



# The Significance of Childhood Obesity in Communities of Color

## Future Policies on Childhood Obesity Must Consider Disparities Among Minorities

Sonia Sekhar June 2010

The House Education and Labor Committee last week released their bipartisan legislation to improve child nutrition called Improving Nutrition for America's Children Act. The legislation aims to reduce childhood hunger, improve the quality of food sold in schools, and promote nutrition education. House Education and Labor Committee Chairman George Miller (D-CA) stated during the legislation's unveiling that, "The barriers that prevent children from accessing quality meals mean more children are at risk of obesity and poor nutrition and this has serious implications for the health and well-being of the future of this country," which makes the passage of this legislation an important first step in tackling childhood obesity. This bill would particularly help populations that are at-risk of being overweight or obese in part because of reduced access to healthy, affordable food.

Childhood obesity, which has tripled since 1980, is of particular relevance to communities of color. The rate of obese and overweight Hispanic and African-American children and adolescents ages 2-19 is 38.2 percent and 35.9 percent, respectively, while their white counterparts are at 29.3 percent.<sup>1</sup> The prevalence of childhood obesity has risen among all racial and ethnic subgroups over the years, but the growth has been more pronounced for communities of color. Childhood obesity rates of African Americans and Hispanics increased by about 120 percent between 1986 and 1998, but among non-Hispanic whites it grew by 50 percent.<sup>2</sup>

Obesity puts people at higher risk for cardiovascular disease, type-2 diabetes, mental health problems, and bone and joint disorders. It accounts for billions of dollars in losses due to absenteeism and loss of productivity among adults, as well

as hundreds of billions in health care costs. Allowing this problem to continue to grow at its current pace will have dire economic, social, and public health consequences, including lower life expectancy in the 21st century.<sup>3</sup>

With the Census projecting that minorities will make up more than half of the U.S. population by 2050, the disparity in obesity rates among African Americans, Hispanics, and whites has profound implications for the nation's health, not to mention the billions of dollars it could add to our nation's health care costs.<sup>4</sup> Therefore, it is important that public policy approaches to address childhood obesity consider these disparities. Approaches that ignore the factors that influence obesity rates in Hispanic and black communities will only have marginal effects on reducing its prevalence.

Some of the intervening factors that affect obesity rates in Hispanic and black communities include eating patterns and accessibility to healthy food options, lower levels of physical activity, the quality of the built environment, social or cultural attitudes around body weight, and reduced access to primary care or nutritional counseling.<sup>5</sup> These factors may be driven by income, culture, and other dynamics that result in a disproportionate rate of obesity among black and Hispanic youth.<sup>6</sup>

Provisions in the Patient Protection and Affordable Care Act, the First Lady's Let's Move initiative, and the recommendations of the Presidential Task Force on Childhood Obesity provide a solid foundation for building broader efforts to reduce childhood obesity, but rarely do they specifically address racial and ethnic disparities in obesity. Focused attention to these issues, and strategic implementation of the new health reform law, will be needed to reduce racial and ethnic disparities in childhood obesity.

The health care law's primary goal was to expand coverage, which will—among other achievements—reduce racial and ethnic health disparities. While addressing racial and ethnic disparities in obesity (or other dimensions) was not the main priority of the new law, its implementation provides new opportunity for addressing this growing problem. For example, there is a provision in the new law geared at better understanding health disparities through improved data collection in any federally conducted activity or survey, including various Census surveys, Bureau of Labor Statistics surveys, and public health programs. While the existence of racial and ethnic health disparities, specifically in obesity, is widely accepted, effective ways to address them remain unclear.<sup>7</sup> A robust strategy on data collection and its use will equip policy makers and other relevant stakeholders with the evidence and

understanding on racial and ethnic disparities in obesity that will inform their decisions on a whole host of issues, including prevention and wellness programs.

The new law's childhood obesity demonstration project has the ability—if it follows the guidelines in the Children's Health Insurance Program Reauthorization Act—to employ evidence-based strategies to address some of the behavioral risk factors that affect obesity, especially in communities of color. Such strategies could include culturally appropriate nutrition education and improving the quality and nutritional value of food in schools.

The new law also includes competitively allocated community transformation grants. These grants are designed to promote individual and community health, prevent the incidence of chronic disease, and reduce health disparities. Similar to the childhood obesity demonstration project grants, these projects could include interventions in schools, along with broader improvements to the neighborhood, such as building parks or sidewalks—to promote a more active lifestyle, which are often a cause of lower physical activity in low-income and minority communities. One of the priorities of this provision is to reduce racial and ethnic health disparities that are influenced by social, economic, geographic factors.

