

The Latino Childhood Obesity Epidemic RATES, RISKS, AND REMEDIES



AMELIE G. RAMIREZ, DrPH, Director

**INSTITUTE FOR HEALTH PROMOTION RESEARCH
THE UNIVERSITY OF TEXAS
HEALTH SCIENCE CENTER AT SAN ANTONIO**

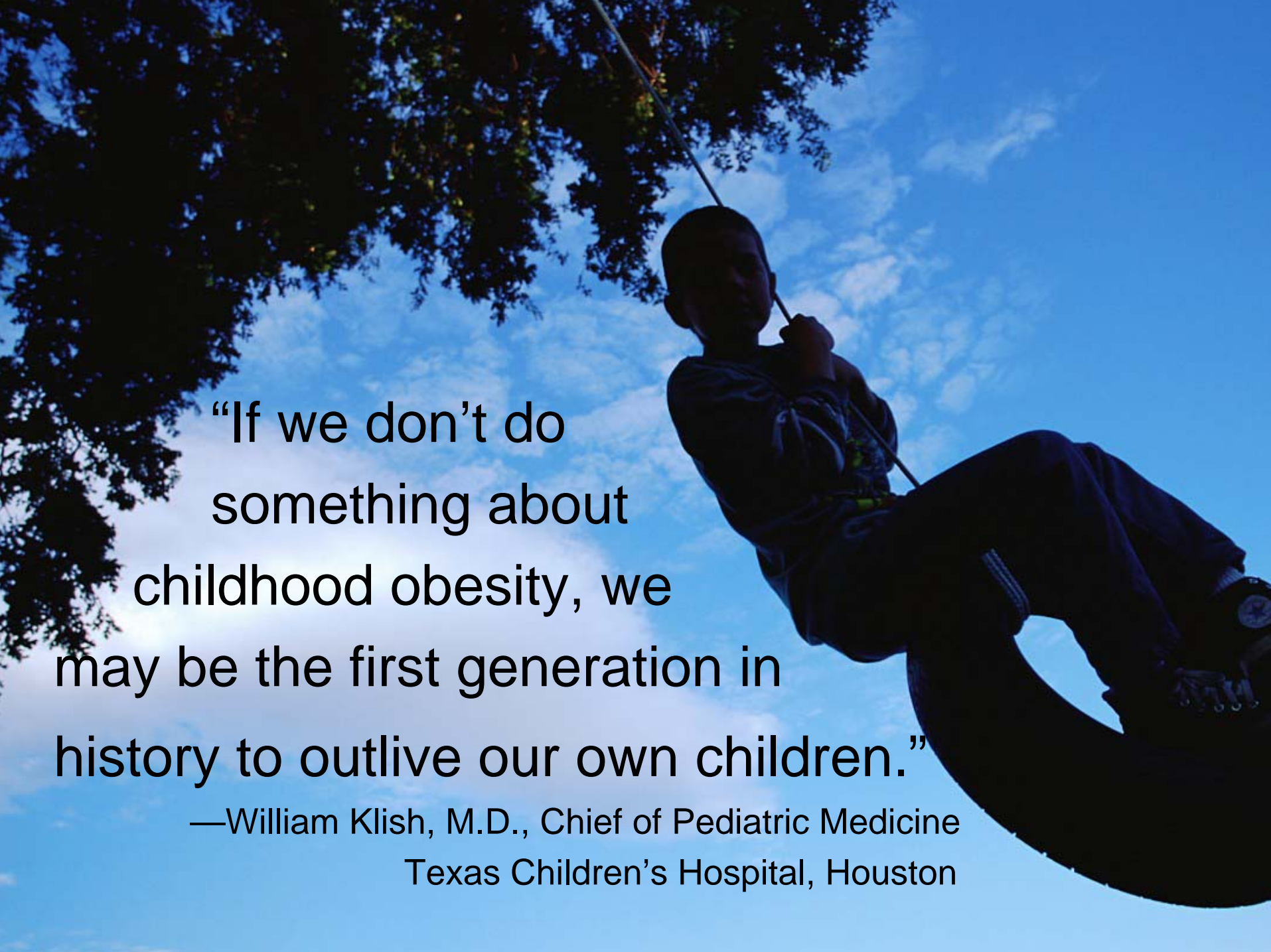
**SUPPORTED IN PART BY
THE ROBERT WOOD JOHNSON FOUNDATION
MARCH 23, 2007**



Sharing Priorities, Facing Challenges Together

Twenty-eighth Annual
Meeting of the Society
of Behavioral Medicine

*The distance to the door of
a friend is never long.*

A young boy is captured in mid-swing on a tire swing. He is wearing a dark long-sleeved shirt and dark pants. The swing is suspended by a rope from a tree branch. The background is a bright blue sky with scattered white clouds. The silhouette of a tree is visible in the upper left corner.

“If we don’t do
something about
childhood obesity, we
may be the first generation in
history to outlive our own children.”

