Structural Racism and the Obesity Epidemic in Black Youth

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Overview

Intro: who, where, and interests (clinical, research, policy, etc.)
Obesity Epidemic

The most common disease of childhood
• Estimated at 11.2 million
• By 2030, 33% of children and 50% of adolescents affected
• Severe obesity is the fastest growing category

Wang, Beydoun, Min et al. (2020). Has the prevalence of overweight, obesity and central obesity levelled off in the United States? Trends, patterns, disparities, and future projections for the obesity epidemic. International J of Epidemiology, 49(3).
# Traditional Pediatric Obesity Treatment Recs

## Table 2. Expert Committee Recommendations for Staged Obesity Treatment

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<th>Focus on healthy lifestyle habits to improve BMI</th>
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Focus on the Individual
Case 1

4 yo Black identifying male on medical assistance

Anthropometrics:

- Height: 114 cm (45 in)
- Weight: 40 kg (88 lb)
- BMI: 31

OSA (CPAP noncompliant), acanthosis, ASD

Mom describes her child as a picky eater who does not eat a lot - typical foods: oatmeal, Chef Boyardee, mac & cheese cups, almond milk (lactose intolerance).

Has meltdowns when he does not get the food he wants

Not very active – starts breathing heavily with little movement; legs bow out when he stands

Family believes he will “grow out of it – he’s big boned”
Outside of the Person Contributors

Contributors to Energy Storage

Increased Intake
- Increased Availability of Energy-Dense, Nutrient-Poor Foods & Beverages
- Lack of Nutritional Education
- Disturb Patterns
- Eating Away From Home
- Food Insecurity
- Maternal Employment
- Breastfeeding and/or Related Factors
- Maternal Stress
- Maternal Smoking
- Maternal Obesity
- Delayed Prenatal Care
- Intake & Expenditure (Or Unknown)
- Family Conflict
- Social Networks
- Weight Bias & Stigma
- Lack of Employer Preparedness to Assist With Obesity
- Low SES & Nutrition Support
- Living in Congested Areas
- Consistent Temperature (i.e. air conditioning/heating, thermoregulation)
- Increased Sedentary Time (i.e. inactive screen time, inactive job requirements)
- Built Environment (built environment changes, exercise, or poor sedentary habits)
- Decreased Opportunity for Non-exercise-Related Physical Activity (i.e. driving a car instead of walking to work and school)
- Labor-Saving Devices
- Prenatal Air Pollution
- Environmental Chemicals

Decreased Expenditure
- Maternal Over-nutrition During Pregnancy
- Having Children (for women)
- Non-parental Childcare
- Maternal Smoking
- Maternal Obesity
- Maternal Prenatal Care
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Structural Racism and Obesity

- Housing segregation
- Access to equal education and employment opportunities
- Access to loans/wealth building opportunities

- Food advertisement
- Access to grocery stores
- Discrimination while shopping
- Safe environments for activity
- Disadvantaged neighborhoods

Economic & Physical Environment

- Housing segregation
- Toxins, pollution, maternal smoking
- Discrimination
- Delayed/poor prenatal care, preterm birth, C-section, less breastfeeding
- Maternal stress

Food/Beverage & Physical Environment

Maternal and Developmental Factors

- Adverse Childhood Experiences
- Weathering Hypothesis
- Poor access to mental health care

Psychological Factors

Psychological Stress

- Maternal stress
Assess for Social Determinants of Health

WE CARE Survey

We want to make sure that you know about the community resources that are available to you and your family. Many of these resources are free of charge. Please answer each question and hand it to your child’s doctor at the beginning of the visit. Thank you!

1. Do you need childcare for your child?
   - Yes
   - No

2. Do you have a full-time job?
   - Yes
   - No

3. Do you think you are at risk of becoming homeless?
   - Yes
   - No

4. Do you always have enough food for your family?
   - Yes
   - No

5. Do you have a high school degree?
   - Yes
   - No

6. Do you have trouble paying your heating/cooling, water or electricity bill?
   - Yes
   - No

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*For Providers/Staff Use Only*

If patient has needs and wants help, please give the appropriate WE CARE information sheet(s) from your practice’s Family Resource Bank. I screen our family. Store copy in patient EMR or chart.

Please check off below if you provided WE CARE information sheet(s) and/or referral(s) for the following needs:
- [ ] Childcare
- [ ] Housing
- [ ] Education
- [ ] Employment
- [ ] Food
- [ ] Utilities

Referral provided by:
- [ ] Provider
- [ ] MA
- [ ] Nurse
- [ ] Other

Children’s National
Learn

Anti-racism Daily emails have learning and action items

Learn about anti-oppression
https://black-butterfly-academy.teachable.com/

Implicit bias training and awareness
Action
Policy and structural changes
• Built environment
• Housing desegregation
• Focus on health of marginalized communities
• Black maternal health
• Improved access to food
• Improved access to quality health/mental health care

Be an advocate
• Momnibus Bill
• Know your own community
Local action

Social Care Network - national resource to find supports [https://www.findhelp.org/](https://www.findhelp.org/)


Involvement of Black communities in policy making
Trauma Informed Care Taskforce [https://health.baltimorecity.gov/trauma-informed-care](https://health.baltimorecity.gov/trauma-informed-care)

Community organizations that are doing the work [https://www.buildiaf.org/](https://www.buildiaf.org/)

Urban farming
**Action to take**

Institutional support for and destigmatization of obesity treatment across debts

Access to all treatments (e.g., bariatric surgery)

Implicit bias training and awareness

Acknowledgement of racism’s role in obesity

Addressing racial trauma

Delivery of interventions in accessible spaces
Now how would treat? What would we change? What policies or research do we did to add?

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Acknowledgments

Co-first author: E. Thomaseo Burton, Ph.D. (Le Bonheur Children’s Hospital)
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Thank You!

Children's National