OBESITY:
Hispanic America’s Big Challenge
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INTRODUCTION

News stories about studies that say Europeans are following Americans down the road to higher rates of obesity tend to follow a predictable pattern: See; it’s not just us anymore. Go deeper into a typical story (Hunter, 2010), however, and it quickly becomes clear that Americans are still the undisputed leaders in a bizarre race where winning means greater vulnerability to diabetes, heart disease and other life threatening conditions. No matter how the statistics are portrayed, Americans are just too fat, in many cases due to poor choices about diet and exercise; comparisons with other countries where similar mistakes are being made will not help.

Two in three American adults are considered overweight or obese, and, more troubling, is that a third of American children and adolescents ages 6-19, are considered overweight or obese. Adults with a body mass index of 25-29.9 are considered to be overweight, and those with a BMI of 30 or more are characterized as obese. Those with a BMI of 40 or more are considered extremely obese. Using those standards (National Institute of Diabetes and Digestive and Kidney Diseases, 2012), a greater percentage of men, 74%, are overweight or obese than women, at 64%. Men and women are roughly equal, 36%, in their representation among the obese, but in the extreme obesity category, women, at 8%, are at twice the level for men, at 4%.

Given these statistics, it is easy to understand why the overweight and obesity condition has gained national prominence as a critical issue in recent years. They helped move New York City Mayor Michael Bloomberg in May 2012 to seek a ban on the sale of large sugary drinks in that city, an effort that was struck down in court in March 2013 before it went into effect. The judge’s ruling is being appealed by the mayor (The Takeaway, 2013). They also help to explain why first lady Michelle Obama’s “Let’s Move” focus on exercise and healthy eating has been so well received around the
BACKGROUND

As distressing as the overweight and obesity statistics are for the country at large, the numbers are worse in most cases for Hispanics. At nearly 50%, only non-Hispanic Blacks have higher rates of obesity than Hispanics – 40.4% for Mexican Americans and 39.1% for Hispanics overall (Centers for Disease Control and Prevention, 2012). Among Hispanic men, 18 and older, 30.7% are considered obese, not just overweight, compared with 27.5% of non-Hispanic White men. The gap is much wider among women. Thirty-three percent of Hispanic women, 18 and older, are considered to be obese, compared with just 24.5% of non-Hispanic White women. Among high school students, Hispanic boys, 19.2%, have a significantly higher obesity rate than non-Hispanic White boys, at 15%, but Hispanic girls, at 8.6%, are much closer to their White counterparts, who are obese at the rate of 7.7% (U.S. Department of Health and Human Services, 2012). Interestingly, obesity becomes less of a problem for Hispanic men as they grow older and more of a problem for Hispanic women as they age.

Obesity exacerbates health problems, related costs

The costs of obesity are many and varied, not the least of which are healthcare related. “If current trends in the growth of obesity continue, total healthcare costs attributable to obesity could reach $861 to $957 billion by 2030,” the American Heart Association notes, adding that such a sum “would account for 16% to 18% of US health expenditures” (American Heart Association, 2011).

In this respect, a problem of special concern is diabetes, which can have devastating, life-shortening impact through heart disease, stroke, hypertension, blindness, kidney disease and amputations; it also burdens the economy with estimated direct and indirect costs totaling $245 billion, a 41% increase in the last five years (American...
Among Hispanics 20 and older, 11.8% suffer from diabetes, a rate surpassed only by non-Hispanic Blacks, at 12.6%, compared with 7.1% for non-Hispanic Whites. Indeed, some Hispanic groups suffer from diabetes at rates even higher than that of African Americans. More than 13% of Mexican Americans have diabetes, and nearly 14% of Puerto Ricans suffer with the disease (American Diabetes Association, 2011).

The most common forms of diabetes are Type 1 sometimes referred to as juvenile diabetes, and Type 2, sometimes called adult-onset diabetes. Both types are the result of the body’s inability to produce insulin, the hormone that enables the movement of sugar into the cells. There is no cure for either type, and in some cases injection of manufactured insulin or other medication is required to control them. However, exercise and a healthy diet – which result in weight loss and good cardiovascular health – are critical to managing the disease.

Hispanics would benefit from more exercise and better diet

A respected professional journal’s website puts it well: “Regular physical activity is associated with decreased risk for obesity, diabetes, certain cancers and premature mortality” (Journal of the American Medical Association, 2008). Therefore, Hispanics should increase the amount of time they devote to exercise. While 22.8% of non-Hispanic White adults report that they meet the federal government’s standard (Centers for Disease Control and Prevention, 2011) for regular leisure exercise, just 14.4% of Hispanic adults report that they take part in regular exercise activity. Twenty-nine percent of non-Hispanic White adults report taking part in some leisure time exercise, compared to 22% of Hispanics. More telling, perhaps, is that 60.1% of Hispanics report that they are inactive compared to 45.1% of Whites (U.S. Department of Health and Human Services, 2012).

