

The Unhealthy Truth: Obesity in the black population of Chicago

An analysis and overview by

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INTRODUCTION

Obesity has become the number one health issue of the 21st century. Both in the U.S. and abroad, people have become more overweight than ever before. Whether due to the proliferation of fast food choices or a decrease in exercise and healthful activities, Americans have managed to not only become fatter than ever but are becoming sicker than ever as a result.

The national problem of obesity crosses lines of race, ethnicity, gender, income, and age. But it is within the minority communities that obesity is particularly problematic. Blacks and Hispanics are much more likely nationally to be obese than whites. As a result, health issues connected with obesity have a higher incidence within the minority communities.

The life expectancy of any individual is related to numerous environmental factors. In Chicago, as well as nationally, the expectation of lower life expectancy divides blacks from whites. This report will show that obesity is associated with the numerous illnesses that cause the most deaths within the black community in the U.S. Apart from HIV-AIDS, obesity has become the major killer of individuals within the black community.

In analyzing the issues that lead to blacks becoming obese, we assert that individual behavior is but one reason for weight problems the environmental differences individuals face because of race, ethnicity, and income factors into why their attempts to change their behavior may be stymied.

Our report will show that besides environmental factors, there are also structural and cultural attitudes that contribute to the rising obesity rates in these groups. These attitudes add and enhance individual behavior towards weight, appearance, and health. In the final analysis, it is our contention that those who are most likely trapped by environments rife with crime and poverty are least able to free themselves from obesity and weight-related illnesses.

In Chicago, the communities most likely to be in poverty and with the least access to health-improving resources are the black and Hispanic communities of the inner city. Health disparities can most easily be found in those communities experiencing high levels of poverty.

The Chicago Urban League found in its 2005 report “Still Separate, Unequal” that high rates of poverty are most easily found in inner city black community areas. Because of their lack of resources and income, these areas have become **hot zones of bad health**.

For Chicago blacks left stranded in poverty-ridden communities these observations are key to understanding the root causes of not just high levels of obesity in adults and children but also other health disparities endemic to the black community. But even those blacks not in these hot zones are likely to be negatively affected by the health disparities coming from the association we find between race, income, and lowered life expectancy.

In 1999 Cornell University reported that 90 percent of blacks would live at least one year of their life below the poverty line. This contrasts with 53 percent of whites that

would expect to find themselves in that situation.¹ According to Chicago Urban League findings, by 2000 in Chicago, 28.5 percent of blacks lived in poverty compared with just 10.7 percent of whites and 19.9 percent of Hispanics. Our report suggests that when these numbers are combined with national health figures for blacks, it is possible to see that a pattern emerges that possibly makes behavior the least important reason for the epidemic proportions of obesity in the black community.

We will further show that the lack of affordable health care, food options, and opportunities to exercise only worsen an already epidemic situation of obesity not just with vulnerable adults but most especially, black children. Black children in and out of the hot zones of bad health are affected by the unhealthy habits of their families and communities. Even those black children whose familial environments attempt to promote healthy food and exercise habits may be stymied by a lack of community and school resources. And those children within the poorest communities will have such limited access to healthy choices that they may, by default, take on bad health habits that will certainly increase their risk for disease and death.

All minority groups in America have higher than average numbers of their populaces being obese. But the conjunction of environmental factors due to urban poverty and stresses seem to weigh heavier on the black community than other minority groups.

This report will show that though the problem of obesity and health issues related to weight gain affects all groups in the U.S. and Chicago, the black community and most especially its children are affected by obesity in an outsize manner that requires specific solutions.

By focusing on the mix of behavioral, cultural, economic, and environmental, variables of the black community we hope to show that the epidemic of obesity can be stopped and reversed.

The end of our report will focus on what policy measures can be instituted both by the city as well as with the affected communities.

The final cure to the problem of obesity requires not just a change in behavior by those at risk but also an effort to make it easier for those who wish to change to be able to access those facilities that will allow the change to happen.

This report is not just for blacks but also for anyone interested in addressing the serious health issue of obesity in a manner that goes beyond the individual to the community level.

It is not enough to point out an illness. It is also necessary to help people get well.

Measuring Obesity And Weight-Related Illnesses

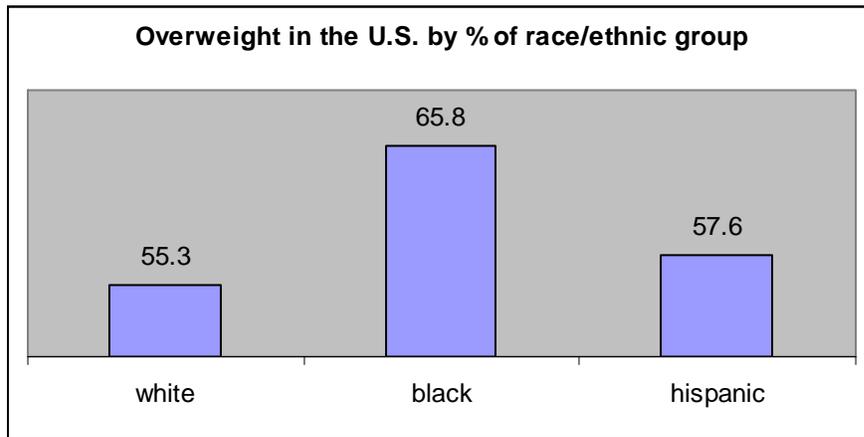
According to the U.S. Surgeon General, obesity is responsible for 300,000 deaths every year. The National Institutes for Health (NIH) and Center for Disease Control (CDC) have tracked the problem of obesity in America for over forty years. They found that from 1962 to the year 2000, the number of obese Americans more than doubled, increasing from 13.3 to 30.9 percent of the population.

