COMMUNITIES OF COLOR ISSUE BRIEFING PAPER:
Addressing the Obesity Epidemic –
Public Policies for Healthy Eating and Physical Activity Environments

Summary

Drawing from a number of recent publications and community experience, this Issue Brief discusses social and environmental contributors to the obesity epidemic from the perspective of communities of color, proposes policy solutions directed at community-level environmental change, and stresses that public policy responses are requisite for addressing this epidemic. As organizations committed to articulating and advancing issues of pressing concern to our communities, the California Adolescent Nutrition and Fitness (CANFit) Program and the California Pan-Ethnic Health Network (CPEHN), have a particular interest in exploring these issues. Our interest is not an academic one, but one driven by the epidemic level of overweight and physical inactivity in communities of color and its consequent detrimental health effects within the context of pervasive health disparities and poor health outcomes in our communities.

While all racial and ethnic groups in the United States saw obesity rates increase in the last three decades, communities of color have experienced the highest and most rapid increases. The chronic disease conditions directly associated with poor nutrition and inactivity, such as diabetes, health disease, stroke, certain cancers, and high blood pressure, are also on the rise. Among many communities of color and low-income communities these rates of chronic disease prevalence are higher than national averages and are increasing at accelerated rates. The consequent toll of illness, disability, and premature death related to these preventable diseases is tremendously high in both personal and economic terms. This pattern of greater and more accelerated rates of increase and higher incidence and prevalence of chronic disease is unfortunately all too familiar. As with many other disease conditions, communities of color and low-income communities experience severe health disparities when compared to white, mainstream, and more affluent communities. This epidemic is an additional burden to communities already under siege by poor health.

The causes of obesity are complex, varied, and inter-related. Genetic, nutritional, behavioral, and environmental factors interrelate to determine our individual and community propensity for overweight and obesity. However, it is clear that "most of the increase in obesity in recent decades has been attributed to the fact that Americans are eating more, eating higher calorie foods, and exercising less." (1) Our current food and activity environments are the result of industry practices and government policies that have converged to perversely promote the behaviors and environmental factors that increase overweight and inactivity. Communities of color are subject to an excess of these environmental risks. Therefore, responding appropriately and aggressively to these growing health disparities is essential to the health of our communities.

On April 16, 2003, CANFit and CPEHN convened a policy meeting entitled "Fatter and Less Fit: Whose Fault Is It?" (See Appendix A.) The title was intentionally provocative and intended to challenge popular thinking about obesity by confronting the notion that individual behavioral choices alone can adequately reverse this epidemic. The meeting's objectives were to:

- Present the consequences of poor nutrition and inactivity within the context of health disparities by deepening our understanding of the contributing factors and dispel the myth of individual behavioral changes as the primary solution.
- Identify health, labor, employment, education, land-use and zoning policies that contribute to the problem.
- Strengthen mainstream efforts by providing a critique from the perspective of at-risk communities of color.
- Provide a learning opportunity for nutrition and fitness experts and policy experts to learn from one another and begin to develop a public policy advocacy agenda for healthy eating and physical activity environments in communities of color.
- Broaden the scope of the policy goals included in our advocacy.

The information from this policy meeting and other activities by CANFit and CPEHN are included in this policy brief. In addition, written materials from current studies, journals, reports, and policy documents were reviewed. Issues and policy recommendations related to community, health care, government, children's environments, industry, and the media were extracted and reviewed for relevance to communities of color. These issues and recommendations are compiled in this Issue Brief. Its intent is to strengthen mainstream efforts by providing input and critique from the perspective of at-risk communities of color.

The Scope of the Problem

	Percent Obese	
	1991	**2000**
Black, non Hispanic	19.3	29.3
Hispanic	11.6	23.4
Other	7.3	15.7
API	*	*
American Indian	*	*
White, non Hispanic	11.3	18.5

Source: CDC BRFSS 1991-2001 (2)

*Disaggregated data is unavailable. This is a common problem with many data sets that do not collect or do not report data for these populations. In this case, the lack of data is particularly troublesome given the rising impact of obesity in Pacific Islander and American Indian communities as well as the growing problem of nutrition and activity related chronic disease in both populations.