Another provision in the law is Individualized Wellness Plans for populations considered at risk based on several factors, including weight, tobacco and alcohol use, exercise rates, nutritional status, and blood pressure. Individualized wellness plans—which the community health centers that serve these at-risk populations would create and implement—would provide, among other services, nutritional counseling and assistance in creating a physical activity plan. Lower exercise rates and higher weight are more common in communities of color, thus, making them likely candidates for these grants.<sup>8</sup>

Beyond a careful and strategic implementation of the Affordable Care Act, policymakers can leverage additional initiatives to combat childhood obesity within communities of color. The Let's Move initiative is taking steps to make healthy, affordable food available to all children and promote physical activity by collaborating with a wide range of public and private stakeholders. The initiative enlists high-ranking cabinet officials from the departments of Agriculture, Defense, Education, Health and Human Services, House and Urban Development, Interior, Justice, and Transportation to augment the activities of these departments so they prioritize reducing childhood obesity.

The Presidential Task Force on Childhood Obesity, which is composed of representatives from the same departments and agencies listed above who have been asked to come up with strategies and benchmarks to guide childhood obesity related work in various realms, complements the effort of the Let's Move initiative. Coordination between different parts of government on the issue of childhood obesity will give coherence to the fragmented governmental efforts to reduce childhood obesity. The task force recently released recommendations on how to address childhood obesity, including updating nutritional standards for school meals, improving the accessibility of parks, and equipping parents with the tools to keep their children healthy, among others.<sup>9</sup> The report makes mentions of existing racial and ethnic disparities in obesity, but does not provide specific solutions on how to address them.<sup>10</sup> Implementation strategies that do address disparities would be an important next step.

In all, these efforts are important first steps in addressing childhood obesity nationwide, and by extension, in Hispanic and black communities. However, a more highly targeted effort is needed to address the gaping racial and ethnic disparities that exist in this realm. Considering the groundwork laid by both the health reform law and the Let's Move initiative with the Presidential Task Force on Obesity, tackling obesity within a generation—especially among racial and ethnic minority populations—is certainly within our reach.

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## Endnotes

- 1 Cynthia Ogden and others, "Prevalence of High Body Mass Index in U.S. Children and Adolescents, 2007-2008," *Journal of the American Medical Association (JAMA)* 303 (3) (2010): 242-249.
- 2 Assistant Secretary for Planning and Evaluation, Department of Health and Human Services "Childhood Obesity," available at [http://aspe.hhs.gov/health/reports/child\\_obesity/](http://aspe.hhs.gov/health/reports/child_obesity/).
- 3 S. Jay Olshansky and others, "A Potential Decline in Life Expectancy in the United States in the 21st Century," *New England Journal of Medicine* 352 (11) (2005): 1138-1144.
- 4 U.S. Census, "An Older and More Diverse Nation by Midcentury," Press Release, August 14, 2008, available at <http://www.census.gov/Press-Release/www/releases/archives/population/012496.html>.
- 5 Assistant Secretary for Planning and Evaluation, Department of Health and Human Services "Childhood Obesity."
- 6 May Nawal Lutfiyya and others, "Overweight, Obese Prevalence Rates in African American, Hispanic Children," *Journal of the American Board Family Medicine* 21 (3) (2008): 191-199, available at [http://www.medscape.com/viewarticle/585206\\_4](http://www.medscape.com/viewarticle/585206_4); Christina Bethell and others, "National, State, and Local Disparities in Childhood Obesity," *Health Affairs* 29 (3) (2010): 347-356.
- 7 Robin A. McKinnon and others, "Considerations for an Obesity Policy Research Agenda," *American Journal of Preventive Medicine* 36 (4) (2009): 351-357.
- 8 Assistant Secretary for Planning and Evaluation, Department of Health and Human Services "Childhood Obesity."
- 9 White House Task Force on Childhood Obesity, "Solving the Problem of Childhood Obesity Within a Generation," (2010), available at [http://www.letsmove.gov/taskforce\\_childhoodobesityrpt.html](http://www.letsmove.gov/taskforce_childhoodobesityrpt.html).
- 10 White House Task Force on Childhood Obesity, "Solving the Problem of Childhood Obesity Within a Generation," (2010), available at [http://www.letsmove.gov/taskforce\\_childhoodobesityrpt.html](http://www.letsmove.gov/taskforce_childhoodobesityrpt.html).