¹ Hirschl, Thomas A. and Rank, Mark "The Likelihood of Poverty across the American lifespan" Social Work. May 1999

Most of this increase has occurred since 1980. Between 1990 and 2002, the median percentage of obese persons over 18 years of age almost doubled from 11.6 percent to 22.1 percent.

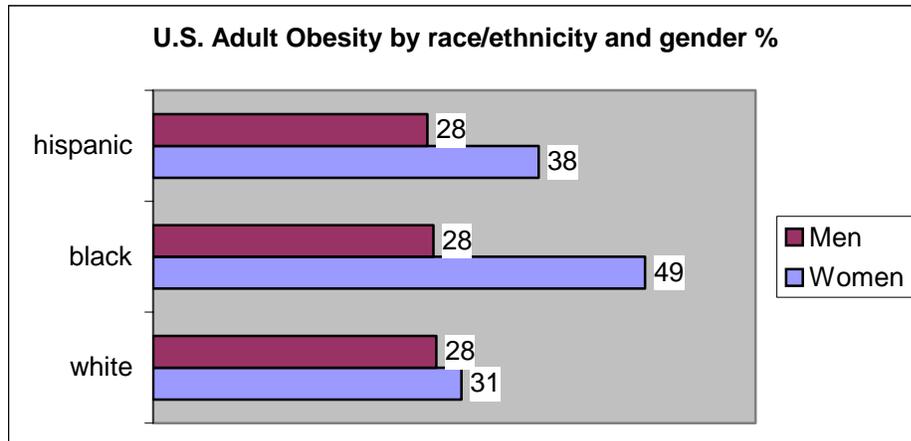
To put this in concrete numbers, 63.1 million adult² Americans were obese by 2002. Of these, 27.5 million were men and 35.6 million were women.

By 2002, the national percentage of blacks that were overweight exceeded any other group analyzed in this report. More than 2/3rds of the American black community found itself with excess and unhealthy weight.



Sources: CDC, Behavioral Risk Factor Surveillance System Survey Data, 2002

Analyzing within racial and ethnic groups revealed that black women far outpace any other group or gender in terms of obesity.



Sources: CDC, Behavioral Risk Factor Surveillance System Survey Data, 2002

While about a third of men of any group studied are obese, almost half of all black women over the age of 20 are obese in the United States. But as the above graph shows, the percentage of minorities who are obese was either similar to or greatly exceeded the percentage of whites.

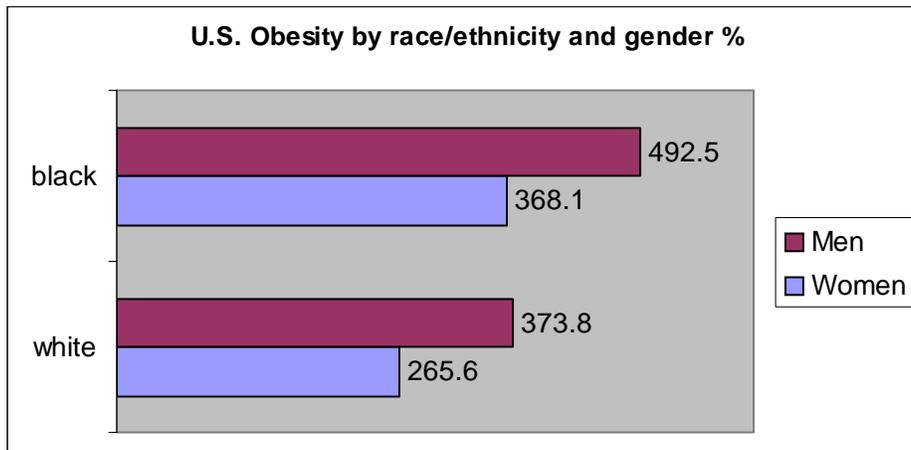
Apart from cultural aesthetic considerations and any attendant physical or psychological pain directly coming from being obese, weight-related illnesses cause

² Adult here is defined as 20 years or older.

many more thousands of avoidable deaths through cardiovascular disease, hypertension, and diabetes. These three illnesses top the list in causes of death in America and became even more prevalent over the same period of time that obesity became a rising problem. But for the black community, these weight-related illnesses are especially problematic.

As the U.S. entered the 21st century, statistics from the World Health Organization showed that cardiovascular disease is the most common cause of death worldwide. By 2002, the American Heart Association estimated that 70.1 million Americans had one or more forms of cardiovascular disease. These diseases include high blood pressure, coronary heart disease, and stroke. In America, cardiovascular disease became the number one killer of blacks in the U.S., followed by diabetes, and hypertension.³

The encouraging news is that from 1992 to 2002, death rates for all Americans from these diseases decreased by 18 percent. Unfortunately, even with these declines, cardiovascular death rates for blacks continued to be substantially higher than whites. In 2002, black men had a 32 percent higher rate of death from cardiovascular diseases than white men. And black women's death rates were 40 percent higher than white women.



