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Introduction

> **America is fat. For some, the evidence is readily apparent: a cavernous dent in the once-sturdy couch, the belt which grows like kudzu, the cruel reminders in the eyes of strangers. For others, though, the obesity epidemic is something troubling but external, alien even, like the neighbors two streets over who leave old car parts in their yard—best kept away from, or at the very least, complained about in the safety of similarly tasteful friends; a sign of personal collapse and failure best glowered over as a Washington Post editorial or chuckled at as a New Yorker cartoon.**
>
> (BENFORADO, HANSON, AND YOSIFON, 2006, P. 1645)

The opening quote captures a multitude of perspectives on the social phenomenon that we call *obesity*, a much-talked-about condition, judging by the amount of publicity and scholarly attention it has generated in recent decades. Is there a need for an entire book on overweight and obesity—specifically one premised on a social justice paradigm and aimed at the social work profession? I hope that this book will prove the answer to be a resounding *yes*.

At the outset it is important to define the terms *overweight* and *obesity* and to consider whether there truly is an obesity "epidemic." A look at media and scholarly treatments of the issue and a brief history of our changing attitudes toward weight will offer a context that will be useful. Other aspects of the inquiry will examine individual and environmental factors related to obesity, provide an overview of programs intended to combat this condition, discuss obesity's particular impact on urban communities of color, and explore the potential of social work for addressing this complicated health issue.

The subject of obesity will only increase in significance nationally and internationally in the immediate future (M. C. Smith, 2009). Social workers are in a unique position to make a significant contribution to the ongoing discourse (in research, scholarship, and practice) because of our

embrace of social justice, our history of community practice, and our use of multi-intervention methods.

The World Health Organization's Commission on the Social Determinants of Health advocates for a policy agenda rooted in social epidemiology and human rights with direct relevance to overweight and obesity (Burris and Anderson, 2010). A social justice perspective represents a lens through which we can examine interventions that target obesity, while understanding the political reasons why certain population groups of this nation have a disproportionate chance of gaining excessive weight and are at higher risk for the many health conditions and complications that result.

Defining Overweight and Obesity

Defining what constitutes *overweight* and *obese* can be difficult, and some critics argue that any result of such an effort is socially constructed and highly politicized.

The standard measurement for excessive weight is determined by calculating the *body mass index* (BMI). This figure is determined by multiplying a person's weight in pounds by 703, and then dividing the resulting number by the square of the person's height in inches (Mantel, 2010). According to the National Institutes of Health, to be classified as overweight, women must have a BMI of 27.3 or higher, and men a BMI of 27.8 or higher. An individual is considered obese if he or she has a BMI of 30 or higher.

A 1999–2004 study of overweight and obesity in the United States found significant increases over the past several decades, and an alarming rate of increase (Ogden et al., 2006). Further, Strum (2007) found that between 2000 and 2008 the prevalence of *severe obesity* (individuals who weigh at least 100 pounds more than their recommended weight) increased two to three times faster than that of moderate obesity.

It should be noted when presenting these statistics that the field of obesity research faces broad challenges, as identified by Canay and Buchan (2007): (1) inaccurate and incomplete assessment of energy balance; (2) unclear implications of long-term excessive weight on health; (3) underestimation of obesity-related burden of disease; (4) poor understanding of childhood obesity; (5) inadequate study of population-level prevention measures and interventions; and (6) narrow scope of policy analysis. These six limitations will be addressed throughout this book.

How did we arrive at a point at which being overweight or obese can be considered normative? The journey took place over an extended period of time. The typical male adolescent in 2012 consumes 2,800 calories per day, an increase of 250 calories since the late 1970s; a typical female adolescent consumes 1,900, or an increase of 120 calories (Finkelstein and Zuckerman, 2008). Such seemingly small increases can add up to significant gains in weight: adding just 100 calories per day can translate into a gain of 10 pounds per year (Finkelstein and Zuckerman, 2008). Couple the increase in calories consumed with a reduction in exercise and take into account genetic factors (it is estimated that 70 percent of a person's body weight is the result of biological factors), and it becomes clear that it is a real challenge not to gain weight!

