

Paradox: Poor families, children at greater risk for obesity

Caution: Poverty can make you and your children fat.

Sound illogical? It's not. While Americans are accustomed to seeing images of skin-and-bone children in the Third World, here in the U.S., just the opposite is true. Poor children and adults -- particularly low-income adult women -- are at greater risk for becoming overweight or obese.

This phenomenon is called "the obesity poverty paradox." Foods loaded with carbohydrates, sugar and fat tend to be cheaper than lean meats and fresh fruits and vegetables, and they are more filling per calorie.

When families have to stretch their food-stamp allowance or Social Security payments, things such as potatoes, rice and fast food 99-cent cheeseburgers go further than healthier fares. A Memphis food bank study showed that 94 percent of food-stamp recipients in its area ran out of a month's worth of food stamps in less than three weeks. They lasted an average of 1.6 weeks.

While we would like to think that Americans do not go hungry, that is not the case. According to the latest available data (2004), there are 13.5 million households, or 11.9 percent, in the U.S. that are identified as "food insecure" -- that is, they sometimes do not know where their next meal will come from.

About 7.4 million adults and 3.3 million children live in households identified as "food insecure with hunger." While the rate of food insecurity dropped between 1995 and 1999, it began to rise again in 2000 and has risen every year since.

The human cost of hunger is great. Food insecurity results in poor diets, compromised child and adult health, mental health problems and educational deficits among children. Hungry children just do not learn as well as children who receive good, reliable nutrition.

And health experts say childhood obesity increases the risks for life-long problems of being overweight, including low self-esteem and depression; eating disorders, joint problems, type II diabetes, hypertension and pulmonary complications such as asthma and sleep apnea, cardiovascular disease, cancer and arthritis.

Income and weight

Federal statistics show the link between income and weight. According to the Centers for Disease Control and Prevention's 2002 Behavioral Risk Factor Surveillance System, about 60.5 percent of people earning from \$15,000 to \$75,000 are overweight or obese, compared with 56 percent of people who earn more than \$75,000. (Note: these were self-reported weights. When adults are weighed and measured, about 65 percent overall are too heavy.)

In the National Health Interview Survey from 1999 to 2001, for people below the poverty level (less than \$17,000 per year), about 26 percent were obese (defined as 30 pounds or more overweight), compared to 18 percent with incomes of \$67,000 or more.

The poverty-obesity link among children is not as clear-cut. Among white children, as income increases, obesity decreases, but among other racial and ethnic groups, such as low income black girls, the opposite is true.

Among all children ages 6-19, 31 percent are overweight and 16 percent are obese, making almost half (47 percent) of school-age children overweight or obese. Twelve percent of

children from ages 2-5 are overweight, and 10 percent are obese, amounting to one in five preschool kids being overweight or obese.

Lifestyle and weight

Beyond pricing, there are many lifestyle issues that tend to make us fatter. All Americans now experience a more sedentary lifestyle that includes less walking, longer working hours, longer commutes and less physical activity. Children have less physical education at school and have greater access to high-fat and high-sugar treats from vending machines at school.

Communities are laid out in ways that discourage physical activity, parents discourage kids from walking home from school or playing outside for safety reasons, and we all are tempted to "supersize" meals for a few cents more at restaurants.

But low-income people face additional challenges. Frequently low-income neighborhoods do not have full-service grocery stores, and the ones available tend to have less healthful food. And when fresh produce is available, it tends to cost more than in middle-class neighborhoods.

Low-income communities have fewer safe or attractive places to play, and school districts in low-income neighborhoods are often under funded. This results in even more cutbacks in sports and physical education than in other schools and a greater temptation to contract with food and beverage companies to put certain foods in their vending machines to help fund school activities.

Social and emotional factors

Some research has shown that there are social and emotional factors that may increase the likelihood of obesity. Some studies have shown a link between depression in children and obesity. Other studies suggest that the brain's response to stress may result in central fat deposition and insulin resistance in adults, and stress could affect children in similar ways. Low-income families face the additional pressures of low-wage work, neighborhood violence, inadequate transportation and poor housing.

Maternal obesity also seems to predict obesity in children, and, since low-income women are more likely to be obese than high-income women, this puts low-income children at greater risk of becoming obese as they age, even if they are not obese as children.

The lack of quality basic health care is also a risk factor. Many low-income people lack access to health care, or if they do, it is lower quality. This means they get less preventive care as well as diagnosis and treatment of chronic health problems such as obesity and the resulting health issues.

Bringing it home

The situation in Virginia is as bad as or worse than the national picture. In 2002, 24 percent of adult Virginians were obese, while 35 percent were overweight, according to the Virginia Department of Health.

