

# Panel VI: Disparities and Measurement



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# Why this topic?



- **Obligation to address disparities**
- **Different character of the problem**
  - Disparities in obesity prevalence and trends by race-ethnicity and SES
  - Differences in environmental contexts for addressing obesity
- **Different character of potential solutions**
  - Different environmental contexts for food and physical activity
  - Different sociocultural contexts for food and physical activity
- **Different needs regarding acceleration of progress**
  - Closing gaps
  - Community participation
- **Implications for measurement?**
  - Sensitivity of measures (person-environment interactions)
  - Focus of measures (regarding both benefits and harms)

CDC Health Disparities and Inequalities Report —  
United States, 2011



**“Health disparities are differences in health outcomes between groups that reflect social inequalities. Since the 1980s, our nation has made substantial progress in improving residents’ health and reducing health disparities, but ongoing racial/ethnic, economic, and other social disparities in health are both unacceptable and correctable.”**

**Leading cause of death**

**Modifiable risk factors**

**CARDIOVASCULAR  
DISEASE**

- Smoking
- High blood pressure
- High serum cholesterol
- Obesity

**CANCERS**

- Smoking
- Alcohol
- Diet
- Environmental hazards

**HOMICIDE, SUICIDE, AND  
UNINTENTIONAL INJURIES**

- Alcohol and drug misuse
- Handgun availability

**DIABETES**

- Obesity

**INFANT MORTALITY**

- Low birth weight
- Maternal smoking
- Nutrition
- Trimester of first care
- Marital status, age