The prevalence of overweight and obesity is not confined to the United States; it is particularly evident among children living in urban centers of economically developed countries (Seidell, 2000; Wang and Lobstein, 2006; Waters et al., 2008). Bulgaria (Ivanova, Dimitrov, Dellava, and Hoffman, 2008), Canada (Elliott, 2010; Harrington and Elliott, 2009), Sweden (Neovius, Janson, and Rossner, 2006), China (Reynolds et al., 2007; Wu, 2006; Zhai et al., 2009), Latin America, and the Caribbean (Rueda-Clausen, Silva, and Lopez-Jaramillo, 2007), for example, report alarming trends of overweight and obesity. Developing countries, too, are coping with the paradox of obesity and malnutrition (Prentice, 2006).

By these definitions, the World Health Organization (2011) estimates that globally there are more than 1.5 billion overweight adults, at least 500 million of whom are obese (200 million men and 300 million women). This is more than every woman, man, and child in the United States being obese!

In discussing conditions of being obese, overweight, or, more commonly, fat, commentators in the media often use terms that Klein (2006) considers "biblical in their moral disapprobation." Kuczmarski (2007) notes that the term *obesity* is bound to elicit a wide range of reactions, depending upon a host of factors (including the knowledge base, experience, and background of the individual responding). Further compounding the confusion, the terms *overweight* and *obese* are often used interchangeably. The social consequences of these conditions can be quite distressing: being "fat" influences self-image, increases the likelihood of discrimination, and is also linked to lower economic status and poorer health outcomes.

Society often does not represent or seek the perspective of those who are overweight. Cooper (2009a) counteracts this omission by addressing

the importance of upending society's tendency to stigmatize or demonize those who are overweight or obese. *Fat acceptance* or *"Fat-Lib"* efforts serve to empower those who are overweight or obese (Cooper, 2010).

Pomeranz (2008, p. S93) addresses the importance of legislation against weight bias but acknowledges the challenges in bringing such policies to fruition:

> History teaches that discrimination against socially undesirable groups leads to societal and governmental neglect of the stigmatized group's health problem. [Viewing] weight discrimination in a historical context . . . demonstrates that legislation specifically aimed at rectifying obesity is less likely while weight bias is socially acceptable. Beyond obesity legislation, public health professionals may consider advocating for legislation directly targeting discrimination based on weight.

Hopkins (2011) discusses how body size and shape (specifically overweight or obesity) negatively influence identity, the way individuals navigate through society, and the inequalities that they encounter. Sweeting (2011) comments on recent highly publicized actions that single out those who are obese, such as efforts to require that airline passengers who are obese pay for two seats rather than one seat.

Nevertheless, as Cooper (2009b, p. 1) notes, our bias toward "fat" people may even prevent us from recognizing the significance of an activist movement led by these individuals:

> In 21st century Western civilization, obesity is such a maligned state of being that the notion of fat activism is unthinkable within dominant obesity discourse. The lead of "activist" suggests a dynamic engagement with public life . . . that would not be further from couch potato stereotypes associated with fat people, or popular discourses which typify "the obese" through moral narratives as innately unwholesome, passive recipients of pity and intervention. Yet activism exists, has a complex history and offers new ways of conceptualizing "obesity."

Is There an Obesity "Epidemic"?

The term *epidemic* has been used countless times to describe the problem of overweight and obesity (Gilman, 2008). A 2007 Surgeon General's

report, for example, officially labeled the problem an "epidemic." Some scholars question this usage, however. See, for example, Flegal (2006, p. 77): "The word 'epidemic' has some drawbacks as a descriptor. Because it has no quantitative definition, there is no precise way to determine whether something is an epidemic or not, and opinions may differ."