With respect to diet, there is much to applaud about what Hispanics eat, but there is also much in Hispanic food choices that raises alarms. Although there are some differences based on national origin, age and region, the U.S. Department of Agriculture has found, for example, that Hispanics consume more fruit and high-fiber legumes and less processed meat – good diet choices – than non-Hispanic Whites. However, they also eat more white rice, drink more whole milk and consume less nutrient-rich dark green vegetables – a less beneficial pattern – than non-Hispanic Whites. Mexican Americans in particular exhibit these food consumption patterns more than other Hispanic groups (Diet Health Inc., n.d.). As the National Health and Nutrition Examination Survey has found, non-Hispanic White children and adolescents get a much larger percentage of their calories from added sugars than
do Mexican American children and adolescents (Ervin, Kit, Carroll, & Ogden, 2012). However, studies have also shown a correlation between the extent to which Hispanics are acculturated in the United States and the way they eat – more processed cereal, for example (Lin, Bermudez, & Tucker, 2003).

There is reason to believe that this phenomenon is the result of intentional actions by processed food manufacturers. In his much acclaimed new book, Salt Sugar Fat, Pulitzer Prize-winning author Michael Moss (2013) details the ways in which processed food manufacturers employ science to “hook” customers on their products by hiring experts to “optimize” the flavors and textures of foods and beverages to make them irresistible to consumers. It paints a dark vision of an industry that puts profits before the health of its customers and one that only reluctantly accepts the need for change. In a chapter entitled “A Burst of Fruity Aroma,” Moss describes a 2011 meeting with a retired Philip Morris executive, Geoffrey Bible, who had led the tobacco company’s Kraft Foods division. Moss pointedly notes that Bible and Jeffrey Dunn, a former Coca-Cola executive he had also interviewed for the book, “...were careful eaters, avoiding too much of the kind of foods and drinks their companies sold” (pp. 123-124). He also pointed out that Bible’s office did not contain an ashtray, though he had once been a pack-a-day smoker.

Indeed, the reported arrogance and hypocrisy of the processed food industry are underscored in a recent opinion piece in The New York Times by a former Kraft Foods executive vice president who writes that he left the industry when he had to “acknowledge that reform would never come from within” and that he “could no longer accept a business model that puts profits over public health – and no one else should have to, either” (Mudd, 2013).

When it comes to sugary drinks, manufacturers have targeted young people, Hispanics and African Americans especially, according to a comprehensive science-based report by the Yale Rudd Center for Food Policy & Obesity. The study analyzed consumption of more than 600 types of sugary drinks, including regular soda, energy drinks, children’s fruit drinks, sports drinks and iced teas (Harris, Schwartz, & Brownell, 2011). In reporting on the study, Yale University’s Yale News notes that Hispanic and Black children and teens have been targeted by sugary drink companies. From 2008-2010, the report says, “Hispanic children saw 49% more ads for sugary drinks and energy drinks on Spanish language TV, and Hispanic teens saw 99% more ads” than their White counterparts (Yale University, 2011).
SUGARY DRINKS: BARRIERS TO GOOD HEALTH

In May 2012, when Mayor Bloomberg announced his plans to ban the sale of sugary drinks in New York City, the proposal defined them as beverages “sweetened with sugar or another caloric sweetener that contains more than 25 calories per 8 fluid ounces and contains less than 51% milk or milk substitute by volume as an ingredient” (Reuters, 2012). Sugary drinks are big business. By 2016, the global carbonated soft drink market alone is projected to reach $222.7 billion, with the Coca-Cola Company representing 47.6% of the market. The Americas account for more than half of the global carbonated soft drink market (Report Linker.com, 2013).

A recent study of sugary drink consumption in New York State showed that 35.3% of Hispanic adults consume at least one sugary drink per day, compared with 28% for non-Hispanic Blacks, 17% of non-Hispanic Whites and 20.6% of adults identified as “Other” (Brissette & Shefchik, 2013). These statistics are unsettling in light of another recent study by the Harvard School of Public Health that suggests that 180,000 deaths annually, including 25,000 in the United States, can be linked to consumption of sugary drinks. Latin America and the Caribbean, one of the nine regions established for the study, leads the list for diabetes deaths linked to sugary drinks, at 38,000 (Wade, 2013).

Opposition to Regulation: Reminiscent of Anti-Smoking Efforts

The growing awareness that sugary drinks represent a significant health hazard is reminiscent of the issues surrounding tobacco use. Despite mounting evidence that tobacco use, especially cigarette smoking, is harmful – including the landmark report of the U.S. Surgeon General in 1964 that linked smoking to cancer and other diseases – more than 40% of adult Americans smoked cigarettes through the 1970s. The numbers declined to about 21% in 2008 (Saad, 2008), and by 2010, the percentage of smokers 18 and older had fallen to 19.3% (National Center for Chronic Disease Prevention and Health Promotion, 2012). A combination of factors caused the decline. They included greater appreciation of medical risks, rising costs for cigarettes, peer pressure and widespread social disapproval, and bans on where smoking may occur. Restrictions on how cigarettes can be advertised have also made a difference, most recently with regulations on packaging, promotional venues and point-of-purchase displays (Layton, 2010).