**CIRRHOSIS OF LIVER**

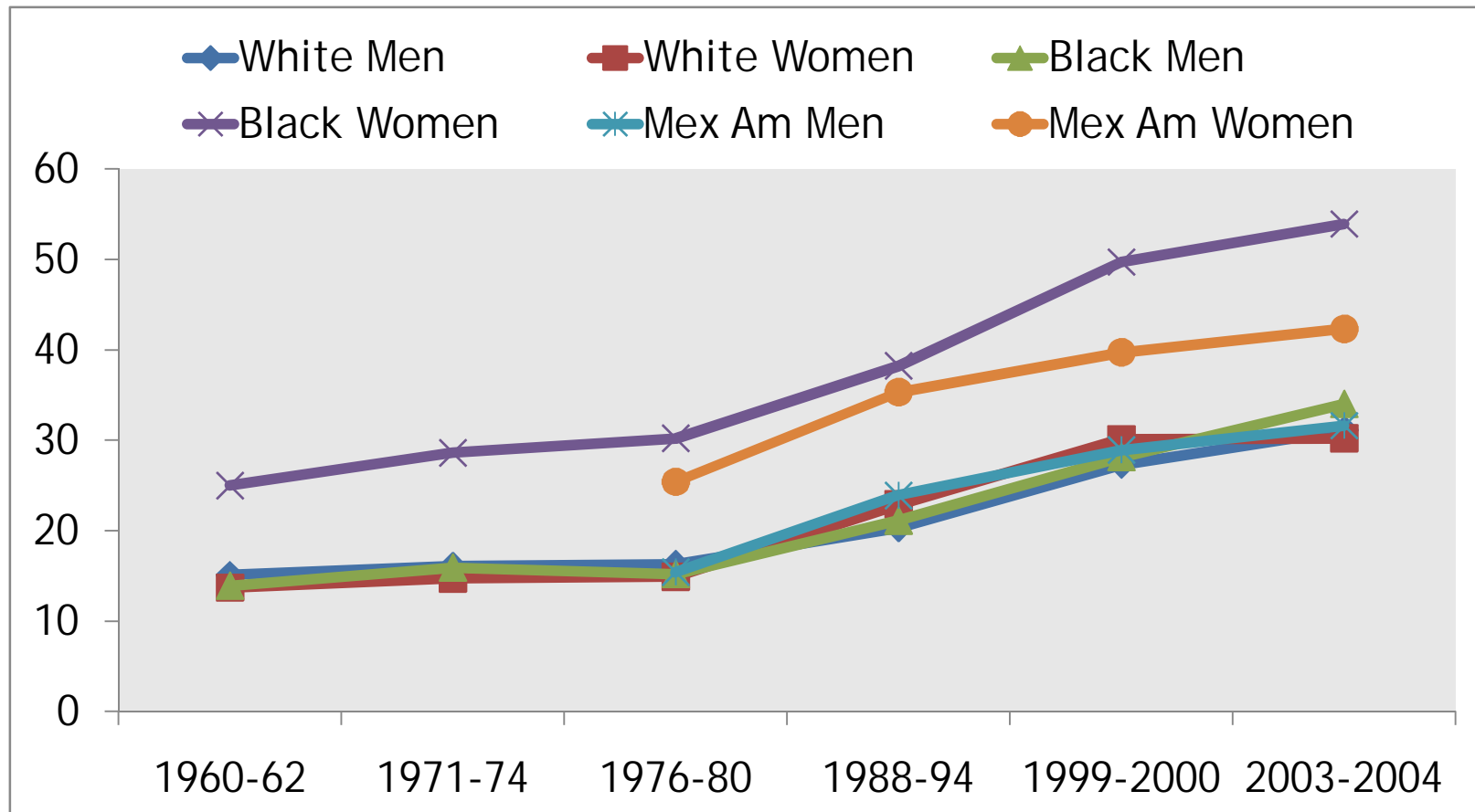
- Alcohol

# THE EPIDEMIC WITHIN THE EPIDEMIC

- z Obesity has been rising more steeply in African American and Hispanic children compared to children in other ethnic groups.
- z A very high percent of African American girls and Hispanic boys have weight levels in the obese or very obese range.
- z Levels of obesity among African American and Hispanic women are also very high, predating the current epidemic
- z Obesity levels are often higher in low SES populations

