

Practical Ways to Understand and Influence the Racial and Ethnic Disparities in Childhood Obesity

A White Paper

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Introduction and Overview

For more than a decade FORWARD DuPage (Fighting Obesity and Reaching a Healthy Weight Among Residents of DuPage later edited to reflect a broader vision--Finding Opportunities that Result in Wellness for All Residents of DuPage) has been monitoring child obesity statistics and implementing intervention strategies in municipalities with the highest rates. In addition, staff and coalition partners have worked in early childhood and home visiting programs and in select public schools across the county. Although childhood obesity rates have leveled off since we began tracking these numbers in 2010, we continue to see unprecedented increases among the WIC population (Women, Infant and Children Nutrition Program). Whereas other states, in the last decade, have seen their WIC obesity rates climb, level off, and with intervention efforts, decline; DuPage County WIC obesity rates have risen to 16.9% of the two- to four-year-olds enrolled in WIC with the largest increases in Hispanic preschoolers. Twenty-one percent of DuPage County Hispanic preschoolers enrolled in WIC are already obese, carrying too much weight than is healthy for children so young.

The rise in childhood obesity over the past three decades affects all children but particularly those in communities of color. The rate of obese and overweight Hispanic and African American children and adolescents exceeds that of their White counterparts. As we followed local and national trends, it became evident that we needed to look more closely at the racial and ethnic disparity in childhood obesity rates and the underlying causes.

In preparing this paper, we began with an extensive review of the research, focusing on the contributing factors of obesity among Black and Hispanic children and families. In presenting this paper, we lead with the short- and long-term health consequences of unchecked childhood obesity. We concentrate on twelve factors that contribute to the disproportionate rate of obesity. We discuss the role biology, genetics and physiology play in obesity and the specific difference we see among Hispanic and African Americans. We explore the relationship between breastfeeding and early weight gain and later obesity in children and adults. We describe the risk factors that influence or impact reaching and maintaining a healthy weight including culture, lifestyle, socio-economic status, the environment, systemic racism, and stress and why these are even more challenging in communities of color.

This paper is designed for families, educators, service providers, health care and health promotion professionals and advocates concerned about children's health, the challenges facing African American and Hispanic families with young children and the impact systemic racism plays in health and obesity prevention. Although there are systems, policy and environment changes needed to make consistent and sweeping changes, in this paper we begin with practical tips, strategies and action steps that families and others can take to mitigate the risks and reduce the negative impact.

In preparing this paper, we follow the Census Bureau practice and typically use the term Hispanic, but there are times when it is appropriate to use the term Latino or even Latinx. These terms are typically used if we are referring to research and research findings. In this case, we use the term Latino(a) to stay true to the author/researcher's words, especially if we are citing their findings verbatim.

Identifying the Problems and Concerns

If left unchecked, early obesity can lead to a life-long struggle with weight and the health consequences often associated with obesity. It also impacts a family or individual's finances and one's quality of life. This helps make the case for early intervention and support for all families but particularly those most at risk.

Childhood Obesity: Current Statistics.

Obesity and overweight do not affect all children equally. For decades, the Center for Disease Control has tracked overweight and obesity rates in the United States. The data is extensive, and the CDC is able to report it by demographics, in this case by age, gender and race/ethnicity. The chart below reflects obesity rates among children ages 2-19. It is important to note here, these are statistics for obesity alone and do not include the children who are

simply overweight. The CDC reports that nearly one in three children and adolescents are either overweight or have obesity, and again this is likely higher in communities of color.

Table I.

Childhood Obesity: Who is most at Risk?
Non-Hispanic Whites: 29.5 percent of males and 29.2 percent of females
African Americans: 33 percent of males and 39 percent of females
Latinos: 41.7 percent of males and 36.1 percent of females
Native American: Obesity is twice as common in young American Indian/Native Alaskan children as it is in White and Asian children.
Low-income Latino children are at highest risk for obesity among racial-ethnic groups

Health Risks:

When FORWARD began its work more than a decade ago, it was funded by local hospitals, the health department and a large physicians’ group. These funders saw daily the impact obesity had on health, ranging from heart health to joint pain, diabetes, mental health and more. Included here is a short list of chronic conditions associated with obesity in children.

- *Mental Health: bullying, self-esteem, depression*
- *High Cholesterol, High Blood Pressure – which could lead to heart disease and strokes*
- *Asthma*
- *Early Onset Type II Diabetes*
- *Muscular Skeletal Issues: joint pain in hips, legs, knees, feet and back*
- *And later in life, some Types of Cancer: breast, colon, esophagus, liver, etc.*

Finances and Quality of Life.

Obesity also has serious economic implications. “The estimated annual health care cost of obesity-related illness is **\$190.2 billion** or nearly 21% of annual medical spending in the United States. Childhood obesity alone is responsible for \$14 billion in direct medical costs and these cost are expected to rise as today’s obese children are likely to experience the chronic health conditions associated with obesity into adulthood”.¹ This suggests that health care insurance premiums, doctor and hospital co-pays, prescription drugs and other medical expenses will continue to burden all families but Black and Brown families will feel the impact disproportionately.

New research is opening up exploring the relationship between being overweight and one’s quality of life. In one study people report feeling diminished satisfaction in their physical wellbeing and health, their self-esteem and confidence, their ability to navigate the environment around them and discrimination in the workplace (and in the job market) and in social settings and situations.² All parents want to raise children who grow into healthy, well-adjusted, and happy adults. Being overweight or obese throughout life, for some, may make life more challenging and less satisfying.

A Word of Caution

Addressing weight issues in childhood can be challenging. As we work with children and families to help reach and maintain a healthy weight, we also need to find a balance between promoting a healthy weight while also promoting

¹ <https://www.healthychommunitieshealthyfuture.org/learn-the-facts/economic-costs-of-obesity/>

² <https://onlinelibrary.wiley.com/doi/full/10.1111/ijcp.12765>

a positive body image (I am happy with my body as is). Research suggests that just because someone is overweight, it doesn't mean they are not fit or healthy. For most people, BMI (body mass index) is a good assessment of body fat, overweigh, and health risk; however, it may not be accurate for those who are muscular, of short stature, or elderly or even those of different race and ethnic groups (as body composition may vary). Waist circumference, blood pressure, glucose and cholesterol levels may be better indicators of health.

Exploring the Underlying Issues and Contributing Factors

This section is filled with the research and background information to help fully grasp the issues and the underlying causes for the disparity in childhood obesity rates. We include this information to begin to inform and empower families. The goal is to understand any predisposition or tendency toward weight gain but to feel empowered to make healthy choices to minimize the impact. Some of this information is scientific, confusing, and even inconclusive making it critical that those of us working with families emphasize health literacy skills. Health literacy is defined as emphasizing a family's ability to use health information, rather than just understand it, to make "well-informed" decisions. In this case, we hope those well-informed decisions include a commitment to healthy habits and healthy-living best practices.

1. Biology

"There is circumstantial evidence for biological differences in obesity development by race/ethnicity; however, the relationships are far from definitive."³ Still, among African Americans and Hispanics, scientists have identified genetic, biological, and physiological differences that may, in some way, explain or help understand some of the differences in weight gain when compared to their Caucasian peers. Specifically, scientists have found different patterns of fat distribution; differences in insulin secretion and response, differences in lipids and lipoproteins, lower levels of adiponectin and differences in resting metabolic rates.

Although the relationship may be inconclusive, we include biology and genetics in the list of contributing factors because there clearly are some differences. Understanding that there are already risk factors in play at birth, based on genetics and biology, we hope those families impacted can accept what can and cannot be changed and feel empowered early on to double down and commit to healthy habits that might help mitigate these risk factors; risk factors they may be more easily able to control and influence.

