

Multicultural Outreach Fact Sheet

VERB.™ It's what you do.

REACHING ETHNIC AUDIENCES - OVERVIEW

The U. S. Department of Health and Human Services' Centers for Disease Control and Prevention (CDC) VERB campaign encourages healthy behavior and displaces risky behavior among 9- to 13-year-olds by promoting physical activity. The campaign's multicultural efforts address the specific cultural and/or language barriers that ethnic populations face and ensure that important health messages and opportunities for participation are disseminated to communities in the United States. The campaign will reach children who are African American, Asian American/Pacific Islander, Native American, and Hispanic/Latino.

Ethnic marketing, advertising, and public relations companies spearhead the ethnic elements of the VERB campaign including the development and placement of media, event presence, public relations, and partnership development.

The campaign will focus on getting youth excited about increasing physical activity in their lives, while helping parents, educators, and youth leaders see the importance of physical activity to the overall health of tweens.

Following are statistics about tween health for each of the four major ethnic groups VERB is reaching. These health realities are the motivation for dedicating specific campaign efforts that are in-language and in-culture. In addition to general market media, these ethnic populations consume their own media and respond to tailored messages.

AFRICAN AMERICAN FACTS AND STATS

- African Americans have a higher risk for involvement with drug and gang activity; African Americans have below average opportunities to access positive activities (2000 U. S. Census). Involvement in regular physical activity reduces opportunities to engage in risky behaviors.
- Black youth are more likely than white youth to have activity limitations due to chronic conditions such as diabetes, obesity, and other health-related factors. In 1994, 8.8 percent of black youth had health-related activity limitations compared to 6.4 percent of white youth. Similarly, in the same year, 6.7 percent of black youth (versus 4.7 percent of white youth) had activity limitations because of less access to community organizations due to financial constraints. (Trends in the Well-Being of America's Children and Youth, 1997).
- Larger proportions of black youth watch television for 6 or more hours per day than do either white or Hispanic youth. For example, among 9-year-olds, 40 percent of black youth, compared to only 14 percent of white youth and 22 percent of Hispanic youth, reported watching television 6 or more hours per day during 1994 (Trends in the Well-Being of America's Children and Youth, 1997).

NATIVE AMERICAN FACTS AND STATS

- Health is defined by many Native Americans in terms of diet and nutrition, and avoiding harmful substances such as tobacco and alcohol. Research has found that physical activity is rarely mentioned in relation to good health (G&G Advertising focus groups, 2002)

- Native Americans have higher rates of alcohol and other drug use than any other racial-ethnic group (1997 Profile of the State of Indian Children and Youth, Beauvais 1992; Oetting, et al. 1988). Studies indicate that adolescents involved in a broad range of positive activities report lower rates of substance use than their noninvolved peers (Eccles & Barber, Journal of Adolescent Research, 1999).
- Diabetes is a serious problem among Native Americans. Overall prevalence of Type 2 diabetes in Native Americans is 12.2 percent versus 5.2 percent in the general population. In some tribes, 50 percent of the population has diabetes (2000 Diabetes Facts and Figures report by the American Diabetes Association). Sedentary lifestyles affect the likelihood of diabetes.

ASIAN AMERICAN AND PACIFIC ISLANDER FACTS AND STATS

- The Asian American population has grown 73 percent within the past decade. It is the second fastest growing ethnic population in the United States, outpaced only by Hispanics. Also of note is that 66 percent of Asians in the United States were born in another country (2000 U. S. Census report).
- Asian Americans as a whole have a lower rate of obesity (20.6 percent) than African Americans (30.9 percent), Latinos (30.4 percent), and Caucasians (24.2 percent) (data on Native Americans were not available). However, Asian American adolescents born in the United States to immigrant parents are more than twice as likely to be overweight as foreign-born adolescents (U.S. National Longitudinal Study of Adolescent Health, Journal of Nutrition, 1998). Acculturation or assimilation into a mainstream American lifestyle increases the risk factors for obesity among Asian Americans.
- Ten percent of Asian Americans have diabetes, double the rate for the Caucasian population in the United States. The emergence of Type 2 diabetes correlates to a change in diet and an increasingly sedentary lifestyle and is being seen for the first time in young Asian children and adolescents (The Joslin Diabetes Center, Boston, Mass., 2002).

HISPANIC/LATINO FACTS AND STATS

- Among all the Hispanic/Latino children in the United States, 30.4 percent are overweight; Hispanic/Latino adolescents born in the United States to immigrant parents are more than twice as likely to be overweight as foreign-born adolescents who move to the United States (Popkin BM & Udry JR. Adolescent Obesity Increases Significantly in 2nd & 3rd Generation Immigrants: The National Longitudinal Study of Adolescent Health. J Nutr, 128: 701-706, 1998).
- Hispanic/Latino children have a higher incidence rate of Type 2 diabetes than Caucasian children. In some studies, the percentage of children who have Type 2 diabetes rose from less than 5 percent before 1994, to 20-30 percent after 1994 (1999 Statement on Diabetes, U. S. Dept. of Health and Human Services). Country-of-origin lifestyles don't offer the high fat food and sedentary distractions found in the United States.
- Income, familial and gender boundaries, and language barriers, pose a great threat to the Hispanic/Latino population's participation in activities (Garcia360° focus groups, 2002).

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