

The Caucus Corner

The National Caucus and Center on Black Aging, Inc. (NCBA)
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On March 4, 2022, the world observed “World Obesity Day” with the theme: “Everybody Needs to Act”. This day highlights the environmental and medical factors that contribute to high obesity rates across the globe. The day also focuses on what we can all do end the stigma.

Obesity is one of the biggest public health challenges facing the world today, affecting 800 million people with millions more at risk. In the United States, nearly 100 million Americans are living with obesity, including 43% of adults over age 60, and the rate of obesity is steadily increasing. Obesity is a chronic disease linked to more than 200 serious health conditions, including heart disease, diabetes, high blood pressure, and strokes, as well as a leading comorbidity for serious cases of COVID-19, second only to old age.

Obesity also **disproportionately impacts communities of color**. Nearly half (49.6%) of Black and 44.8% of Latino Americans are living with obesity, compared to 42.2% of white Americans, putting communities of color at higher risk of other serious chronic diseases. This condition puts people at a higher risk for serious diseases such as cancer, diabetes, and heart disease. Obesity is a life-altering disease that increases the likelihood of comorbidities and doubles the risk of Covid-19 hospitalization, yet people living with obesity lack support and face stigma at work, home and in the health system.

Obesity is a complex disease, with many root causes throughout society. That’s why everyone needs to work together to find solutions. Tackling the roots of obesity benefits everybody and will give us all the chance to lead happier, healthier, and longer lives. **Learn more about “World Obesity Day, Everybody Needs to Act-2022”, by visiting: <https://www.worldobesityday.org/>.**

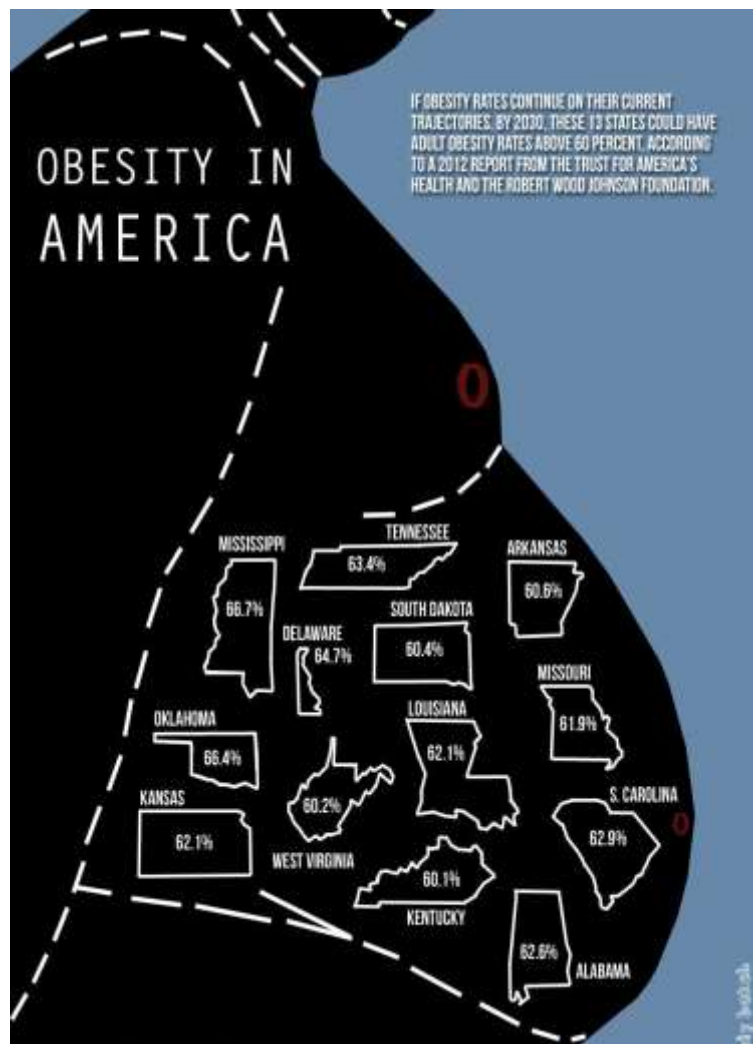
What is Obesity?

Obesity is a national epidemic, causing higher medical costs and a lower quality of life.

- Obesity means having excess body fat. Obesity is defined by body mass index, or BMI, which is calculated from your height and weight.
- Body Mass Index greater than or equal to 30 means you are obese. **Note:** Body mass index (BMI) is a measure of body fat based on height and weight that applies to adult men and women.
- Non-Hispanic black women and Hispanics have the highest rates of obesity (41.9% and 30.7%).
- Obesity is a contributing cause of many other health problems, including heart disease, stroke, diabetes, and some types of cancer. These are some of the leading causes of death in the U.S.
- Obesity can cause sleep apnea and breathing problems and make activity more difficult.
- Obesity can also cause problems during pregnancy or make it more difficult for a woman to become pregnant.
- Obese persons require more costly medical care. This places a huge financial burden on our medical system.

Why is This Epidemic Happening?

