

Deceptive marketing practices by Frito-Lay have also come to light recently. A New York man is suing the company over "all-natural" claim. Read full story here: http://www.globalpost.com/dispatch/news/health/120130/frito-lay-tostitos-sunchips-all-natural-lawsuit-new-york

For more information on food industry labels and self-regulated seals of approval: http://blog.fooducate.com/2008/10/25/1862-2008-a-brief-history-of-food-and-nutrition-labeling/

Disney bans junk food advertising: http://www.reuters.com/article/2012/06/05/entertainment-us-disney-sugar-advertisin-idUSBRE8540WP20120605

Physical Activity, Media and Screen Addiction

http://www.turnoffyourtv.com/turnoffweek/TV.turnoff.week.html

INTERESTING FACTS ABOUT TV

- Number of 30-second commercials seen in a year by an average child: 20,000
- Number of minutes per week that parents spend in meaningful conversation with their children: 38.5
- Number of minutes per week that the average child watches television: 1,680
- Percentage of children ages 6-17 who have TV's in their bedrooms: 50
- Percentage of day care centers that use TV during a typical day: 70
- Hours per year the average American youth spends in school: 900 hours
- Hours per year the average American youth watches television: 1500
- Percentage of Americans that regularly watch television while eating dinner: 66

Television viewing is strongly linked to overweight and obesity in children and youth.

Children are watching more TV than ever. Nearly all children live in a home with at least one television. Two-thirds of children have a TV set in their bedroom (Roberts, 1999). Children spend about 50% more time watching TV now than a few decades ago (Gortmaker, 1990). The average child currently watches 3 hours of TV per day (Nielsen, 1998). If you include time spent watching videotapes or playing video games, this number increases to about 5-1/2 hours per day. Children therefore spend about one-third of their waking time watching TV and playing video games (Roberts, 1999). By the time the average child turns 20, nearly 5 years of his or her life will have been spent watching TV and other media, more time in most cases than to any other single activity with the exception of sleeping. Given the easy access most families have to DVD's, video games, computer games, the Internet, cable and satellite TV, it is likely that children will continue to increase their time spent with these media.

TV viewing contributes to overweight in several ways

The two primary ways TV contributes to overweight are: it reduces physical activity and it leads to increased calorie intake. The amount of calories that one burns watching TV is less than most, if not all, other activities, even other sedentary ones such as playing video games, doing schoolwork or quietly resting (Klesges, 1993; Treuth, 2000). In one study, children who watched TV or played video games for 3 or more hours a day were over twice as likely to be physically inactive than children who watched less than 3 hours (Pate, 1997). Time devoted to TV can also result in less time available for other more physically active pursuits.

Although TV viewing can reduce physical activity, the evidence is even stronger that TV influences both what, and how much, children eat.

A typical child watches about 40,000 commercials on TV each year, a number which has doubled since the 1970s (Kunkel, 2001). Foods are among the most heavily advertised items on children's television programs (Nielsen, 1998). A national study found that during Saturday morning children's television, nearly half of the ads were for food and these ads aired about every 5 minutes (Kotz, 1994). Foods with added sugar were the foods most commonly advertised to children (Coon,
2002). In an analysis of the commercials targeted to children 2- to 11-years-old during primetime, 40% of the food advertisements promoted fast food and/or soda. It has been estimated that fast food establishments spend $3 billion annually on ads aimed at children (Schlosser, 2002).
Ads for healthy foods, such as fruits and vegetables, were nearly nonexistent (Byrd-Bredbenner, 1999a/b). Eighty percent of the vegetables advertised on TV were french fries.

NPR article
http://www.npr.org/blogs/health/2012/05/21/153030283/a-dire-sign-of-the-obesity-epidemic-teen-Diabetes-soaring-study-finds

How many hours per day do you watch television? _____ Multiply this number by 365 _____, Divide this number by 24. _____ This is the number of days in a year that you spend watching Television.

