

Obesity and Inequalities Within Public Health

Jill Shiroki

For the final project of my undergraduate career at The University of Maryland, I chose to research childhood obesity and dig into the depths of one of society's biggest issues and learn what we can do to raise our U.S. individual's health in the future. One outstanding question is the concern with deciding at what level this issue needs to be reached. Schools and educational institutions across the country have removed physical education classes as a priority and by default encourage sedentary activity daily. This was concerning to me, considering children spend all their time at school. The majority of low-income children eat all of their meals at school and many of these children are relying on the schools to provide them with healthy meal and snack options. Schools are a great target for intervention programs because they reach a large amount of the target population and can be generalized to a variety of communities.

One important fact is to realize is the blame is not on the children. Mass media is one of the greatest influencers on behaviors and decisions that children today are making. Food advertisements, specifically for fast-food restaurants and junk food, are the most commonly seen TV commercials. Fast food promotes a quantity over quality concept, making it more affordable for higher quantities, despite the unhealthiness of these products. Public health interventions need to be made at both the school and community levels to reach children, their families, and peers they interact with every day to create an environment to encourage a healthy lifestyle in all aspects of their daily routine. A key recommendation is to push for early intervention to monitor weight gain before children become overweight or obese.

Risk Factors of Obesity

Socioeconomic status (SES) plays a huge role in the health of our children and can be a dividing factor in our society. Lower-income and less educated individuals have lower understanding and ability to achieve good nutrition and healthy decision-making. Those of higher SES tend to have healthier lifestyles as they can afford fruit, lean meat, and raw veggies, and have access to private gyms, and sometimes, nutritionists. Lower-income communities are often surrounded by fast-food restaurants and lack access to fresh and locally grown foods. Lower-income individuals too often live in food deserts with limited or no access to large grocery stores many of us take for granted. Obesity is also more prevalent among certain ethnic populations, an example being Hispanic African American children. There are currently government programs in place, such as SNAP and Action for Healthy Kids, sponsored by the USDA, Department of Education, and the CDC. These are both community-based programs that address the overarching subjects of food inequalities. With the COVID-19 pandemic and the forced school closures, many children and low-income families across the country lost their main source of food. The USDA implemented Free Meals for Kids to ensure that children had access to nutritious and healthy food options.

Current Efforts



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Some school programs have already been implemented to address the obesity problem in our country. Let's Move!, one of the most successful and well-known programs, was established by Michelle Obama in 2010 with the intention of raising a healthier generation of kids. Since most children eat all of their meals at school, this program encouraged schools to provide healthier food options as well as meals for those who often cannot afford to eat outside of school. The Healthy, Hunger-Free Kids Act created stronger policies regarding meal standards for schools. Children living in poverty have a higher chance of becoming obese due to the rising costs of healthier food choices, so this program was a push to lower the risk of childhood obesity from a school-level intervention.

As leaders of the public health community, educators must teach the public on modifying related behaviors, such as lifestyle choices, as obesity is not only limiting on daily activity and quality of life, but it also significantly raises the risk of developing other diseases (diabetes, heart disease, stroke, and hypertension). Over 70% of individuals who died from COVID in the United States were significantly overweight or obese. This is a result of the pre-existing conditions that are tied to the risks of obesity. Obesity is a community-level issue as schools, parents, guardians, and the media all directly control the outcome of children's health. Policies need to be placed to restrict media from promoting unhealthy lifestyles. Government programs and policies must educate all involved parties.

This research raised some important questions revolving around the future of public health. With the rise of childhood obesity, the number of food-insecure families is also increasing, meaning that more families are struggling to afford to feed their children and promote healthy eating. How do we determine who is responsible for making sure these households have sufficient access to quality food? The overarching question here is who and what is to blame for the obesity pandemic, and at what level can society and public health address the concerns to slow the rise of childhood obesity.