—William Klish, M.D., Chief of Pediatric Medicine
Texas Children’s Hospital, Houston

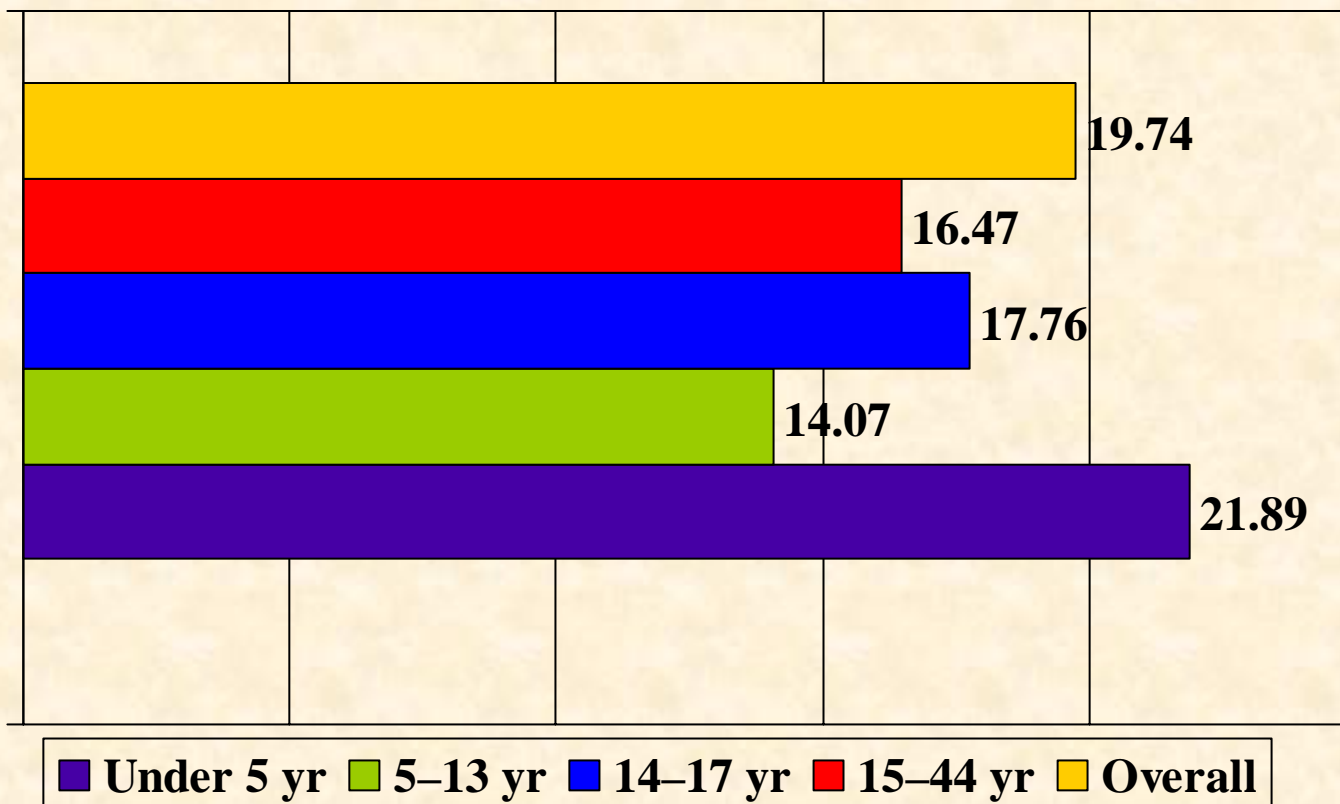


Rates
Risks
Remedies

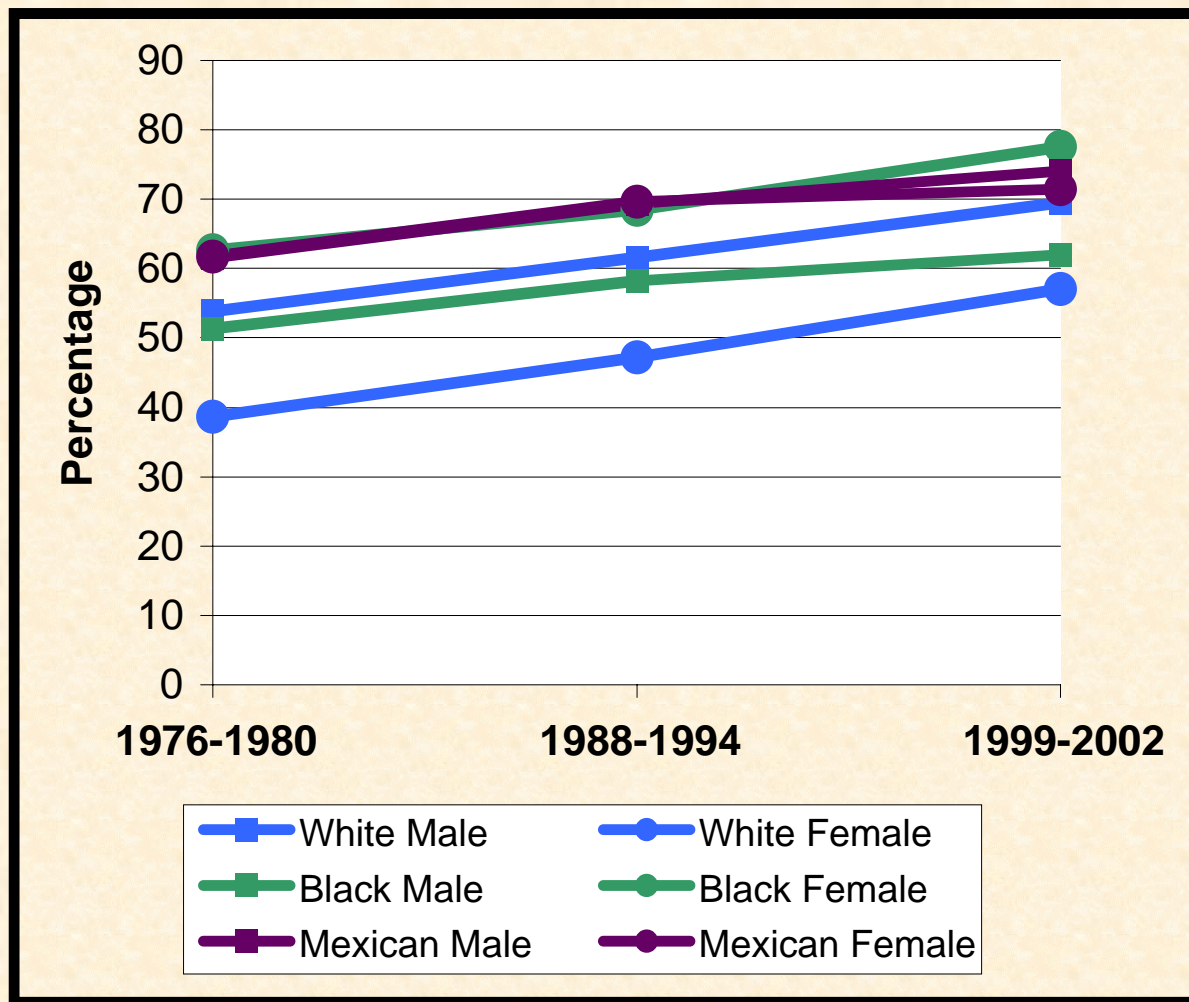
Dynamic Population Challenges Us with Demographic Revolution