Death rates are per 100,000 population using the year 2000 standard U.S. pop. As the base for age adjustment
*Preliminary 2002
Source: American Heart Association, Cardiovascular Disease Statistics

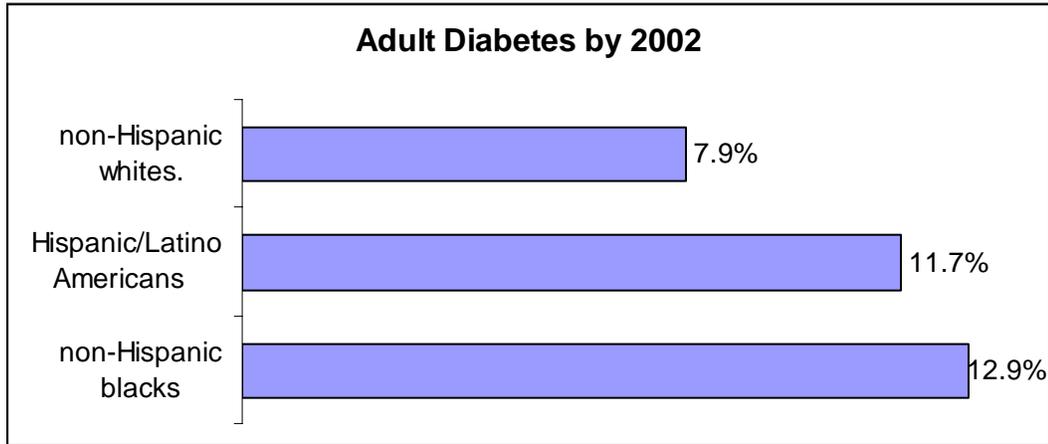
Because cardiovascular disease is directly relatable to excess weight, the association between high levels of obesity in the black community and the high rates of heart disease is clear to see. Other risk factors for causing heart diseases include diabetes, smoking, and lack of exercise.

Each of these factors on their own increase mortality but in the obese individual they add up to a deadly mixture. For blacks and especially blacks in poverty, all of these risk factors exists to larger extent than may be found in the general population.

By 2001 the CDC was reporting that diabetes had increased 33 per cent in the United States between 1990 and 1998. By 2002, 6.3 percent of the U.S. population had diabetes. But as of that year, non-Hispanic blacks were 1.6 times more likely to have diabetes than non-Hispanic whites of similar age. Of the three racial/ethnic groups

³ American Heart Association, American Diabetes Association.

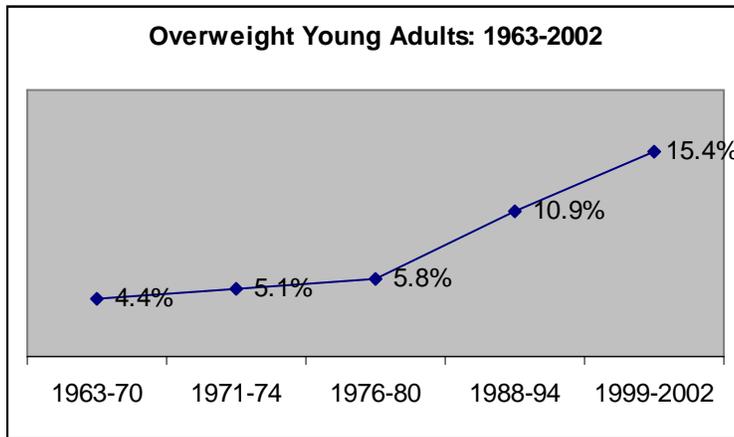
studied for this report, blacks had the highest prevalence of diabetes in persons 20 years of age or older.



Source: CDC National Diabetes Fact Sheet, 2002

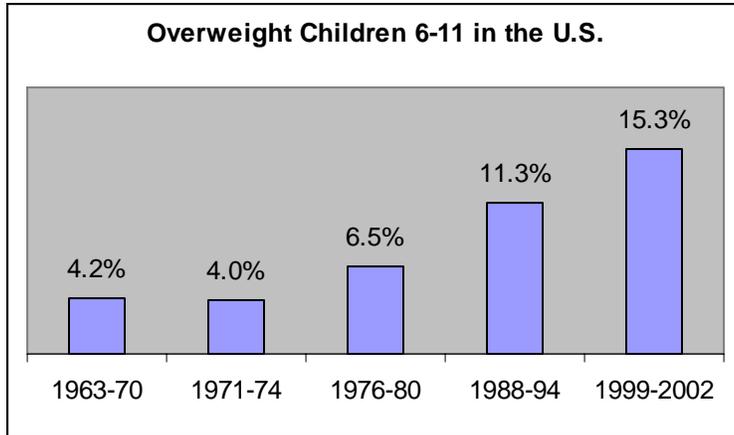
Lack of regular exercise contributes to the rise in weight problems as well as increasing the risk of heart disease. According to the American Obesity Association, “African Americans and whites report that they exercise less as they get older, however, African American women of all ages report participating in less regular exercise than white women. African American men, age 45 and older, report less regular exercise than white women.”

Obesity is rising particularly fast in with children. The percentage of overweight children and young adults has grown by a faster and faster rate over the past 40 years. In just the past twenty years the number of overweight young adults has doubled. By 2002, an average of 15.4 percent of children and young adults 6 to 19 years of age were overweight in the U.S. This compared with just 10.9 percent by 1994 and only 5.8 percent by 1980.



