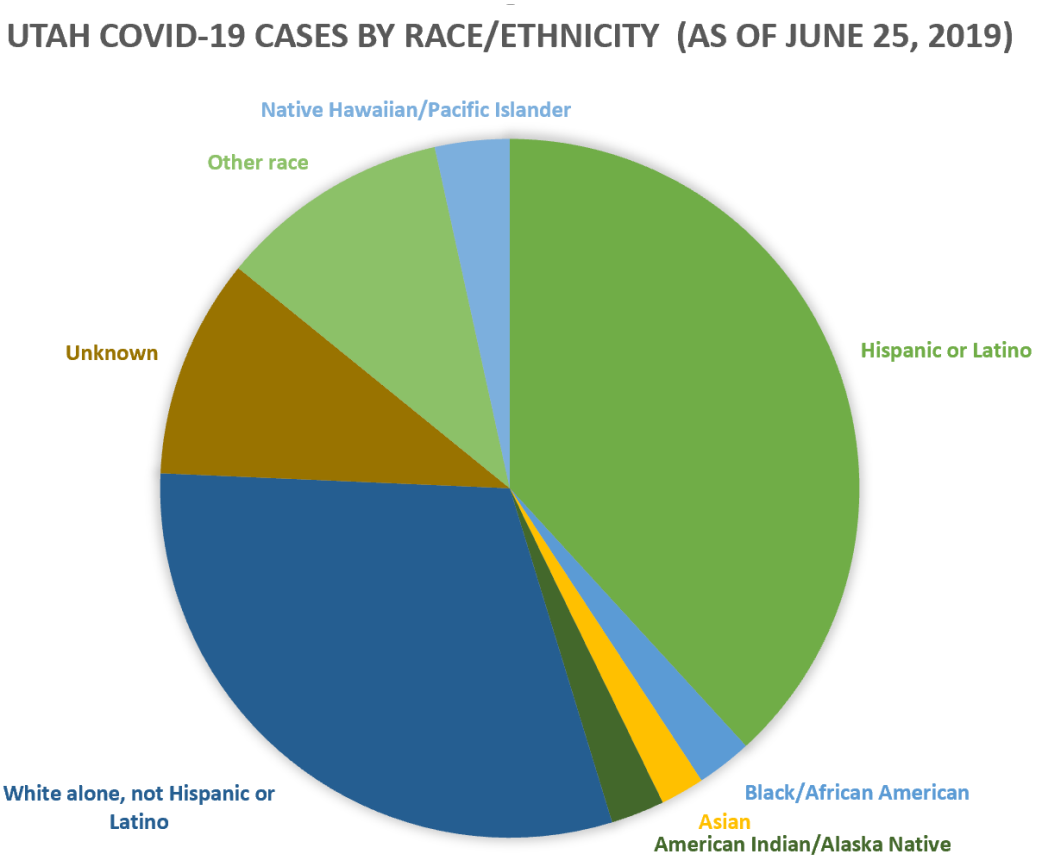
Childhood Obesity, Social Determinants and COVID-19

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Part 2 in a series on Utah's new KIDS COUNT childhood obesity indicator

In the context of COVID-19, it is especially critical to highlight the underlying structural and systemic indicators behind Utah's childhood obesity rates. The COVID-19 crisis has brought increased attention to long-standing health disparities. According to the latest COVID case data, people of color now make up over 50% of all COVID-19 cases, while making up just 22% of the total population. An alarming statistic that continues to worsen.

Obesity and obesity-related conditions are often cited as an "underlying condition" behind COVID-19 cases. Childhood obesity is a predictor of adult obesity, as well as diabetes and other heart conditions in adulthood. How we respond to the COVID disparities and how we move forward will depend much on our understanding of the *root causes* behind obesity and the social conditions driving many underlying

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conditions. As discussed previously, these social factors include access to affordable healthy food, opportunities for physical activity, and access to health care and benefits.

There is nothing "natural" about health disparities. It is not natural that children of color have higher obesity rates than white children; it is not natural that Latinx children in Utah are almost four times as likely to be uninsured as white children; it is not natural that immigrant families should face discrimination or fear obtaining basic services like health care or food assistance. These are the result of deeply-entrenched historic policies, practices and public policy decisions that make it harder for some families to achieve health and wellness.

If our public dialogue and policies focus on individual -level education, blaming or even shaming people’s choices or decisions, we miss an unprecedented moment to undo these broader systemic and structural barriers for families now and generations to come.

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