The term *epidemic* has a way of being used to draw attention to a particular situation or condition (Gilman, 2008). An article in the *Washington Times* (Duke, 2010) titled "'Epidemic' growth of the Net porn cited" is such an example. Another is Taylor (2009), "Fear of Failure: A Childhood Epidemic." A search of the literature will find the term associated with "crime," "sexual abuse," "autism," "depression," "sexually transmitted diseases," and "substance abuse." Klein (2006), as well as others, wonders why other widespread phenomena—automobile accidents or pollution, for example—are not considered epidemics? It seems as though there is no social condition or problem that cannot benefit from the label. However, there are economic and political forces at work that influence its use as a designation. Some question whether the term is overused by industries (such as the food, exercise, and diet industries) and interest groups (such as some in the scientific industry) that financially benefit directly from the "epidemic" label (Campos, 2004; Campos, Saguy, Ernsberger, Oliver, and Gaesser, 2006; Gibbs, 2005; Oliver, 2006). "Obesity Inc." has been the label assigned to these interests (Mundy, 2002).

Oliver (2006, p. 5) blames the usage on the scientific community:

> What I came to discover was that, contrary to the conventional wisdom, the primary source of America's obesity epidemic is not to be found at McDonald's, Burger King, or Krispy Kreme Donuts . . . or any of the other theories that are often used to explain our rising weights. Rather, America's obesity epidemic originates in far less conspicuous sources. The most important of these is America's public health establishments. Over the past two decades, a handful of scientists, doctors, and health officials have actively campaigned to define our growing weight as an "obesity epidemic."

Flegal (2006), however, argues that there is no escaping the high prevalence and rapid increase of overweight and obesity. McKinnon (2010, p. 309), sums up the gravity of this phenomenon: "Certain aspects of the obesity epidemic in the United States are not in question. We know, for

instance, that rates of obesity (defined as BMI equal to or greater than 30) for all sociodemographic groups have risen to a startling degree in the past 50 years, and that 33.8 percent of U.S. adults are classified as obese, as are 16.9 percent of children."

Media and Scholarly Attention

The labeling of obesity as an epidemic has benefited from significant media and scholarly attention. Hardly a day goes by without a story in the national media about how Americans have progressively gotten heavier and as a result, unhealthier (Hill, Wyatt, Reed, and Peters, 2003; Kolata, 2011; Parikh et al., 2008). Kumanyika and Brownson (2007) discuss how media coverage of obesity conveys a perpetual national crisis, with dire predictions about the future of overweight individuals. Boero (2007) analyzed the *New York Times* between 1990 and 2001 and found 751 articles on obesity, many of which focused on individual instead of macro-level forces, making it more of a medicalized, or pathologized, phenomenon. Ten Eyck (2007) studied national newspaper sections devoted to food and fitness during a one-month period (August 2005) and found that the topic of obesity appeared in 592 articles.

Saguy (2005) found that from 1994 to 2004, the number of scholarly medical articles on obesity tripled, while those in the popular press quadrupled. In 2001, the number of media articles on obesity surpassed those on hunger, even though the World Health Organization labeled hunger as the primary cause of death in the world!

Saguy and Almeling (2008) concluded that the media exhibit a propensity to report more heavily on the most alarmist scientific studies, as well as on those that blame individual factors, to the exclusion of those that offer alternative explanations. (It should be noted that alternative theories are much more complex to report, and much more politically charged. An article that implicates food industry practices as an underlying cause of obesity, for example, may have ramifications for advertising revenues. After all, individuals rarely advertise in the media, but corporations do.)

The scientific community, not surprisingly, has also published extensively on the topic. For example, the journals *Future of Children* (Spring, 2006), *Science (*February, 2003), *Health Affairs* (March, 2010), and *International Journal of Epidemiology* (February, 2006) devoted special issues

to obesity, and at least four scholarly journals are devoted solely to obesity (*International Journal of Pediatric Obesity; Obesity; Obesity Research*; and *Obesity Reviews*). This trend reveals the significant foothold that issues of overweight and obesity have gained among scholars.

Changing Attitudes Toward Weight: A Brief History

Gilman (2010), a social-cultural historian, shows how the meaning attached to the condition of obesity has evolved, from ancient Greece to the present day. His book *Fat: A Cultural History of Obesity* (2008) posits that our national obsession with "fat" is not new and can be traced back to the mid-nineteenth century.