- Latinos are fastest growing population segment.
- Population shifts are creating minority majority cities and states.
- Economic challenges include shift to knowledge-based economy and absence of rising tide that lifted all boats in mid-20th century.

Percentage of Latino Population Growth by Age Group, 2000-2005

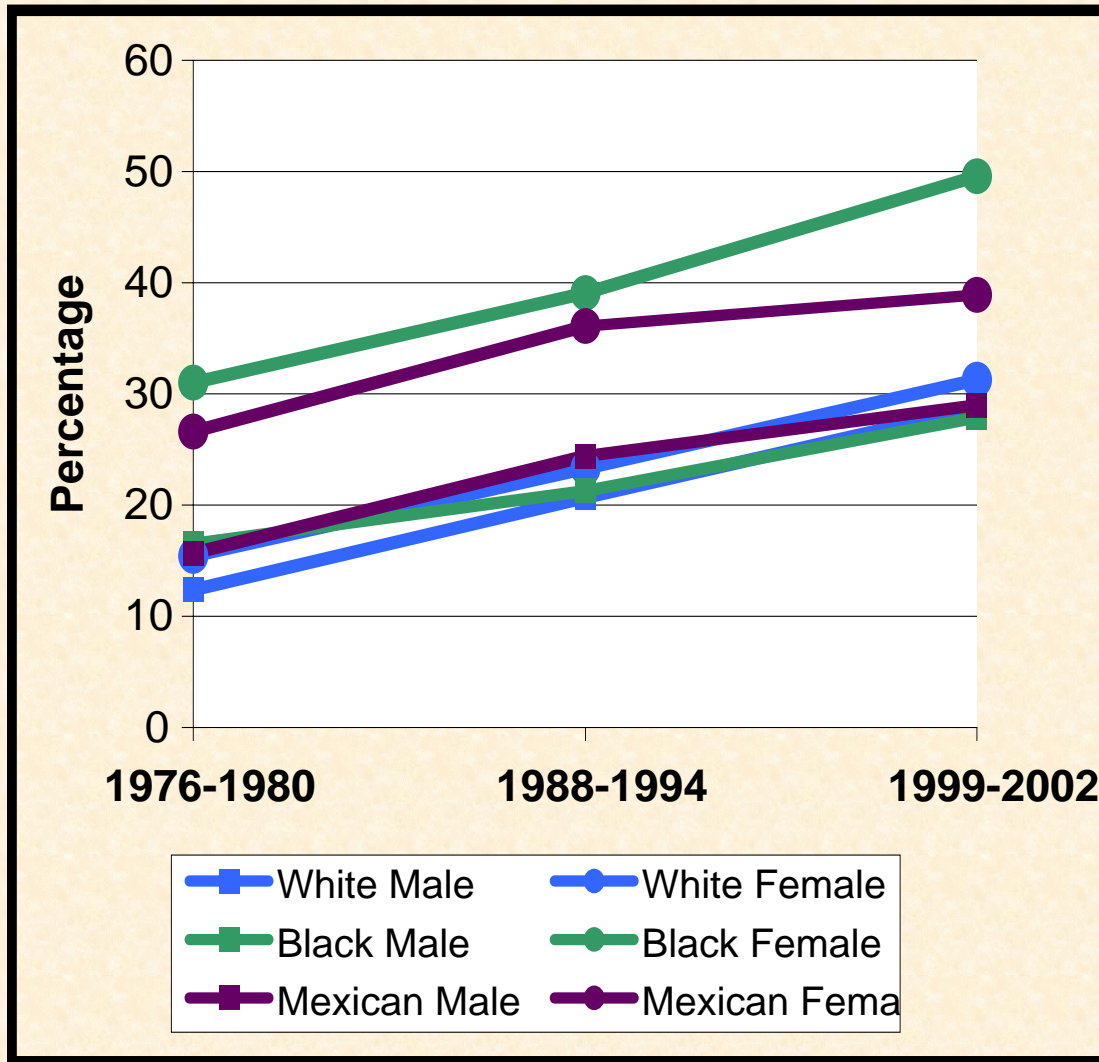


We are increasingly overweight . . .



