



Communities Take Action on Obesity

By Mark Schmeissing

Introduction

Michelle Obama's Task Force on Childhood Obesity. Jamie Oliver's Food Revolution. *The Biggest Loser*. Is body fat the new national obsession? When a health-related problem affects more people than would normally be expected, it's called an epidemic. With more than two-thirds (67 percent) of American adults weighing in as either overweight or obese, the problem has clearly reached epidemic proportions. The number of obese adults now exceeds 25 percent in nearly two-thirds of states. State obesity rates also appear to have some relationship with poverty rates. Six of the states with the highest poverty rates are among the states with the highest obesity rates. At the same time, states with the lowest poverty rates are among the states with the lowest rates of obesity.¹ Mississippi, Alabama and West Virginia, (three of the poorest states in the US) have obesity rates of 28 percent or more. In contrast, Colorado is the leanest state with about a 16 percent obesity rate.²

The growing problem of obesity has been noted for decades by the medical community and social advocates. By now most Americans know what they should do - eat healthier, eat less, and exercise more. This might be a sufficient solution if obesity was an isolated individual predicament but it's not. The factors contributing to obesity are as varied as they are complex. Psychological, socio-economic, geographical factors combine with genetic predisposition and personal choices. This brief will focus on the behavior and environmental aspects influencing low-income communities.

Studies suggest that neighborhoods with decreased economic and social resources have higher rates of obesity. This can be attributed to the lack of nutritious food options, decreased physical activity (especially amongst children), and fewer opportunities for recreational activities in low-income communities.³ These challenges are increasingly significant in the current economy as more Americans live in low-income areas due to rising unemployment.

Fast-food restaurants and convenience stores are much more prevalent in low-income neighborhoods than chain supermarkets that offer a healthier array of foods including fresh fruits and vegetables. Crime rates and perceptions of danger are higher in low-income neighborhoods which mean fewer children walk to school or play outside. As a result, more time is often spent in front of the television. Also, healthy fresh food is more expensive than junk food. Low-income families have little money left after paying for housing, utilities, and transportation to buy groceries.⁴ If you are hungry, there are many

inexpensive unhealthy options to satisfy you as alternatives to the often more expensive fresh fruit and vegetables. The choices that low-income families are faced with aren't easy and sometimes the most reasonable, rational choice at the moment isn't the healthiest.

This issue brief will demonstrate that with the support of community services, funded by federal and state governments and public and private entities, low-income individuals and families can get the resources and support they need to maintain healthy lifestyles.

Causes of Obesity

A 2004 study in the *American Journal of Preventive Medicine* examined environmental factors contributing to the increasing prevalence of obesity, particularly in black and low-income populations.⁵ They found that not only is fast-food consumption related to obesity, but this relationship is strongest among low-income populations. Low-income communities have almost twice as much access to fast-food restaurants as middle-income communities. Low-income teens were found to drink more sugary sodas (69% compared to 55%) and have fewer family meals than more affluent teens.⁶ Low-income communities are characterized by fewer nutritious food options and less healthy eating behaviors in regard to meals and snacks.

Low-income children and teens also get minimal amounts of physical activity. Nearly one in five, or 18 percent, of low-income teens did not get at least 60 minutes of physical activity per week - the minimum amount of physical activity recommended by the 2005 federal Dietary Guidelines for Americans.⁷ They are also watching more television compared to their more affluent peers. This may be attributed to a lack of outdoor options. Parks and recreation spaces are non-existent, unsafe or poorly maintained in many communities leading parents to encourage children to remain indoors.

Lastly, low-income communities often lack recreational options and resources and the economic depression only makes this worse. There are fewer opportunities for organized sports. Only about 36 percent of low-income teens were on a school sports team in the previous year, compared with 49 percent of more affluent teens.⁸ Low-income families who struggle to meet their basic needs are unlikely to take on the expense of gym membership, exercise classes, equipment, facility use, or sports league fees.⁹

In general, Americans walk less and drive more, even for short trips of less than a mile, for the comfort and convenience. This is just as true for low-income people but when added to the many other environmental factors listed above, the barriers to a healthy lifestyle add up and result in skewed obesity rates among low-income communities.

Obesity's Impact on Health

More than a quarter of today's health care costs are estimated to be related to obesity.¹⁰ The sharp rise in obesity has accounted for a 20 to 30 percent rise in health care spending since 1979. If obesity rates had remained stable, health care spending in America would

be an estimated 10 percent lower per person on average.¹¹ Below are some of the key findings on the health impact of obesity.

