AFRICAN AMERICANS AND OBESITY RATES

THE ISSUE: Obesity rates have increased sharply in the United States over the past 30 years, and today, nearly one-third of children and adolescents are overweight or obese. These children are developing “adult” diseases, such as type 2 diabetes and hypertension, and are at increased risk for heart disease, stroke, certain types of cancer and other serious chronic conditions.

THE FACTS: Data demonstrate that there are vast income, racial, and regional disparities in regards to the people who are overweight or obese.

Income Disparities:
- Seven states (Mississippi, Louisiana, Kentucky, Alabama, Arkansas, Tennessee and West Virginia) have both poverty and adult obesity rates that are among the top 10 in the nation. Mississippi has both the highest poverty rate and the highest adult obesity rate in the United States.
- Residents of communities with high levels of poverty have less access to places where they can be physically active, such as parks, green spaces, bike paths and lanes. In some communities, parents cannot provide their children with healthy foods because they don’t have access to quality, full-service supermarkets. In fact, low-income areas have access to half as many supermarkets as wealthy areas.

Racial Disparities:
- Mexican-American and African-American children ages 6 to 11 are more likely to be obese or overweight than white children.
- Almost 43 percent of Mexican-American children and almost 37 percent of African-American children are obese or overweight, compared with “only” about 32 percent of white children.
- African-American children are more likely to develop diabetes than white children because of childhood obesity.

Regional Differences:
- Eight of the 10 states with the highest childhood obesity rates in the nation are in the South, leaving this region with a disproportionate number of obese children and adolescents.
- Among the states, West Virginia had the highest rate of childhood obesity at almost 21 percent, while Utah had the lowest rate at almost nine percent.

THE IMPACT: The ultimate cost of obesity is a drastically reduced quality of life and a shorter life span. In addition to the health consequence, obesity places an enormous burden on the health care system and the economy as a whole.

Health Consequences
- Being overweight or obese puts children at risk for an array of associated health problems: Obesity increases the lifelong risk for type 2 diabetes, high blood pressure, osteoarthritis, stroke, certain kinds of cancer and many other debilitating diseases.
- Researchers estimate that one out of every three males and two out of every five females born in the United States in the year 2000 will be diagnosed with diabetes.
More than 100,000 children ages 5 to 14 suffer from asthma each year because of overweight and obesity.

Researchers predict that if current adolescent obesity rates continue, by 2035 there will be more than 100,000 additional cases of coronary heart disease attributable to obesity.

**Economic Consequences**

- Obese children cost the health care system roughly three times more than the average child. Those who also lack insurance or access to health care place an even greater burden on the health care system.
- Childhood obesity is estimated to cost $14 billion annually in direct health expenses, and children covered by Medicaid account for $3 billion of those expenses.
- The average total health expenses for a child treated for obesity under private insurance is $3,743 annually, while the average health cost for all children covered by private insurance is about $1,108.
- Annually, the average total health expenses for a child treated for obesity under Medicaid is $6,730, while the average health cost for all children on Medicaid is $2,446.
- Among adults, the increased prevalence of obesity was responsible for almost $40 billion of increased medical spending through 2006, including $7 billion in Medicare prescription drug costs. The medical costs of adult obesity were estimated at $147 billion per year by 2008.
- Between 1999 and 2005 there was a near-doubling in hospitalizations of children with a diagnosis of obesity and an increase in costs from $125.9 million to $237.6 million (in 2005 dollars) between 2001 and 2005.

**Sources of Data:**