Source: National Center for Health Statistics, *Health, United States*. 2002 and The Chgo Urban League

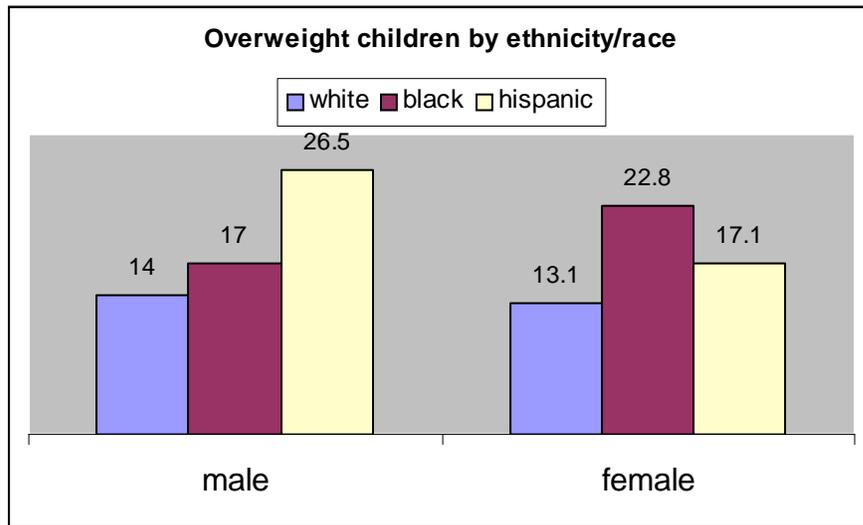
The greatest concern should be reserved for children 6-11, who have rates of obesity that match their older peers.



Source: National Center for Health Statistics, *Health, United States*. 2002 and The Chgo Urban League

What this indicates is that behavior leading to obesity must have its roots in the environment present for children in their earliest years. Recent data about weight and health risks also found that minority children were much more likely to be overweight or obese than white children. The high rates correspond to what can be seen in adults. This would seem to bolster the idea that unhealthy eating and lack of good exercise habits are learned early and persist into adulthood.

While Hispanic boys are the most overweight, it can be seen that black girls are not far behind.



Source: BMI 95th percentile or higher. MMWR, Vol. 53, No. SS-2, May 21, 2004, CDC/NCHS.

The sad fact is that while obesity in minority adults and children in the U.S. outpace whites by a large degree, for blacks the problem is higher than ever and more deadly than ever. The explosion of obesity among black children indicates that special attention must be paid to the black community's health and environment if this problem is to be solved.

FOCUS ON OBESITY IN BLACK CHICAGO

Measuring the effects on health

The U.S. Department of Health and Human Services has found that obesity is one of ten risk factors for mortality. Relationships between obesity and a host of other deadly illnesses have been established. Diabetes, cardiovascular disease, respiratory ailments, and many other diseases all show risk relationships with obesity. Currently, it is estimated that 5,000 deaths per year in Chicago are due to obesity.⁴

Race/Ethnicity	Obese Adults %
Black*	39
Mexican	35
Puerto Rican	32
White*	18

*Non-Hispanic

Sauce: Sinai Health Institute: Improving Community Health Survey Report 1

In a survey of Chicago community areas, it was found that non Hispanic Blacks displayed the highest levels of obesity. According to the survey, non-Hispanic whites were almost 50 percent less likely to be obese than non-Hispanic blacks. **Table 1** above shows the breakdown.⁵

The Sinai Health Institute in its 2003 survey of Chicago residents found that obesity was associated with diagnoses of hypertension, diabetes, arthritis, and depression. Those Chicagoans surveyed who had been diagnosed with those ailments were much more likely to be obese than those who are normal weight or just overweight.

	Normal/Underweight	Overweight	Obese
Hypertension	14%	25%	44%
Diabetes	4%	9%	14%
Arthritis	11%	17%	27%
Depression	18%	24%	31%

Sauce: Sinai Health Institute: Improving Community Health Survey Report 1

Moreover, the high prevalence of heart disease and diabetes within the black community makes associations with obesity very suggestive. The top ten Chicago community areas in terms of heart disease and stroke deaths all have the highest poverty

⁴ Sinai Health System, *Improving Community Health Survey Report 1*

⁵ The high rates of obesity found in the Hispanic community seem to indicate certain similarities of behavior or social situation with African Americans, however these possible links are outside the scope of this report.

rates in the city as well as having black populations above 90 percent. Also, six of the top ten community areas for diabetes mortality in Chicago are predominately black.

Black Chicago Community Areas ranked by Diabetes deaths			
Community Areas	Rate*	Rank	% Black
Washington Heights	84	1	97.5
Avalon Park	64	2	97
South Deering	59	4	60.8
East Garfield Park	57	5	97.2
West Englewood	51	8	97.8
Pullman	50	9	81.4
Auburn Gresham	45	14	98.1
Douglas	44	15	85.8

*Rate is per 100,000 deaths

Source: Community Area Health Inventory 1989-1999, Chicago Health Profiles and The Chicago Urban League

Most distressingly for Chicago blacks is that the top ten areas for heart disease deaths are all predominantly black neighborhoods.