- Weight gain occurs when people eat too much food and get too little physical activity.
- Societal and community changes have accompanied the rise in obesity.
- People eat differently:
 - Some Americans have less access to stores and markets that provide healthy, affordable food such as fruits and vegetables, especially in rural, minority and lower-income neighborhoods.
 - Restaurants, snack shops, and vending machines provide food that is often higher in calories and fat than food made at home.
 - There is too much sugar in our diet. Six out of 10 adults drink at least 1 sugary drink per day.
 - It is often easier and cheaper to get less healthy foods and beverages.
 - Foods high in sugar, fat, and salt are frequently advertised and marketed.



- Many communities are built in ways that make it difficult or unsafe to be physically active:
 - Access to parks and recreation centers may be difficult or lacking and public transportation may not be available.
 - Safe routes for walking or biking to school, work, or play may not exist.
 - Too few students get quality, daily physical education in school.

Learn about "Obesity" by visiting:

<https://www.cdc.gov/vitalsigns/pdf/2010-08-vitalsigns.pdf>

Adult Obesity Facts

Obesity is a common, serious, and costly disease

- The US obesity prevalence was 42.4% in 2017 – 2018.
- From 1999 – 2000 through 2017 – 2018, US obesity prevalence increased from 30.5% to 42.4%. During the same time, the prevalence of severe obesity increased from 4.7% to 9.2%.

According to the United States Department of Health and Human Services, Office of Minority Health:

- African American women have the highest rates of obesity or being overweight compared to other groups in the United States. About 4 out of 5 African American women are overweight or obese.
- In 2018, non-Hispanic blacks were 1.3 times more likely to be obese as compared to non-Hispanic whites.
- In 2018, African American women were 50 percent more likely to be obese than non-Hispanic white women.
- From 2013-2016, non-Hispanic black females were 2.3 times more likely to be overweight as compared to non-Hispanic white females.
- People who are overweight are more likely to suffer from high blood pressure, high levels of blood fats, diabetes and LDL cholesterol – all risk factors for heart disease and stroke.
- In 2018, African Americans were 20 percent less likely to engage in active physical activity as compared to non-Hispanic whites.

Learn more about Obesity and African Americans by visiting <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=25>



- Obesity-related conditions include heart disease, stroke, type 2 diabetes, and certain types of cancer. These are among the leading causes of preventable, premature death.
- The estimated annual medical cost of obesity in the United States was \$147 billion in 2008. Medical costs for people who had obesity was \$1,429 higher than medical costs for people with healthy weight.

Obesity affects some groups more than others

- Non-Hispanic Black adults (49.6%) had the highest age-adjusted prevalence of obesity, followed by Hispanic adults (44.8%), non-Hispanic White adults (42.2%) and non-Hispanic Asian adults (17.4%).
- The obesity prevalence was 40.0% among adults aged 20 to 39 years, 44.8% among adults aged 40 to 59 years, and 42.8% among adults aged 60 and older.

Obesity and socioeconomic status

The association between obesity and income or educational level is complex and differs by sex and race/ethnicity.

- Overall, men and women with college degrees had lower obesity prevalence compared with those with less education.
- The same obesity and education pattern occurred among non-Hispanic White, non-Hispanic Black, and Hispanic women, and non-Hispanic White men. No differences in obesity prevalence by education level were noted among non-Hispanic Asian women and men and Hispanic men.
- Among men, obesity prevalence was lower in the lowest and highest income groups compared with the middle-income group. Researchers observed this pattern among non-Hispanic White and Hispanic men. Obesity prevalence was higher in the highest income group than in the lowest income group among non-Hispanic Black men.
- Among women, obesity prevalence was lower in the highest income group than in the middle- and lowest-income groups. Researchers observed this pattern among non-Hispanic White, non-Hispanic Asian, and Hispanic women. Among non-Hispanic Black women, there was no difference in obesity prevalence by income.

Learn more about Adults and Obesity by visiting <https://www.cdc.gov/obesity/data/adult.html>

Health Effects of Obesity

People who have obesity, compared to those with a normal or healthy weight, are at increased risk for many serious diseases and health conditions, including the following:

- All-causes of death (mortality)
- High blood pressure (Hypertension)
- High LDL cholesterol, low HDL cholesterol, or high levels of triglycerides (Dyslipidemia)
- Type 2 diabetes
- Coronary heart disease
- Stroke
- Gallbladder disease
- Osteoarthritis (a breakdown of cartilage and bone within a joint)
- Sleep apnea and breathing problems
- Many types of cancer
- Low quality of life
- Mental illness such as clinical depression, anxiety, and other mental disorders
- Body pain and difficulty with physical functioning

Learn more about the Effects of Obesity by visiting <https://www.cdc.gov/healthyweight/effects/index.html>



How Do Weight Bias and Stigma Affect Patients with Obesity?

- The World Obesity Federation defines weight stigma as “the discriminatory acts and ideologies targeted towards individuals because of their weight and size.”
- Weight stigma can have devastating social, psychological, and physical effects for older adults living with obesity.
- While changing societal stigmas takes time, you can start by educating others and being your own advocate.

Affecting 42% of adults in the U.S., obesity is not just a cosmetic concern, it’s a serious but treatable chronic disease.

Although the prevalence of obesity in the older adult population is increasing, there’s still one topic that doesn’t get enough of the spotlight: the negative societal perceptions linked to excess body weight, or weight stigma, which serves as a barrier for older adults looking for ways to find help and address overweight and obesity.