Percentage of U.S. adults 20–74 years of age who are overweight

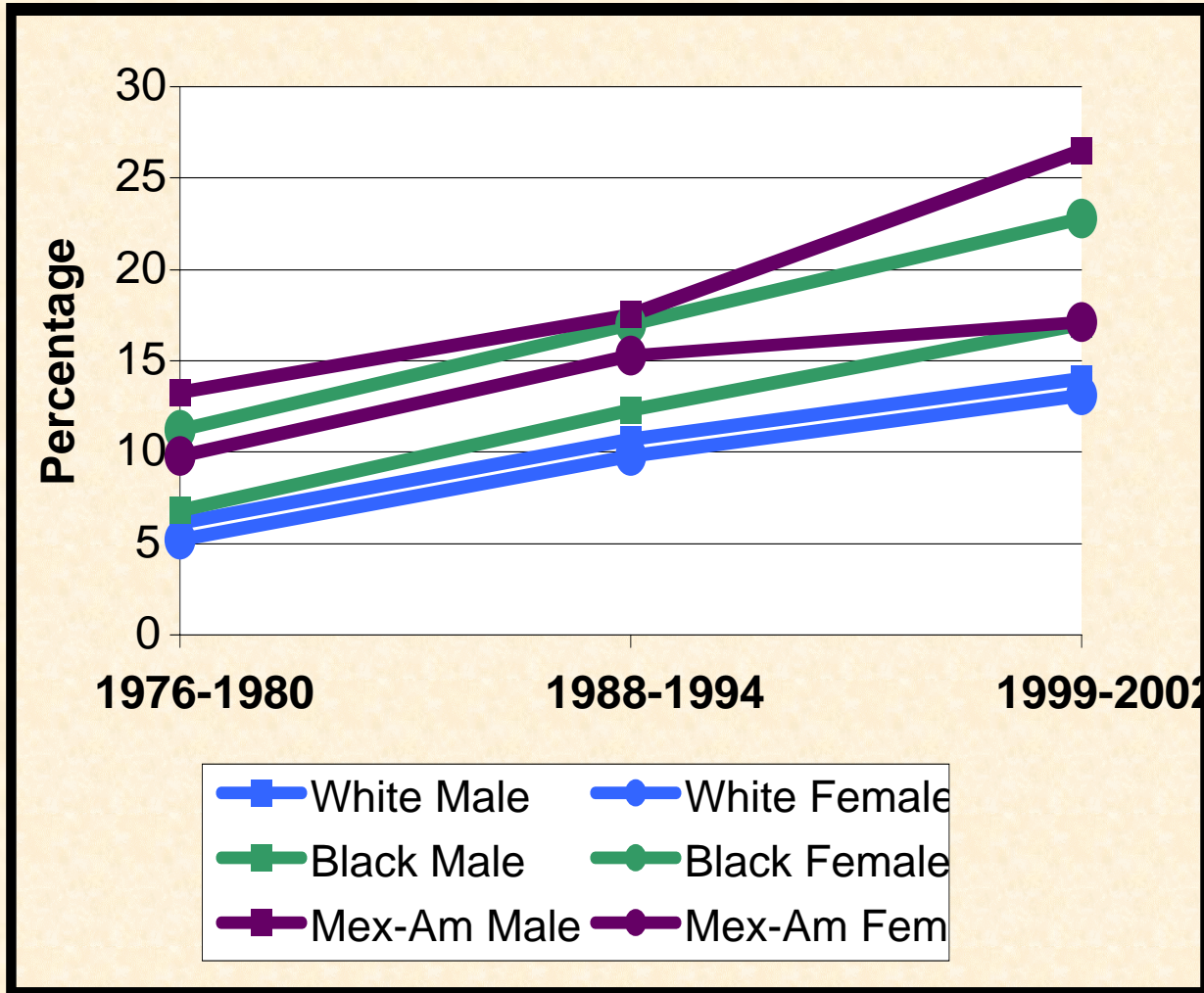
... and we are increasingly obese.