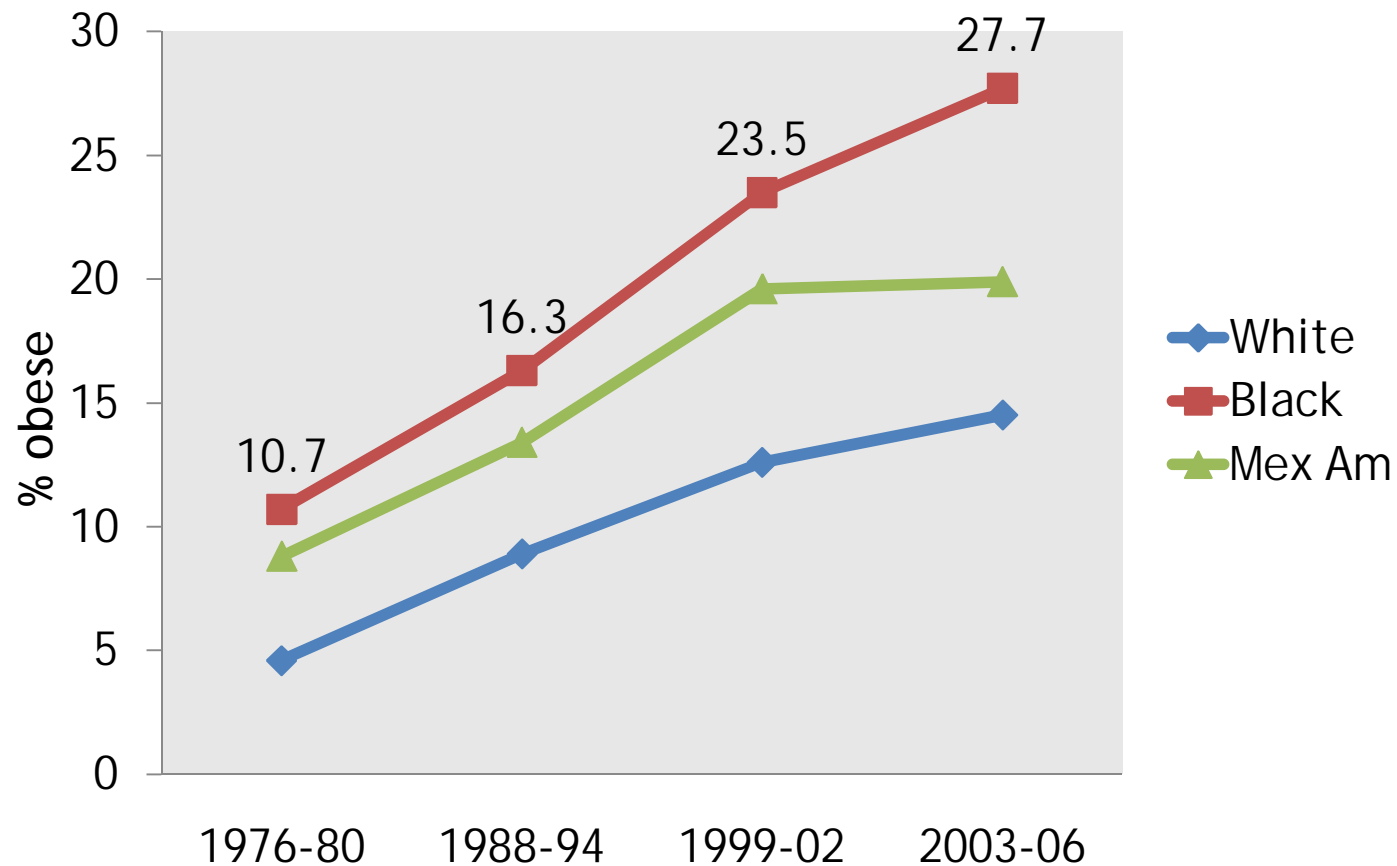


# OBESITY PREVALENCE TRENDS IN THREE ETHNIC GROUPS (BMI $\geq$ 30)



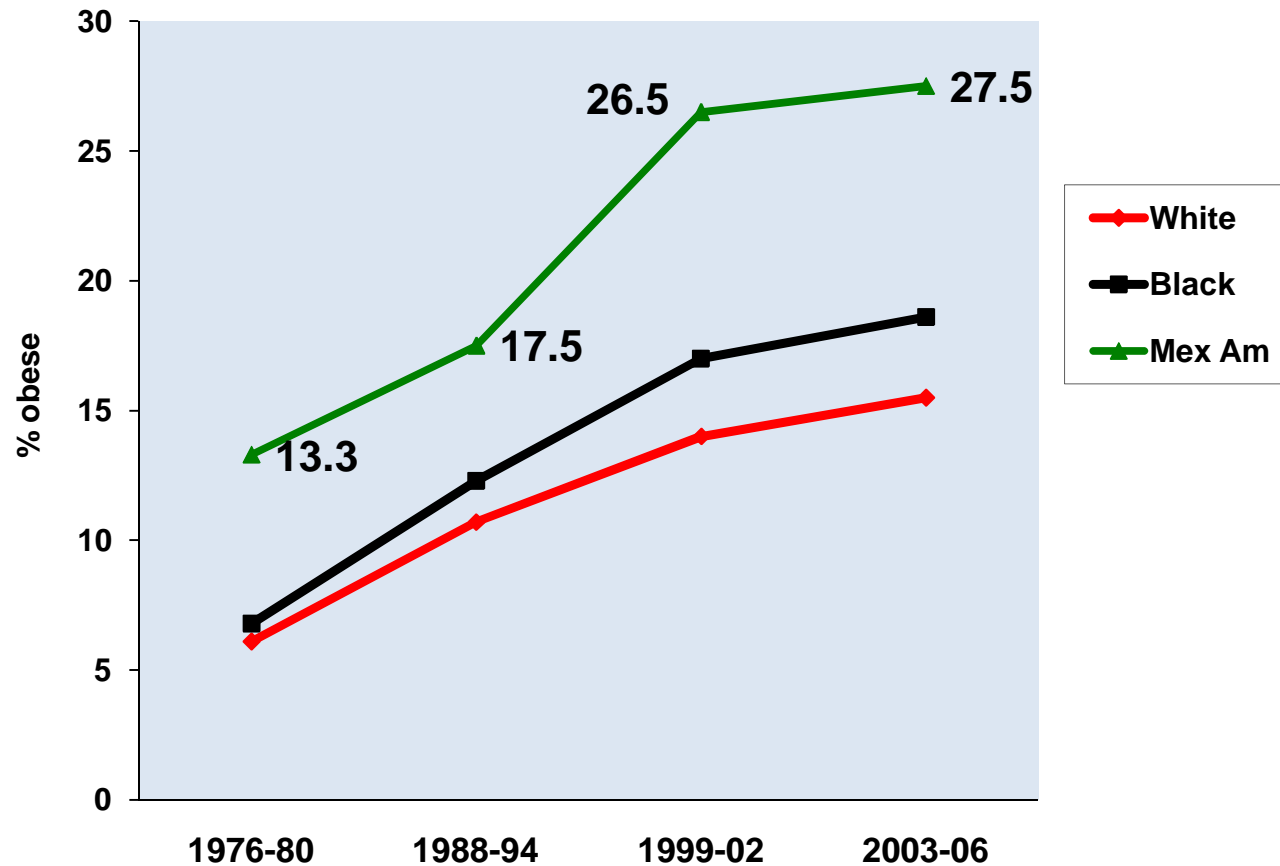
Source: NHES and NHANES data age-adjusted –see CDC, NCHS Health United States