What is weight stigma?

The World Obesity Federation defines weight stigma as “the discriminatory acts and ideologies targeted towards individuals because of their weight and size.”

Older adults face weight-related discrimination every day—at stores and restaurants, on public transportation, in the workplace, and in healthcare settings. Weight stigma even affects personal relationships. In fact, “fat shaming” is so ingrained in our modern society that people may not even notice it’s happening. And the problem is getting worse: one study found that as obesity rates rise, weight discrimination also increases.

The unfortunate truth is that in North America, bias against people living with obesity is still socially acceptable.

This makes a large percentage of the population vulnerable to blatantly unfair treatment, with little recourse in terms of protection and support. There are currently no federal laws in place to prohibit weight-based discrimination. As a result, this type of behavior is rarely questioned or challenged. In fact, it’s often outright ignored.

Understanding and Coping with

OBESITY STIGMA



Stigmatization against individuals living with obesity is widely perpetuated by the media, which tends to focus on a thin body as the ideal. In commercials, movies, and TV shows, people living with excess weight are significantly underrepresented, particularly women. When they do appear on screen, they're often portrayed as objects of ridicule or inferiority—the wisecracking sidekick instead of the hero, or the smart best friend instead of the love interest.

Slim-figured actors are portrayed as popular and successful, while actors with obesity are depicted as unpopular, aggressive, or ill-mannered.

Older adults face more subtle forms of weight stigma in their daily environment. For example, in many doctor's offices, examination tables and gowns do not accommodate people of larger size. This is also true on many commercial airplanes, where seats will not fit an individual who carries significant excess weight. In this case, the passenger is often required to purchase two seats to sit comfortably during their flight.

When they do appear on screen, they're often portrayed as objects of ridicule or inferiority—the wisecracking sidekick instead of the hero, or the smart best friend instead of the love interest. Slim-figured actors are portrayed as popular and successful, while actors with obesity are depicted as unpopular, aggressive, or ill-mannered.

What are the consequences of weight stigma?

According to the Obesity Action Coalition (OAC), weight stigma can have serious social, psychological, and physical effects, such as:

- Low self-esteem and negative body image
- Depression and anxiety
- Rejection by peers and family members
- Poor quality of personal relationships
- Lower pay at work and fewer promotions
- Harmful weight control practices (e.g., eating disorders)
- Exercise avoidance / sedentary behaviors

While someone might assume that weight discrimination would motivate an individual to lose weight, the opposite is true. Research suggests that anti-obesity bias and fat shaming can drive weight gain.

What are some examples of weight stigma?

There are many misperceptions surrounding people living with obesity. They may include generalizations and beliefs such as:

- Men and women living with obesity are lazy and irresponsible. They lack willpower and self-discipline.
- People carry extra weight because of choices they've made—it's "their fault" they're struggling.
- A larger body size is unattractive and undesirable.
- Individuals who are overweight must not be very smart.
- People who carry excess weight have poor hygiene.
- Those with obesity are less capable of succeeding.

This is because exposure to weight bias triggers stress, which in turn inhibits self-control and leads to binge eating. In one study, people who internalized weight bias to a large degree were three times as likely to be at risk of heart disease. Living with obesity can also stand in the way of getting high-quality healthcare.

Obesity is often associated with other health conditions, such as disease and diabetes by having metabolic syndrome, that includes a cluster of three out of four health conditions such as elevated blood sugar, high blood pressure, high body mass index and high cholesterol than those who did not.

Some primary care providers view people with obesity as "non-compliant" and spend less time with them during visits. Bias against patients with weight issues can make a provider less kind, supportive, and compassionate—which compromises the level of care they deliver. In addition, perceived provider discrimination may make people living with obesity reluctant to seek medical help for health problems.

How do you fight obesity stigma?

Changing deeply embedded cultural attitudes about obesity and enacting laws that ban weight-based discrimination will take time and effort. However, if you're an older adult living with obesity, there are steps you can take now to help battle weight stigma:

- 1. Educate others.** Whether it's family members or friends, many people simply don't have a good understanding of obesity. Challenge common misconceptions by explaining that obesity is a chronic medical condition with numerous and complex causes. There's also no easy, one-size-fits-all solution.
- 2. Make your voice heard.** When meeting with a healthcare provider, tell them about any weight discrimination you've experienced in the medical setting, whether it was blatant or more insidious. When you see instances of weight bias on social media platforms or on TV, contact the Obesity Action Coalition (OAC) and let them know so that their task force can take action.
- 3. Speak to your government representatives.** Reach out to your local or state legislator via letter or email. Ask them to initiate or support legislation that prohibits weight discrimination.
- 4. Seek support.** Join support groups designed for people who are coping with obesity and weight stigma—or express your feelings to a trusted friend or relative. Consider speaking to a therapist about ways you can counter self-defeating thoughts that keep you in a negative spiral.

Above all, it's important to be your own advocate. Practice being vocal about your needs—and don't be afraid to "rock the boat." You are entitled to the same comforts and conveniences as anyone else. For instance, if the patient gowns at your healthcare provider's office don't fit you, request that they stock a larger size.