Black Chicago Community Areas ranked by Heart Disease deaths			
Community Areas	Rate*	Rank	% Black
Fuller Park	562	1	94.3
Near South Side	532	2	63.6
Douglas	466	3	85.8
Greater Grand Crossing	455	4	97.8
Grand Boulevard	449	5	97.7
Woodlawn	446	6	94.2
Oakland	440	7	97.5
East Garfield Park	434	8	97.2
Riverdale	424	9	96.6
North Lawndale	416	10	94.2

*Rate is per 100,000 deaths

Source: Community Area Health Inventory 1989-1999, Chicago Health Profiles and The Chicago Urban League

In 2005 it was reported that in predominantly black communities areas of Chicago studied, people smoked at nearly twice the city and national averages.⁶ An analysis for this report showed that all of those community areas were what we have referred to as “hot zones of bad health”. These black communities also had high incidences of poverty, crime, unemployment, as well as obesity and related illnesses.

⁶ Jade L. Dell, Steven Whitman, Ami M. Shah, Abigail Silva, and David Ansell Smoking in 6 Diverse Chicago Communities—A Population Study American Journal of Public Health 2005 95: 1036-1042

Causes and Effects of Obesity in the Chicago Black Community

“I can walk out my door and buy a semi-automatic weapon or narcotics, but I can’t find organic tomatoes or lettuce anywhere...I think there is a perception that certain people don’t want certain things...There is this stigma that black people don’t want to eat healthy.”

---LaDonna Redmond, Project Director for Chicago Food Systems Collaborative⁷

We believe that the effect of environment cannot be underestimated in the problem of obesity in the black community of Chicago. For while behavior plays a role in why people may be overweight, environment is what makes it possible for even those less likely to engage in negative behaviors to be trapped into those negative choices.

A review of available data shows that an association exists between high rates of obesity with high rates of poverty and a predominantly minority population in Chicago. The North Lawndale area, whose populace is almost completely black, was found by the Sinai Institute to have the highest rate of adult obesity in their study with 41 percent of residents identified as obese. But this area also had a 45.2 percent poverty rate-- the highest in the survey and the fifth highest in the entire city.

But more suggestive is that in Chicago the average poverty rate of blacks’ is the highest at 28.5 percent while the average level of obesity for blacks’ is the highest at 39 percent. And the levels of poverty and obesity follow this pattern for the other major ethnic and racial groups of Chicago, with Hispanics next and whites at the bottom.

The environment that surrounds those in poverty can give rise to patterns of negative behavior influenced and enhanced by the lack of income and services available to the community.

A 2004 report by Dr. Adam Drewnowski, director of the Center for Public Health Nutrition in the University of Washington School of Public Health and Community Medicine established a linkage between the very low cost processed foods and rising obesity rates. Dr. Drewnoski reported that,

“It’s a question of money. The reason healthier diets are beyond the reach of many people is that such diets cost more. On a per calorie basis, diets composed of whole grains, fish, and fresh vegetables and fruit are far more expensive than refined grains, added sugars and added fats. It’s not a question of being sensible or silly when it comes to food choices, *it’s about being limited to those foods that you can afford.*”(Italics are authors)

This assertion is not surprising given the ease with which one can find convenience stores stocked with high fat and sugared packaged foods as well as highly salted and processed canned items.

⁷ Cullotta, Karen Ann. “Cure to Child Obesity May be Nearby Food Store” Chicago Tribune. March 28, 2004

⁸ Street, Paul. *Still Separate, Unequal: Race, Place, Policy and the State of Black Chicago*. Chicago Urban League 2005

Previous research from the Chicago Urban League found that most grocery stores offering a range of items including fresh produce and low fat meal options were located outside of the predominately black inner city neighborhoods.⁸ The convenience or “corner” stores that the residents of these areas are forced to shop at feature high priced low nutrition foods that are easily consumed straight from the package or with minimal preparation.

A walk around any of these neighborhoods will reveal how prevalent the use of these stores is by area residents. Area children going to and from school consume these foods in large quantities. One sees these children eating packages of chips, cheese-flavored “puffs”, as well as any number of high carbohydrate cake products with high fat cream fillings. Any bus or street located near schools in these areas will be littered with the discarded packages of these food products, bought quickly by the kids, before and after school hours.

Parents also buy these foods for quick meals or snacks on the way home from work. It is never unusual to see mothers making small purchases at these stores giving in and purchasing packaged foods and candy loudly requested by their young children. The sight of children in prams or push vehicles holding a bag of chips is a regular one in these areas.

One is also more likely to see sweetened juices or soda products in the bottles of these young children. This should not be taken as a mere indication of poor parenting, but rather the effects of the limited choices available to the parents in these areas. A similar mother on the North side or Downtown areas of Chicago would have access to numerous low fat or natural snacks and beverages packaged for quick buying and consumption. That these foods have a higher price point is not surprising either.

The obvious solution to obesity is to change behavior related to eating and exercise. But diet is only part of the equation. The need for regular exercise has been shown as a necessary component to losing weight as well as maintaining health and general well being. Walking just a half-hour everyday can have measurable benefits over time. But as with healthy eating, for the obese and overweight in the black community (as well as the minority community in general) getting even minimal exercise is difficult. Our analysis has found is that this solution is complicated for those trapped in areas heavy with poverty and crimeIn 1995, a survey was commissioned by Dr. C. Everett Koop’s *Shape Up America!* Campaign and subsequently released at the national convention of the American Dietetic Association (ADA). The survey found significant differences in the behavior of persons at the middle and lower ends of income scales. Those making above \$25,000 a year or more faced lower barriers to accessing exercise options as opposed to those making less. 51 percent of those making less than \$15,000 a year said that they were unable to afford a gym or health club. This would seem to be self-evident from a strictly economic view. Those making more would naturally be able to afford gym memberships, for example. But being able to afford exercise option is just part of the problem for those in poverty. In the case of blacks, who face the highest rates of obesity in America, the findings of the survey highlight how being black and poor lead to high barriers to not only weight loss but general health.