The past 10 years has seen the number of newly diagnosed diabetes cases in the United States nearly double from 4.8 per 1,000 in 1995-1997 to 9.1 per 1,000 in 2005-2007.¹² With more than 80 percent of people with type 2 diabetes being overweight, The National Institute of Diabetes and Digestive and Kidney Diseases found that a seven percent weight loss, together with moderate levels of physical activity (walking 30 minutes a day, five days a week), decreased the number of new type 2 diabetes cases by 58 percent among people at-risk for the disease.¹³ Obesity has also been linked to heart disease and stroke (the leading cause of death in the United States), cancer, kidney disease, and arthritis.

Risk factors for heart disease and stroke such as high blood pressure, high levels of blood fats, and LDL, or bad cholesterol, are more common in people who are overweight. People who are overweight are also at risk of developing several types of cancer, including cancers of the colon, esophagus, and kidney. Being overweight is also linked with uterine and postmenopausal breast cancer in women.¹⁴ An estimated 24.2 percent of kidney disease cases among U.S. men and 33.9 percent of cases among women are also related to being overweight or obese.¹⁵ These are just a few of the many health issues that are associated with obesity.

Community Action Agencies Respond

The Community Action Network was born with the enactment of the Economic Opportunity Act of 1964. This statute aimed to eliminate the causes and consequences of poverty in the United States. To accomplish this goal, the Act established Community Action Agencies (CAAs), which are community-based anti-poverty agencies. In 1981, the program evolved to a block grant entitled The Community Services Block Grant (CSBG). The Federal Department of Health and Human Services' (HHS) Office of Community Services (OCS) allocates the CSBG to the states who in turn administer the CSBG to a network of CAAs. These agencies and the state offices that administer them form the core of the Community Action Network and work to alleviate poverty on a community level.

Today, the Community Action Network is comprised of nearly 1,100 local, private, non-profit and public agencies that work to alleviate poverty and empower low-income families in communities throughout the United States. Most of these agencies are CAAs created through the Economic Opportunity Act of 1964. The other agencies are included under the Community Services Block Grant, and follow similar guidelines for structure and service. CAAs currently serve over 16 million low-income people annually in 99 percent of the nation's counties.

According to Sec. 676 of the Community Opportunities, Accountability, Training, and Educational Services (COATES) Act of 1998, CSBG funds should be used "(1) to provide assistance to States and local communities, working through a network of

community action agencies and other neighborhood-based organizations, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully sufficient (particularly families who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.)); and “(2) to accomplish the goals described in paragraph (1) through the greater use of innovative and effective community-based approaches to attacking the causes and effects of poverty and of community breakdown.”¹⁶

In response to their own community needs assessments, as well as to the facts outlined above about the negative impact on health and well-being, Community Action Agencies across the country work to combat the obesity epidemic. We will briefly examine innovative CSBG funded projects in Southwest Georgia; Orange County, California; the State of New Jersey; the Kentucky River Region; and Seattle, Washington.

Case Studies

Georgia

The Southwest Georgia Community Action Council recognized a need in their communities for a summer recreational option for low-income children. The Robert J. Clinton Summer Camp was started with the assistance of CSBG funds. The camp is available to children ages 8-11 in southwest Georgia and provides education, character building, and recreation in a residential setting. The camp is free of charge and allows children to be physically active and avoid a sedentary lifestyle. The camp provides activities in a residential setting and teaches children the value of education and wellness. In 2009, a total of 117 boys and girls attended the camp. Campers enjoyed experiences focused around the theme, “Back to Nature with Healthy Lifestyles and Choices.” Many of the campers never spent any significant time in nature before so relatively typical camp experiences were novel. One of the more popular camp activities was a field trip to Reed Bingham State Park where campers enjoyed a live wild animal presentation by park rangers, a guided nature boat ride, swimming, and a cookout.¹⁷

California

The Community Action Partnership of Orange County (CAP-OC) is committed to seeing healthier communities and reducing obesity among low-income children. The CAP-OC builds partnerships with other organizations and is active in the Nutrition and Physical Activity Collaborative (NuPAC) to coordinate efforts and maximize resources to decrease childhood obesity in Orange County. In 2008, NuPAC successfully advocated to change WIC food packages to include more fruits, vegetables and whole grains. The collaborative also successfully completed and launched the OC Obesity Plan that provides a framework in which multiple partners can work together and measure their progress.¹⁸