The serious health consequences of poor nutrition and inactivity are reaching epidemic proportions throughout the United States. An estimated 61 percent of U.S. adults are either overweight or obese and alarmingly, the rates for children are also on the rise. (3) An estimated 13 percent of children are now overweight, a three-fold increase since the 1970's. (4) The picture in California mimics this national trend and is more pronounced in Communities of Color:

- A California survey of children found that nearly one-third were overweight or at-risk for overweight. African-American, Latino, and Asian/other were more likely than White children to be overweight or at risk (5)

- A Los Angeles Unified School District study found that 50 percent of African-American and Latino children were overweight or obese. (6)
- Across all California Assembly Districts statewide all ethnic groups have high rates of overweight and unfit children:

	% Overweight	% Unfit
Latino	33.7	44.5
African American	28.6	46
White	20.2	33.5
Asian	17.5	35.7

Source: CA Center for Public Health Advocacy (7)

The Health and Economic Costs

Related to the rise in overweight and obesity, the rates of diet and activity related chronic disease conditions such as diabetes, heart disease, stroke, certain cancers, and high blood pressure are also increasing. For example, the number of children and adolescents with Type 2 diabetes is on the rise. Previously considered an adult disease, the increase in overweight and obesity among children is directly related to the increase in this disease's prevalence. (8)When compared to Caucasian communities, adult Native Americans are 2.6 times more likely, African Americans 2.0 times more likely, and Latino Americans 1.9 times more likely to have diabetes. (9)

	Death Rates for Heart Disease			**Death Rates for Stroke**			**Prevalence Rates for Diabetes**	
	1990	**1998**		**1990**	**1998**		**1990**	**1998**
Black/African American	189.6	156.5		50.6	40.2		*	25.5
Hispanic/Latino	120.8	96.8		27.6	24.9		5.2	7.9
American Indian/Alaska Native	82.7	65.9		28	23.7		3.9	6.7
Asian/Pacific Islander	71	57.6		12.3	13.9		3.7	4.4
White	47.5	60.3		22.4	20.1		2.1	7.1

Source: CA Department of Health Services, Center for Health Statistics, Office of Information and Research (10)

In 2001, the Surgeon General estimated that the total cost of overweight and obesity is $117 billion annually: $61 billion in direct health care costs including preventive, diagnostic and treatment and $56 billion in indirect costs related to wages lost due to illness, disability and premature death. (11). More recent estimates of the "costs of treating obesity-related health problems in the U.S. total $93 billion each year, half of which is paid for by Medicare and Medicaid." (12) The study found that the average annual health care costs for obese people are 37.4% greater than the medical costs for people with normal weights (13)

The Causes

Of late, we have been inundated with information on this "new" epidemic. Both the news and entertainment media routinely provide stories such as:

- "Family gets stomachs stapled to fight fat" -- ABCnews.com (14)
- "Obesity child abuse charge" -- ABC Good Morning America (15)
- "Are Americans fat, lazy, stupid?" – WorldNetDaily (16)

If journalistically responsible, the most sensational of these stories go on to encourage us to eat less and move more. We're told that the "fault" is personal; that it is all about individual choice. We are directed to put down that burger and get off the couch. We are also increasingly directed toward surgical and pharmacological "solutions" to our problems. There is growing evidence, however, that these types of solutions are neither an adequate or appropriate response to the epidemic because they focus on the individual and ignore the community-level environmental factors that promote unhealthy eating and sedentary lifestyles. Focusing solely on individual behavior does not adequately respond to the question of why, over time, these headlines become less of a sensational oddity and more of an accurate snapshot of our true state of nutrition, fitness, and health. How have our choices about how, where, and what we eat and whether we are physically active become more limited and more detrimental to our health? Why are communities of color and low-income communities particularly hard hit by these social and environmental factors? What can we do to reverse the trends?

We must understand that individual decisions regarding food and physical activity are made within the context of an influential environment. The term "obesogenic" is coming into common usage denoting a society that through policy and practice produces obese individuals. To ignore this influential "obesogenic" environment is to obscure the influence of advertising, agricultural practices, land use, and labor and employment practices on what, how, when and where we eat and move. The predominance of fast food is not solely a result of industry responding to individual consumer demand but also of larger social and economic trends, as are the absence of opportunities for physical activity that are well-integrated into our daily lives.

Several recent publications such as Fast Food Nation: The Dark Side of the All American Meal, Fat Land: How Americans Became the Fattest People in the World, and Food Politics: How the Food Industry Influences Nutrition and Health have forcefully made the case that our food and activity environments are a direct result of industry practices and government policies that have promoted community-level factors that promote unhealthy eating and sedentary lifestyles. These practices and policies include:

- Farm consolidation and the rise of corporate farming that have diminished food variety and choice.
- Land use and zoning policies that promote dense concentrations of fast food and limited opportunities for safe physical activity particularly in low-income communities.
- Labor and employment practices of food manufacturers that put employees at high occupational risk for injury and death.
- Employment training subsidies that underwrite a fast food industry that is structured around low-skill disposable labor with the highest employment turnover rates of any industry.
- Food surplus distribution programs that provide disproportionately high fat foods as a part of food assistance programs.