Data accessed from the 2004 Virginia WIC-net system showed that 19 percent of children ages 2 to 5 that participated in WIC were either in the "at risk for overweight" (85th to 95th percentile wt/ht) or "overweight" categories (greater than 95th percentile). A 2003 sample of 12

fourth-grade classes in Virginia showed that 17 percent were in the "at risk for overweight" category and 28 percent were overweight.

A study performed by the University of Baltimore looking at legislation, regulation and education gave Virginia a "D" for the state's efforts to control obesity and an "F" in the state's efforts to control childhood obesity.

Trust for America's Health says Virginia only met two of five standards for controlling obesity in schools -- physical education and health education requirements. Virginia failed to provide standards for school meals above USDA requirements, nutritional standards for competitive foods (such as junk food in vending machines) and limiting access to competitive foods.

Not only does obesity result in human costs, it also hits the pocketbook. In a first-time, state-level, obesity-related study, Research Triangle Institute International and the Centers for Disease Control and Prevention estimated that Virginia's direct obesity-attributable health care costs were more than \$1.6 billion in 2003, an estimated 5.7 percent of Virginia's total medical expenditures. The state has the 14th highest health care costs in the nation.

Clearly, Virginia has a lot of work to do.

What can be done?

Improving poor children's nutritional health can be addressed on numerous levels. Parents and schools must encourage healthful eating behaviors and regular physical activity -- at least 30 minutes every day. Local wellness policies addressing nutrition and exercise must be developed that involve parents, students, the school food authority, school board, school administrators and the public.

Obvious initiatives that can be impacted are the federally funded child nutrition programs, including the School Breakfast and National School Lunch Program, Summer Food Service Program, Child and Adult Care Food Program and WIC. They "can and should model the best nutrition for children," according to a study by the Food Research and Action Center. "The federal child nutrition programs can plan a crucial role in preventing both food insecurity and obesity, as well as in increasing economic security and improving nutritional intake."

And these programs can also "contribute to improvements in the general nutrition environment in schools and students' physical activity levels." The study calls for protecting and increasing access to federal nutrition programs and assuring that the programs provide optimal nutrition.

Local efforts

The Foodbank, working with other organizations, has been very active in addressing child hunger and nutrition.

"In addition to providing children with a daily, nutritious evening meal at all of our Kids Cafe sites, we also try to teach the children the skills they need to make healthy eating choices and develop healthy habits that will last a lifetime," says Debbie Kleeger, Kids Cafe[®] manager and nutrition educator.

"Our goal is to provide nutrition education at each of our 27 sites at least three times a year." Debbie and Linda Tolentino, DTR, Kids Café assistant, design and present the programs.

The newly organized Healthy Communities for the Future, Health Living Program will kick off its activities on June 3 with a health fair at the Southside Boys & Girls Club. Partnering with the Foodbank/ Kids Cafe® are Farm Fresh, Virginia Cooperative Extension, Norfolk Department of Public Health, Berkley-Campostella Civic League and others.

Monthly programs specifically geared to address childhood obesity will begin during summer camp at the Southside Boys & Girls Club and will continue throughout the school year. The Virginia Cooperative Extension agents have also provided programs at Kids Cafe® locations in Suffolk, Norfolk and on the Eastern Shore during the current school year.

In January Portsmouth Kids Cafe® sites began the prevention program Healthy Weights for Health Kids, developed by the Virginia Cooperative Extension for children ages 7 to 14. The curriculum was developed as part of the 4-H Smart Choices Nutritional Education Program, funded by the U.S. Department of Agriculture Food and Nutrition Services.

In April Kids Cafe®, partnering with the Junior League of Norfolk-Virginia Beach, presented a nutrition program at the Rosemont Boys & Girls Club. Celebrity chefs taught children how to make low-fat chocolate cookies and smoothies. Children participated in a fitness session and Kids Cafe® staff led a discussion on how to make healthy food choices.

In the Berkley/Campostella area, a new Kids Cafe® site will open in the fall at the Southside Boys & Girls Club, and the Diggs Town Boys & Girls Club, which is undergoing renovations, will reopen its Kids Cafe® in the fall. In addition, Kids Cafe® operates a site at Metropolitan AME Zion Church.

What you can do

Besides supporting food programs such as the Foodbank, we must become advocates for legislation, regulation and education to combat obesity. We must educate the public and our legislators that good nutrition not only makes sense from a human capital perspective, but it also will save money in the long run by preventing chronic health problems that require expensive intervention.

It will take a groundswell of grassroots support to make obesity the same kind of public health issue as nicotine and secondhand smoke were in the 1980s and 1990s. The future of our children and our country demand that we make obesity a personal issue.