In April 2009, the Kern County Department of Public Health hosted an Obesity Summit to launch a “Call to Action” plan that includes government officials, healthcare providers,

schools, childcare providers, community-based organizations, faith-based organizations, youth organizations, media outlets, and businesses. The Community Action Partnership of Kern joined this plan and took steps to change its WIC program. To help prevent obesity and accompanying health risks, the program now provides participants with a healthier diet in keeping with current nutrition information. Expanded WIC food vouchers provide fruit, vegetables, whole grains, and other foods high in fiber and nutrients, and low in sugar and fat. The Community Action Partnership of Kern is conducting monthly training sessions on developing and maintaining healthy habits, while also offering a wellness program to help staff improve their own lifestyle.¹⁹

New Jersey

The State of New Jersey decided to dedicate some of its CSBG American Recovery and Reinvestment Act of 2009 monies towards a Community Nutrition Program to provide nutritious meals to low-income individuals, their families and to the elderly. The services are offered to children who are eligible for a free lunch but are unable to access that program during the summer months. A nutrition specialist and an assistant provide nutrition education and counseling to help prevent obesity and other unhealthy diet problems. The program also includes exercise and physical activity workshops for children. As part of this program, the New Jersey “I am Moving, I am Healthy” initiative provides children and their families with the knowledge and skills needed to develop and maintain healthy eating habits and a physically active lifestyle. The program goal is to help the children develop into healthy adults. The program is geared to prevent obesity, diabetes, and other health problems by increasing good nutrition and increasing physical activity.²⁰

Kentucky

From July 1, 2008 through June 30, 2009 the L.K.L.P. (Leslie, Knott, Letcher, and Perry) Community Action Council located in the Kentucky River region provided over 100,000 units of service to more than 10,000 households in the service area. Their Summer Food Service Program provided over 20,000 nutritious meals to low-income youth 18 and under. The council also received funding from the Kentucky Department of Education Division of School and Community Nutrition to provide meals to youth in community related activities during summer break from school. Through the CSBG Nutrition program, CSBG case managers evaluated family nutritional needs. Participants were offered nutritional counseling and workshops/meal preparation classes. In addition, CSBG families were referred for health screening services for immunizations, diabetic and cholesterol testing, and eye exams.²¹

Washington

Solid Ground has been serving the Seattle, Washington area for 25 years and is committed to fighting the root causes of obesity, malnutrition and hunger in underserved communities. The CAA started the Apple Corps program in an effort to collaborate with schools, community groups and local organizations to educate children about nutrition

and physical activity, improve policies affecting child health, and connect families to health-promoting resources. The program runs monthly school-based nutrition, health and fitness curriculum in elementary schools, and is also reaching families through farmers' market family nights. Apple Corps' innovative approach to nutrition education also involves a wellness cooking class for teachers. In reaching out to the community, partnerships have been created with Public Health Seattle and other agencies working in Seattle communities.²²

Conclusion

As demonstrated in the above examples of Community Action, the Community Services Block Grant effectively addresses the growing obesity epidemic in low-income communities. The results of these and similar health and wellness programs provided by CAAs across the nation affect the current and long-term quality of life of low-income people. Although these programs don't have quite the same profile in public perception as the first lady's initiative or a reality TV show, they represent significant community efforts to address the needs of the most at-risk populations affected by the obesity epidemic. Preventive programs for adults and children of all ages help low-income people thrive. Good health means not only access to nutritional meals and health care but also breaking down the barriers to a healthier lifestyle. This isn't just an individual quality of life issue. Improvements in health lead to better education, increased earnings, and a larger contribution to the American economy.

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⁴ Trust for America's Health and Robert Wood Johnson Foundation. "F as in Fat: How Obesity Threatens America's Future 2010" July 2010. <<http://healthyamericans.org/reports/obesity2010/Obesity2010Report.pdf>>

⁵ Block, Jason P., Richard A. Scribner and Karen B. DeSalvo. "Fast Food, Race/Ethnicity, and Income: A Geographic Analysis" *American Journal of Preventive Medicine*, Vol. 27. Issue 3. October 2004. <<http://www.ajpm-online.net/article/PIIS0749379704001394/fulltext>>

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⁸ Hastert, Theresa A., Susan H. Babey, Allison L. Diamant and E. Richard Brown. UCLA Center for Health Policy Research. "Low-Income Adolescents Face More Barriers to Healthy Weight" *Health Policy Research Brief*. December 2008.

⁹ Trust for America's Health and Robert Wood Johnson Foundation. "F as in Fat: How obesity policies are failing in America 2009" July 2009.

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- ¹² Centers for Disease Control and Prevention. *Morbidity and Mortality Weekly Report*. “State-Specific Incidence of Diabetes Among Adults -- Participating States, 1995-1997 and 2005-2007” October 31, 2008. <<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5743a2.htm>>
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