# U.S.: TRENDS IN OLDER GIRLS, AGES 12 TO 19 YEARS



Obesity = at or above the 95<sup>th</sup> percentile of the sex- and age specific BMI charts of the CDC Growth Charts  
Source CDC. National Center for Health Statistics. Health United States, 2008, Table 76

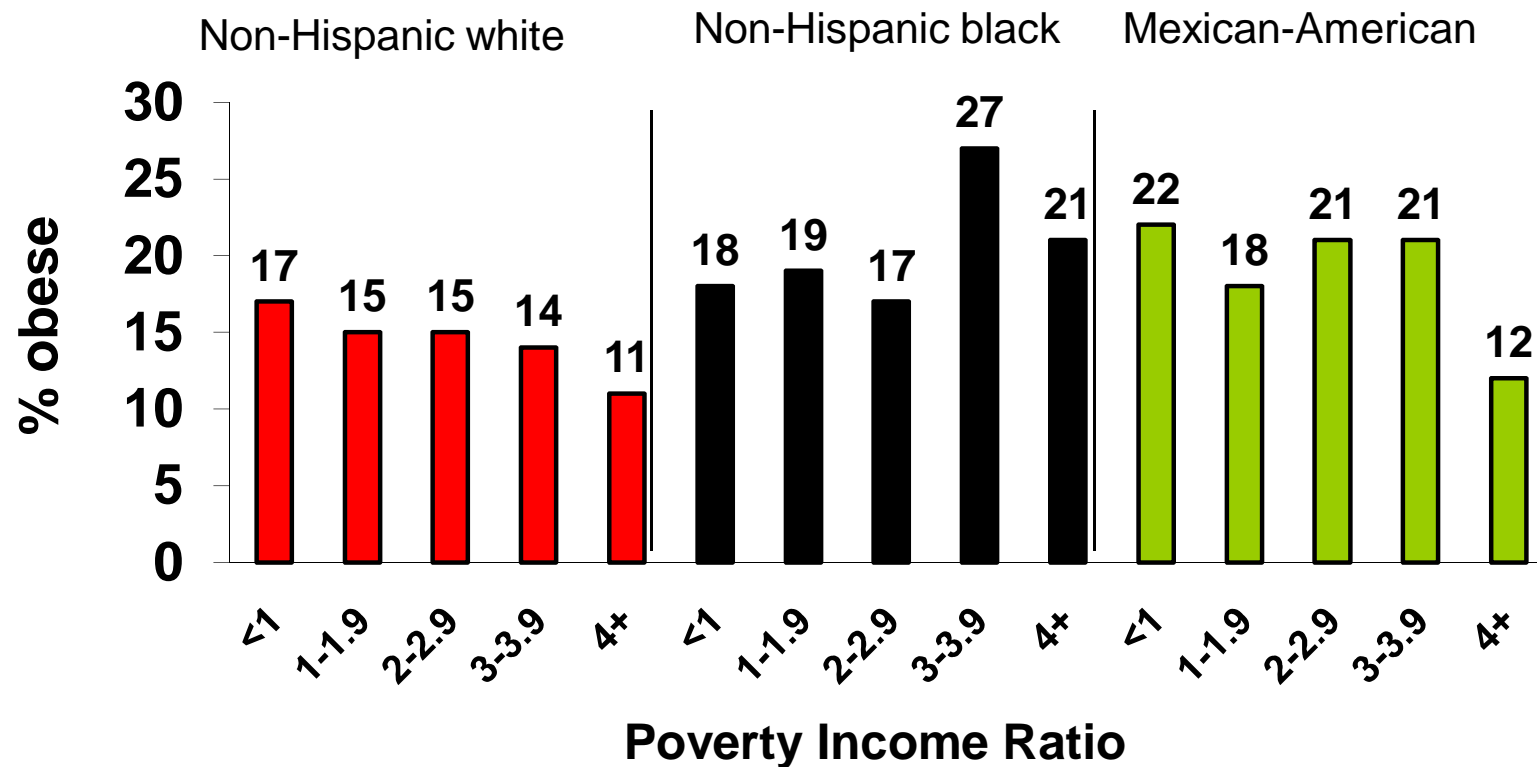
# U.S.: TRENDS IN YOUNGER BOYS, AGES 6 TO 11 YEARS



Obesity = at or above the 95<sup>th</sup> percentile of the sex- and age specific BMI charts of the CDC Growth Charts  
Source Health United States, 2008, Table 76