- Intense media marketing that promotes fast food consumption and sedentary activities.
- Decline of nutrition and physical activity standards in schools that over time have contributed to childhood obesity and overweight.
- Food subsidies (e.g., corn) that have promoted the availability of cheap calorically-dense food sweeteners.

The authors emphasize that only through addressing these policies and practices can we begin to reverse the national trend toward obesity and inactivity. "Lessons can be drawn from other health oriented successes that resulted from changing industry practices, government policies, and community norms. Examples include reduction in childhood rates of lead poisoning, decreases in traffic-related fatalities, and the decrease in smoking in California. In each case, only when diverse partners came together and focused on environmental changes were improvements in health outcomes achieved." (17)

On a national level, the Surgeon General, the American Public Health Association, and Grantmakers in Health have recently highlighted the need for concerted attention to the issue. In California a growing number of advocacy groups, research institutions and policy organizations, such as the Strategic Alliance for Healthy Food and Activity Environments, the Center for Public Health Advocacy, California Food Policy Advocates, The California Endowment, and the UCLA Center for Health Policy Research have published reports and recommendations related to obesity and physical activity. In reviewing the written materials from these current studies, journals, reports, and policy documents, issues and policy recommendations related to community, health care, government, children's environments, industry, and the media were extracted and reviewed for relevance to communities of color. These issues and recommendations are compiled below. Under each area issues for consideration are listed, followed by specific recommendations for public policies.

Strategies for Change

Community

Issues:

- Financial and non-financial barriers to accessing healthy foods, healthy physical activity environments, and health care
- The historical effect of disparity, dispossession, and health inequalities on communities of color (18)
- Neighborhood design that does not allow for walking, biking and active play
- Safety concerns that keep people indoors
- Intensive marketing of unhealthy foods
- Overabundance of highly processed foods including fast food meals, snack foods, soda and bakery goods
- Recreational facilities that are poorly equipped and have limited access
- Government programs that promote high-fat foods
- Lack of full service supermarkets and other healthy retail food outlets leading to limited access to a variety of fresh fruits and vegetables and other perishable goods
- Extant food insecurity

- Poverty
- Socio-cultural norms that discourage physical activity and accept prevalent obesity

Recommended Public Policies related to Community:

- Greater resources to advocate for improving and changing nutrition and physical activity environments
- More fully engage and provide resources to community-based organizations, schools, and health care professionals to develop culturally appropriate and language accessible interventions that promote healthier diets and regular activity among all groups
- Incorporate obesity prevention into existing activities and other population-based prevention programs
- Develop community policies and practices, as well as legislation where necessary, to promote safe environments for physical activity (19)
- Increase the availability of affordable fresh fruits and vegetables and other health food choices in all neighborhoods (20)

Health Care

Issues:

- Pervasive health disparities demonstrated by the disproportionate burden of chronic disease in communities of color.
- High rates of uninsurance in communities of color. In California, 41% of Latinos, 25% of Asian Pacific Islanders, and 21% of African American are uninsured compared to 15% of Non-Latino Whites. Overall, 25% of Californians are uninsured. (21)
- Problems with health care access for communities of color due to lack of primary and preventive care services, lack of a usual source of care, non-financial barriers to care, and language and cultural barriers to care
- Obesity treated as a personal disorder requiring medical intervention (surgical and pharmaceutical) rather than recognizing that obesity is a normal response to an abnormal environment.
- Many medical centers have fast food franchises or other unhealthy food stores on their premises. (22)

Recommended Public Policies related to Health Care:

- Promote standards of practice for health plans and clinical care that incorporate preventive care.
- Promote emphasis on health rather than weight.
- Recruit providers of color as advocates in their communities.
- Establish health care facilities as models for healthy eating and activity; close down fast food outlets in health care facilities.
- Expand public and private insurance to provide adequate coverage for preventive care, prescription drug coverage, and to increase access to care for the uninsured (23).
- Increase culturally appropriate and language appropriate public education about diabetes risk, targeting groups at higher risk for diabetes through state and local health departments, schools and voluntary agencies (24).