Interestingly, the term *diet* has its roots in the Greek word *dioeta*. However, the original meaning, "a prescribed course of life," did not necessarily indicate an exclusive focus on food (Oliver, 2006). Gilman (2010) traces obesity as a pathological condition back to ancient Greece and Hippocrates (ca. 440–370 BCE).

Obesity in the eighteenth century was considered a condition of the wealthy (Gilman, 2010). It acquired a stigma only after it became associated with the lower classes. In the 1860s, William Banting, a formerly obese Englishman, published a pamphlet titled *Letter on Corpulence, Addressed to the Public*, which described the success of his diet and is considered the first publication on dieting (Greenblatt, 2003). Wolin and Petrelli (2009) note that by the turn of the nineteenth century, many Americans began to view excessive weight as socially undesirable. New inventions, such as portable scales (1891) and the first bathroom scale, the "Health-O-Meter" (1919), made it easier to keep track of weight gain. Levenstein (2003) discusses how from 1880 to 1930, new nutritional science theories and the rise of labor-saving food and devices radically altered the American diet.

Around this time, LuLu Hunt Peters published *Dieting and Health, with Key to the Calories* (1918), widely considered to be the first best-selling diet book in the United States (Gilman, 2010). Peters targeted women and framed obesity as a condition resulting from overindulgence, highlighting personal factors (such as a genetic resistance to gaining weight, or not having the skills to resist temptation) as the primary issues related to weight. The evolution of the diet industry from these humble beginnings to a $35 billion a year industry is history, so to speak. Stewart and

Korol (2009) note that the recognition of obesity as a serious health issue in the United States began around this time, when future president Herbert Hoover, then head of the U. S. Food Administration, introduced calorie counting. By the 1920s dieting was becoming an obsession among adolescent girls.

Sadly, the targeting of women by the diet industry has continued to evolve since then. In *The Female Eunuch* (1971), Germaine Greer highlighted how society has demanded that women be thin, often to the point that they become susceptible to eating disorders. Wiseman, Gray, Mosimann, and Aherns (1992) reported an overemphasis on diet and exercise articles in women's magazines during the period 1959–1988. More recently, a meta-analysis of 77 studies found that exposure to media images emphasizing thinness is positively associated with body image concerns among women (Grabe, Ward, and Hyde, 2008). The goal of achieving thinness is a critical element in bulimia nervosa among women (Chernyak and Lowe, 2010), resulting in a lucrative market of products and services addressing eating disorders (Hesse-Biber, Leavy, Quinn, and Zoino, 2006).

In the 1960s, weight and beauty ideals shifted once again: "Yet for reasons that are still unclear, in the early 1960s the beauty and fashion pendulum began to swing back toward the thin ideal. A statistical analysis of the measurements of Playboy centerfolds and Miss America pageant contestants in the 1960s and 1970s has charted this, showing how both groups of women became considerably thinner over that period" (Levenstein, 1993, p. 239). The early 1970s, however, also witnessed an increase in the number of books targeting the food industry's undermining of this nation's health (Levenstein, 1993).

Awareness about obesity prevention began to emerge in the mid-1990s with the publication of an article by Kuczmarski, Flegal, Campbell, and Johnson (1994) and a report by the National Task Force on Prevention and Treatment of Obesity (Kumanyika, 2007). An American Medical Association report (1999) that tied 300,000 annual deaths in the United States to obesity is also considered partially responsible for the upsurge in national media attention (Gibbs, 2005). In 2001 the surgeon general issued a report titled *A Surgeon General's Call to Action to Prevent and Reduce Overweight and Obesity*, which also increased governmental and media attention.

Any listing of current books on weight loss would be far too extensive to include here. To mention just a couple of examples, Dr. Phil, a

well-known television personality with a reputation for addressing thorny personal problems, wrote *The Ultimate Weight Solution* (2003), which topped the *New York Times* best seller list, and Dr. Robert Atkins, a leading diet author, has sold more than 10 million copies of his books (Greenblatt, 2003).