Self-advocating also means asking your doctor about all of your options for shedding excess weight and lowering your risk of chronic disease. There's a full range of treatments that one can explore including lifestyle changes, bariatric surgery, and anti-obesity medications.

Now is a great time to have this conversation, since January 19-25, 2022, was Healthy Weight Week. This public health and awareness campaign focused on avoiding fad diets and adopting healthy lifestyle habits to reach and maintain a healthy weight.

Contributing Author: Dorothea Vafiadis, Director of NCOA Center for Healthy Aging at the National Council on Aging, "How Do Weight Bias and Stigma Affect Patients with Obesity? ". January 6, 2022, Accessed February 28, 2022. <https://www.ncoa.org/article/how-do-weight-bias-and-stigma-affect-patients-with-obesity>

How to Prevent Obesity



You may be concerned about preventing obesity because of creeping weight gain, a family history of obesity, a related medical condition, or even just an overall concern about staying healthy. Whatever your reason, the goal is a worthy one.

Preventing obesity helps you reduce your risk of a host of associated health issues, from heart disease to diabetes to some cancers and much more.

Like many chronic conditions, obesity is preventable with a healthy lifestyle—staying active, following a healthy diet, getting adequate sleep, and so on. The strategies for prevention are also those for treatment if you are already overweight or obese.

More and more research is being directed at obesity prevention. The disease is now a global health epidemic affecting more than 650 million people worldwide, according to the World Health Organization (WHO).

Diet

Obesity can be prevented by following basic principles of healthy eating. Here are simple changes you can make to your eating habits that will help you lose weight and prevent obesity.

Eat five a day: Focus on eating at least five to seven servings of whole fruits and vegetables every day. Fruits and vegetables constitute low-calorie foods. According to WHO, there is convincing evidence that eating fruits and vegetables decreases the risk of obesity. They contain higher amounts of nutrients and are associated with a lower risk for diabetes and insulin resistance. Their fiber content in particular helps you feel full with fewer calories, helping to prevent weight gain.

- **Avoid processed foods:** Highly processed foods, like white bread and many boxed snack foods, are a common source of empty calories, which tend to add up quickly. A 2019 study found that subjects who were offered a highly processed diet consumed more calories and gained weight, while those offered a minimally processed diet ate less and lost weight.
- **Reduce sugar consumption:** It is important to keep your intake of added sugars low. The American Heart Association recommends that the intake of added sugar not exceed six teaspoons daily for women and nine teaspoons daily for men. Major sources of added sugar to avoid include sugary beverages, including sodas and energy or sports drinks; grain desserts like pies, cookies, and cakes; fruit drinks (which are seldom 100% fruit juice); candy; and dairy desserts like ice cream.
- **Limit artificial sweeteners:** Artificial sweeteners have been linked to obesity and diabetes. If you feel you must use a sweetener, opt for a small amount of honey, which is a natural alternative.

- **Skip saturated fats:** A 2018 study shows that eating foods high in saturated fat contributes to obesity. Focus instead on sources of healthy fats (monounsaturated and polyunsaturated fats) like avocados, olive oil, and tree nuts. Even healthy fats are recommended to be limited to 20% to 35% of daily calories, and people with elevated cholesterol or vascular disease may need an even lower level.
- **Sip wisely:** Drink more water and eliminate all sugared beverages from your diet. Make water your go-to beverage; unsweetened tea and coffee are fine, too. Avoid energy drinks and sports drinks, which not only contain an overwhelming amount of added sugar but have been shown (in the case of the former) to pose potential dangers to the cardiovascular system.
- **Cook at home:** Studies looking at the frequency of home meal preparation have found that both men and women who prepared meals at home were less likely to gain weight. They were also less likely to develop type 2 diabetes.
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- **Try a plant-based diet:** Eating a plant-based diet has been associated with greater overall health and much lower rates of obesity. To achieve this, fill your plate with whole vegetables and fruits at every meal. For snacks, eat small amounts (1.5 ounces or a small handful) of unsalted nuts such as almonds, cashews, walnuts, and pistachios—all associated with heart health. Go easy (or eliminate altogether) protein sources that are heavy in saturated fats, such as red meat and dairy.

Exercise

Most national and international guidelines recommend that the average adult get at least 150 minutes of moderate-intensity physical activity per week. That means at least 30 minutes per day, five days a week. The best exercise for maintaining a healthy weight is brisk walking, according to analysis of data from the 2015 Health Survey for England.⁸

Researchers found that individuals who walk at a brisk or fast pace are more likely to have a lower weight, lower body mass index (BMI), and lower waist circumference compared to individuals doing other activities.⁸

In addition, experts recommend keeping active throughout the day, whether by using a standing desk, taking frequent stretch breaks, or finding ways to work in walking meetings throughout your day.



Relax

Chronic stress raises levels of the stress hormone cortisol and leads to weight gain. It can also result in poor dietary choices, as cortisol and other stress hormones can increase “carb cravings” and make it difficult to exercise good judgment and willpower.

Look into the many healthy ways to beat stress and find what works best for you. Go for a daily walk, engage in regular yoga or tai chi, meditate, listen to music you love, get together with friends, or do whatever else relaxes you and brings you joy.

Studies show having a pet can lower blood pressure. Additionally, pets, especially dogs, can increase your level of physical activity and help you stave off weight gain.