Percentage of U.S. adults 20–74 years of age who are obese

CHILDREN 6–11 YEARS

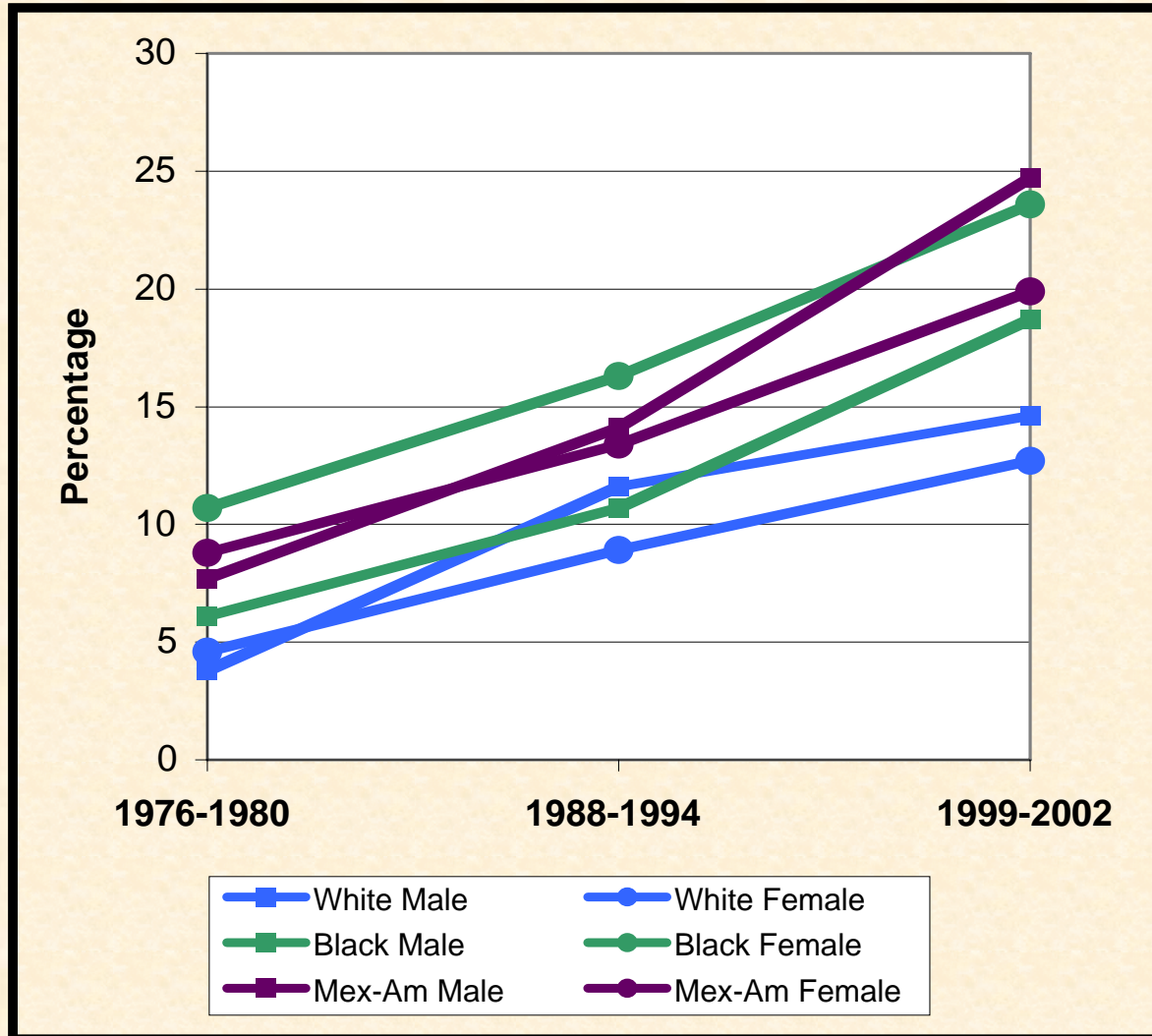
Overweight rates range 6.1% to 26%



Percentage of U.S. children 6–11 years of age who are overweight

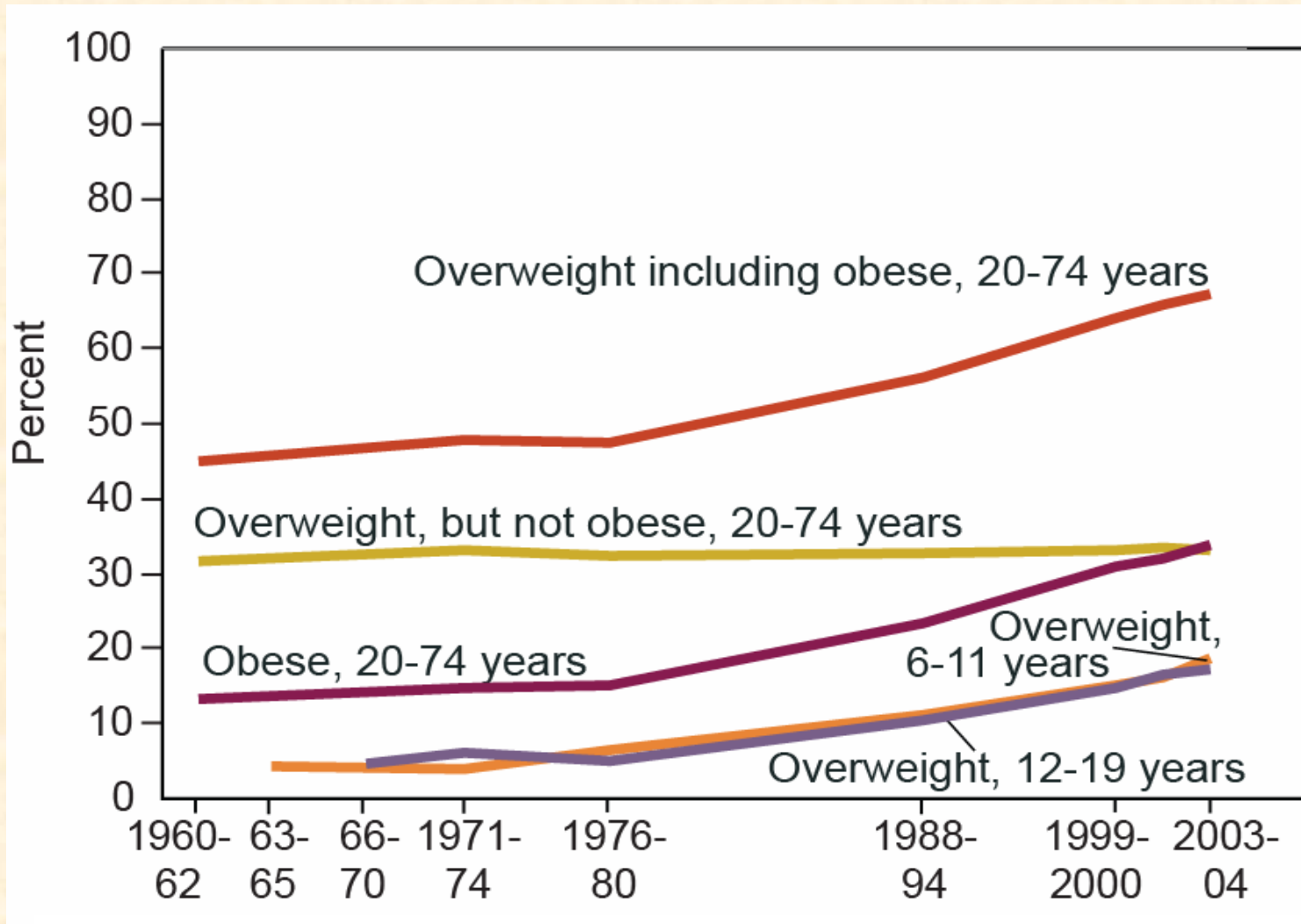
CHILDREN 12-19 YEARS

Overweight rates range 3.8% to 24.7%



Percentage of
U.S. children
12–19 years of
age who are
overweight

Children's rates parallel those of adults



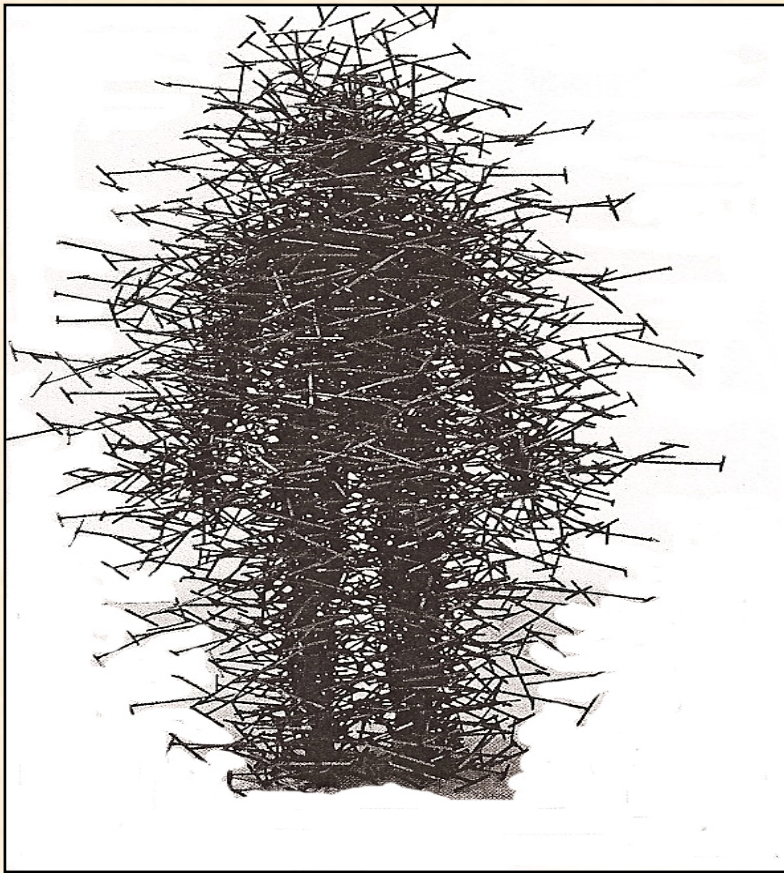
The cost of extra pounds—

- Obesity is an independent risk factor for cardiovascular disease in both adults and children and associated with reduced life expectancy.
