What the New KIDS COUNT Childhood Obesity Indicator Can Tell Us About

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Written by: Terry Haven

Part 1 in a series on Utah's new KIDS COUNT childhood obesity indicator

The annual KIDS COUNT report now includes a new measure of childhood obesity. This new indicator looks at the percent of teens ages 10 to 17 who are overweight or obese. Utah ranked number 1 in the nation on this indicator with 24% of our teens overweight or obese compared to 31% nationally.

While Utah ranks number 1 in this category, we have concerns about the addition of this new indicator as a measure of children's health. Our top-spot ranking is more significant for what it does not indicate about children's health and what we overlook if we focus on the ranking without context.

Utah's Obesity Rate Masks Health Disparities Disproportionately Affecting Children Along Lines of Race And Ethnicity

On the surface, Utah has the lowest childhood obesity rate in the nation, although the rate has been increasing over the last decade, in line with national trends. However, Utah's overall obesity rate masks stark disparities along lines of race and ethnicity. Children of color in Utah are more likely to be obese or overweight according to National Survey of Children's Health data.

Race/Ethnicity	Overweight or Obese (At or Above the 85th Percentile for Body Mass Index)
White/Non-Hispanic	20.8%
Hispanic	31.1%
Non-White/Non-Hispanic	21.7%

This is not due to any lack of knowledge, "lifestyle choice" or information. Rather, such health disparities point to broader social conditions and determinants. For example, according to the 2019 Utah Youth Risk Behavior Survey (YRBS), Hispanic or Latinx children consume fewer cans of soda every day compared to white children. In addition, youth of color report relatively the same amount of time spent

on more sedentary activities like video games or TV as white children. Utah's low rate of childhood obesity is sometimes attributed to an active, outdoor culture. Yet some families can easily participate in Utah's outdoor culture, while other families cannot. There exists a "recreation divide" in which children of color have traditionally not had the same opportunities or access to some outdoor recreation spaces. If we look at Utah's rate of childhood obesity without dis-aggregating by race and ethnicity, we miss the experience of many and overlook social conditions that advantage some children over others.

Increasing Obesity Rates Are A Marker of Systems, Environments And Policies Gone Awry, Not An Opportunity For Individual Blaming Or Shaming

There are broader factors affecting the health of Utah children and youth. Such social determinants include neighborhoods that offer fewer opportunities for physical activity and affordable, healthy food. For example, Hispanic or Latinx children are less likely to report living in a neighborhood with a park or playground area according to 2017-2018 National Survey of Children's Health data.

Moreover, as this US Department of Agriculture interactive map displays, those living in urban low-income Utah census tracts are more likely to live farther from a supermarket and/or not have a vehicle to get to a supermarket, as compared to those living in higher-income census tracts.

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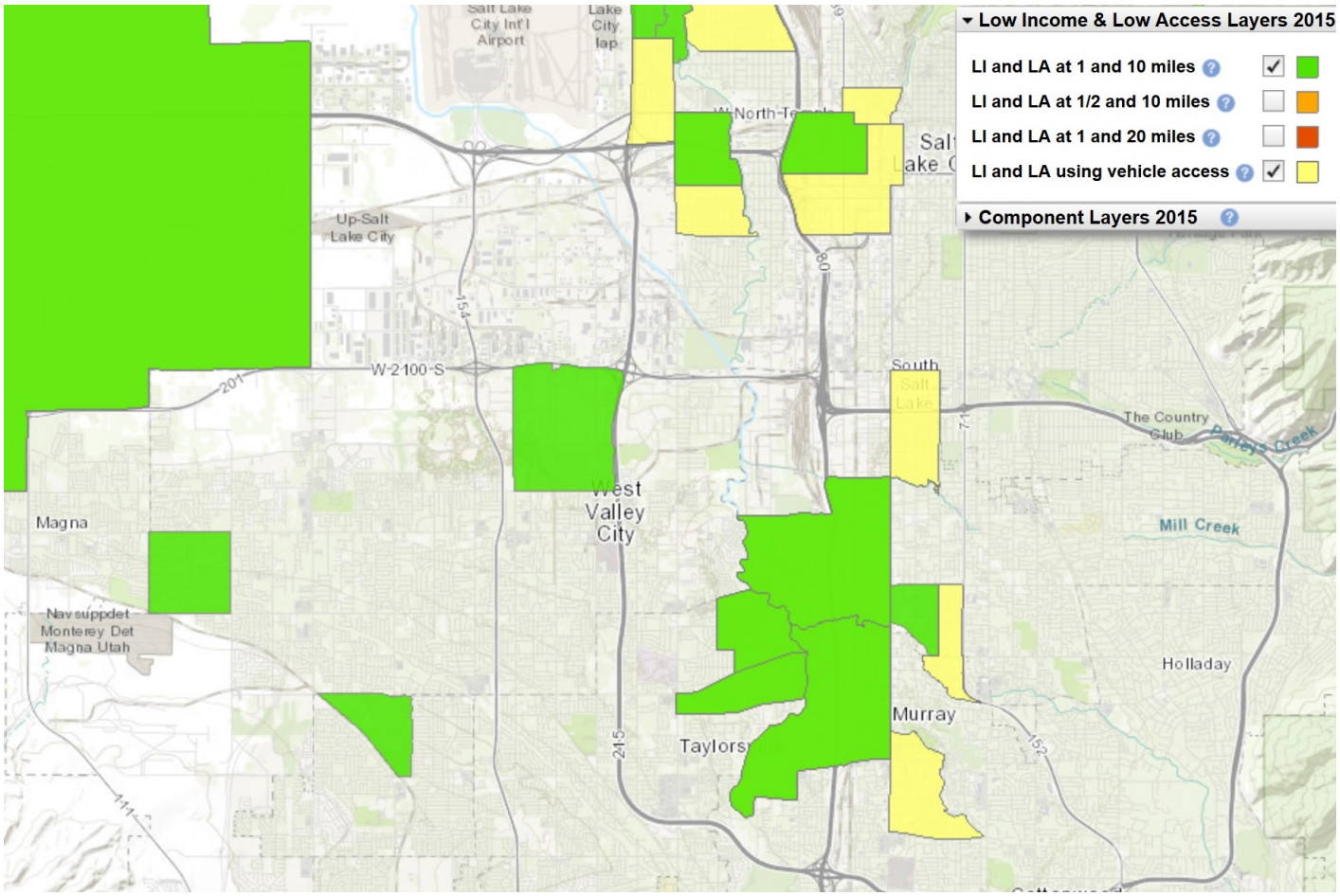