Sleep

The role of sleep in overall well-being cannot be overstated. This extends to the goal of preventing obesity, too. The Centers for Disease Control and Prevention recommends seven or more hours of sleep for adults 18 and over, and even more sleep for younger people.

Studies have linked later bedtimes to weight gain over time. One study of nearly 3,500 adolescents who were followed between 1994 and 2009 found that a “later average bedtime during the workweek, in hours, from adolescence to adulthood was associated with an increase in BMI over time.”

In another study, researchers found that late bedtimes, and therefore less nightly sleep, for 4-year-old and 5-year-old children resulted in a greater likelihood of obesity over time. Specifically, the researchers found that the odds of becoming obese were higher for children who slept less than about 9.5 hours per night, as well as for children who went to bed at 9 p.m. or later.

A Word from Verywell

There are several possible contributors to obesity. The fact that the two biggest ones—diet and activity—are ones you can influence is good news. A healthy lifestyle that puts exercise and eating at its center can also bring myriad other health benefits.

If you already are overweight or have obesity, these strategies can also help you lose weight. Although it can be challenging at times, it is a journey well worth taking.

Note, however, that if you have implemented significant lifestyle changes and are still gaining weight or unable to lose weight, it’s important to consult a healthcare professional. There may be an underlying medical condition, such as an endocrine disease or one that causes fluid retention.

Contributing Author: Yasmine S. Ali, MD, MSCI, “VerywellHealth.com. “How to Prevent Obesity”. October 14, 2021. Accessed March 2, 2022.
<https://www.verywellhealth.com/yasmine-ali-md-2509521>



Title VII of the Civil Rights Act of 1964 was a pivotal piece of employment legislation that protects individuals from discrimination. Under Title VII, it is illegal for employers to discriminate against individuals on the basis of race, color, religion, gender, and national origin. Laws were later enacted to protect the differently-abled as well as individuals over 40 years old.





Obesity Is a Disease That Can Be Managed in Many Ways

Obesity is clinically defined as a body mass index (BMI) of 30 or higher. But managing this medical condition is about much more than a number on a scale.

BMI Isn't Everything

BMI can be used as a screening tool, but it does not tell the whole story about the health of an individual. Talk to a healthcare provider if you have questions about how your weight may be affecting your overall health.



Did you know?

Although healthy eating and physical activity are important for weight management or weight loss, some people may need additional tools.

Tools in the Obesity Care Toolbox

- **Diet:** Research shows dietary choices such as eating five or more servings of fruits and vegetables per day and avoiding fried foods and sugary drinks help promote a healthy weight.
- **Exercise:** Being physically active is not only important to preventing weight gain but also to maintain a healthy weight.
- **Sleep:** Lack of sleep has been strongly linked to obesity. Getting enough rest is necessary for a healthy metabolism, which is how your body changes food into energy.
- **Stress management:** Finding ways to manage stress can help with weight loss, as well as lower blood pressure and improve mood.
- **Medication:** Medication can be used to help treat obesity by controlling your appetite or blocking your body's ability to absorb calories.
- **Surgery:** Endoscopic and bariatric procedures limit how much you can eat.

- **Counseling and emotional support:** Behavior-based interventions like therapy (used with and without medication) have been shown to promote weight loss.
- **Changing your environment:** Both your family environment — the way your family thinks about weight, eating and food — and your physical environment, such as access to nutritious foods and walkable neighborhoods, affect your ability to maintain a healthy weight.
- **Managing other health conditions:** Obesity is a chronic disease that increases your risk for many other serious health conditions including diabetes, cardiovascular disease, some cancers and poor mental health or mental illness. Managing your weight by taking advantage of the many options available can have a positive effect on other areas of your health.

Family Environment Matters

Children of overweight parents have more than an 80% chance of being overweight themselves. Genetics play a significant role in a child's weight, but there are other factors in the family and social environment that have an effect as well. Some of those factors include family patterns and behaviors, access to healthy food choices, and level of physical activity.



Learn more about "Obesity is a Disease That Can Be Managed in Many Ways" by visiting <https://roar-assets-auto.rbl.ms/documents/12274/HW-Continuum-of-Care-Obesity-Infographic-10-27-21.pdf>

Does Your Health Insurance Cover Treatment for Obesity?

Obesity is a disease, but not all treatments are covered

The American Medical Association recognized obesity as a disease in 2013, but it can still be hard to get treatment. Access to obesity care, such as medications and behavioral therapy, depends on your health insurance.

The Affordable Care Act (ACA) requires most health plans to cover obesity screening and counseling at no cost. But not every plan covers every obesity treatment.

If you get health insurance through:

An employer or a union Check your plan documents or talk to your benefits administrator about what is covered.

A health insurance marketplace (sometimes called Obamacare) Health plans available on Healthcare.gov must meet the minimum ACA requirements for obesity treatment coverage, but some states require insurers to cover more. See your state's rules on obesity care coverage.

Medicaid

You may be eligible for free or low-cost obesity treatment. Out of 51 state Medicaid programs (including Washington, D.C.)