2. Mothers weight before and during pregnancy⁴

Women who are contemplating pregnancy may be unaware of the role their pre-pregnancy weight plays in their baby or child's health. Children born to women with pre-pregnancy obesity are at increased risk of obesity during childhood and adult life. Researchers found that for every two pounds of excess weight in pre-pregnancy, women had a 4.5 percent increased risk of their child becoming obese. This is of particular concern given the disparity in obesity among women of child-bearing age. The data shows the highest rates of pre-pregnancy obesity are among non-Hispanic Black women and American Indians/Alaska Native (AIAN) women, followed by Hispanics, non-Hispanic Whites, and Asian/Pacific Islanders.

An unhealthy weight gain during pregnancy can also put a baby/child at risk of obesity later in life. Studies found that children with mothers who had excessive weight gain during pregnancy were 50% more likely to become obese.

³ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2571048/>

⁴ <https://newsroom.clevelandclinic.org/2019/03/01/can-moms-pregnancy-weight-impact-her-childs-obesity-risk/#:~:text=Researchers%20found%20that%20for%20every,more%20likely%20to%20become%20obese>

The research shows that almost half of all women gain excessive weight during pregnancy and although White, American Indian, and multi-race women gained the most, Black, and Hispanic women were not far behind.

And finally, another study found that children of maternal smokers were more likely to be overweight or obese and to have a larger waist compared to children of non-smokers. Non-Hispanic American Indian or Alaska Native women had the highest prevalence of smoking during pregnancy (16.7%). We include this statistic to show the relationship between smoking and a child's weight later in life as a reminder for all mothers to refrain from smoking during pregnancy.

Healthy eating and regular physical activity are a must in avoiding excessive weight gain during pregnancy, as is listening to the doctor's advice. It is also important to limit stress and to aim for seven to eight hours of sleep each night.

3. Rate of infant weight gain during the first 9 months of life (role of breastfeeding)

Rapid weight gain during the first year of an infant's life is a strong predictor of childhood overweight and obesity. Differences in rapid infant weight gain contribute substantially to racial and/or ethnic disparities in obesity during early childhood.⁵ Experts agree that breastfeeding is one way to mitigate rapid infant weight gain.⁶ After adjusting for demographics, children who were never breastfed were 22% more likely to be obese, and those who had been breastfed for less than six months were 12% more likely to be obese, than children who were breastfed for six months. The protection for children who were exclusively breastfed for six months – with no formula or weaning foods involved – was even higher, at 25%.⁷ The rate of breastfeeding duration and exclusivity are lower among Black infants than among White infants. There was not much difference between White infants and Hispanic infants.

Although ideal, many mothers may find breastfeeding a challenge. They will need to overcome any cultural norms that deemphasize breastfeeding and societal norms and policies that make breastfeeding difficult. Mothers, and all of us in health promotion, must be advocates for breast-feeding-friendly policies, procedures, and environments, especially in the workplace.

To help mitigate rapid infant weight gain, mothers should discuss with their doctor what is considered to be safe and healthy weight gain during the infants' first year of life. Mothers should breastfeed exclusively for as long as possible and understand the issues associated with formula feeding. If a mother is unable to breastfeed, she should be sure to take hunger and full cues from the child and resist the urge to feed to schedule, overfeed to "finish the bottle" or to "help the baby sleep for longer periods." Mothers who struggle with breastfeeding should seek support from a lactation consultant or breastfeeding expert or peer. Their doctor, home visitor/parent educator, WIC intake worker and so on, may be able to help make that connection. It is also important to limit solid food until ideally six months and to follow best practices of no juice before one year and no added sugar before the age of two. Tummy time and opportunities for free movement and physical activity are also a must.

4. Perceptions about Children's Weight⁸

The first step in solving any problem is recognizing there is one but when it comes to a child's health and weight not all parents are on the same page. Latino families have different standards and ideals for what constitutes a healthy

⁵ <https://jamanetwork.com/journals/jamapediatrics/fullarticle/1692336>

⁶ <https://www.cdc.gov/mmwr/volumes/68/wr/mm6834a3.htm>

⁷ <https://www.health.harvard.edu/blog/the-real-link-between-breastfeeding-and-preventing-obesity-2018101614998>

⁸ <https://hekint.org/2017/01/27/a-culpable-culture-underlying-factors-in-obesity-among-hispanic-women/>

child. In fact, low-income Latinos are more likely to believe that physical activity and good appetite are more useful markers of health status than growth charts in being able to define a child's weight/health. Latino families may also be more likely to pressure their children to eat when they perceive the child as being thin and to be laxer in monitoring what and how their children eat if their children had higher body mass indices.

"Most (60%) parents of overweight children underestimated weight at baseline. Parents of younger children were significantly more likely to underestimate (65%) than parents of adolescents (51%). African American parents were twice as likely to underestimate as Whites.⁹

The way women and men perceive a healthy weight also varies by culture. Hispanic women were less likely than White women to correctly estimate their own weights (69.4% to 82.9%, respectively), and 48.5% of overweight Hispanic women compared to 12.7% of non-Hispanic women underestimated their weights. And what is perceived as attractive differs. For example, 'the curvy ideal' for women is more common in the Hispanic world than the White one and African American men appear to be more accepting of larger body sizes for women than Caucasian men. This greater acceptance of a variety of body sizes and shapes helps in maintaining a positive body image at any size, which is a good thing, but when we fail to recognize that our children are carrying extra pounds that might be detrimental to their health, we delay early intervention and healthy habits that would serve children well throughout their lives.

"Parents who perceive their child as overweight are significantly more likely to describe themselves as ready to make lifestyle changes to help their child lose weight than the parents who do not perceive their child to be overweight¹⁰," making it important to check in with your doctor, understand where your child falls on the BMI charts and to take your doctor's advice to heart. Although there is some truth to Healthy at Any Weight and maintaining a positive body image is important, we still believe the best approach to "child health" is to develop with children those healthy habits that will last a lifetime. Healthy habits include selecting nutritional foods, following My Plate portion sizes, using food to feed our hunger and stopping when we are full, regular physical activity, limiting screen time, getting a good night's sleep, and limiting stress.

5. Family Culture and Lifestyle¹¹

Culture is a set of shared beliefs and experiences. It encompasses language, religion, cuisine, social habits and norms, rituals and ceremonies, holiday celebrations, and so much more. Culture is observed, absorbed, learned, and shared and it is passed down from generation to generation. Among the many different races and ethnicities, it plays a significant role in the decisions and choices individuals make. Cultural factors play a role in why some groups of people are more likely to become obese during their lifetime. Culture influences how one might view obesity and body image as well as values, eating habits, lifestyle choices, and activity level.

The power behind food is significant. It brings families together; it brings comfort when we are hurt, sad and stressed; and it is how we celebrate traditions and milestones. So many of our family memories center around time in the kitchen; sitting around the dinner table; preparing, sharing, and enjoying favorite recipes; participating in food-based family celebrations and showing/receiving love and hospitality through food. This emotional attachment to food makes it even more challenging to make changes.

Included here are a number of beliefs that show how an individual or family might be influenced by extended family members, culture, and tradition.