One of the latest fad diets making the news as this book goes to press encourages the use of hCG (a pregnancy hormone), combined with a limited caloric intake (approximately 500 calories per day) to achieve weight loss without feeling tired and hungry (Hartocollis, 2011). However, like all "miracle" diets, this one brings with it Food and Drug Administration warnings regarding significant health risks.

Paradis (2010) commented on our current obsession with "fat" and the importance of understanding its social construction: "Over the past century, our culture's interest in fat has escalated dramatically. Be it nutritional fat, fat as a public health problem, fat as a financial burden, fat as a biological or hereditary trait, or fat as a social construction and cultural obsession, scholars from all disciplines have participated in defining what fat is, what it means, and why and how it matters."

Gilman (2008, p. 14) also commented on the evolution of our concern with overweight and obesity: "Obesity as a category has been the subject of . . . public reconceptualization over the past decades. It has become the target of public health campaigns and spurred a global rethinking of where the sources of danger for the public may lie. Such a rethinking mixes together and stirs many qualities in order to provide a compelling story that defines 'obesity' as the 'new public health epidemic.'"

Whose Problem Is It? Individual Versus Ecological Factors

Determining who is responsible for the problem of excessive weight goes a long way toward determining who should address it and how. Numerous strategies have been put forth for how best to address overweight and obesity. These strategies vary depending on whether one sees as the primary cause of excess weight (1) individual responsibility or (2) ecological factors (which include family, home, social and peer networks, the built environment, and community factors). Each of these approaches has its following, and each embraces a set of values and principles that guides assessment and corresponding interventions.

Individual Responsibility

What we eat, and how much we eat, is at the center of the discourse on individual responsibility. Mikkelsen, Erikson, Sims, and Nestle (2010, p. 292) address the role food plays within a sociocultural context: "Food is a unique component of life in that it provides the nutrition necessary for our health and survival while also playing a central role in the customs and traditions that add meaning to our lives. Although the need for food is fundamentally biological, we select our diets in the context of the social, economic, and cultural environments in which we live."

Food taps cultural customs and traditions as well as biological needs, all while influencing health—and therein lies the challenge and opportunity for social-work-focused community interventions. Eating is a basic human need, but what we eat is laden with deep symbolic meaning. Further, food is a commodity, and companies in the food industry are subject to pressure to maximize their market share and profit. Thus the constant bombardment of messages about the importance of being thin comes up against a similar, if not more powerful, bombardment of advertisements for foods that have limited health benefits and increase the likelihood of gaining weight. Given these competing messages, the average person faces a no-win situation. Steven N. Blair, quoted in Gibbs (2005, p. 77), notes: "We have got to stop shouting from the rooftops that obesity is bad for you and that fat people are evil and weak-willed and that the world would be lovely if we all lost weight. We need to take a much more comprehensive view. But I don't see much evidence that that is happening."

Dorfman and Wallack (2007, p. S45) summarize the debate over food choice from an individual versus an ecological perspective: "Currently, nutrition is described primarily as a matter of individual responsibility, which results in a focus on limited strategies that are unlikely to be successful. Public health advocates need to change the terms of debate or 'reframe' the issue so that the context around individuals—the social, economic, and political context—comes into view."

Ecological Factors

Dorfman and Wallack allude to significant ecological factors that can influence weight, such as severely limited food choices (resulting from lack of access and/or money) and an inability to engage in physical exercise in

safe environments. Such environmental barriers can explain why some populations are at risk for excessive weight gain. These same populations also face incredible odds against their receiving quality health care to deal with the myriad health consequences and disparities associated with excessive weight.

Those who take an ecological perspective ask different questions, and subscribe to a different set of values, than do adherents of the individual responsibility school. Lawrence (2004) concludes that in recent years a systems perspective (one that sees obesity as a public health problem that is amenable to broad social policy initiatives) has emerged. Adherents of this perspective argue that the implications of excessive weight go far beyond health and can also be understood from economic, social, and, some would argue, political perspectives. In fact, a socioecological viewpoint is necessary to achieve a comprehensive understanding of the multifaceted forces at work to create the obesity epidemic.