- In 2007, 186,550 cancer deaths are expected to be related to nutrition, overweight or obesity, and physical inactivity.
- Morbidity includes hypertension, chronic heart disease, diabetes mellitus, gastroesophageal reflux disease, respiratory disease, gout, and arthritis.

The cost of extra pounds—

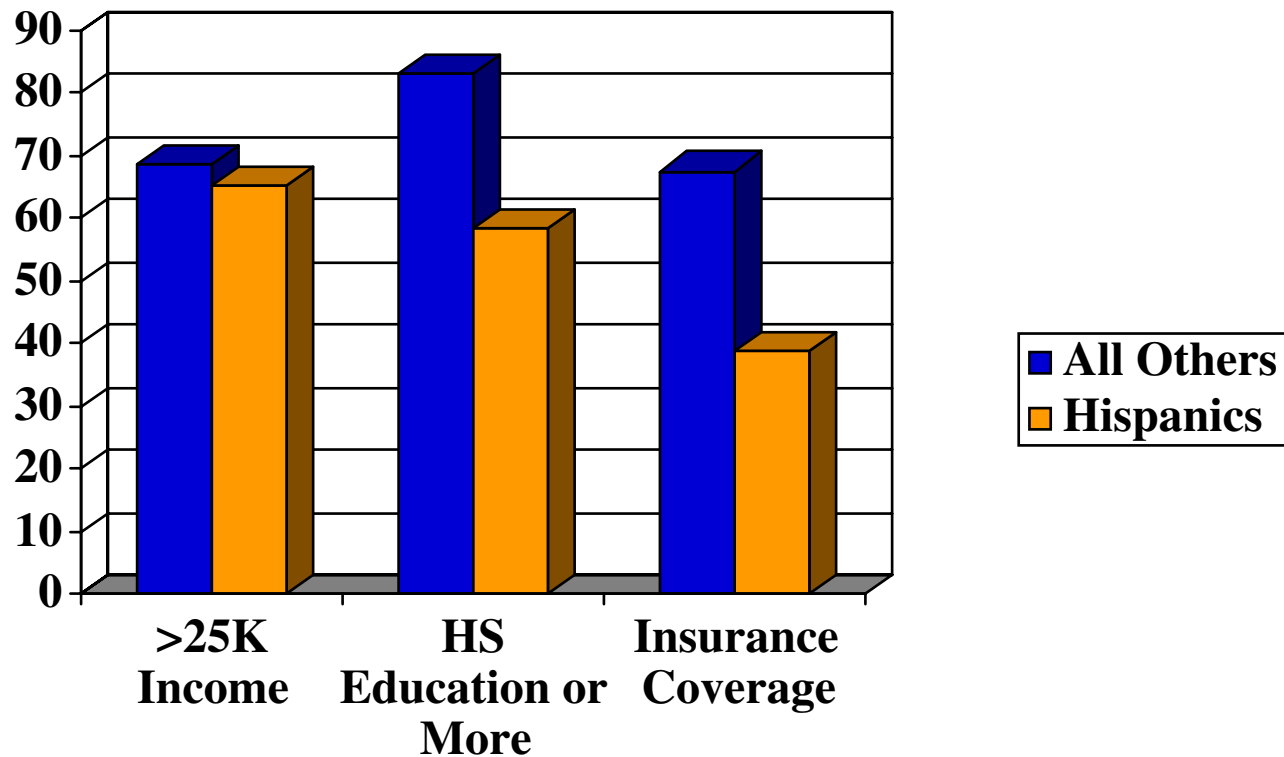
- Of all U.S. medical expenditures in 1998, \$51.5 to \$78.5 billion was related to overweight and obesity (9.1% or more).
- Average annual increase in spending associated with obesity is 37.4% (\$732/capita).