Multiply this number by 70. _____ This is the number of days in your lifetime you will have watched television if you live to be 70 years old.

Do you spend as much time exercising, playing outside or moving that you spend watching television? Why do you think that is? What are some of the things that limit your ability to pursue a healthy lifestyle?

_____

_____

_____

_____

_____

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Sugar Sweetened Beverages

- Many fruit drinks and energy drinks have as much added sugar and calories as full-calorie soda:
- An 8-ounce serving of a full-calorie fruit drink has 110 calories and 7 teaspoons of sugar – the same amount found in an 8-ounce serving of a full-calorie soda or energy drink.
- Forty percent of children's fruit drinks contain artificial sweeteners.
- Even 6-ounce child-sized drink pouches like Capri Sun Originals have about 3 teaspoons of added sugar.
- Overall, sugary drinks are the top source of calories in teens' diets.
- More than half of sugary drinks and energy drinks display nutrient-related claims on their packages, and 64 percent feature their "all-natural" or "real" ingredients. For example, Cherry 7 Up Antioxidant highlights it is "low sodium," and labels on Kool-Aid powders promote that they have "25% fewer calories than the leading beverage."
- The American Academy of Pediatrics says that highly caffeinated energy drinks "have no place in the diet of children and adolescents." Despite this medical advice, the companies clearly target teens.
- Parents have no way to monitor caffeine in drinks because caffeine content is not required – and is often not listed – on product packages.

Diet Coke and other diet sodas are hugely popular in the United States, with consumers spending $21 billion a year on the low-calorie drinks.

Know how much sugar you're consuming. Each cube is a teaspoonful:

Soda is primarily made of sugar, regardless of the color or the clever marketing. When you are drinking soda you are drinking liquid sugar and a number of added toxic ingredients.

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Sometimes beverages are labeled with words other than soda to take your mind away from the sugar content.

Sugar Sweetened Beverages include:

Sodas
Energy Drinks
Bottled Teas
Sports Drinks
Lemonade
Fruit Juices
Fruit Drinks
Flavored Water

How are these products labeled in ways that disguise the fact that they have as much sugar in them as soda?

_____
_____
_____

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Foods that are primarily marketed to children are often filled with sugar and other unhealthy ingredients.

Juice Squeezes
Candy Bars
Chocolate Cookies
Candy

All are ingredients contributing to the rise in obesity among young people and food related diseases like Type 2.

How are these products marketed in a way that indicates they are targeting young people?

_____
_____
_____

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Products like Ice Cream and Jello often associated with dessert, are like a last shot of sugar before children are sent to bed.

How often do you eat dessert?

_____
_____

How often do you eat fruit?

_____
_____
_____

Fruits are also made primarily of sugar and water, however these fruits especially in their organic form, carry good sugars to the body.

What are your favorite fruits?

_____
_____
_____

When was the last time you ate real fruit as a snack or as part of a meal?

_____
_____

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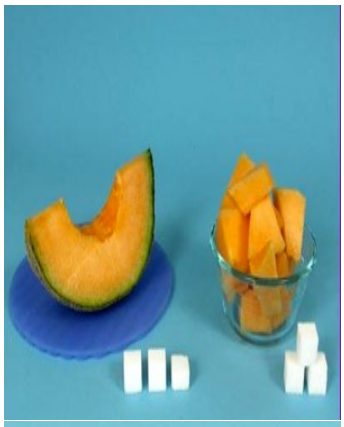
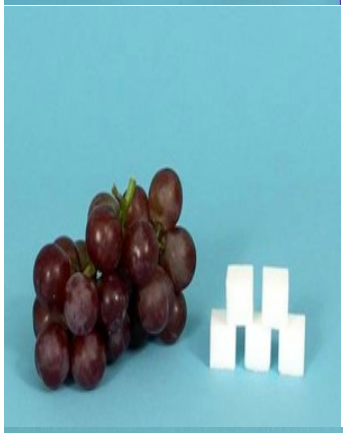
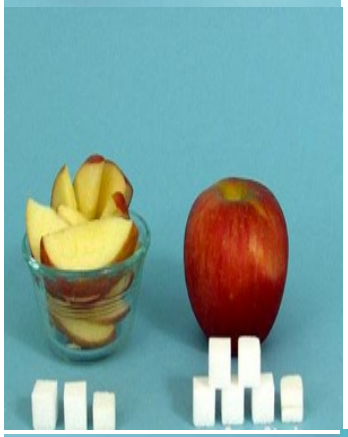
The Bigger Picture Toolkit







