

The Intersectionality of Obesity, Poverty, and Race in the United States

As an underpaid and overworked graduate student and single parent, my mom was challenged with juggling between studying, working and providing for her family at the same time. We began to visit a food bank once it became increasingly difficult to afford food; I loved selecting boxes of macaroni and cheese, cans of spaghetti, loaves of bread and the occasional canned vegetable to take home. There was never fresh produce or brochures on the necessity of a well-balanced diet, and little offered was of any substantial nutritional value. As a child, I didn't care about not having regular access vegetables or fruit, but it *should* be every person's right to easily access fresh, nutritious food. However, that's not the case— the obesity epidemic is one of the greatest health threats to the United States, and people living in poverty, and those of color, are disproportionately susceptible to this crisis. While obesity is primarily regarded as the consequence of an accumulation of poor health choices made on behalf of the individual, this discourse dangerously ignores the large role that socioeconomic status and race play in limiting one's ability to make healthy food decisions.—Obesity is not simply an issue of unhealthy choices made at the individual level, but rather an effect of the interrelationship between the individual, race and socioeconomic status that function together to target minoritized groups.

Traditional arguments that offer explanations of the obesity epidemic claim that obesity is caused by a series of “bad” lifestyle choices, supporting a growing international stereotype of Americans as fat, lazy and uneducated. While this caricature of the epidemic may be comedic, it is harmful because it portrays obesity as an absurd and avoidable personal choice. While this is a flawed oversimplification, obesity does involve biological factors— obesity is characterized as a disease caused by drastic weight gain that often leads to severe health consequences such as diabetes and heart disease (Apovian 2009); the most prominent, yet simplistic, explanation for

the reason behind the nationwide obesity crisis is represented by the energy gap— defined as “an excess of kilocalories consumed per day in combination with a decrease in kilocalories expended, a situation that is responsible for the collective weight gain.” (Apovian 2009). This argument is supported by popular rhetoric which claims that obesity is the result of a sedentary lifestyle, the overconsumption of high calorie, fatty foods, and lack of concern for one’s well being. Obesity prevention methods align themselves with this consensus and attempt to combat the crisis by focusing on providing education, largely within the primary school system, on the importance of a well-balanced diet; most practices encourage Americans to adopt “a healthy diet pattern and regular physical activity... for long term health benefits and prevention of chronic diseases” (“Adult Obesity Causes and Consequences”, 2015). In addition to nutrition education as a form of prevention, a widely utilized approach to assist those already suffering from obesity involve supportive weight loss options— these are varied, including weight loss programs such as Weight Watchers, but they share a common goal of helping those who are obese lose weight and sometimes, but not always, become healthier and happier in their bodies. Some of the most common of these involve “multiple coaching sessions to help people fight obesity... using a food diary... and removing tempting foods from the pantry and fridge.” (“Understanding the American Obesity Epidemic, 2016). These methods rely heavily on encouraging sufferers to limit unhealthy food consumption and make an effort to exercise more regularly, but frequently fail to address how issues of stress, genetics, and specifically environmental and social factors contribute to obesity and its health related problems.

As national dialogue focuses on addressing obesity as the result of individual mistakes, there is a large majority of minority groups that are disproportionately affected by the epidemic who are told that they simply need to make healthier lifestyle choices in order to prevent

becoming obese or to combat preexisting obesity. The failure of this belief and approach is evident when the effects of socioeconomic class, and thus race, on obesity are considered and it is revealed that there are outside social forces that limit one's ability to obtain, and maintain, a healthy lifestyle. Poverty is a hidden and overlooked influence in the obesity epidemic, yet it is a major factor. For example, food insecurity is defined as limited access to food, specifically that of nutritional value, which is influenced by lack of monetary resources; thus, impoverished communities which lack sufficient monetary funds foster an environment for its people where healthy food options are not readily accessible (Franklin, Jones, Puckett, Macklin, White-Means, 2013). In order to avoid starvation in poverty, one must purchase food that is accessible due to one's environment, such as the variety of food options, and one's budget, food that is financially feasible within economic constraints, and "are traditionally the least expensive, are easy to over consume, have been shown to promote weight gain, and have been found to be more prevalent in low-income neighborhoods compared to healthier food options" (Odoms-Young, 2013). When faced with poverty and scarce resources, one is forced to make the best decisions for themselves within what their limited food options allow. Life-sustaining activities, notably eating, mandate that one must ingest a certain amount of calories per day in order to survive; and when one has extremely limited funds for food, it is necessary to maximize the calorie per dollar ratio—meaning that poor people not only have restricted access to healthy food in their respective environments, but also that they often must rely on high calorie and unhealthy food options to avoid death. Furthermore, people in poverty are often less educated— the 2014 Census reveals that "28.9 percent of people aged 25 and older without a high school diploma were in poverty" (DeNavas-Walt & Bernadette, 2014), this substantial tie between poverty and undereducation may also contribute to low-income associated obesity due to reduced formal knowledge of a

balanced diet, and how to stay healthy with limited resources. All of these factors in function together contribute to how “low-income... minority race, lower education levels... [are] characteristics associated with this form of hardship [obesity]” (Kirby, Lang, Chen, Wang, 2012).