A socioecological perspective helps us to understand the systematic, dynamic, and interactive aspects of overweight and obesity (DeMattia and Denney, 2008; Huberty, Balluff, O'Dell, and Peterson, 2010; Lee and Cubbin, 2009). It encourages development of strategies that focus on environments, such as policies promoting physical activity (Honisett, Woolcock, Porter, and Hughes, 2009), healthy diets for families (Warren, 2010), schools (Foster et al., 2008; Slusser, Cumberland, Browdy, Winham, and Neumann, 2005), child care centers (Fitzgibbon, Stolley, Schiffer, Horn, Christoffel, and Dyer, 2005; Ford, Veur, and Foster, 2007), and communities (McLaren, 2007), to list but a few.

As a more specific example, many who study the impact of environmental factors point to the practices of the food industry (sometimes referred to as "Big Food") as they influence overweight and obesity. Schlosser's (2005) hugely popular book *Fast Food Nation: The Dark Side of the All-American Meal* presented a disparaging picture of the fast-food industry and its impact on the nation, particularly on youth. Nestle's (2007) *Food Politics: How the Food Industry Influences Nutrition and Health* analyzed how the food industry, through lobbying, advertising, and undermining/co-opting experts, systematically protects its economic interests at the expense of the public's health. Simon (2006a) echoes a similar argument in *Appetite for Profit: How the Food Industry Undermines Our Health and How to Fight Back*. These and other books have challenged the food industry and its role in causing and sustaining the obesity crisis in this country and globally.

The food industry's response to these accusations has been multifaceted (Nestle, 2007; Simon, 2006b; Wansink and Peters, 2007): (1) deny any malicious role in creating the crisis; (2) argue about individual consumer responsibility; (3) lobby for "Commonsense Consumption" laws that exempt the industry from any civil liability concerning overweight and obese customers; (4) redouble efforts at lobbying of third parties; (5) sponsor industry-backed scientific research; and (6) develop a "win-win" strategy. The fifth point can be illustrated by clever marketing of new packaging, for example: "Take the notion of single-serving packaging. Although such packaging would increase production costs, the $40 billion spent each year on diet-related products is evidence that there is a portion-predisposed segment that would be willing to pay a premium for packaging that enabled them to eat less of a food in a single serving and to enjoy it more" (Wansink and Peters, 2007, p. 195).

Advocates of the food industry are quick to argue that it can, and does, exercise self-regulation. However, critics point to its lobbying and deceptive practices as evidence that it cannot self-regulate, with the federal government exercising minimal oversight, and complicit university scientists providing industry-sponsored research attesting to numerous "facts" about the nutritional value and effectiveness of food products resulting in weight loss (Nestle, 2007; Simon, 2006b).

Obviously, the answer to how best to address excessive weight depends upon who is asking the question and formulating the analysis (Benforado et al., 2006, p. 1652):

> Facing up to the fact that obesity in America is *our* problem, whether we are six-pack crunchers or six-pack guzzlers, gets us only so far. The issues of causation remain. Only recently have scientists begun to sort through the genetic, behavioral, and environmental factors that have a direct impact on body weight. Although the evidence remains hotly contested, especially by fast-food companies facing potential liability, the emerging consensus among public health experts is that obesity is largely a product of a "toxic environment."

The term *toxic environment*, similar to *obesogenic environment*, stresses how the powerful socioecological influence of where we live can undermine our efforts at achieving good health, such as by avoiding excessive weight.

Individual and Ecological Factors

Ultimately, the latest research suggests that obesity results from a complex interplay between individual and environmental components. There may be a genetic cause that is "triggered" by lifestyle or environmental factors.

The topic of genetics is far beyond the scope of this book. Much progress has been made in the past several years to identify genes associated with excessive weight. In fact, scientists have discovered 17 single-nucleotide polymorphisms (the most common form of genetic variation among humans) that wield an influence on obesity. One gene in particular, the fat mass and obesity-associated protein FTO, is responsible for 22 percent of obesity cases (Mantel, 2010). FTO is believed to operate in the regions of the brain that regulate appetite and satiety.