⁹ <https://pubmed.ncbi.nlm.nih.gov/18239596/>

¹⁰ <https://onlinelibrary.wiley.com/doi/full/10.1038/oby.2007.108>

¹¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2571048/>

- *From childhood, Hispanic women have learned that children should eat plenty of food in order to grow strong and healthy. Some still believe that a “chubby baby is a healthy baby.”*
- *The Hispanic culture considers a well-fed child to be a sign of prosperity, as well as a signal to others that the child’s parents are able to afford enough food for the child/family. Women may be encouraged by a Hispanic society to gain weight as evidence that their husbands are adequately providing for them.*
- *Among many cultures, mothers express their love for their husbands and children by doling out generous portions of food and expressing concern with the quantities of food consumed by family members.*
- *Among African Americans, what children are taught from family early on sets the tone for food choices. And in many cases families may not make nutrition a top priority. This may get passed down from generation to generation creating a cycle or belief that is difficult to change.*
- *In some African American families, tradition, and a sense of community centers on “soul food” which is often a diet laden with high fat, sugar, and sodium for flavor. Social interactions are centered on food.*
- *The push to eat healthy feels like giving up part of one’s culture making African Americans more reluctant to give up soul food. The desire to be good hosts makes for an abundant spread of traditional foods and appropriate social graces prevent guests from asking for healthier foods.*
- *Research suggests that a person’s culture shapes their attitudes toward and involvement in physical activity. Each culture may have a set of beliefs or values that influence the family’s level of physical activity. For example, is walking a mode of getting around and is getting exercise valued? Does hair or dress limit one’s physical activity options? Is participation in sports a priority and is it accepted and encouraged for both boys and girls? If funds are limited, are paid activity programs a priority, or even an option? The list goes on and it varies from family to family and is also influenced by the environment and one’s socioeconomic status.*

Because culture and tradition are so near and dear to our hearts, modifying one’s beliefs to reach a “healthier status” may take some soul searching. We encourage families to assess their culture, their beliefs, and their lifestyle choices, asking if these choices serve them well, which choices contribute in a positive way to the family’s health, and which impede health. Once the lines are drawn, families can make decisions about what is important and nonnegotiable, what can be changed or modified and what can be eliminated. Each well-informed family, practicing health literacy skills, will need to make these choices for themselves.

6. Role of Extended Family¹²

Extended family members play a role in most families, providing support, information and resources and influencing individual and household choices. For families that live in extended family households, the influencers may be even stronger. When broken down by race: about 57 percent of Black and 35 percent of Hispanic children have lived in an extended family, compared to 20 percent of White children¹³. The research suggests that compared with parents-based nuclear family, children brought up in extended family (including grandparents) might be at an increased risk of becoming obese. Children mainly raised by their grandparents might be more susceptible to obesity than those looked after by parents. There is also some evidence to support the influence of grandparents’ feeding perspectives on Hispanic mother’s feeding habits. For example, in one study, mothers reported that at times they did not follow the WIC guidelines and physician recommendations regarding feeding strategies for their infants and instead identified their own mothers as the primary source of knowledge for infant feeding strategies.¹⁴

We have already noted how culture impacts obesity. Even when we understand the need to make health and diet related adjustments, culture, traditional foods, and comfort still win out. In one study of African American Families, the primary caregivers and extended family members felt it was important to maintain the food-based traditions that were valued by their families, most notably, weekly Sunday dinners and special holiday meals. Even if families

¹² <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3963701/>

¹³ <https://news.umich.edu/more-than-one-third-of-american-kids-have-lived-in-extended-family-households/>

¹⁴ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3963701/>

were concerned about children's weight, Sunday dinners still included prolonged eating times and larger portions and fellowship (more so than healthy eating) was the primary concern.¹⁵

To balance the important role family plays in raising children with the necessity for everyone to be on the same page regarding health, parents or primary caregivers are encouraged to have a frank discussion prioritizing the children's health and the healthy habits the family practices and values. Begin with an understanding of the link between healthy foods, healthy eating best practices, physical activity, limited screen time, limited sugar-sweetened beverages and added sugar and healthy or unhealthy weight gain. It helps to acknowledge the link between childhood obesity and the short- and long-term health concerns. But above all, it is most helpful to approach the topic with a focus on health, not weight or appearance. This feels less scary and less judgmental and more empowering. Losing weight or overcoming weight struggles can be challenging and extremely difficult. A preventative approach is much easier than intervention later on in life. It is beneficial to take a "family approach" or "healthy habits for all" instead of focusing on a particular child. This is an opportunity for the entire family to decide early on which healthy habits they are willing to embrace and enforce.

7. Early caregivers

In many racial/ethnic minority families, grandparents or other extended family members are typically involved in the upbringing and care of children and may influence parenting strategies and beliefs. And while children are in their care, extended family may influence children's eating and physical activity behaviors.¹⁶

Many preschool children are involved in multiple child care arrangements but in minority families this may often be the norm. The research suggests a relationship between being overweight and having obesity and being in the care of relatives or nonrelatives in informal care. And this is true regardless of the family's socioeconomic status. In fact, the research shows that higher income families who used informal childcare (75% of whom were cared for by grandparents) were more likely to have children who met the criteria for obesity than those families who had their child in a formal childcare center. Hispanic children are more likely to be in the care of relatives as their primary child care arrangement. Black children are far more likely than White or Hispanic children to have center-based care as their primary child care arrangements but for African American children that care is often rated lower in quality, compared to care for their peers.

Often the choice to have extended family care for children is influenced by cultural norms but other times it may be an economic necessity, given the cost of high-quality center-based care. Although licensed child care meets minimal menu/dietary/physical activity requirements, quality is not a guarantee. High quality care meets additional standards which might include accreditation, healthier menu options, ample gross motor equipment, self-assessments that emphasize health, nutrition, healthy eating practices, physical activity, limited screen time, parent education, staff development and a curriculum that helps children learn about health and healthy habits early on. Children fare best in high quality programs, but they are expensive.

Selecting child care that is best for the family has always been a parent's right and choice and might include relative care, informal care by a non-relative, center-based care, or a hybrid of any and all models. To make sure children's health is a high priority and policies and procedures reinforce healthy habits, parents are encouraged to ask about and monitor the specifics of their children's early care and education arrangements. At the very least, parents should:

- Share expectations and healthy living strategies (healthy menu options, healthy eating strategies, limited screen time, daily physical activity, and plenty of sleep) with extended family members or non-relatives caring for their children.

¹⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3997254/>

¹⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3647541/>

- *Check in with family daycare and center-based providers. Ask about lunch and snack menus, eating practices, children’s activity level, outdoor play, and screen time.*
- *Be an advocate for high quality and affordable care and do your best to select the best program for your child. Take advantage of state and local subsidies.*
- *Look for center-based programs that exceed child care licensing standards such as: National Association for the Education of Young Children (NAEYC) accredited programs, programs certified by the state of Illinois’s ExceleRate initiative achieving higher Circles of Quality, and programs that use tools like Go NAP SACC! (Nutrition and Physical Activity Self-Assessment Child Care) or We Choose Health.*

8. Nutritional value of typical foods

A poor diet may lead to obesity. Nutritionists generally recommend that to maintain a healthy weight and reduce the risks for chronic disease, the healthiest diet includes lots of fruits and vegetables, whole grains, low fat dairy, lean meats, and plant-based proteins. The healthiest diets also limit alcohol, high-fat and sugary foods, and cut back on processed foods and red meat.

Traditional Hispanic foods may leave families feeling happy and full, but they are high in carbohydrates and fat. Although they may include a fair amount of fiber (beans and grains), these foods are often cooked with fat and in general the diets lack fruits and vegetables to balance out the calorie intake. Soul food has been criticized for its high starch, fat, sodium, cholesterol and caloric content, as well as the inexpensive and often low-quality nature of the ingredients such as salted pork and cornmeal. Although a more traditional African American diet may have been plant based, throughout time, fat (and often pork fat) is often added to corn, sweet potatoes, and green leafy vegetables dishes, compromising its nutritional value.¹⁷ Soul food prepared traditionally and consumed in large amounts can be detrimental to one’s health. Opponents of soul food have been vocal about health concerns surrounding the culinary traditions. Soul food has been implicated by some in the disproportionately high rates of high blood pressure (hypertension), Type II diabetes, clogged arteries (atherosclerosis), strokes, and heart attacks suffered by African Americans.¹⁸

For African American and Latino children, soda consumption appears to be a significant predictor of early childhood BMI trajectories. Young children (2–6 years old) of foreign-born parents drink more sugared beverages and engage in less active play than children of US-born parents. Among Black children, sugar-sweetened fruit drinks are consumed at higher rates than soda. The good news is the nation-wide campaign to “Rethink your Drink” has reduced the consumption of sugar-sweetened beverages in all age groups, with the largest declines in 2–5-year-olds and 12–19-year-olds¹⁹.