While poverty is largely an uncontrollable situation and contributor to the obesity crisis, it also does not affect everybody in the United States in the same way. People of color are disproportionately affected by poverty and are thus even more susceptible weight problems related to socioeconomic struggle. As per 2008 Census data, 8.6 percent of the white population suffers from poverty compared to a 23.2 percent poverty rate for hispanics and a 24.7 percent poverty rate for black Americans (Sensoy & DiAngelo 2012, p. 105). This imbalanced poverty rate for racial and ethnic minorities ensures that these groups are more vulnerable to food insecurity and obesity in comparison to their white counterparts; this is reflected by the fact that “50% of African American women are obese compared with only 33% of White women” (Kirby, Lang, Chen, Wang, 2012). Additionally, while most obesity prevention through nutrition education is provided within the school system, “non-Hispanic Blacks and Hispanics generally had lower education,” (Kirby, Lang, Chen, Wang, 2012) and thus may not have received adequate information on the importance of, and how to go about, eating a balanced diet; this is in relation to being more vulnerable to food inaccessibility and scarcity that when working together result in insufficient knowledge and means to maintain a healthy lifestyle. Likewise, statistics reveal that minority populations frequently suffer from higher rates of obesity related health concerns, such as type two diabetes; for example, according to the American Diabetes Association, 7.6 percent of the white population is affected by this type of diabetes, whereas 15.9 percent of the indigenous population, 13.2 percent of the black population, and 12.8 percent of

the hispanic population experience type two diabetes (“Statistics on Diabetes, 2016). This overrepresentation of people of color affected by disease which is strongly correlated to obesity signify and support that racial minorities suffer more from obesity, and obesity triggered health problems, than those who are white.

In conclusion, while the nationwide obesity epidemic is generally regarded as a simple, one dimensional issue that is causally related to personal carelessness and bad decision making abilities, this is an inaccurate oversimplification that disregards the power of outside social and environmental forces, notably race and socioeconomic class, that contribute to the increased susceptibility of certain minoritized groups to obesity and its related health consequences. Studies and statistics reveal that obesity is not purely an issue of behavior, but that it interrelated to forces outside one’s control which limit one’s ability to make healthy dietary decisions due to food scarcity, inaccessibility, and inadequate and incomplete food education due to high dropout rates. Acknowledging the multidimensionality and intersectionality of obesity with low socioeconomic class and race is important because it shies away from revictimizing vulnerable populations through the traditional method of assigning blame to them because of their physical state, which in return may lead to emotional and mental distress on already strained groups, opposed to offering practical and effective methods, such as increasing the availability and affordability of healthy food options, to tackle obesity in high-risk areas. The relationship between obesity and poverty and minority groups, however, requires more research to provide a greater consensus about the complexity of obesity and the ways in which to address it without victim blaming, and acknowledging the intersectional nature of obesity with other aspects of identity and environment– not simply race and poverty, but also less researched aspects such as mental and physical disability, trauma, and emotional distress. While more data and studies are

necessary to foster a more complete understanding of the extent to which various factors influence obesity, it is evident that the obesity epidemic is a far more layered issue, involving many intersectional parts of identity and environment, compared to the traditional and over simplistic picture painted of it and its victims.

References

Apovian, C. M. (2009, November 11). The causes, prevalence, and treatment of obesity revisited in 2009: What have we learned so far? *American Journal for Clinical Nutrition*. Retrieved November 9, 2016, from <http://ajcn.nutrition.org/content/91/1/277S.full>

Understanding the American Obesity Epidemic. (2016, March 9). Retrieved November 9, 2016, from

http://www.heart.org/HEARTORG/HealthyLiving/WeightManagement/Obesity/Understanding-the-American-Obesity-Epidemic_UCM_461650_Article.jsp#.WCLtwjIfI0s

Sensoy, O., & DiAngelo, R. J. (2012). *Is Everyone Really Equal?: An Introduction to Key Concepts in Social Justice Education*. New York: Teachers College Press.

Kirby, J. B., L.L., H.C., & Y.W. (2012, August 1). Race, Place, and Obesity: The Complex Relationships Among Community Racial/Ethnic Composition, Individual Race/Ethnicity, and Obesity in the United States. *American Journal of Public Health*. Retrieved November 16th, 2016

Franklin, B., Jones, A., Love, D., Puckett, S., Macklin, J., & White-Means J, S. (2013, February 1). Exploring Mediators Of Food Insecurity And Obesity: A Review Of Recent Literature. *Journal of Community Health*. Retrieved November 10, 2016, from US National Library of Medicine National Institutes of Health.

DeNavas-Walt, Carmen and Bernadette D. Proctor, U.S. Census Bureau, Current Population Reports, P60-252, *Income and Poverty in the United States: 2014*, U.S. Government Printing Office, Washington, DC, 2015.

Odoms-Young, A. (2013, March 30). Understanding the food-insecurity and obesity paradox. Retrieved November 6, 2016, from <http://www.feedingamerica.org/hunger-in-america/news-and-updates/hunger-blog/understanding-the-food-insecurity-and-obesity-paradox-by-dr-angela-odoms-young.html?referrer=>

Adult Obesity Causes & Consequences. (2016). Retrieved November 5, 2016, from <https://www.cdc.gov/obesity/adult/causes.html>