Government

Issues:

- Role of government as subsidizer, regulator, and standard setter for the availability of affordable nutritious foods and safe accessible physical activity environments
- Public subsidies for the production, distribution and marketing of products contributing to poor health.
- Industry not only strongly influences official government information about nutrition and health, but legislative policy and administrative decisions routinely support industry efforts to develop and market their products. (25)
- Local government decisions regarding zoning and economic development; decisions that frequently favor business concerns over quality of life (26)
- Quality of foods available in food assistance programs too often driven by surplus not good nutrition.

Recommendations for Public Policies related to Government:

- Develop guidelines for responsible job training subsidies in the fast food industry.
- Utilize zoning, land use, planning and community design to increase walking and biking and reduce proliferation of fast food.
- Improve the nutritional quality of foods offered by WIC, school lunch, Indian distribution, and other federal food programs. Ensure adequate physical activity as components of these programs.
- Regulate advertising targeted to children and youth.
- Scrutinize federal and state resource allocations of preventative health programs to insure that they are culturally and linguistically competent and therefore responsive to the needs of ethnic communities (e.g., work with community based organizations in addition to state agencies, address communities in addition to individual behavior change).
- Stimulate and assist in the development of neighborhood groceries by offering financial incentives, such as grants, loans and tax benefits; giving priority to planning, zoning and community economic development conducive to the growth of small grocers; streamlining licensing and permit processes; offering technical assistance; improving transportation and ensuring safety precautions (27)
- Consider the distribution of recreation, cultural facilities and open space when making state investments in parks and recreation. (28)
- Continue surveillance and data collection at the state and local levels with disaggregated data collected for all racial and ethnic subgroups. (29)
- Government workplaces to provide healthy foods in cafeterias and vending machines and facilitate exercise through bike racks, well-lit stairwells, and showers.

Children's Environments

Issues:

- 68.5% of children in the 100 largest public school districts are from communities of color. (30)
- 59% of children in the 100 largest public school districts are eligible for the free and reduced-price lunch program. (31)
- Of the 100 largest school districts in the nation, 11 are in California with the Los Angeles Unified School District ranking second nationally with 721,346 students in 659 elementary and secondary schools. (32)

- Vending machines in schools dispense high-calorie low quality foods, schools rely on the profits made from these sales to fill gaps from inadequate school funding.
- Effect of lowest cost bids for institutional food purchases often results in poor quality. (33)
- Preparation of fresh foods can be more expensive than processed or refined foods.
- Trend toward less physical activity and physical education and instruction in schools.
- Pre-school, school, and after-school programs lack healthy food options, quality physical education, and facilities and equipment for active play.
- Fast food, junk food and soft drinks and the marketing of these products is prevalent in children's environments.
- Facilities lack working water fountains or other sources of free drinking water.
- Lack of safe walking and biking routes to school and other key destinations.

Recommendations for Public Policies related to Children's Environments:

- Support nutrition policies in school districts.
- Improve the infrastructure (park and recreation sites, coach training, equipment quality and availability, safety issues) for recreation and sports in low-income communities.
- Increase access to healthy, high quality, fresh, affordable foods in low-income neighborhoods.
- Expand physical activity programs in schools. Encourage daily physical activity for all children in all grades
- Improve the school lunch program – balancing the perverse incentives related to the use of surplus foods
- Ban soft-drink and high-calorie snack vending machines from school property

Industry

Issues:

- Intensive marketing of unhealthy foods. Food companies spend more than $33 billion annually to market their products (34).
- Supermarket consolidation and buying practices. (35)
- Exclusive soft drink and fast food contracts with school districts, parks and recreation departments, and other public entities.
- Corporate sponsorships/partnerships that link popular children's media icons (professional athletes, cartoon characters, etc.) with soft drinks, fast foods, and other unhealthy products.
- Product development, production and distribution are not sustainable practices and harm the natural environment
- Low-wage, no health benefit norm for fast food industry and food manufacturing employees.
- High rates of workplace violence; 4 to 5 fast food employees are murdered on the job every month a rate higher than that for police officers. (36)
- "Disposable" employees norm in fast food industry – low skill and high turnover

Recommendations for Public Policies related to Industry:

- Challenge the concentration of fast food franchises in low-income communities.
- Improve workplace safety in fast food industry.
- Eliminate marketing to kids, and ethnically targeted marketing, for unhealthy food and sedentary activity.