Consider also that a third of all respondents to the health survey said that they did not have anyone in the household to watch the children, which prevented them from

getting more activity outside the home. For black women, who face the highest levels of single motherhood, this is no small issue. In the case of women in the predominately black areas of Chicago, money as well as the availability of extra hands in the household are an associated problem.

For those in Chicago, the fact that large numbers of its black residents live below the poverty line is only one part of the barrier to gyms and health clubs. In Chicago 74 percent of all black residents live in areas that are 90 percent African American. So middle class blacks are more likely to live in areas that are likely to be considered “poor” due to the over-representation of those at or below the poverty line. What this means is that health club and gyms are less likely to locate themselves in areas that may have a population that could support them because of this over representation.

For residents of community areas such as South Shore, long considered a solidly black middle class area, this over representation of the poor means that only Chicago Public Park facilities provide low-cost exercise options. The facilities are smaller and less well staffed than any comparably sized private gym or health club. The best facility in South Shore belongs to the YMCA, which is located on the edge of the Hyde Park community areas (a more racially mixed community area that features the University of Chicago).

But this YMCA, while well-stocked and staffed costs on a par with private clubs located in the heart of the Hyde Park or North side community areas. So, not only are the black poor kept from low-cost well-resourced exercise facilities, the black middle class as well have fewer options in the predominantly black areas of the South Side. But these areas have more than just a lack of facilities. Even the simplest of exercises, walking, is difficult for those in the poorest of communities due to crime.

The *Shape Up America!* survey reported that 15 percent of those making more than \$25,000 indicated concerns over neighborhood safety when seeking exercise options. Twice as many (31 percent) Americans making less than \$15,000 indicated that this was a problem. Across all income groups surveyed, 25 percent of the women respondents said that safety was a barrier to exercising in their neighborhoods in contrast with 16 percent of men.

These two pieces of information tell us not just why black women have the highest levels of obesity in the U.S. but also why black children in Chicago and nationally (as well as other minority group children) are far more obese than white children.

Blacks in Chicago are more likely than any other group to live within or nearby areas that have poverty and crime levels far in excess of average figures. They are less likely to own cars and rely far more on public transportation if they wish to reach exercise facilities that will, on average, be a greater distance from them than in other parts of the city.

Because of concerns about crime in their neighborhoods, the easiest and cheapest exercise options—walking, jogging, and/or running--- is lost for many women and children in the predominately black and poor communities of Chicago.

FOCUS ON CHICAGO’S BLACK CHILDREN

Measuring Childhood Obesity in Chicago community areas

A recent paper published in the New England Journal of Medicine found that the life expectancy of overweight children in the U.S. could decline by two to five years. If we add the already low life expectancy of blacks as a populace to this equation, the effect of obesity on this population could be even more devastating than for the general population of Chicago and the U.S. as a whole.

In Chicago, the problem of childhood obesity has become so prevalent that the Consortium to Lower Obesity in Chicago Children declared that based on health data for the area, “Chicago children appear to be at an epicenter of the children obesity epidemic.”⁹

A 2003 health survey found that the Roseland community had 55% of the community’s children aged 2-12 years as being obese. This is a predominately African American area with a 97% African American population, the highest in the survey.¹⁰

Childhood Obesity in selected Chicago Community Areas			
	Rank	Obese	% Black
Roseland	1	55%	98.1
North Lawndale	2	53%	94.2
West Town	3	49%	9.9
Humboldt Park	4	47%	48.5
South Lawndale	5	40%	13.2

Source: Improving community health survey, Report 1, Sinai Urban Health Institute, and The Chicago Urban League

All the risk behaviors in our report show that obese children not only lack physical activity but also have increased consumption of processed foods.

Children likely to be obese are also at risk for a host of diseases that are preventable in youths. These are the same illnesses that plague obese adults. However, for Black children the risks are multiplied by not just the prevalence of obesity but also the lack of resources to combat the problem in those communities most likely to have obese adults and children.

But two important findings on obesity make the risk factors for children even more important than for adults. First is the likelihood that a child will be obese as an adult increases by 50 percent if a child is obese at 6 years of age. Second, survey information taken in Chicago and California found that children who are likely to be obese have certain risk factors related to their behavior both inside and outside the home.¹¹

⁹ “Prevalence of Childhood Overweight in Chicago” Fact Sheet from Consortium to Lower Obesity in Chicago Children December 2003

¹⁰ Sinai Health System’s Community Health Survey Report. Childhood Obesity Results for CLOOC Quarterly Meeting Sept. 3, 2003

¹¹ Sinai Health System, *Improving Community Health Survey Report 1*

Since children are unable to go outside the home or neighborhood for their food choices, their behavior relating to these food choices are directly associated to what foods and activity are available to their parents or within their schools.

This allows us to identify certain behaviors that seem to be common for black children at risk in Chicago for obesity:

- **Black children at risk for obesity eat fewer servings of fruits and vegetables but drink more soda and/or high sugar fruit drinks.**

The incidence of high poverty rates along with high black populations in Chicago leads to an unhealthy mix for children in these communities.

