



# FAST FACTS



## Racial Disparities and Obesity

**OBESITY** is a complex chronic disease in which abnormal or excessive accumulation of body fat impairs health. Adult obesity rates have more than doubled since the 1980s — in the U.S. today, obesity affects over 42% of adults and 18% of youth.<sup>1</sup> Obesity and its related complications are major drivers of rising healthcare costs, diminished health-related quality of life, and the recent decline in U.S. life expectancy. This fact sheet is part of a series designed to provide basic information about the science of obesity and current strategies to address it.

### Racial Health Disparities and Obesity

**COVID-19 has pulled back the curtain on racial disparities in health care. Some communities of color are experiencing higher rates of hospitalization or death from COVID-19.**<sup>2,3</sup> These disparities are not limited to infectious diseases; racial minorities experience higher rates of chronic diseases, death, and disability compared with white Americans.<sup>4</sup>

- In pediatric and adult female populations, Black and Hispanic Americans experience higher rates of obesity than white Americans.<sup>1,5</sup>
  - Disparities exist not only in obesity prevalence, but also in obesity treatment outcomes. Weight loss therapies have been shown to be less effective for racial and ethnic minorities.<sup>6</sup>
- American Indians, Black Americans, Hispanic Americans, and Asian Americans are all more likely than white Americans to have diabetes.<sup>7,8</sup>

### Factors Contributing to Minority Health

**The same factors that increase the risk of COVID-19 in racial and ethnic minorities also put them at greater risk for chronic diseases.** Systemic inequities in housing, employment, and health care make it more likely that racial and ethnic minorities will develop hypertension, cardiovascular disease, obesity, and cancer, and will have a harder time accessing high-quality medical care when they do.<sup>3</sup>

- The environments that people live in can affect their health in profound ways. Historic and current policies rooted in racism and white supremacy have resulted in racial and ethnic minorities living in neighborhoods with limited access to healthful food, opportunities for safe physical activity and access to medical facilities.<sup>3</sup>
- Many members of racial and ethnic minority groups work in industries that are considered essential during the COVID-19 pandemic but they are less likely to have personal protective equipment in the workplace, and many lack paid sick and family leave.<sup>3</sup>
- Many barriers prevent racial and ethnic minorities from accessing and receiving high-quality health care. These include:<sup>3,9,10</sup>
  - Lack of health insurance: American Indians, Black Americans and Hispanic Americans are more likely to be uninsured than white Americans;
  - Costs: Black Americans are more likely than white Americans to avoid seeking medical care because of cost. The cost of missing work can also be a financial barrier to health care; and
  - Racism: discrimination and stigma can increase stress levels, which can lead to health problems. A lack of diversity among health care providers and the presence of implicit and explicit bias in health care can cause minorities to avoid health care or receive low-quality treatment when they do access it.
- Childhood adversity or trauma, such as abuse and neglect, parental substance abuse and incarceration are linked to subsequent health problems in adults - the more stresses endured in childhood, the greater likelihood of heart disease, obesity, depression and other chronic conditions later in life.<sup>9</sup>
  - Often these adverse childhood experiences are rooted in community environments historically divested and lacking equitable opportunities as measured by concentrated poverty, poor housing conditions, higher risk of violence and victimization, and homelessness.<sup>9</sup>

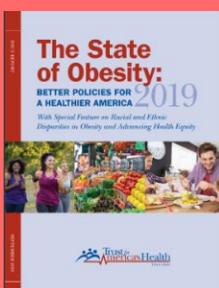
### KEY TAKEAWAYS

- Racial and ethnic minorities experience disproportionately poorer health outcomes for infectious and chronic diseases. Race and ethnicity affect both obesity prevalence and obesity treatment outcomes.
- Disparities in housing, employment, and health care caused by centuries of discrimination have contributed to poor health in racial and ethnic minority communities.
- To address health disparities, researchers and practitioners should address the social determinants of disease and engage communities to set priorities.

### LEARN MORE

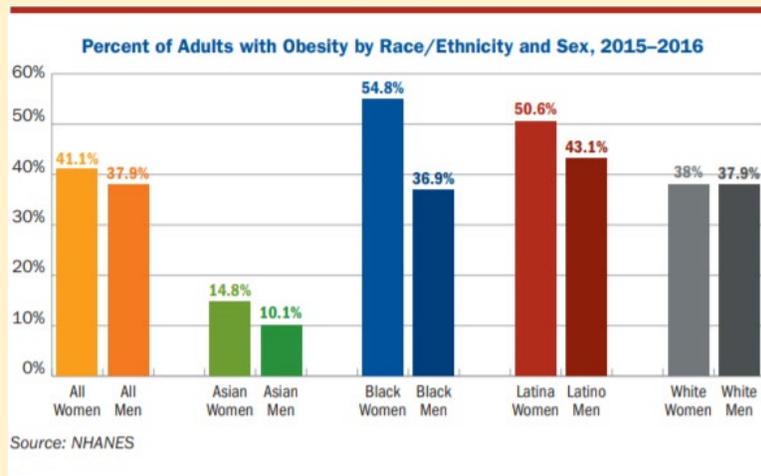
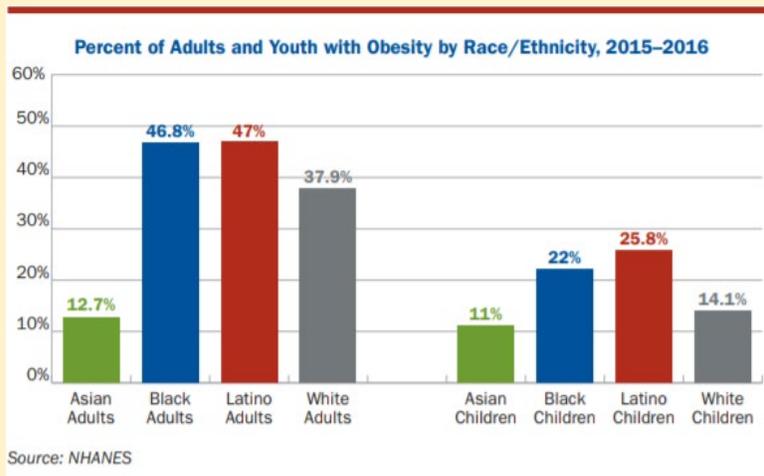
*CDC's webpage on COVID-19's impact on racial and ethnic minorities*

*Trust for America's Health "The State of Obesity" report*



## Obesity Prevalence by Race, Age, and Sex

**Disparities in obesity prevalence exist between racial groups for both children and adults.** The graphs shown below from Trust for America's Health *The State of Obesity* report suggest that both Latino adults and children have higher obesity rates than other groups. When sex is considered, Black women experience the highest obesity rates, followed by Latina women.<sup>1,12</sup>



## Eliminating Health Disparities

**To effectively address the rising prevalence of obesity in the US, disparities and structural inequities across multiple systems, including health, housing and education, need to be addressed.** The Centers for Disease Control and Prevention's publication "Strategies for Reducing Health Disparities" suggests that effective health disparity intervention strategies share common elements. These include:<sup>13</sup>

- Targeting at-risk populations or groups of people that consistently experience worse health outcomes than expected
- Addressing the social determinants of health, including environmental and behavioral factors that lead to health disparities
- Building community support and engagement in health interventions
- Promoting cultural sensitivity and appropriateness
- Evaluating programs to ensure their effectiveness

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