Given the emotional connection to food, it is hard for many families to commit to lasting changes in their traditional diet. In early childhood, children learn about Go, Slow and Whoa foods. This is based on the premise that everything in moderation is one way to enjoy a variety of foods and to resist feeling deprived. The Go foods are those healthy foods we consume daily or several times a day; foods like fruits, vegetables, whole grains, low fat dairy and lean proteins. Slow foods are those foods that may have a higher fat content, more processed grains or added sugar. These are foods we can have several times a week, but not several times within a day. These foods might include peanut butter, pasta, white breads, raisins, popcorn, pancakes, 100% fruit juice and such. The Whoa foods are those foods high in fat or added sugars. These are foods that we can have now and then as a treat and as to not feel deprived, but not daily or even several times a week. These foods include processed meats, fried foods, sugary cereals, candy, ice cream, baked goods with added sugar and white flour, soda, fruit drinks and such. With this in mind, we

¹⁷ <https://sites.psu.edu/childrenwithobesity/2014/12/03/obesity-in-the-african-american-culture/>

¹⁸ https://en.wikipedia.org/wiki/Soul_food

¹⁹ https://www.healthyfoodamerica.org/sugary_drinks_in_america_who_s_drinking_what_and_how_much

should think of traditional soul foods and Mexican foods as Slow and Whoa foods. We can have them now and then, but probably not every day.

In preparing soul and traditional foods of different cultures, try substituting with less-fattening ingredients. For example, try reduced-fat cheese in tacos, veggies instead of meat in lasagna, whole wheat flour instead of refined white flour and low fat or fat-free yogurt instead of sour cream. Experiment with spices and vinegars to add in flavor when the fat is left out. Consider “oven fried or air frying” instead of “deep fried” for weekday meals. Save the deep-fried foods for special occasions. These are just a few eat healthier suggestions. This topic has received so much attention in the last decade that there are recipe books, internet sites, and cooking shows with tips, alternatives, and new recipes. We encourage families to try this out.

9. Level of Physical Activity and Choices²⁰

Daily physical activity is important for both children and adults and is a significant part of most weight management strategies. Given the health benefits for children (weight, behavior management and mental health) and for adults (weight management, reducing high blood pressure, joint and arthritis pain relief, managing depression and anxiety and lowering the risk for Type II diabetes, heart attacks, strokes, and several types of cancer), taking a whole-family approach is best. Young children need one or more hours of physical activity each day (some of it vigorous and some of it planned and skill-based). Adults need at least 150 minutes of moderate-intensity aerobic physical activity throughout the week, seventy-five cumulative minutes of vigorous-intensity activity or a combination of both.

In spite of the push for physical activity for all children, the research shows that African American and Hispanic/Latino children are less likely than their Caucasian peers to meet the daily requirements. In fact:

- African American and Latino children are less likely to play sports or participate in the recommended 60 minutes of physical activity per day, either in school or after school.
- More than twice as many African American high school students watched television three or more hours per day than their non-Hispanic White classmates
- Among Teens: Latino (68.1%), Asian (62.3%), and African American teens (62.7%) report lower rates of regular physical activity than White teens (76.4%). The proportion of Latino (9.5%) and African American teens (12.3%) getting no physical activity is two to three times higher than White teens

For Latino children and their parents, language may be a barrier to participating in out-of-school-time programs. For both Latino and African American families, the cost of programs, transportation, and environmental factors (the neighborhood or nearby park may be perceived as not safe) provide additional barriers to activity programs, both organized and spontaneous.

Understanding the importance of physical activity and the benefits of outdoor play is the first step in making sure children get the daily recommendations for physical activity. Involving the whole family in free or inexpensive options is also a must as is settling on activities that the family actually enjoys (walking, biking, dancing, sports, active games, gardening and so on). Addressing the barriers with close-to-home programs, finding programs that offer financial assistance (check your local YMCA or park district), and those programs with bilingual staff, would also close the activity level gap. Families are encouraged to add in (and track) physical activity to their daily routines.

²⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3868363/>

10. Economics: Affordable and accessible healthy food²¹

Current research suggests that the disparities in childhood obesity associated with race/ethnicity are strongly driven by disparities in socioeconomic status. Low socioeconomic status (SES) children are almost twice more likely to experience obesity than high SES children.²²

Race and ethnic minorities are disproportionately represented in the lower SES groups. In 2019, the share of Black people in poverty was 1.8 times greater than their share among the general population. Black people represented 13.2% of the total population in the United States, but 23.8% of the poverty population. The share of Hispanics in poverty was 1.5 times more than their share in the general population. Hispanics comprised 18.7% of the total population, but 28.1% of the population in poverty.²³

The relationship between income and obesity is also impacted by the food environment, time constraints, food insecurity, and targeted marketing campaigns.

- In general, poorer areas and non-White areas tend to have fewer fruit and vegetable markets, specialty stores and natural food stores.
- Low-income families often rely more heavily on inexpensive packaged or fast foods. To cook whole foods from scratch requires hours of food-prep each week, time which many families simply do not have. Many times, parents are working nontraditional hours, they may be working at one or more jobs, or they may be the only parent at home juggling food prep with child care with household chores.
- Food-insecure families (often associated with race and poverty) report facing challenges purchasing fresh fruits and vegetables (high costs relative to their household budgets). With limited funds, families buy what they can afford and therefore the lower-cost foods make up a greater proportion of their diet. Although fresh fruits, vegetables, lean meats, and fresh fish are desirable, they may be out of the price range of many families and sadly, these are not the foods, given their shorter shelf life, families find in their local food pantry. And those of us making donations to food banks should ask about how we might donate healthier options or even the staples families need to prepare healthier foods such as eggs, milk, butter, oils, onions, spices, or other perishables.
- We are all susceptible to advertisements and targeted marketing. Many of the foods and beverages marketed to low-income communities and communities of color, and sold at low prices, such as sodas, processed snacks, and fast-food meals, are also low in nutrients and high in sugars, salt, and fats.

A word of caution: The research on socioeconomic status and obesity is sometimes inconsistent. For example, one study reported that for African American adolescents, there appears to be no association between SES and obesity²⁴

Improving access, and affordability, to high-quality healthier foods begins with systems, policies and environmental change and requires all of us to be strong advocates for affordable healthy food for all. Eligible families should apply for and use WIC and SNAP (Supplemental Nutrition Assistance Program) benefits, using funds to purchase the healthiest food they can afford. Families may want to check in with the local Food Pantry, inquiring about when and how to get access to the healthiest foods. Stretching food dollars has also received a lot of attention and there are recipe books, internet sites, and cooking shows with tips, alternatives, and new recipes to “eat healthy on a budget.” We encourage families to try these out.

