Obesity Doesn’t Affect All Children Equally.

Today, more than 23.5 million kids and teens in the United States — nearly one in three young people — are overweight or obese, putting them at risk for serious, even life-threatening, health problems. Childhood obesity disproportionately affects communities of color, and in communities with high levels of poverty, families often lack access to healthy foods and safe places to play.

Many children grow up surrounded by unhealthy foods at home and in school. Others lack access to safe places where they can play and be active. Some low-income neighborhoods have many fast-food restaurants, but few stores or markets that sell nutritious foods. And many Americans of limited economic resources simply can’t afford to buy healthy foods, join health clubs or participate in organized sports or physical activity programs. The obesity epidemic threatens everyone, but not everyone is equally at risk. For example, among children and adolescents, obesity is more common in African-Americans and Latinos and the numbers of overweight African-American and Latino children are growing faster than the number of overweight non-Hispanic white children.

The Facts.

Among children ages 2–19, there are dramatic differences in the rates of overweight and obesity:

• 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

Obesity is twice as common in young American Indian/Native Alaskan children as it is in white and Asian children. Obesity prevalence is higher in Latino and African-American children than it is in non-Hispanic whites and Asians. Research offers evidence that obesity prevalence differs among racial and ethnic groups in the United States in children as young as age 4.

Less physical activity: 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. Minority adolescents and those from families with lower socioeconomic status have less access to facilities for physical activity (parks, playgrounds, walking paths, etc.).

Access to healthy foods: People in some communities have limited opportunities to make healthy food choices. In general, poorer areas and non-white areas tend to have fewer fruit and vegetable markets, specialty stores and natural food stores. 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.

What can we do?

Our vision at Voices for Healthy Kids is to see every child with healthy foods and drinks at home and in school, safe streets for biking and walking, and places to play after school. Research shows that public policies and industry practices that increase access to healthy foods and safe places to play are essential for families to make healthy decisions. Will you become one of the voices for healthy kids?

Learn more and join the movement to help all children achieve a healthy weight: voicesforhealthykids.org.

Source: Understanding Childhood Obesity, 2011; American Heart Association. ©2014 American Heart Association