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LATINO CENTER FOR HEALTH

ENGAGING LATINO COMMUNITIES

Obesity in the Latino Community

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As the fastest growing population in Washington State the health of Latinos children and adults is of increasing concern.¹ Amidst a national epidemic of obesity, disproportionate rates within the Latino community are especially concerning. Inequities in access to healthcare, the quality of care received and opportunities to make healthy choices where people live, learn, work and play all contribute to the rates of obesity being higher for Latino adults and children compared to Whites.⁹ Nationally, more than 38.9 percent of Latino children are overweight or obese, compared with 28.5 percent of White children.¹¹ As of 2013, the Washington State ranks 32 among states with an overall adult obesity rate of 27.2%. However, the state rate among Latinos is 29.7%,² placing them between the 22nd and 23rd ranked states. Adult obesity is a critical health issue as it increases the risk of serious chronic diseases including type 2 diabetes, cardiovascular disease, cancer, osteoarthritis, and chronic kidney disease.²

In addition to these health concerns, obesity across all populations creates an economic burden in health care costs at the individual and state level. As of 2009, the total estimated cost of obesity related medical expenses in Washington State was \$2.9 billion per year.³ Furthermore, an estimated 36.4% of the state-level cost of obesity is financed directly by the public sector through Medicare and Medicaid.³ Between 2009 and 2013, Washington State saw a 3% increase in the adult obesity rate², leading to increasing obesity related costs at the expense of local governments and taxpayers. Continued rising costs will occur if comprehensive efforts to overcome obesity are not implemented. In addition to health costs associated with obesity, Washington state also faces an estimated \$199.1 million dollar annual loss in productivity due to obesity related absenteeism among employees.⁴

According to the Center for Disease control and prevention, obesity data indicates a strong correlation between poverty and obesity.⁵ This correlation may be partly responsible for the disparity in the rate of obesity among Latinos as per capita income among Latinos is \$15,132 compared to \$30,742 in Washington state.⁶ Consequently, most Latinos in Washington reside in low-income communities and have few resources to address risk factors known to contribute to obesity, including lack of access to fresh fruit and green spaces, higher rates of hunger and food insecurity, limited access to safe spaces to be physically active due to elevated rates of community violence and targeted marketing of less nutritious foods and beverages.^{4,10} Fostering a culture of health and increasing culturally responsive community resources for treatment and prevention of obesity would promote the health of Latinos while reducing the state costs associated with obesity and its related chronic diseases.

Given the underlying causes of obesity and the magnitude of its effect on Latinos and the state, policies must focus on increasing access to prevention and treatment of obesity. Efforts to promote healthy eating habits through subsidies for fruits and vegetables and discourage unhealthy foods and beverages through sales taxes have shown the most potential in reducing obesity.⁷ Additionally, community level interventions can create environments that encourage healthy eating and physical activity for Latinos.⁸ Provision of health promoting resources makes healthy choices more accessible to Latino communities. Above all, these interventions must be carried out in culturally responsive ways to ensure receptivity and sustainability among the Latino community. As such, the following actions are recommended:

- 1) **Ensure community-based obesity prevention and control strategies, including providing education to Latino parents about childhood obesity, are culturally and linguistically appropriate** and use sustained and comprehensive interventions to maximize effectiveness.
- 2) **Increase access to and utilization of *promotores*** (community health workers, peer leaders and health advocates) who effectively connect Latino communities with public health services, the healthcare system and other social services.
- 3) **Subsidize fresh produce farmers markets** within low-income communities identified as having limited availability of healthy food options.
- 4) **Implement community design** that encourages walking and exercise through sidewalk and park reconstruction.
- 5) **Fund evaluation** of obesity prevention programs and policies.

References

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⁵ National Hispanic caucus of State Legislators. Hispanic Obesity: An American Crisis. Washington, D.C. 2010.

⁶ U.S. Census Bureau; American Community Survey, American Community Survey 2013 (5-year Estimates).

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⁹ [Profiles of Latino Health: A Closer Look at Latino Child Nutrition](#). In *National Council of La Raza* (accessed May 2014).

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