Overweight and obesity prompt:



- Low self-esteem
- Stigmatization as lazy
- Discrimination in
 - Interpersonal domains
 - Employment
 - Health care
- In children, low health-related quality of life, similar to that of having cancer

Lower income, educational attainment, and coverage mean fewer resources for Hispanics



Overweight and obesity . . .

- They raise risk of cardiovascular disease, some cancers, diabetes, and other chronic diseases.
- Obesity is associated with reduced life span.
- Hispanic children are especially vulnerable because of low family income, low educational attainment, and lack of employer-provided health insurance.
- They cause health care costs to increase.



Rates
Risks
Remedies

Hispanic health characteristics



- Youthful population
- Fewer premature infants
- Lower rates of some cancers
- Higher rates of diabetes

Nutrition intake falls short.



- USDA data indicate less than 50% of Hispanics had diets that met minimum requirements in most food categories.
- More up-to-date data are needed.

Food insecurity undercuts health.



- Food insecurity may be as high as 40% in some geographic pockets.

Hunger and obesity go hand in hand among the poor.

- Researchers link fear of food deprivation to purchase of fat-rich food.
- Result: short-term satiety; long-term weight problems.

Inactivity contributes to weight problems.

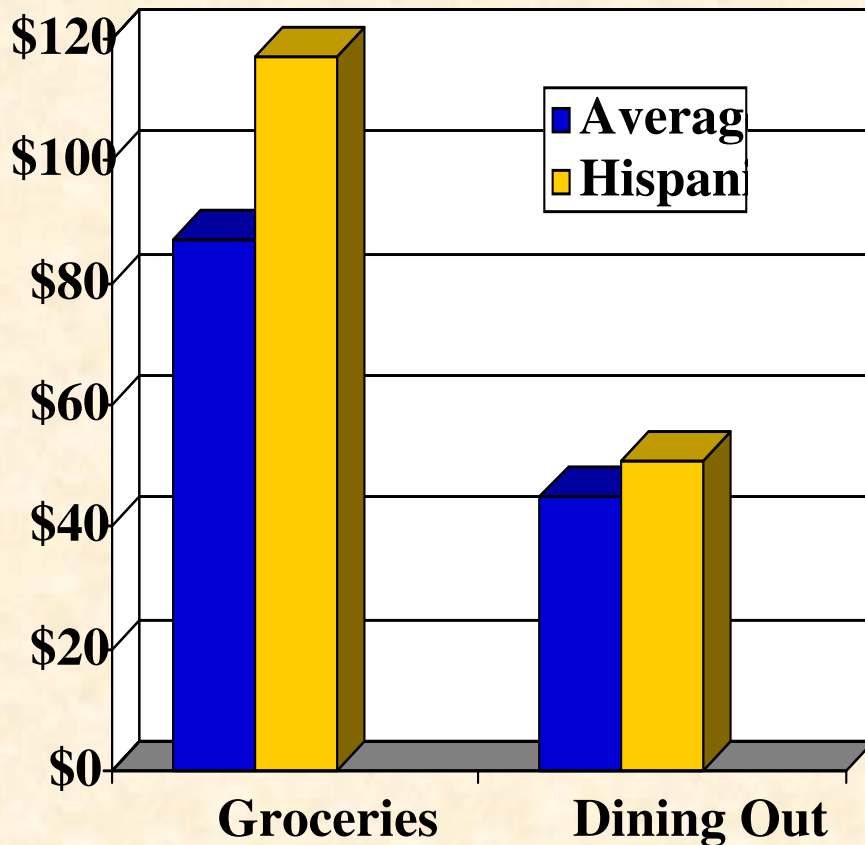
- Experts recommend limiting sedentary activities for children to one to two hours: >50% spend three or more hours daily in sedentary pursuits.
- Eleventh graders were the group most likely to be completely inactive.

Toxic, obesogenic environment encourages poor diet choices. Options:



- Taxes on products with little nutritional value
- Oversight on food advertising (especially to children)
- Improvements in nutrition education
- Active living urban planning

Sector Growth Fuels Market Interest



- Increases in fast food advertising
- Expansion of Hispanic-themed grocery stores
- Increases in product offerings

Weight gain and generational patterns are very strong.

- Children overweight at 7, 9, and 11 years of age were also overweight at 12.
- Some as young as 3 years old appear at risk.
- Mother's BMI and waist size were associated with overweight in child by age 7 years.
- Recent work indicates genetics contributes strongly to high prevalence of obesity in Hispanic children.



Rates
Risks
Remedies

Begin early.



- Initiate interventions at third grade or earlier.

Strive to be culturally aware and linguistically competent.



- To reach recent immigrants, ensure that your research team or social workers are culturally competent.

Build on strengths already in the community.