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Breakfast foods are often high in sugar and salt content. Breakfast cereals that are marketed to children contain much of the same ingredients as candy and desserts. Pastries, Muffins and other Breakfast cakes are often as full of sugar as desserts. There are like a dose of sugar first thing in the morning.

What did you have for breakfast?

_____

_____

_____

_____

_____

_____

How much sugar do you think is in your favorite breakfast cereal? (check the label later)

_____

_____

_____

Sometimes Marketing will convince us that foods labeled as “Fruit Juice”, or “Shakes” are healthier than “Coffee”, or “Latte’s”.

Often times Beverage Companies use pre-packaged fruits in their shakes. Latte’s with whip cream, chocolate syrup and mocha are as full of sugar as a soda.

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Type 2 Diabetes

Government
Zoning Laws
Limited Health Care
Poor Health Education
Corn Subsidies
Law and Order

Life Style
Screen Addiction
Cultural Habits
Sedentary Lifestyle
Lack of Exercise

Poverty
Food Insecurity
Limited Food Access
Low Quality Food
Unsafe Neighborhoods
Blighted Parks

Food Industry
Deceptive Marketing
High Sugar Content
Misinformation
Capitalization
Corporatization
GMO's and Processed food

Comprehension Question:

The Type 2 Diabetes Epidemic is a result of a number of different factors. Write a paragraph that illustrates 3 or more of these factors and how they impact the crisis.

_____

_____

_____

_____

_____

_____

_____

_____

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Bitter / Sweet Numbers Game

1) U.S. Consumption of Sweet Beverages
a. 13.8 billion: Number of gallons consumed in 2009
b. 45: Number of gallons consumed annually per person
c. 17: Number of teaspoons of sugar in a typical 22-oz soda
d. 70,000: Number of calories average person consumes per year in sweet drinks

Source: HealthAffairs

2) Diabetes in the United States
a. 25.8 million: Number of people who have Diabetes
b. 8.3: Percentage of population affected
c. 174 billion: Annual cost in dollars of Diabetes
d. 7: Ranking on list of leading causes of death

Source: U.S. Centers for Disease Control and Prevention

3) Prevention of Chronic Diseases
a. 100,000: Cases of heart disease prevented
b. 8,000: Cases of stroke prevented
c. 240,000: Cases of Type 2 Diabetes prevented per year
d. 26,000: Deaths prevented over the next decade

4) Tax Revenue and other savings from penny per ounce tax on sugar-sweetened beverages
a. $13 billion: Direct tax revenue per year
b. $17billion: Savings in health care expenditure over the next decade
c. 10 – 15%: reduction in consumption of sugar-sweetened beverages over the next decade

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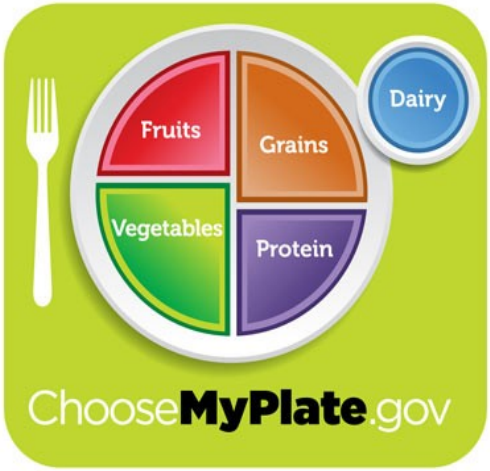
Additional Resources

The Food Plate



Nutritionists agree on a healthy balance of foods on each individuals plate will provide the fuel for optimum health and help prevent the spread of Type 2. The balance indicated on this plate demonstrates amounts of each food conducive to good health.

