Bridging the Gap
Understanding the Structure of Social Inequities in Childhood Obesity

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The challenges of addressing childhood obesity include the need to close the gap in obesity rates between children and adolescents of ethnic minority and/or lower socioeconomic status (SES) backgrounds and their white or more affluent counterparts. In low-income, urban, African-American and Latino communities, rates of overweight or obesity (using the Centers for Disease Control and Prevention 85th percentile cut-off) surpassing 40% of elementary school populations have been documented. As noted in the Institute of Medicine (IOM) report assessing progress in childhood obesity prevention, some risk factors are relatively ubiquitous across all settings, but most are more concentrated in low-income communities of color. This excess risk produces staggering disparities in obesity-related co-morbidities. For example, the lifetime odds of developing type 2 diabetes for Latinos or African Americans are nearly one in two at birth, twice that of white newborns. Consequently, addressing the inequities underlying these disparities has become a priority within the Robert Wood Johnson Foundation’s (RWJF) focus on childhood obesity. Their national research programs, such as Bridging the Gap, elucidate important links to needed solutions.

Several papers in this supplement to the American Journal of Preventive Medicine point to widespread environmental attributes that may be “obesogenic” for low-income and/or ethnic minority youth. The proportion of high-calorie-low-nutrient-density school food choices and fast-food restaurants was found to be higher in communities with higher poverty rates, lower household median incomes, and higher concentrations of ethnic minority students. Exposure to food-related television advertising was found to be 60% greater among African-American children, with fast food as the most frequent category, because of both targeted marketing and higher TV viewing rates. In schools, lower rates of participation in varsity and intramural sports were observed among female, racial/ethnic minority and lower-income students, while revenues from “pouring rights” contracts and soft drink availability were highest in schools with proportionately more Latinos. The contribution of under-resourced school environments to obesity is underscored by the finding that school SES and racial/ethnic composition are inversely correlated with body mass index (BMI) even after controlling for individual race/ethnicity and SES.

Taken together, these studies tell a story about the ways in which the lives of children in ethnic minority and low-SES communities differ from those of other children. The findings point to reasons for the less favorable status of children in these communities on the established behavioral determinants of obesity—fruit and vegetable consumption, fast-food intake, breakfast frequency, soft drink and low-nutrient-density snack intake, television watching, sleep, physical activity frequency and intensity, sports participation, and time spent outdoors. But understanding the key lessons in this story is more complicated than these descriptive data reflect. When we ask why the environments of minority and low-income children are relatively less conducive to healthy eating and physical activity, we confront the all-too-familiar reality that people who are socially and politically disadvantaged with respect to the larger social structure are, in fact, socially and politically disadvantaged in many respects. We discover that food availability, food advertising, school policies, recreational facilities, and opportunities for safe, affordable, physical activity—environmental factors that directly and indirectly influence health and survival—are not exempt from the forces of racial or ethnic and economic stratification and that, in fact, they may help to define it. The effective cost, economically and behaviorally, of healthy eating and active living is higher and the feasibility lower, in low-income or ethnic minority communities compared to others.

For example, crime rates and perceptions of danger are higher in low-income neighborhoods. Unsafe neighborhoods deter walking to school and playing outdoors after school, at home, or in parks. Less time spent outdoors not only displaces physical activity but also increases television viewing and, thereby, exposure.
to ethnically targeted commercials for fast food and fatty and/or sugary snacks. Neighborhood noise and discord, and the distress they produce, also may disrupt sleep. Low-income families with high costs for housing and other necessities may have little money left over to buy food. Such financial challenges may promote reliance on inexpensive, but high-calorie food. Fast-food restaurants are much more accessible than full-service ones, just as convenience stores that sell high-calorie packaged or prepared foods are more prevalent than chain supermarkets that offer a healthier mix of foods including fresh fruits and vegetables. Longer working hours and commuting times may absorb precious parenting resources needed to shop for and prepare food, transport children to extracurricular active recreation, and pay registration fees and equipment costs.

Environmental constraints limit choices, but the perceived range of choices and ability to find alternatives increase as economic and social capital increase. Therefore, people with the most limited choices are also the most constrained by their immediate environments. This could mean that changes in the environment would have a bigger payoff for the highest-risk populations and, indeed, this is sometimes the case. For example, it was noted that lowering the price of fruit produced greater increases in consumption among students in an urban, socioeconomically and racially diverse school than among those in a suburban, middle-income, primarily white school. On the other hand, to the extent that people—particularly in populations undergoing chronic ecologic stress—have adapted to their circumstances, isolated environmental changes cannot be expected to break longstanding eating and physical activity patterns conditioned by functioning and survival in generally adverse contexts. This is especially relevant when the very attitudes and behaviors targeted for change are those identified with heavily commercially marketed social status or prestige, important traditions, or emotional satisfaction. Cars are status symbols, with public transportation or walking only for those who can’t afford cars. Being able to treat your children to a meal at a popular fast-food restaurant may be more meaningful to parents who have to work harder to afford this. Getting enough rest to recover from the stresses of the day may be seen as more important than going out to exercise. Large heavy meals at church or celebrations may form the core of family or social interactions. High-fat and high-calorie “soul foods,” for example, although part of the legacy of slavery, have taken on positive cultural connotations and help to define African-American ethnic identity.

In addition, some health advice perceived as coming from the majority culture may be met with distrust generalized from experiences with discrimination in other realms.

In this sense, models for policy and environmental interventions that improve food intake and physical activity in the population at large may be too weak or insufficiently focused to curtail the obesity epidemic in African-American, Latino, or Native-American children. Even worse, one can imagine that efforts to attack obesity-promoting forces in the population at large may aggravate the situation in minority communities. For example, the targeted marketing of high-calorie, low-nutrient–density foods to black television audiences might be aggravated by a decreasing demand for such foods in the general market, much as the tobacco industry has shifted its marketing efforts to ethnic minority communities domestically and to developing countries internationally.

It is critical that findings such as those in this supplement be used to motivate studies within minority and low-income communities of how to create environments that support favorable health outcomes. How do we focus the thinking and priorities of key decision makers and gatekeepers at the systemic or structural level rather than at the more customary and seemingly more manageable individual level? How, particularly, do we make it easier in populations of color or low-SES communities to make the healthy choice and harder to make the unhealthy one, without making life harder or less satisfying? Applied intervention research can elucidate how people in high-risk communities actually are interacting with their environments so that the “mechanisms of action” of obesity-promoting factors can be better understood. In addition, and most critically for advancing solutions, future research can identify ways in which existing strengths and assets in minority and low-income communities can be leveraged to Engineer the social changes that are needed. Embedding the collectivist values characterizing most communities of color in family-directed versus individually-directed intervention approaches, for instance, has improved recruitment, adherence, and retention among Latina mothers.

Which changes will be most effective in reducing disparities is uncertain. Obviously, to be effective, changes must extend far beyond the settings frequented by youth, into many societal sectors. Opportunities and options do not translate into behavior at an individual level unless the relevant cultural values and social norms support and embrace these actions. Nor do policy mandates manifest in institutional implementation unless organizational leadership, incentives, and resources align. Even capturing the data necessary to assess progress can be challenging, given the need for sufficient sample size to examine key issues with attention to gender, SES, and other sources of diversity within ethnic minority and low-income populations. These challenges must begin to be addressed by well-funded, broad-based solution-focused research that builds upon these studies, in order to ensure that the promise of the Bridging the Gap initiative is fulfilled.
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References