According the U.S. Department of Agriculture, from 1985-2000, the cost of fruits and vegetables increased by 120 percent while the price of soft drinks, fats, and sweets increased by less than 50 percent.¹² Lower incomes mean fewer choices for residents of the predominantly black inner city.

Even more discouragingly to ending the pattern of obesity in the Chicago black community is the inability of inner city families to be able to easily access low fat nutritious foods. The lack of full-service grocery stores within the predominately black communities of Chicago has been observed and measured in past Chicago Urban League report “Still separate, Unequal”.

It is easier to find a liquor store in the predominately black community than a grocery store.

And, unfortunately for the residents of these areas, the convenience store is the most widely available merchant of foodstuffs in the community. For most residents of the predominantly black and poor areas where high obesity rates are found, it is necessary to travel miles instead of blocks to access groceries or produce sellers.

So children and families in these areas will generally spend more money on less healthy foods. Instead of broccoli or grapes, these families will only find highly processed and sugared foods.

- **Black children at risk for obesity eat more high-fat snacks on a daily basis and were more likely to have eaten fast food in the past week.**

A child may typically start out the day eating some form of highly sugared cereal. In school, the lunch provided for free maybe nutritious but the amount of “competitive” foods available from vending machines or local convenience stores adds to the caloric, sugar, and fat count in a child or teenager’s day. After school, salty or sweet snacks will be consumed on the way home or in the home in front of TV or video games. Dinnertime may offer the only chance other than a state-provided school lunch for a child to eat non-processed, fresh, low calorie foods.

The Sinai Health Institute found that children aged 1 to 12 years old in the predominately black Chicago community area of Roseland had the highest likelihood of eating fast food at least once a week. More than 70 percent of those surveyed in the area did so.

This fact coupled with the lack of healthy food alternatives available to the children and families of the neighborhood make the high levels of childhood obesity in the area unsurprising.

¹² Foodbank of southern Virginia, “*Childhood Nutrition: How can a hungry child be overweight?*”

- **Black children at risk for obesity spend longer amounts of time watching TV or playing video games.**

It has been shown that African Americans watch 23 more hours of television in a week than the average American household.¹³

At the same time, children across America have increased the amount of time spent on computers, the Internet, and playing video games. On average, children are devoting six and half hours per day to different types of media.¹⁴

The Sinai Health Institute’s 2003 study on childhood obesity found that 65% of overweight and obese children 3 to 12 years of age in Chicago areas watch 3 or more hours of TV per day. But, as our analysis shows, normal/underweight children watch an average of 20% *less* hours of television a day than obese children.

% Difference in hrs per day spent watching Television by age group			
Weight Status	(3-5 yrs)	(6-12 yrs)	(3-12 yrs.)
Normal/Underweight vs. Obese	-15.6%	-25.0%	-20.0%
Obese vs. Overweight	16.2%	14.3%	15.3%
Obese vs. Normal/Underweight	13.5%	20.0%	16.7%

Source: Sinai Health System’s Community Health Survey: Childhood Obesity Results for CLOOC Quarterly Meeting Sept. 3, 2003 and The Chicago Urban League

And the messages received by Black children from the television shows they watch are increasingly about eating and acceptance of being overweight.

A 2001 University of Chicago report on African Americans and Television found that the most watched prime time television by African Americans contained 60 percent more food and beverage commercials than general prime time television. The temptation of African American children towards these kinds of products is increased by the advertisements shown during prime time, also known as the “family hour”.

The report found that commercials aimed towards African American consumers during prime time were overwhelmingly devoted to candy, soda, and fast food products in a way not found in general prime time advertisements.

% Food Commercials aired during popular Prime Time shows		
	African American audience	General audience
Candy	30	14
Fast Food	31	30
Non fast foods/beverages	14	44
Processed snacks/desserts	12	10
Soda	13	2

Source: University of Chicago Children's Hospital Jain, Anjali, MD and Tirodkar, Manasi A., MA Food Messages on African American Television Shows

¹³ 75 hours per week versus 52 hours per week according to Nielsen Media Research: 1998 Report on Television. New York, NY: Nielsen Media Research; 1998.

¹⁴ Kaiser Family Foundation, Generation M: Media in the Lives of 8-18 Year-olds. 2005

Shows popular with African Americans have 85 percent more commercial devoted to soda and 53 percent more commercials about candy than shows for general audiences

OBESITY AND BLACK CULTURE: THE UNEXPECTED LINK

Limited access to healthy low fat foods is not the only causes the high levels of obesity seen in the black community. The final clue to why obesity overwhelmingly affects those in the poorest black communities can be found in looking at how these communities think about food and weight. It is the contention of this report that specific cultural attitudes towards body image and food meld with the environmental factors and become behavioral problems we have outlined earlier in this report to make being obese and overweight acceptable even as it is unhealthy.

In the United States consciousness of body image has become an overwhelming reality. The current standard of attractiveness requires a toned but lithe body with little if any excess fat allowed. But while this body image easily exerts an observable sway over much of the population in the U.S., the minority communities have been shown to hold a differing view.

Numerous studies show that blacks especially have a higher acceptance for a body image that allows for a fuller figure.¹⁵ But the economic dimensions of income and class should not be ignored in this analysis.