The recommendation is for people to eat less and less processed foods. Processed food is food that is boxed, canned, jarred, bottled, or pre packaged in some way before service. Name four examples of processed food, one in each of the key areas. Can you identify non-processed substitutes for the pre packaged food you indicated above?

_____

_____

_____

Certain areas in this formula are more prone to deliver bad sugars and other ingredients that contribute disproportionately to the epidemic. Identify two examples for each of "bad" sugars and two examples of "good" sugars.

_____

_____

_____

_____

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Links, Clips and More Resources

1. Project Lean – Info on school based lunches, removal of water fountains, etc. Link: http://www.californiaprojectlean.org/
2. California Center for Public Health Advocacy (great facts and resources about sedentary lifestyle, marketing to children). Link: http://www.publichealthadvocacy.org/
3. California Diabetes Fact Sheet
4. **California Diabetes Program Issue Briefs** ***NEW!***
5. **National Diabetes Education Program (NDEP)** (hundreds of copyright free resources are available; some are targeted to youth)
6. **Unnatural Causes**- **Episode 4 - Bad Sugar**. Diabetes among Native Americans - Genes or Environment? Link: http://www.unnaturalcauses.org/video_clips_detail.php?res_id=72
7. **Impact of Poverty and Stress on Diabetes among Native Americans**. Link: http://www.unnaturalcauses.org/video_clips_detail.php?res_id=75
8. **Episode 5 - Place Matte**. Living in Disadvantaged Neighborhoods is Bad for Your Health. Link: http://www.unnaturalcauses.org/video_clips_detail.php?res_id=217
9. **Oprah clip**. Dr. Oz Explains What Diabetes Does to Your Body. Link: http://www.oprah.com/oprahshow/Dr-Oz-Explains-What-Diabetes-Does-to-Your-Body-Video
10. http://ndep.nih.gov/media/Youth_Tips_Diabetes.pdf
11. http://ndep.nih.gov/resources/index.aspx
12. http://ndep.nih.gov/publications/Publicationdetail.aspx?Pubid=152 – Road to Health Toolkit
13. http://www.studentstakingcharge.org/
14. http://www.caactivecommunities.org/ - Creating Opportunities for Everyday Physical Activity

IOM: Local Government Actions to Prevent Childhood Obesity
http://www.iom.edu/Reports/2009/Local-Government-Actions-to-Prevent-Childhood-Obesity.aspx (see Appendix B, Toolkits and Related Resources for other docs that may be useful)
RWJF: http://www.rwjf.org/childhoodobesity/index.jsp

CDC/IOM: Recommended Community Strategies and Measurements to Prevent Obesity in the United States
http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm

Engaging Youth in Improving Their Food and Physical Activity Environments:

http://www.samuelsandassociates.com/samuels/upload/ourlatest/Engaging_Youth.pdf

Statewide Youth Board on Obesity Prevention: http://californiacenter.org/work/sybop/

Healthy Vessels Fit for Your Community Environmental Assessment: http://www.youthempoweredsolutions.org/?page_id=321

http://www.jdrf.org/index.cfm?page_id=113299

http://www.stonehearthnewsletters.com/someone-call-nucky-ucsf-says-sugar-needs-to-be-controlled-like-alcohol-tobacco/alcohol/

http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2012/02/02/MN891N1PQS.DTL&ao=2