- Community members obtain nutrition information most often from a friend or relative.
- Community ties buffer the effects of being outside the mainstream.

Bolster nutrition and consumer education.



- Teach children as well as adults. Just as many children take home anti-smoking messages from school, so children can take home nutritional know-how to share with parents.

Prompt government to partner with efforts.



- Engage elected officials and their staffs in your networks and activities.
- Consider who might be a champion of your cause.
- Encourage state and local government officials to recognize the seriousness of the challenge and keep them informed on new research.

Create interventions with multiple frontlines.



- Bolster physical education in schools.
- Create living spaces to encourage activity.
- Don't tolerate sugary drinks at school or home.
- Track and reduce fast food intake.
- Help kids dissect advertising's appeals.
- Limit sedentary pursuits.

Combat the obeseogenic environment.



Pair intervention with data gathering.

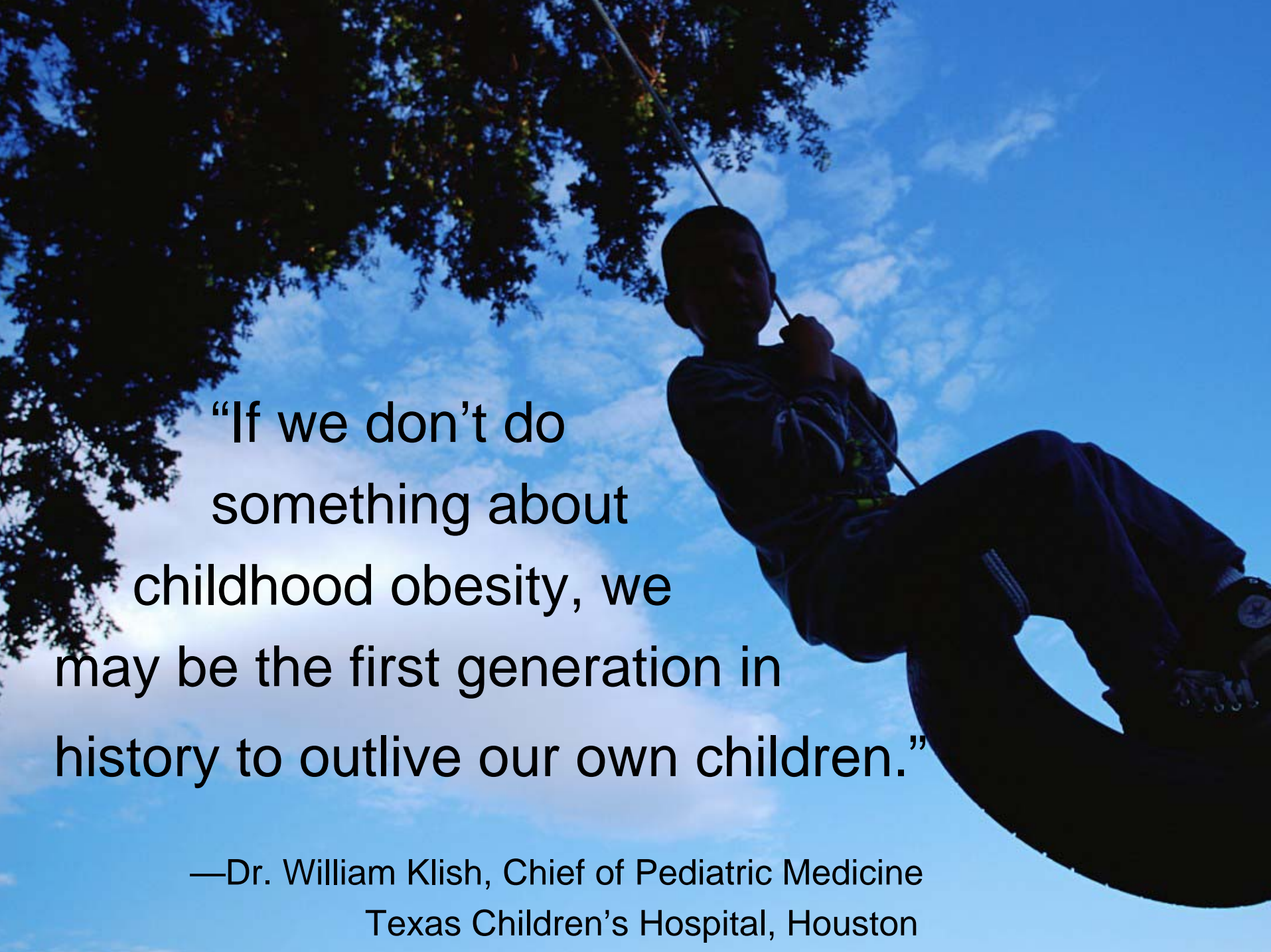


“Knowing is not enough, we must apply. Willing is not enough, we must do.”

—Goethe

Acknowledgments

- Slide courtesy of National Center for Health Statistics, U.S. Department of Health and Human Services. *Health, United States, 2006*. Hyattsville, MD: 2006.
- Art courtesy of Nasher Sculpture Center, Dallas.
- Selected photos courtesy of R. Sue Day, editor. *Nourishing the Future*. Houston, TX: UT School of Public Health, 2004. Available at <http://www.sph.uth.tmc.edu>.

A young boy is captured in mid-swing on a tire swing. He is wearing a dark long-sleeved shirt and dark pants. The swing is suspended by a rope from a tree branch. The background is a clear blue sky with some light clouds. The silhouette of a tree is visible in the upper left corner.

“If we don’t do something about childhood obesity, we may be the first generation in history to outlive our own children.”

—Dr. William Klish, Chief of Pediatric Medicine
Texas Children’s Hospital, Houston