²¹ <https://www.medicalnewstoday.com/articles/292913#What-can-be-done?>

²² <https://www.apa.org/pi/families/resources/newsletter/2016/06/childhood-obesity>

²³ <https://www.census.gov/library/stories/2020/09/poverty-rates-for-blacks-and-hispanics-reached-historic-lows-in-2019.html>

²⁴ <https://pubmed.ncbi.nlm.nih.gov/25133824/>

11. Environment (proximity to fast food, food deserts, parks, safety)²⁵

The research shows that community/environmental factors such as the difference in available resources (safe play areas and grocery stores with affordable fruits and vegetables) contribute to childhood obesity. Minority and low-income families are more likely to live in neighborhoods with limited options for physical activity and healthy food.²⁶ Listed here is what we might typically find in lower income, urban environments, and those communities where we traditionally find higher numbers of minority families.

- *Minority adolescents and those from families with lower socioeconomic status have less access to facilities for physical activity (parks, playgrounds, walking paths, etc.). When access is available, it may not be safe.*
- *Black and Hispanic neighborhoods have fewer large supermarkets and more small grocery stores than their White counterparts.²⁷*
- *There is a higher density of fast-food restaurants in low-income areas, and the availability and affordability of this unhealthy food leads to high obesity rates.²⁸ Studies show that regular consumers of fast food had odds of being obese that were 60% to 80% higher compared with those for people who ate fast food less than once per week.²⁹*
- *Predominantly Black neighborhoods had higher access to fast-food while poverty was not an independent predictor of fast-food access.³⁰*
- *Researchers found that the presence of a fast-food restaurant within one-tenth of a mile of a school was associated with an approximate increase of 5 percent in that school's obesity rate. This fast-food presence is more prominent in urban areas. Middle and high school students are most vulnerable.*
- *Fast-food restaurants, and the food and beverage industry, carefully set prices to appeal to certain groups. Many of the foods and beverages marketed to low-income communities and communities of color — and sold at low prices — such as sodas, processed snacks, and fast-food meals, are also low in nutrients and high in sugars, salt, and fats.³¹*
- *These junk foods can increase the risk of diet-related diseases or interfere with the management of chronic conditions — especially in the absence of healthier food and beverage options. Meanwhile communities of color have been the hardest hit by the current epidemic of diabetes and other nutrition-related diseases.³²*

Research shows that public policies (at the state, municipality, and school level) and industry practices (restaurants, gyms, and youth activity programs) that increase access to healthy foods and safe places to play are essential for families in making healthy decisions. This is a part of the larger systems, policy and environmental change that is necessary in making a significant impact on the obesity crisis. Families and those who work with families must advocate for safe parks, full-service supermarkets and affordable food and activity options in the community. Families should use their vote wisely, selecting national, state, and local legislators including city/village council members who understand the connection between healthy environments and healthy options, healthy constituents, and lower health care costs. Families are once again encouraged to use their health literacy skills to make informed choices such as limiting their consumption of fast food; in spite of the fact that there seems to be a desirable option on every street corner. Families are encouraged to join neighborhood watch programs to help make the community

²⁵ <https://www.medicalnewstoday.com/articles/292913#What-can-be-done?>

²⁶ <https://www.apa.org/pi/families/resources/newsletter/2016/06/childhood-obesity>

²⁷ <https://hub.jhu.edu/magazine/2014/spring/racial-food-deserts/>

²⁸ <http://thedailycougar.com/2014/11/26/fast-food-low-income-areas-contributes-obesity/>

²⁹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3136980/>

³⁰ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4783380/>

³¹ <http://uconnruddcenter.org/files/Pdfs/TargetedMarketingReport2019.pdf> Published January 2019. Accessed April 11, 2019.

³² Committee on Accelerating Progress in Obesity Prevention; Food and Nutrition Board; Institute of Medicine. Accelerating progress in obesity prevention: Solving the weight of the nation; 2012. doi:10.17226/13275

safer. If available, families should use local markets whenever possible and participate in community garden and surplus food sharing programs.

12. Systemic Racism, Health and Family Stress

*One cannot look at the disparities in health among minority groups without also acknowledging the role systemic racism plays in the social determinants of health. Social determinants of health are the social structures, policies, and economic systems that affect health and quality of life outcomes. They are the conditions in which families live, work, play, and access health care. As we have already explored in this paper, they are a major cause of health inequities, particularly when people do not have access to the same resources. Examples of these determinants of health include racism, education disparities, income inequality, housing insecurity, transportation access, health systems and access to services, social isolation, food insecurity, unemployment, justice, and public safety concerns.*³³

*Minorities can attest that they often have a harder time accessing health care, and when they do, they face real and perceived systemic racism at the patient, provider, and health systems. “As the minority populations within the United States grow to record numbers, it is increasingly important to invest in efforts to characterize, understand, and end racial and ethnic disparities in health care. Eliminating health disparities is fundamental to the well-being, productivity, and viability of the entire nation.”*³⁴

The inequity, disparities, and burdens minorities face including poverty, an unsafe living environment, finding good employment, discrimination in the workplace, having an incarcerated family member, dealing with an unjust judicial system, etc. can be very stressful for families. Unchecked or long-term chronic stress can lead to a number of health problems, including obesity. When the body experiences stress, high levels of cortisol course through the bloodstream. Cortisol increases the appetite, causes insulin resistance, and slows metabolism. This leads the body to store fat and calories to help cope with the stress. For some, stress leads to “comfort eating” and “carb cravings.” When we are stressed, we look for sweet, fatty, and salty foods which are high in calories and, in turn, can lead to weight gain. This weight gain can lead to heart disease, diabetes, high blood pressure, some types of cancer and joint pain.

Managing stress, and thereby minimizing the health repercussions, is important for all families. Advocates across the country are looking for ways to break down systemic racism; a must if we are to close the health equity gap. In the meantime, there are a number of stress reducing best practices families can undertake.

- *Engage in daily physical activity and exercise for all.*
- *Get plenty of quality sleep.*
- *Nourish your body with healthier food choices.*
- *Go outdoors and enjoy nature; take in the beauty and awe of “green spaces.”*
- *Practice deep breathing and meditation and mindfulness (even with children).*
- *Journal.*
- *Use art to work through stress: draw, paint, color, mold, knit, etc.*
- *Streamline your daily to-do list and say “no” more often. Do not “over program kids.”*

³³ https://www.pcdc.org/what-we-do/performance-improvement/hip/social-determinants-of-health/?creative=541310460213&keyword=social%20determinants%20of%20health&matchtype=e&network=g&device=c&gclid=Cj0KCQiAsqOMBhDFARIsAFBTN3f56dkiR9LmMlqPwl9ML6eOYQ-GL57Ru2tW_vUFlvwi__lfl_LyqTwaAtuhEALw_wcB

³⁴ <https://pubmed.ncbi.nlm.nih.gov/28160887/>

A Word of Caution

Although the information presented here is well-documented, it might also be sensitive. Many families will see themselves in the research, but others will say that it does not reflect their personal experiences. With this in mind, we caution the reader:

- We typically use BMI charts and formulas to determine who is within and outside of a healthy-weight range. Not everyone agrees and there **is some controversy in using BMI charts and what is truly a healthy weight**. Researchers from the Perelman School of Medicine at the University of Pennsylvania believe BMI (body mass index), is an inaccurate measure of body fat content and does not take into account muscle mass, bone density, overall body composition, and racial and sex differences.
- **It is dangerous to overgeneralize or stereotype**. Socio-economic status, education, and the length of time a family has lived in the United States are also influencing factors that may override what is considered typical or traditional for some races, ethnicities, and cultures.
- **Within race and culture, there are unique differences**. Hispanic and Latinx subgroups (Cuba, Puerto Rico, Mexico, Central America, South America, Spain, and other Spanish speaking countries) may differ in their attitudes and behaviors regarding eating and physical activity for children. Grouping all Hispanics/Latinx into one category can lead to inaccurate interpretations of findings.
- **The research is not always conclusive**. In some studies, the researchers admit that although there is a relationship between their research topic and obesity among Black and Brown families, the research may be new, the sample size small, geography makes a difference, and so on and in some cases the results are not conclusive.
- **There are mixed findings in the relationship between income or SES and obesity**. We often attribute obesity to socioeconomic status and the ability to purchase healthy foods and physical activity programs, but this is not always the case. For example, according to the CDC, obesity prevalence was lower in the highest income group among non-Hispanic Asian boys and Hispanic boys. Obesity prevalence was lower in the highest income group among non-Hispanic White girls, non-Hispanic Asian girls, and Hispanic girls. Obesity prevalence did not differ by income among non-Hispanic Black girls.