Tool kits that are similar:

http://www.youngfoundation.org/community-action-tool-kit

http://www.policylink.org/site/c.lkIXLbMNJrE/b.5136575/k.39A1/Equitable_Development_Toolkit.htm

http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf

http://new.dhh.louisiana.gov/index.cfm/page/685/n/172

http://www.nhlbi.nih.gov/health/public/heart/pad/materials/get_involved.html

http://www.unac.org/hchc/files/toolkit_en.pdf

http://www.cdc.gov/healthycommunitiesprogram/tools/change/downloads.htm

http://www.cachampionsforchange.net/en/StepByStep.php

Other websites which may be useful:

Public Health Law and Policy- http://www.phlpnet.org/

San Mateo's Get Healthy SMC website http://www.gethealthysmc.org/

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Some of NYCs programs http://www.nyc.gov/html/doh/html/cdp/cdp-pan-current-programs.shtml

Choose Health LA's resources for a healthier community http://www.choosehealthla.com/live-healthy/resources/

Weight and Fitness data from Lucille Packard Foundation http://www.kidsdata.org/databrief-fitness-weight/

Info about the book "The Power Collaborative Solutions" http://www.tomwolff.com/healthy-communities-tools-and-resources.html

SPUR- Bay Area org doing work around sustainable communities http://www.spur.org/sustainable_development

Bay Area Youth run org, with more links on their resources page http://www.rootedincommunity.org/links.php

Alliance for a healthier generation - agents of change and empowering themselves for adults and student leaders

Kit - Project Citizen (CA dept of education part of service learning work) how to be informed and educated, policy platform

USDA teen nutrition – search empowering youth

http://www.ucsf.edu/news/2012/01/11267/how-many-lives-could-soda-tax-save

MORE Resources

http://www.cdph.ca.gov/programs/cpns/Documents/InspiringYouthGrowingChange.pdf (Especially p. 16, under the heading “School and Community Changes” which highlights how youth advocated for and achieved changes in their schools and communities).

http://www.projectride.net/campaign.php (anti-tobacco car enthusiasts, info on changing environment))

http://www.stancoe.org/scoe/iss/prevention/student_health/phast_resource_guide

_1.htm (anti-tobacco, curriculum info could be useful for toolkit, would have to adapted for Diabetes prevention)

The California Youth Advocacy Network is often used as a training and technical assistance provider related to youth development. (Anti-tobacco) http://cyanonline.org/
http://cyanonline.org/wp-content/uploads/2010/08/FactSheet-youth-involvement-activities.pdf (ideas on how to engage youth)

http://cyanonline.org/wp-content/uploads/2010/08/Factsheet-attracting-youth.pdf (ideas for how to attract youth)

http://cyanonline.org/wp-content/uploads/2010/08/Emerging-trends-flyer.pdf (diagram of products that contain tobacco; do a similar visual with food?)

http://cyanonline.org/youth/hollywood/ (examples of action steps taken to get tobacco out of movies. Similar steps would be taken re marketing unhealthy food)

http://www.thetruth.com/quitting/ (I wouldn't include this or any of the other smoking info but we can definitely crib ideas from the widely successful truth campaign)

http://www.tobaccofreekids.org/what_we_do/federal_issues/graphic_warning_labels/ (could we try to get fast food restaurants to put graphic labels on unhealthy foods?)

This is not very-prevention-focused, good resource for how youth can help manage a diabetic family member's disease:
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/E/PDF%20EmpoweringYouthInChronicDiseaseManagement.pdf

The Food Guide Pyramid (http://www.mypyramid.gov).

http://ndep.nih.gov/publications/Publicationdetail.aspx?Pubid=152 – Road to Health Toolkit. Great tips on how individuals can lead healthier, happier lives.

The National Diabetes Education Program website has some excellent resources.
http://ndep.nih.gov/resources/index.aspx

Tip for youth on managing and preventing Diabetes
http://ndep.nih.gov/media/Youth_Tips_Diabetes.pdf

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