- 41 cover obesity
- 20 cover nutrition counseling
- 16 cover anti-obesity medications
- 49 cover at least one type of surgery for treatment of obesity

A state employee health plan

Out of 51 state employee health insurance programs (including Washington, D.C.):

- 51 cover obesity counseling
- 42 cover nutrition counseling
- 23 cover anti-obesity medication
- 43 cover at least one type of surgery for treatment of obesity

Medicare

For people with a body mass index (BMI) of 30 or higher, Medicare covers:

- Obesity screening
- A nutritional evaluation
- Behavioral counseling

For people with a BMI of 35 or higher, Medicare covers some weight-loss surgery if you meet certain conditions.

Medicare DOES NOT cover:

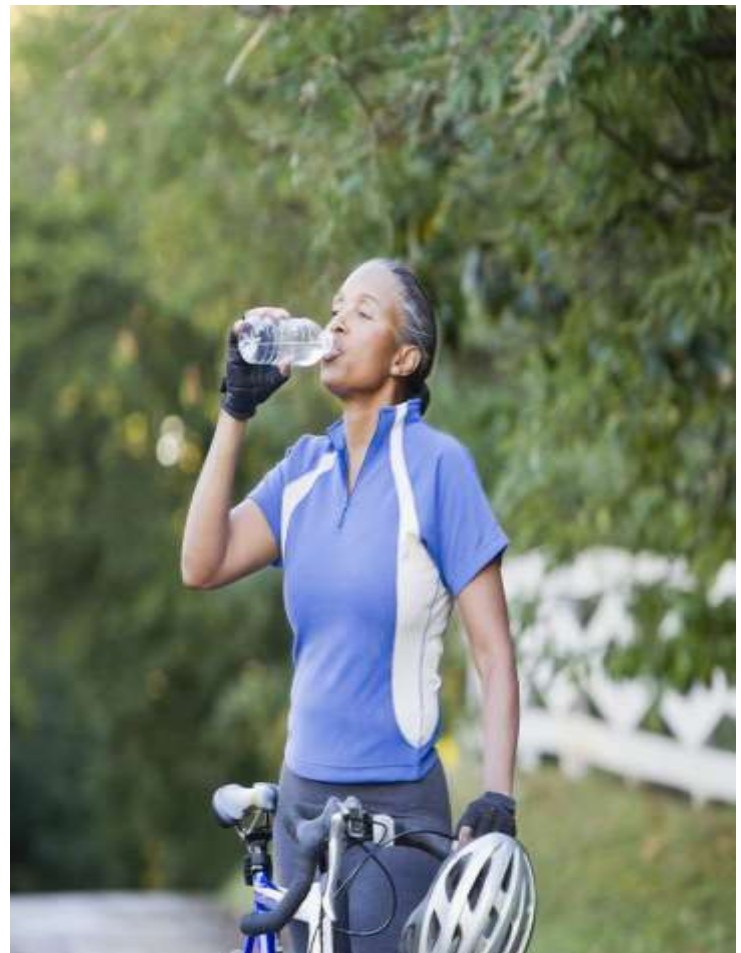
- Consultations with a nutritionist
- Anti-obesity medications

If the treatment you need is not covered

Appeal to your insurance plan. Your healthcare provider can help by arguing that these services are vital to your health and will save the insurer money overtime.

For tips about how to support the Treat and Reduce Obesity Act (TROA), a proposed law to increase coverage for obesity treatments, visit the Obesity Care Advocacy Network by visiting <https://obesitycareadvocacynetwork.com/advocacy>

Learn more about "Does Your Health Insurance Cover Treatment for Obesity" by visiting https://roar-assets-auto.rbl.ms/documents/13220/FINAL_DoesYourInsuranceCoverObesity_Infographic_12.16.21.pdf





AFFORDABLE HOUSING

Where You Live May Influence Whether You Are Overweight, Study Finds



The old real estate adage of “location, location, location” may also apply to obesity.

A new study by USC and the RAND Corp. suggests that people who move to an area with a high obesity rate are likely to become overweight or obese themselves. The researchers say this may be due, in part, to social contagion.

“Social contagion in obesity means that if more people around you are obese, then that may increase your own chances of becoming obese,” said [Ashlesha Datar](#), a senior economist at the Center for Economic and Social Research at the USC Dornsife College of Letters, Arts and Sciences. “In other words, living in a community where obesity is more common can make sedentary lifestyles, unhealthy eating and overweight or obesity more socially acceptable.”

Obesity is linked to many factors, including eating and exercise habits, genetics and the environment. Research shows that living in certain communities carries a higher risk of obesity than living in other communities, but this association has been challenging for scientists to explain.

Researchers have proposed and investigated several potential explanations for the concentration of obesity in some communities. One possibility may be simply that people with similar interests and backgrounds tend to locate in similar areas. Another explanation may be that people living in the

same community are all influenced by the shared environment, such as opportunities for exercising and healthy eating. A third explanation may be that obesity is transmitted through social influence.

“Assessing the relative importance of these explanations has been a challenging task and yet is important for designing effective policies to address obesity,” Datar said. “Our study sought to take on that challenge.”

Assessing Social Contagion

Datar and co-author Nancy Nicosia, a senior economist at RAND, studied military families to assess whether living in communities with greater obesity increased their own risk of being overweight or obese. Military families, they reasoned, cannot choose where they live — rather, they are assigned to installations. Some of those installations are in counties with higher rates of obesity.