Finding a Solution: Intervention Strategies, Tips and Options

To reduce child obesity rates in general, but specifically among those of color, it will take a team of professionals working directly with families. The team should include prenatal specialists, obstetricians, pediatricians, health care professionals, dietitians, WIC intake workers, lactation specialists, early child educators, home visitors, social workers, school personnel, and health and public policy advocates. The team members should be tasked with raising awareness and educating families, providing tips and resources, and offering support and coaching. For long-term sustainable change, the team must advocate for systems, policy, and environmental changes in a number of settings including health care, private industry, not-for-profit service providers, schools, and early childhood settings and at the municipal, state, and federal level. The 2021 Obesity Report: Better Policies for a Healthier America, published by The Trust for America's Health, puts forth a list of recommendations to reduce health equity, reduce food insecurity, limit marketing and pricing strategies that lead to health disparities, and create safer physical and built environments). [Click here](#) , to download your copy. See pages 6-7.

Included in Table III is a list of Intervention Strategies those working with families might employ. Those committed to taking on this issue should be prepared to brainstorm, with staff and the families, other ways they might raise awareness, provide specific resources, support and coach families and advocate for change.

Table III. Working With Families: Intervention Tips, Options, Solutions

Working With Families: Intervention, Tips, Options, Solutions	
RAISE AWARENESS	SUPPORT AND COACHING
<ul style="list-style-type: none"> ● Share Public Service Announcements (in social media and through other sources) ● Include tips in internal newsletters ● Share information and links on your websites ● Post (on bulletin boards) articles on a variety of health subjects ● Engage others in health-related conversations (children, parents, providers, schools, health care, etc.) ● Distribute FORWARD’s white paper (this paper) or just the tip sheet for families www.forwarddupage.org 	<ul style="list-style-type: none"> ● Jointly identify the barriers to healthy living (with parents, providers, professionals) ● Ask questions and engage in motivational interviewing ● Meet families where they are at ● Brainstorm solutions ● Offer tips and advice ● Encourage baby steps as to not overwhelm families ● Develop a plan ● Check in ● Celebrate Successes
PROVIDE RESOURCES/INFORMATION ON THESE TOPICS (PRINTOUTS, HANDOUTS, FLYERS)	ADVOCACY
<ul style="list-style-type: none"> ● What is a Healthy Weight? BMI charts and expectations ● 54321 Go!® and FiveSMART® ● The latest research ● Links to helpful websites ● Recipes (and how to modify recipes or eat healthy on a budget) ● Tips for “Eat This Not That” ● Distribute FORWARD’s white paper on this topic and tip sheet for families www.forwarddupage.org 	<ul style="list-style-type: none"> ● Policy Makers – Address where we fall short regarding policies, legislation, and current laws on the books. ● Health Care Professionals – Commit to having those tough conversations with families, monitoring weight, and connecting patients with resources. ● City Planners – Limit zoning for fast food and convenience stores. Offer full-service grocery stores, local and safe parks, and recreation options. ● For All: Acknowledge the role systemic racism plays in obesity, SES, and health determinants. Make the systems, policy, and environmental changes necessary to wipe out racism.

When FORWARD began its work in municipalities, worksites, schools, child care and early learning programs, we were looking for ways to create systems, policy and environmental change. Obesity was too complicated to reduce it to calories in and calories out or basic behavior and personal responsibility. And yet, to really influence change, some of obesity prevention truly is influencing families and individuals to assess their current lifestyle choices and to begin to adopt healthy habits that can have a long-lasting impact. Beginning on page 15, we have included a number of tips, strategies, and steps families, and those working with families, can take to strengthen their approach toward healthy living. This is a good start but in no way is it intended to be all inclusive. FORWARD encourages families to add their own intervention strategies based on what is real and relevant in their day to day “healthy living” decisions.

A Word of Caution

*Listening to and engaging family members is critical in devising strategies that will work within the family. It is also important that we remain open minded as this quote reminds us. **“The choices we make are the choices we have available to us.”** Even those with the best intentions will struggle to build and consistently practice healthy habits based on the choices they have available to them. As this paper points out time and again, not all families have access to the same resources, and we all view health through a different cultural, economic, and environmental lens. When working with Black, Brown, Native American, Samoan, and other families, take time to really listen to families, problem solve and agree on realistic solutions. And above all refrain from being critical or judgmental.*

Table II. Influencing Factors and Intervention Tips and Strategies for Family Members (beginning on page 15). Consider reprinting and distributing this table/chart/handout directly to families.

Tips and Strategies for Families to Begin to Overcome the Racial and Ethnic Disparities in Childhood Obesity

Influencing Factors and Intervention Tips and Strategies	Resources
1. Genetics, Biology, Physiology	USDA Resources https://www.nutrition.gov/topics/basic-nutrition/printable-materials-and-handouts https://www.nutrition.gov/es/temas/nutricion-basica/folletos-y-listas-de-materiales-para-imprimir
<p>Among African Americans and Hispanics, scientists have identified genetic, biological, and physiological differences that may, in some way, explain or help understand some of the differences in weight gain when compared to their White or Caucasian peers.</p> <ul style="list-style-type: none"> ● Be aware that there are factors that may be beyond your control. This makes “changing what you can change” and establishing healthy habits early in life even more important and empowering. 	
2. Mother’s Weight Pre and During Pregnancy	
<p>Children born to women with pre-pregnancy obesity are at increased risk of obesity during childhood and adult life. The percentage of women with pre-pregnancy obesity is highest for non-Hispanic Black Women and higher among Hispanic White women than their non-Hispanic White peers. An unhealthy weight gain during pregnancy can also put the baby/child at risk of obesity later in life.</p> <ul style="list-style-type: none"> ● Understand the relationship between a mother’s weight pre-pregnancy and a child’s susceptibility to obesity into the future. ● Understand the daily caloric needs for your body and eat/exercise to maintain a balance. ● Get to and maintain a healthy weight, before and during pregnancy, with five to nine servings of fruits and vegetables a day, lean proteins, whole grains, water as a preferred beverage, low fat dairy and limited amounts of red meats, refined grains, added sugars, alcohol, soda, and sweetened beverages. ● Get your body ready for pregnancy; stop smoking, eat healthy, get enough sleep, and exercise regularly: Take care of your own health. ● Follow your doctor’s recommendation for weight gain. ● Establish or maintain a healthy level of physical activity during pregnancy. ● Resist the urge to use pregnancy as an “opportunity to overeat or splurge.” 	Five SMART (Sleep, Meals and Snacks, Activity, Role Modeling and Responsiveness and Things to Avoid) by CLOCC (Consortium to Lower Obesity in Chicago’s Children http://www.clocc.net/our-focus-areas/health-promotion-and-public-education/fivesmart/fivesmart-materials/ English & Spanish
3. Rapid Infant Weight Gain and Breastfeeding	
<p>Rapid weight gain during the first year of an infant’s life is a strong predictor of childhood overweight and obesity. Differences in rapid infant weight gain contribute substantially to racial and/or ethnic disparities in obesity during early childhood. Experts agree that breastfeeding is one way to mitigate rapid infant weight gain. After adjusting for demographics, children who were never breastfed were 22% more likely to be obese and those who had been breastfed for less than six months were 12% more likely to be obese than children who were breastfed for six months. Black mothers breastfeed at a lower rate than their Hispanic and White peers.</p> <ul style="list-style-type: none"> ● Follow best practices and breastfeed exclusively for six months. ● Do not introduce solid foods into a baby’s diet until ideally six months, but not before four months. ● Make sure your infant is getting enough sleep. ● Allow for plenty of “tummy time” for a young infant and play and movement time for an older infant. Encourage motor development. ● Do not offer juice for babies under age one unless their doctor recommends. Limit juice intake for older children. ● The dietary guidelines recommend no added sugar for children under age two. 	