A major obstacle to reducing cigarette consumption was the outreach campaign mounted by tobacco companies that included many nonprofit organizations in minority communities. Education programs, cultural institutions, youth services and sports programs in minority neighborhoods were among the organizations across the country that received financial and other support from tobacco companies. By the mid-1990s, however, such donations were significantly reduced as the organizations’ leaders came to appreciate the dangers of tobacco products to the communities they sought to serve (Randall, 2010).

MINORITY ORGANIZATIONS’ SUPPORT FOR SUGARY DRINK PRODUCERS

Despite the overwhelming evidence of disproportionate negative impact of sugary drinks on the health of Hispanics and African Americans, organizations representing both groups rushed to the defense of the drink manufacturers when New York’s Mayor Bloomberg announced his plan to ban the sale of large portions of the beverages (Knowles, 2013). Although their position would seem improbable, because of the high rates of obesity, diabetes and heart disease in the communities they represent, both joined the lawsuit brought by the manufacturers that eventually sank the ban the day before it was to go into effect. In the briefs they filed, both organi-
organizations – recipients of significant funding from Coca-Cola – asserted that the proposed ban would hurt local minority-owned small-store operators, because the city ban would have stopped them from selling 16-ounce drinks, while the 7-Eleven stores, a national chain, could continue to sell Big Gulps (Kessler, 2013).

The opposition by minority organizations to proposals like the Bloomberg plan to ban the sale of large sugary drinks is not new. It has been repeated in other states in connection with other proposed restrictions on sugary drinks. The manufacturers, however, are quick to deny that the millions of dollars they donate to minority organizations are to win their support. A Coca-Cola spokeswoman said the “suggestion that our community philanthropic efforts are motivated by something other than goodwill is grossly inaccurate and ignores our history of true partnership for well over a century” (Hartmann, 2013). Yet, as Gus West, president of The Hispanic Institute, said in the same article and elsewhere, some minority organizations are “taking the money and looking the other way on obesity, diabetes, heart disease.”

For minority organizations tied to big sugary drinks: a way out

If the minority organizations’ past behavior with big tobacco companies is any indication of how they will approach their relationship with sugary drink manufacturers in the future, it is likely that they will turn away from those donations and support regulation – but not until there is some incentive for them to change. In the case of tobacco companies, minority community organizations walked away when they found themselves condemned by their constituents and were able to find other sources of revenue to replace the lost donations. It is critical, therefore, for the Hispanic organizations that are not tied by financial strings to big sugary drinks to speak out. They are uniquely positioned to lead the way out of the predicament by their example and by their ability to educate, organize and mobilize the Hispanic community to push for a different path. They can also bring pressure to bear on lawmakers and other officials to support policies aimed at promoting good health. The Hispanic organizations that have thrown in their lot with big sugary drinks can make a choice to break the ties and to support the health needs of their constituents. If they work for change along with the African American groups that have also aligned themselves with big sugary drinks, they will perform an even larger service. In doing so, they will also serve the health needs of the entire country.

The road to change

The road to change has two lanes: education and civic engagement. The vehicles include community involvement and discussion, training, organizing, social media, and traditional media. Organizations like The Hispanic Institute, which supports regulation of big sugary drinks, have successfully used these tools to achieve their goals. Through grassroots civic engagement that includes voter registration, voter education, and Get-Out-The-Vote programs, organizations can motivate the Hispanic community to participate in this public policy debate. Such grassroots engagement can range from door-to-door campaigns with bi-lingual information about healthy eating to presentations at churches, schools and shopping centers where young and old Hispanic Americans gather, individually or in family groups.

It is especially important to engage technology, especially social media that can be accessed via handheld digital devices, such as smartphones. In announcing its “Connected Hispanics & Civic Engagement” report (Mata, 2011), The Hispanic Institute noted that the “Latino community has been quick to embrace wireless services in part because of the high premium that Hispanic culture places on civic engagement and neighborly communication. Nearly 90% of
Hispanics own mobile phones, compared to just 80% of whites. And 53% of Hispanics use mobile devices to access the Internet. Only 33% of non-Hispanic Whites do the same" (The Hispanic Institute, 2011). Thus, Hispanics represent a vast opportunity for education and action via Facebook, Twitter and other social media, along with the many apps developed to help the overweight and the obese to manage weight reduction, including many that have been developed specifically for various age groups.

This kind of leadership could make a major difference in the approach to affecting access to sugary drinks and other foods that are detrimental to good health, along with effective education about the value of regular exercise.

CONCLUSION

The negative effects of sugary drinks, other bad food choices and lack of regular exercise on the health of the fastest growing group in America will continue until Hispanics use their considerable political clout to influence public policymaking and their economic strength to influence purveyors of those products. They will also have to effectively educate members of the community to make sure that they fully appreciate the seriousness of the issue. An effective campaign will also recognize the need to coordinate their efforts with those of other groups that share their concerns, whether they are economic, philosophical or political. This will require careful planning and effective coordination, and the stakes are high. Success, however, will mean a healthier, more prosperous America in the years ahead.
WORKS CITED