In observing women for example, different health studies have found that both middle income and low-income black women have higher acceptance of their current weight and less drive for thinness.¹⁶ But notice that while middle income women will have easier access to healthy choices versus what we have described as available to low income women. In Chicago, where the low-income blacks are tightly agglomerated in the inner city, there are fewer resources for healthier lifestyles than for middle-income blacks that are more dispersed throughout the city and suburbs.

So while the behavior of blacks would indicate that some would not change their weight based on environment (a greater acceptance of weight within the group) the class differences give a structural reason as to why those choices are enhanced. And further, the structural reasons mean that even those who may want to make better choices will find themselves restricted from doing so. Those with higher incomes will have access to better foods and health programs as well as safer communities allowing a wider range of outdoor activities and a lower stress level. Those trapped in the high poverty inner city have fewer opportunities to change.

But income differences show us that the specific sub cultural thoughts towards body image may be superseded by the larger culture as individuals move to greater

¹⁵ Bessellieu, Leslie. (1997). The meaning of weight and body image in African American women (Dissertation, 1997). Dissertation Abstracts International, 58,1520

. Powell, AD. & Kahn, AS. (1995). Racial Differences in women's desire to be thin. International Journal of Eating Disorders, 17, 191-5.

Striegel-Moore, RH., Schreiber, GB., Pike, KM., Wilfley, DE., & Rodin J. (1995). Drive for thinness in black and white preadolescent girls. International Journal of Eating Disorders, 18, 59-69.

¹⁶ Rucker, C. E., and Cash, T. F. (1992). Body images, body-size perceptions, and eating behaviors among African-American and white college women. Int. J. Eat. Disord., 12: 291-299.

assimilation thru economic and social means. Because blacks of all income groups have typically been excluded from easy assimilation into American culture, it is unsurprising that specific sub cultural influences remain and hold sway at all levels of black society.

The connection of behavior, environment, and structure as an explanation of the high rates of obesity within Chicago's poorest blacks is seen clearly in how the acceptance of heavier weight is passed on from generation to generation. A study of low-income mothers with overweight pre-school aged children showed that, regardless of race, they did not see their children as being overweight. The mothers did not believe children "to be overweight if they were active and had a healthy diet and/or a good appetite. Mothers described overweight children as thick or solid...In trying to shape their children's eating...If a child was hungry, despite having just eaten, it was emotionally difficult for mothers to deny additional food."¹⁷

These attitudes continue into adolescence as observed from a study done amongst mothers and daughters in Chicago public housing. This study found suggestions that the low income non obese African American girls idealize body sizes that are heavier than their current non obese weights". When the mothers of the girls studied were asked to describe their daughters using silhouettes of different sized female bodies, they chose figures that underestimated the true body dimensions of their daughters. More surprisingly but telling is that, "The preference among African American girls for heavier weights was related to the ideals that their mothers had for them...In fact, only 1 out of 5 mothers who had obese daughters chose an ideal for her daughter that was thinner than the figure the mother chose to represent her obese daughter's current body size."¹⁸

Even so, in America as in the rest of the Western world, the prevalence of thinness as the ideal body type is not supplanted even in the minority communities by apparent cultural differences in physical preference or traditional diets. The wide range of personalities and individual influences act on members of any minority community as they would in the larger majority population.

CONCLUSIONS

This report has attempted to give a qualitative and quantitative overview of why and where obesity is gaining the most gain nationally and in Chicago.

The health disparities between racial and ethnic groups are becoming better understood. And obesity, as one of the most prolific and risk-filled of health dangers in the 21st century, can be seen thru our analysis to have disparities linked not only to race and ethnicity but also to income and poverty levels.

While black adults are clearly at high risk for obesity and a host of illnesses related to carrying too much weight, we find that children are even more vulnerable. They are most susceptible to the message of high consumption found in our daily lives. And because of how our culture has changed the way it entertains itself, they are becoming less physically fit even as they eat more and more.

¹⁷ Jain A, Sherman S, Chamberlin L, Carter Y, Powers S, Whitaker R. Why don't low-income mothers worry about their pre-schoolers being overweight? *Pediatrics* 2001; 107:1138-1146.

¹⁸ Flynn, Kristin and Fitzgibbon, Marian. Body image ideals of low-income African American mothers and their preadolescent daughters. *Journal of Youth and Adolescence* Oct 1996 v25 n5 p615 (16)

For black children of Chicago, trapped in high poverty neighborhoods that we identify as hot zones of bad health, this susceptibility is even higher. They lack resources to good health and are encouraged in their bad habits by families and communities that may not be able to give them correct guidance.

Worse, their families may be unable to protect them from not just bad health habits and lack of resources, but also from the violence of the streets that surrounds them. This means that even the way they play is limited by their poverty.

While a correlative link between poverty, race, cultural, structural, and environmental effects has yet to be done, we believe that a clear association between these elements exists and is worthy of further review and study.

So while this report may assert that some cultural differences or preferences may explain some of the disparity in the number of obese persons in the black community, this is not to say that there is a difference in attitudes throughout the black community that is so overwhelming as to explain even most of the disparity.

Rather, it is how the culture or traditions of a community act to reinforce unhealthy behavior that we have sought to show and explain. This approach leads us naturally to hopefully finding solutions to improve the health of that community by seeing it not just as separate in its reasons for obesity. The community is also equal in its needs to combat the problem.

We hope that future examinations of policy may allow this.