<p>4. Perception About Children’s Weight and What is a Healthy Weight</p> <p>Most (60%) parents of overweight children underestimate their children’s weight. Parents of younger children were significantly more likely to underestimate (65%) than parents of adolescents (51%). African American parents were twice as likely to underestimate as Whites. In the Hispanic culture, a “chubby baby” is often perceived as a “healthy baby.” Parents who perceive their child as overweight are significantly more likely to describe themselves as ready to make lifestyle changes to help their child lose weight than the parents who do not perceive their child to be overweight</p> <ul style="list-style-type: none"> ● Discuss with your doctor where your child falls on the “BMI for age” scale. ● Understand there is a link between obesity and early (and later) health risks including early onset of Type II Diabetes, elevated blood pressure, high cholesterol, lack of energy/activity level, being bullied by other children about weight/size, depression, or self-esteem issues and so on. Later in life other health issues may emerge, including heart disease, strokes, diabetes, some cancers, joint pain, difficulty conceiving and so on. ● If your doctor raises or expresses concern, follow his/her advice, working to integrate best practices and healthy living habits into your child’s (and family) life. ● Do not obsess and make weight the issue. Simply focus on positive eating behaviors--you decide what you will serve and when it will be served but allow children to decide if they are hungry and how much they want to eat. Serve healthy meals and snacks (fruits and vegetables, lean protein, whole grains, and low-fat dairy). 	<p>Families Finding the Balance</p> <p>https://www.nhlbi.nih.gov/health/educational/wecan/downloads/parent_hb_en.pdf English</p> <p>https://www.nhlbi.nih.gov/health/educational/wecan/downloads/parent_hb_sp.pdf Spanish</p>
<p>5. Family Culture and Lifestyle</p> <p>Culture is observed, absorbed, learned, and shared and it is passed down from generation to generation. Among the many different races and ethnicities, it plays a significant role in the decisions and choices individuals make. Cultural factors play a role in why some groups of people are more likely to become obese during their lifetime. It influences how one might view obesity and body image as well as values, eating habits, lifestyle choices, and activity level.</p> <ul style="list-style-type: none"> ● Follow the strategies listed above in the “Perceptions about Weight” section. ● Objectively assess your family’s culture and lifestyle to determine what behaviors and beliefs contribute to your overall health and which impede your health. ● Decide which behaviors and beliefs you are willing to change, and which ones are non-negotiable: Decide which ones are embedded in your culture and from those decide which ones serve or do not serve you well. Ask yourself, what you are willing to change for your family’s health and which ones you will keep but find ways to mitigate the risk. ● Follow the 5.4.3.2.1 Go! ® Daily Guidelines: Young children need five servings of fruits and vegetables, four servings of water, three servings of low-fat dairy, two or fewer hours of screen time and 1-2 or more hours of physical activity daily for optimal health. ● Delay offering fast food to young children as long as possible and when you do offer it, make it a “now and then” and not a “daily” occurrence. ● Refrain from offering sugar-sweetened beverages to very young children and limit them to “now and then” for older children. ● No TV in children’s bedrooms. ● Visit www.forwarddupage.org and check out tips for Celebrating Healthy. 	<p>Go, Slow, Whoa Foods</p> <p>https://www.nhlbi.nih.gov/health/educational/wecan/downloads/go-slow-whoa.pdf English</p> <p>https://www.nhlbi.nih.gov/health/educational/wecan/downloads/go-slow-whoa-sp.pdf Spanish</p> <p>Healthy Holidays Foods and Fun</p> <p>https://newsinhealth.nih.gov/2016/11/healthy-holiday-foods-fun English</p> <p>https://salud.nih.gov/articulo/alimentos-saludables-y-diversion-para-las-fiestas/ Spanish</p>
<p>6. Early Caregivers</p> <p>In many racial/ethnic minority families, grandparents or other extended family members are typically involved in the upbringing and care of children and may influence parenting strategies and beliefs. While children are in their care, extended family may influence children's eating and physical activity behaviors. The research suggests a relationship between being overweight and having obesity and being in the care of relatives or nonrelatives in informal care settings.</p> <ul style="list-style-type: none"> ● If you have your child enrolled in a child care or early learning program, ask about the program’s commitment to healthy living and the systems, policies, program curriculum and environment that supports healthy living and healthy habits. ● If you rely on family or family care providers to care for your infant or young child, share your expectations and healthy living strategies (food intake, choices, healthy eating strategies, 	<p>Go NAP SACC! (Nutrition and Physical Activity, Self-Assessment Child Care)</p> <p>https://gonapsacc.org/self-assessment-materials English</p> <p>https://gonapsacc.org/storage/tips_and_materials/Go%20NAPSACC_CN_Center_2021_Spanish_Eng_Biling_ual.pdf</p>