- Develop guidelines for corporate sponsorships.
- Develop guidelines for responsible marketing of food, entertainment, and sports-related products to children to eliminate promotion of unhealthy behaviors.
- Target fast food and chain restaurants to improve the nutritional quality and reduce the calories.
- Improve job-training programs subsidized by public monies and improve working conditions and wage and benefit structure for employees
- Challenge the food industry to become a partner in community health by making healthy food inexpensive, convenient and good tasting. Apply their marketing expertise to healthy food alternatives and healthy portion sizes.

Media

Issues:

- Intensive marketing of unhealthy foods, particularly advertising to children broadcasted by television and radio stations.
- Current focus of obesity-related stories is on weight loss rather than on healthier eating and activity.
- Media stories related to obesity, nutrition and physical activity do not currently include either environmental and policy perspectives in addition to their discussion of individual responsibility.

Recommendations for Public Policies related to the Media:

- Reduce advertising to children that promotes consumption of unhealthy foods and sedentary lifestyles.
- Encourage storylines that promote healthy eating and physical activity.
- Reframe stories on obesity, nutrition and physical activity from individual responsibility to corporate/government accountability.
- Refrain from sensationalizing and consequently promoting the few dramatic cases of surgical intervention as a method of obesity control.
- Resist partnerships with companies that market unhealthy products.

Conclusion

The need for public policy solutions directed at community-level environmental change is a requisite for appropriately and effectively improving nutrition and physical activity in communities of color. Given that many communities of color and low-income communities are subject to an excess of the environmental risks, it is critical that we work to change the food and activity environments that are the result of industry practices and government policies and that have converged to perversely promote the behaviors and environmental factors that increase overweight and inactivity. Responding appropriately and aggressively to these growing health disparities is essential to the health of our communities. Key components of such efforts must include:

- Targeted resources to eliminate health disparities and its underlying causes
- Attention to community-based solutions that are culturally competent and linguistically accessible
- Dialogue between communities, policy makers, advocates, industry and media

- Support for public policy advocacy targeted at environmental change
- Reframed public dialogue from one focused on personal responsibility to one more appropriately addressing the policies and practices that have created our obesogenic environment
- Integrated responses in a broad range of advocacy efforts, including nutrition, health, land use, agriculture

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Fatter and Less Fit: Whose Fault Is It?

Public Policies for Healthy Eating and Physical Activity Environments in Communities of Color

Current policy dialogue about obesity in America is framed around issues of personal responsibility. But in fact, government policies are responsible for the inaccessibility of healthy foods, food surpluses, and unsafe environments for physical activity in communities of color. The goal of this convening is to engage communities of color in developing public policies for healthy eating and physical activity environments in their communities.

Date: April 16, 2003
Time: 12:00 p.m. to 4:00 p.m.
Location: James Irvine Foundation Conference Center at the East Bay Community Foundation
353 Frank Ogawa Plaza, Plaza A&B in Oakland

Opening Remarks by Assembly Majority Leader Wilma Chan (Invited)

Presenters:

- Arnell Hinkle, Executive Director, California Adolescent Nutrition and Fitness Program (CANFit)

Arnell will provide the context for the discussion and present an overview of how nutrition policies relate to chronic disease and obesity prevention.

- Michelle Mascarenhas, Food and Society Policy Fellow and Coordinator, Rooted In Community National Network

Michelle will expose how government policies and corporate practices have created a toxic food environment and impeded access to healthy, affordable, and appealing food in communities of color. She will also discuss opportunities for policy and grassroots action to promote food, health, and justice.

- Dr. Antronette Yancey, Adjunct Associate Professor, UCLA Division of Cancer Prevention and Control Research

Dr. Yancey will highlight the excess physical, economic and socio-cultural environmental risk impeding communities of color in maintaining physically active lifestyles. She will then identify strategies at the state and local level for influencing organizational practice and legislative policy to promote physical activity.

- Paula DalPont, CHES, Program Coordinator, Latino Health Access

Paula will talk about the S.A.L.U.D. Project: Type 2 diabetes in children and youth program, and describe advocacy activities by community members such as visiting grocery stores, testifying in front of city council, and writing letters to policy decision makers.

To register, please complete the form below and return it by fax to (510) 832-1175 or by mail to:
CPEHN, 654 13th Street, Oakland, CA 94612. Registrations must be received by March 28th.
Participants will receive background materials prior to the convening. If you have any questions, please contact CPEHN staff at (510) 832-1160 or info@cpehn.org.

Name: _____ Position: _____

Organization: _____ Phone: _____

Address: _____ Fax: _____

_____ E-mail: _____

____ Please check here if you are unable to attend but would like information on this topic.

End Notes

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