“We found that the families assigned to installations in counties with higher obesity rates were more likely to be overweight or obese than those assigned to installations in counties with lower rates of obesity,” Datar said.

Datar and Nicosia used data from the Military Teenagers Environments, Exercise and Nutrition Study (M-TEENS) and from the Robert Wood Johnson Foundation County Health Rankings. Obesity rates among the counties in the study ranged from 21 percent to 38 percent.

The researchers recruited families of U.S. Army personnel at 38 military installations in the country to participate in surveys and measurements. In all, 1,314 parents and 1,111 children participated. Three-fourths of the parents and about one-fourth of the children were overweight or obese — reflective of the national rates.

Location Increases or Lowers Risk

One in three adults in a typical U.S. County is obese. A family’s risk of obesity may increase or decrease, depending on the county obesity rate where they live.

“If you move a family from a typical county to one with a higher rate of obesity, such as Vernon County in Louisiana where 38 percent of adults are obese, that would increase the parent’s chances of being obese by 25 percent,” Datar said. “It would also increase the chances of the child being overweight or obese by 19 percent.”

The opposite is also true: Moving to a county with a lower rate decreases the family’s chances of becoming overweight or obese.



"If a family moves to a county with a low obesity rate, such as El Paso County in Colorado where about 21 percent of adults are obese, the parent's chances of being obese would decrease by 29 percent," Datar said. "The child's chances of being overweight or obese also would decrease by 23 percent."

To assess whether shared environments could explain these results, the study accounted for extensive data on the food and activity opportunities in the county and neighborhood, such as gyms and grocery stores.

"We cannot say for sure that we accounted for everything that might influence eating and exercise behaviors," Datar said. "But we did account for things that researchers in this field typically measure and found that shared environments did not play a critical role in explaining our results."

"Although we could not measure social contagion directly," Nicosia said, "our findings support a role for social contagion in obesity."

The scientists also found that the link between the county's obesity rate and overweight or obesity in military families was concentrated among families living off base and those who had lived there longer," Datar said. "This finding suggests that families with greater exposure to obese communities face increased risk. The study was funded by a grant from the National Institute of Child Health and Human Development (grant R01HD067536).

Learn more about "Where You Live May Influence Whether You Are Overweight, Study Finds" by visiting <https://news.usc.edu/135112/where-you-live-may-influence-whether-you-are-overweight-study-finds/>

NCBA Supportive Services

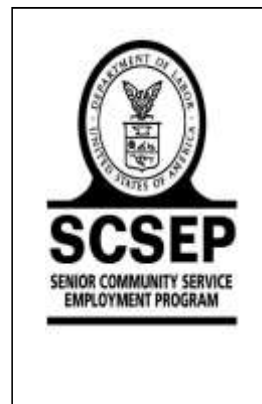


Founded in 1970, The National Caucus and Center on Black Aging, Inc. (NCBA) is a national 501 (c) (3) nonprofit organization. Headquartered in Washington, DC, NCBA is the only national aging organization who meets and addresses the social and economic challenges of low-income African American and Black older adults, their families, and caregivers.

NCBA Supportive Services include:

Job Training & Employment

NCBA administers Senior Community Service Employment Program (SCSEP) with funding from the U.S. Department of Labor (DOL) to over 3,500 older adults, age 60+ in North Carolina, Arkansas, Washington, DC, Illinois, Missouri, Michigan, Ohio, Florida, and Mississippi. SCSEP is a part-time community service and work-based job training program that offers older adults the opportunity to return or remain active in the workforce through on the job training in community-based organizations in identified growth industries.



Priority is given to Veterans and their qualified spouses, then to individuals who: are over age 65; have a disability; have low literacy skills or limited English proficiency; reside in a rural area; may be homeless or at risk for homelessness; have low employment prospects; failed to find employment after using services through the American Job Center system.

Annually, NCBA and CVS partner to host job fairs to orient SCSEP participants about the benefits of working at CVS as a mature worker.

To learn more about the Senior Community Service Employment Program (SCSEP), visit: <https://ncba-aging.org/employment-program-resources>

NCBA administers the Environmental Employment (SEE) Program with funding from the U.S. Environmental Protection Agency.



Agency (EPA) to older adults, age 55+ with professional backgrounds in engineering, public information, chemistry, writing and administration the opportunity to remain active in the workforce while sharing their talents with the U.S. Environmental Protection Agency (EPA) in Washington, DC, and at EPA Regional Offices and Environmental Laboratories in NC, OK, FL, and GA. **To learn more about the Senior Employment Environment Program (SEE), visit: <https://www.ncba-aged.org/environmental-employment-program-resources>**



Health and Wellness

NCBA administers a health and wellness program with funding from the U.S. Department of Health and Human Services, Administration for Community Living to advance the principles of activity and vitality at a mature age; works to decrease access barriers to healthcare; and reduce or eliminate health disparities among racial, ethnic minority, and LGBT older adults.

The NCBA Health and Wellness Program offers continual education, resources, and technical assistance either in-person, online, or through self-paced learning opportunities.

The program offers a wide variety of social and economic services and support including, the delivery and coordination of national health education and promotion activities, and the dissemination of and referral to resources.