<p>limited screen time, daily physical activity, and plenty of sleep).</p> <ul style="list-style-type: none"> ● Check in with families and providers. Ask about lunch and snack menus, eating practices, children’s activity level and the amount of time children spend watching TV/videos or playing with computer screens (phones, laptops, desktops, handheld gadgets, etc.). 	<p>https://gonapsacc.org/storage/tips_and_materials/Go%20NAPSACC_ICPA_Center_2021_Spanish_Eng_Bilingual.pdf Spanish</p>
<p>7. Role of Extended Family</p> <p>Extended family members often provide support, information and resources and influence individual and household choices. For families that live in extended-family households, the influencers may be even stronger. When broken down by race: about 57 percent of Black and 35 percent of Hispanic children have lived in an extended family, compared to 20 percent of White children. The research suggests that compared with parents-based nuclear families, children brought up in extended family (including grandparents) might be at an increased risk of becoming obese.</p>	<p>5.4.3.2.1. Go! http://nebula.wsimg.com/afb2df35378b7674c1eacce4718dc1f6?AccessKeyId=74AC09CC0C10AAB2269C&disposition=0&alloworigin=1 English</p>
<ul style="list-style-type: none"> ● Keep the focus on health not weight or appearance. Focus on the overall health and healthy habits of the entire family and not just the child who is overweight. Embrace healthy habits for all and a healthier family in general. ● Engage grandparents and other extended family members in a discussion about children’s health and weight, sharing the latest research, healthy habit recommendations and best practices. ● Help grandparents understand the link between childhood obesity (babies and tots do not simply grow out of it) and the short- and long-term health implications. ● Share your expectations and monitor best practices. 	<p>http://nebula.wsimg.com/6f7500d49f9c383911f63edc4f441462?AccessKeyId=74AC09CC0C10AAB2269C&disposition=0&alloworigin=1 Spanish</p>
<p>8. Nutritional Value of Traditional or Soul Foods</p> <p>A poor diet may lead to obesity. Traditional Hispanic foods may leave families feeling happy and full, but they are high in carbohydrates and fat and are often low in fruits and vegetables. Soul food has been criticized for its high starch, fat, sodium, cholesterol and caloric content, as well as the inexpensive and often low-quality nature of the ingredients such as salted pork and cornmeal.</p>	<p>Soul Food Healthier https://www.nhlbi.nih.gov/health/educational/healthdisp/pdf/recipes/Recipes-African-American.pdf</p>
<ul style="list-style-type: none"> ● Begin to think of high fat, refined grains, added sugars and empty calories as “now and then foods” and not something your child consumes daily. ● Modify your family’s favorite soul food recipes, making substitutions that include leaner meats, healthier fats (vegetable and canola or olive oil), oven-fried vs. deep fried, whole grains, fruits and vegetables and low-fat dairy. Substitute smoked turkey for fatty pork. Adapt recipes to include vegetarian alternatives and celebrate the nutritional value of collard and other greens but look for ways to reduce the cooking time and minimize the added fats. ● Mexican food can be healthy with a focus on beans, vegetables, chicken, and soft-whole wheat tortillas. Substitute healthier or lower fat/sodium ingredients or bypass the fried tortillas, sour cream, and cheese. 	<p>Heart Healthy Latino Recipes https://www.nhlbi.nih.gov/files/docs/public/heart/sp_recip.pdf</p>
<p>9. Level of Physical Activity</p> <p>Daily physical activity is important for both children and adults and a significant part of most weight-management strategies. In spite of the push for physical activity for all children, the research shows that African American and Hispanic/Latino children are less likely than their Caucasian peers to meet the daily requirements (at least one hour a day and ideally more).</p>	<p>Reduce Screen Time https://www.nhlbi.nih.gov/health/educational/wecan/downloads/reduce-screen-time.pdf English</p>
<ul style="list-style-type: none"> ● Children need at least one hour, but ideally two or more hours of physical activity a day, structured and unstructured and some of it vigorous. ● Look for ways for the entire family to be active together: a family walk or bike ride, time at the local park, garden, rake leaves or shovel snow (play in the leaves and snow), dance to music, play active games like charades and Twister, etc. ● Enroll children in early learning and afterschool programs, including enrichment programs like swimming, age-appropriate youth sports, dance, etc. ● Find free or inexpensive community activities or look for financial assistance to participate in YMCA or park district programs. 	<p>https://www.nhlbi.nih.gov/health/educational/wecan/downloads/reduzca.pdf Spanish</p> <p>Being an Active Family https://gonapsacc.org/storage/tips_and_materials/TE_NTIP~1.PDF English https://gonapsacc.org/storage/tips_and_materials/1_OCONS~1.PDF Spanish</p>

<p>10. Socio-Economic Status: Affordable Food and Physical Activity</p> <p>Current research suggests that the disparities in childhood obesity associated with race/ethnicity are driven by disparities in socioeconomic status (SES). Low socioeconomic status children are almost twice more likely to experience obesity than high SES children. Race and ethnic minorities are disproportionately represented in the lower SES groups. The relationship between income and obesity is also impacted by the food environment, time constraints, food insecurity, and targeted marketing campaigns.</p> <ul style="list-style-type: none"> ● Join the anti-racism movement addressing what keeps minorities at risk for poverty. ● Access the healthiest foods using WIC and SNAP benefits. ● Use your local Food Pantry and be a voice for “healthy options” within the pantry. ● Research and participate in community free or low-costs activities and events: The DuPage County Parks and Forest Preserves are a great place to get started. ● Ask the YMCA or local Park District about their financial assistance options. ● Look for ways to prepare healthy meals on a budget. 	<p>Save Money and Shop Healthy https://www.nhlbi.nih.gov/health/educational/wecan/downloads/tip-save-money.pdf English https://www.nhlbi.nih.gov/health/educational/wecan/downloads/ahorro-dinero.pdf Spanish</p>
<p>11. Environmental Constraints</p> <p>The research shows that community/environmental factors such as the difference in available resources (e.g., safe play areas and full-service grocery stores with affordable fruits and vegetables) contribute to childhood obesity. It is well known that minority and low-income families are more likely to live in neighborhoods with limited options for physical activity and healthy food.</p> <ul style="list-style-type: none"> ● Advocate for safe parks, full-service supermarkets and affordable food and activity options in your community. ● Select legislators and city/village council members who understand the connection between healthy environments and healthy options, and healthy constituents and lower health care costs. 	<p>Mobilizing Community Through Advocacy https://www.bangthetable.com/blog/mobilising-community-through-advocacy/ English</p>
<p>12. Systemic Racism, Health and Family Stress</p> <p>One cannot look at the disparities in obesity and health among minority groups without also acknowledging the role systemic racism plays, particularly in the social determinants of health. Social determinants of health are the social structures, policies, and economic systems that affect health and quality of life outcomes. They are the conditions in which families live, work, play, and access health care and are impacted by racism, education disparities, income inequality, housing insecurity, transportation access, health systems and access to services, social isolation, food insecurity, unemployment, justice, and public safety concerns. All of these create undue stress for families.</p> <ul style="list-style-type: none"> ● Commit to healthy living while being an advocate to change the system and achieve equity and inclusion. ● Be empowered to take control of and change the “things that can be changed” ● To reduce stress: <ul style="list-style-type: none"> • Engage in daily physical activity and exercise for all. • Get plenty of quality sleep. • Nourish your body with healthier food choices. • Go outdoors and enjoy nature. • Practice deep breathing and meditation and mindfulness (even with children). • Journal and use art to work through stress: draw, paint, color, mold, etc. • Streamline your daily to-do list and say “no” more often. Do not “over program kids” • Reach out to your family, friends, a therapist, and social support system for help. 	<p>How to Deal with Family Stress https://www.scanva.org/wp-content/uploads/2021/04/FamilyStress_English.pdf https://www.scanva.org/wp-content/uploads/2021/04/FamilyStress_Spanish.pdf</p> <p>You Can Handle Stress https://www.scanva.org/wp-content/uploads/2021/04/ChildStress2016_English.pdf https://www.scanva.org/wp-content/uploads/2021/04/ChildStress2016_Spanish.pdf</p>

To review the research and specific information sources, go to www.forwarddupage.org for the full white paper: Practical Ways to Understand and Influence the Racial and Ethnic Disparities in Childhood Obesity. For general information, log onto FORWARD DUPAGE’S website @ www.forwarddupage.org.

Conclusion and Next Steps

After a decade of working in obesity prevention, promoting healthy habits, and creating sustainable systems, policy and environmental change, FORWARD's current focus is on early childhood, health equity and addressing the health concerns in communities with the greatest need. This paper was designed to raise awareness, frame, or expand the conversation and offer tips to reduce the racial and ethnic disparity in childhood and adult obesity. We first looked at the statistics that show our Brown and Black children are at risk for higher obesity rates and how this may lead to health problems. We identified the issues and highlighted the research around each topic. We did our best to offer simple and practical tips for how families might develop healthy habits to counteract the negative factors contributing to children's health and weight. We explored the role professionals might play in working with families to develop healthier lifestyles; those providing medical care, those who offer support, counsel, and advice to families and those who work directly with young children in early care and education settings. We also pointed out the realities associated with systemic racism and the impact that racism has on the social determinants of health.

This paper was developed with funding from the Duly Health Care Charitable Fund. The funding also supported a webinar on the topic, that can be accessed [here](#), and a training for early care and education professionals. At the same time, FORWARD has formed a workgroup to address diversity, equity, and inclusion in health with a specific mission: Partnering through collaborative relationships to empower those who "historically" carry the burden of health inequities to transform and raise awareness, provide education, foster accountability, ensure action, and measure progress.

The forward website @ www.forwarddupage.org houses a number of resources for professionals working in obesity prevention and health, and for families and early childhood providers.