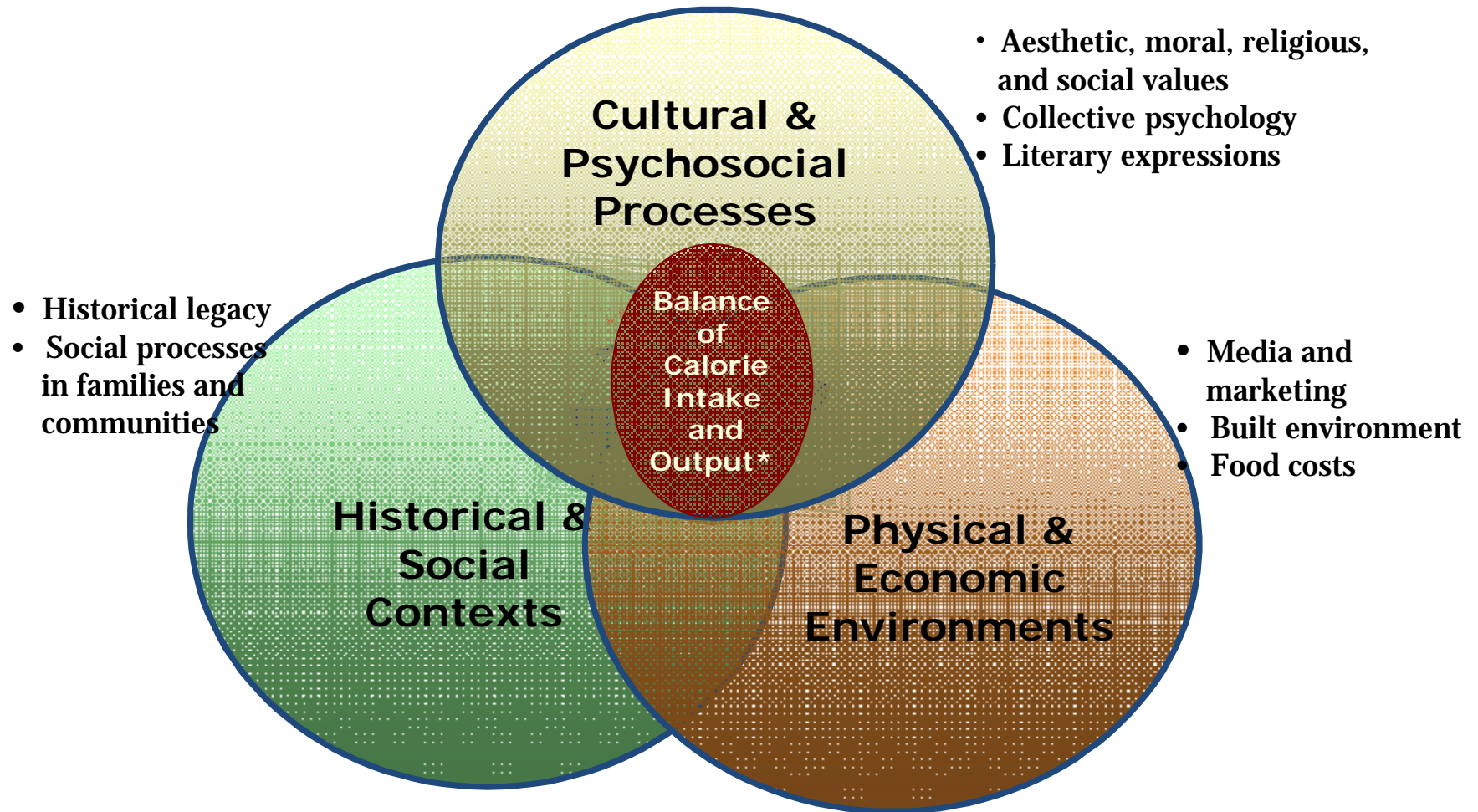


# CHILD OBESITY (AGES 2 TO 19) BY FAMILY POVERTY INCOME RATIO AND RACE/ETHNICITY



NHANES 1999-2004; Source Freedman et al, MedGenMed 2007;9(2):26 NHANES 1999-2004; Source Freedman et al, MedGenMed 2007;9(2):26 ; data are for children ages 2 to 19

# Community Perspective on Obesity Influences



Source: Kumanyika SK et al. Expanding the obesity research paradigm to reach African American communities. *Prev Chronic Dis.* 2007 Oct;4(4):A112 . See [www.aacorn.org](http://www.aacorn.org)