(Grocery Store Access: Salt Lake County)

Fewer supermarkets and affordable healthy food options within low-income communities and neighborhoods of color are not a demographic accident or "natural" settlement patterns. Rather, they are the well-documented consequence of government policies and negative development incentives, which have resulted in fewer options for affordable, healthy foods in historically disenfranchised neighborhoods.

When a family lives farther from a grocery store, it is that much harder to provide healthy, affordable meals for all family members. In Utah, only 57.9% of Hispanic or Latinx families report being able to always afford good nutritious meals, compared to 74% of white families. Even more telling, 37.6% of Hispanic or Latinx families reported that they could "always afford enough to eat, but not always the kind of food we should eat" compared to 20.9% of white families (according to National

Survey of Children's Health Data). Barriers related to cost and access are more likely to lead families to make less healthy food decisions, not a lack of knowledge or information.

In recent years, Utah state agencies have made exciting strides to promote physical activity and healthy food access, such as changes to school environments and recess policies at schools and childhood centers. These interventions are very important to change the overall environment in which kids are learning and playing. However, these interventions alone are not sufficient if we are going to help all children thrive. Such changes only get us so far if some kids go home to neighborhoods where affordable healthy food and opportunities for physical activity are in abundance-- while other children do not.

If we fail to consider the social determinants of health and the community and neighborhood-level factors that can affect children's health, then we will leave barriers in place and create solutions that continue to advantage white children over children of color.

Moving Away From A Focus On Weight: Kids Are Healthy In Many Different Sizes

Finally, obesity measures and interventions can lead to weight stigma and weight bias. While childhood obesity indicators have value as a population health measure, BMI is not a proxy for individual health. A focus on obesity can lead to interventions that over-emphasize weight loss and thinness as the 'cure' when other indicators such as blood pressure and aerobic fitness, are more predictive than height-weight calculations of cardiovascular health.

If we focus only on weight or weight-shaming, then we will develop solutions that can also disempower communities and cultures that embrace health and wellness at many difference sizes and shapes. This misdirected focus underlies broader discrimination within our health care system, making it harder for families to access care that is culturally-sensitive and appropriate. For example, Hispanic or Latinx families in Utah are more likely to report that their health care provider lacked sensitivity to their families' values or customs (according to National Survey of Children's Health Data).

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In addition, weight stigma can lead to bullying, shaming, eating disorders, anxiety and depression. The link between weight stigma and bullying are particularly alarming given the rise in youth mental health crises across Utah. In Utah's 2019 Student Health and Risk Prevention (SHARP) survey, youth in grades 6-12 were asked, "If you have been bullied in the past 12 months, why do you think you were you bullied?" The top reasons cited by youth were: "My size (height or weight)" and "The way I look (clothing, hairstyle etc.)." Between 2017-209, there was a slight increase in the number of youth who reported "their size" as the main perceived reason for being bullied. The SHARP data speaks to the need for interventions that support children and youth feeling accepted and body-positive, rather than focusing on weight.

The new KIDS COUNT measure is therefore an opportunity to work toward upstream policies, interventions and measures that address the social determinants and support body-positivity. It is a moment to work toward a Utah where all children and families can be empowered to be healthy, to feel accepted, and have access to the resources they need to care and nurture their bodies and minds.