To learn more visit <https://ncba-aging.org/health-and-wellness>

Housing

Established in 1977, the NCBA Housing Management Corporation (NCBA-HMC) is the organization's largest program and service to seniors. NCBA-HMC provides senior housing for over 500 low-income seniors with operations in Washington, DC, Jackson, MS, Hernando, MS, Marks, MS, Mayersville, MS and Reidsville, NC. **To learn more about NCBA Housing Program, visit <https://www.ncba-aged.org/affordable-housing/>**



Samuel J. Simmons NCBA Estates located in Washington, DC

NCBA Presents Free Tool Kit and Recorded Webinar for Dispelling Fears and Myths about COVID-19 Vaccines

Rather than a live webinar, we have linked a **recorded webinar** for you to view at your convenience to help in your outreach to older African Americans in your community who are still wary about the Covid-19 vaccines or have trouble accessing services. The webinar runs less than 20 minutes.



Not only does this video include practical suggestions and "lessons learned" about organizations seeking to educate their members and facilitate vaccinations, but it also includes a **Tool Kit** with an infographic, tip sheet, a brief informational video that addresses myths and facts about the vaccines, and appointment cards to help recipients keep track.

[Here is the link to the Recorded Webinar and the Tool Kit.](#)

We strongly encourage you to download the **informational video in the Tool Kit** for public showings, to email it to members, or to share with other organizations and individuals who are engaged in Covid-19 education. There is no copyright on the video, so feel free to distribute it far and wide.

We would very much appreciate your feedback about this webinar, the Tool Kit and your distribution numbers.

Please let us hear from you at covided@ncba-aging.org.

Upcoming NCBA Events



In 2022, NCBA will host a series of webinars that will cover a wide range of topics on issues, challenges and/or opportunities that may arise throughout **YOUR** lifetime.

March 10, 2022

1:00-2:00 pm (EST)

Preparing for Tornadoes, Floods and Hurricanes: You will learn how to prepare before and after a disaster, including fires, earthquakes, and more.

Registration Here:

https://us02web.zoom.us/webinar/register/WN_KFIYk4gIRwyRoI57Bdjygg

March 31, 2022

3:30-5:00 pm (EST)

COVID & Beyond: Aging and Disability Services for Diverse Communities: You will learn how to access accessing services and resources as we navigate the ongoing pandemic and look towards recovery. Closed Captioning provided in English and Spanish.

Registration Here:

<https://bit.ly/COVIDandBeyond>

Support Equity in Alzheimer's Clinical Trials

March 17, 2022



Underrepresented populations face significant barriers when trying to access clinical trials, such as having to travel long distances to research sites. We must reduce this participation burden. The #ENACTAct would help.

Help us grow support today: p2a.co/xuOMRgm #ENDALZ

National Colorectal Cancer Awareness Month



March is National Colorectal Cancer Awareness Month.

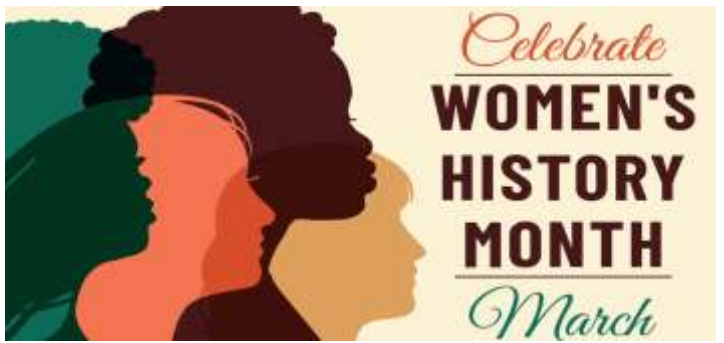
Each year, more 50,000 families across the country lose a loved one to colorectal cancer—the fourth most common cancer and the second leading cause of cancer deaths in America.

The toll is immeasurable, but when we detect colorectal cancer early, we can save lives and deliver hope.

National Colorectal Cancer Awareness Month provides an opportunity to raise awareness of this dreaded disease and renew our nation's commitment to ending cancer as we know it.

Learn more about Colorectal Cancer by visiting
https://fightcolorectalcaner.org/resources/?gclid=Cj0KCQIA95aRBhCsARIsAC2xvfzeRtvAoT940WYBCeNvuan-y9TrYBwP-L1q8euYHZF4C6dPVcYI76laAuD-EALw_wcB

Women's History Month



March is Women's History Month

Every year, March is designated Women's History Month by presidential proclamation. The month is set aside to honor women's contributions in American history.

The 2022 Women’s History theme, “Providing Healing, Promoting Hope,” is both a tribute to the ceaseless work of caregivers and frontline workers during this ongoing pandemic and also a recognition of the thousands of ways that women of all cultures have provided both healing and hope throughout history.

Learn more about “Women’s History Month” by visiting <https://nationalwomenshistoryalliance.org/2022-theme/#:~:text=The%202022%20Women%27s%20History%20theme,healing%20and%20hope%20throughout%20history.>

NCBA social media



To learn more about NCBA programs, services, and upcoming events, follow us on Facebook, Twitter, and Instagram!

Facebook @NCBA1970

Twitter@NCBA1970

Instagram@NCBA_1970

You're also welcome to learn more about NCBA by visiting aging.org. We look forward to hearing from you!