Nevertheless, a biological predisposition toward excessive weight gain is best conceptualized along a continuum (Mantel, 2010). In essence, there is a predisposition, or individual susceptibility, toward excessive weight (James, Jackson-Leach, and Rigby, 2010). Environmental factors, in turn, heighten or diminish the probability of gaining or losing weight.

In this sense, there are similarities with certain forms of cancer that are more likely to occur because of lifestyle choices. The correlation between cigarette smoking and lung cancer is one obvious example, but not everyone who smokes cigarettes is guaranteed to develop lung cancer. The causes of cancer are quite complex. So, too, are the causes of overweight and obesity.

Ulijaszek (2008) identified six models of population obesity, each having profound implications for assessment and intervention: (1) thrifty genotypes (a biological ability to fatten during periods of abundance, which aids survival during periods of famine); (2) obesogenic behavior (behaviors, such as lack of physical activity and excessive media viewing, that may lead to weight gain); (3) obesogenic environments (environmental influences that encourage excessive caloric intake); (4) nutrition transition (increased consumption of unhealthy foods); (5) obesogenic culture (a cultural valuing of obesity as a sign of wealth and success); and (6) biocultural interactions of genetics, environment, behavior, and culture.

Because of the numerous factors that influence weight, the study of overweight and obesity can draw upon the sociology of the body (the study of images and social uses of the human body), moral panic theory (intensity of feelings about a particular issue resulting in a threat to societal

values), and critical weight studies (a focus on how obesity is acted upon by the media and key institutions drawing attention to the consequences of excessive weight), for example, to more fully increase our understanding of this phenomenon (Cohen, 2003; Laqueur, 1999; Rich, Monaghan, and Aphramor, 2011). Examining these factors in isolation from contextual forces and demography, however, serves only to further negate the role of other environmental forces that are oppressive in character.

Obesity and Urban Communities of Color

I realize that obesity is a nationwide phenomenon that can be found in all communities, urban and rural, privileged and non-privileged. The problem of overweight and obesity reaches into all major demographic sectors of society. However, it has a particular impact on those sectors that are the most marginalized or undervalued because of lack of income and wealth, and race/ethnicity. Those sectors are also the most likely to experience significant health disparities because of limited access to quality health care. Consequently, although overweight and obesity are serious national problems, it is my contention, and that of many other practitioners and academics, that these problems are particularly acute in undervalued urban communities (Committee on Health Care for Underserved Women, 2010; Trent, Jennings, Waterfield, Lyman, and Thomas, 2009).

According to the Office of Minority Health (2011 a, b, c, d, e), people of color face disproportionately greater consequences related to obesity because its prevalence is so high in their communities. Among Native Hawaiians/Pacific Islanders, 63.5 percent of all adults 18 years and older are obese; among American Indian/Alaska Natives, 34 percent; African Americans/Blacks, 33 percent; Latinos, 31.7 percent; and Asian Americans, 12.5 percent. These statistics do not include obesity rates among children and youth, which further compound the problem of overweight and obesity in communities of color.

That is why this book focuses on those communities (Corburn, 2009, p. 2): "American cities—or more precisely certain neighborhoods in these cities—are facing a health crisis. While not a new phenomenon, the urban poor, immigrants and people of color die earlier and suffer more, by almost every measure of disease, than any population group in the United States."

The United States Department of Agriculture (2009) estimated that in 2008 17.1 million families in the United States experienced food insecurity (lack of financial resources to purchase enough food). Further, these families also had the highest rates of poverty, obesity, and diabetes (Drewnowski and Specter, 2004). These families, however, were not evenly distributed across all regions of the country. Major urban areas accounted for a disproportionate number of families facing food shortages and also combating excessive rates of obesity and other weight-related illnesses.

The consequences of overweight and obesity are also particularly severe in urban marginalized communities because of a host of social-environmental forces (Corburn, 2009; Drewnowski, Rehm, and Solet, 2007; Marmot and Wilkinson, 2006). (The term *marginalized* is used in this book to characterize specific groups, such as those who have low income, are of color, and/or are living in urban communities where they represent a high percentage of the population. Other terms used in this book include *communities of color* or *people of color*, my preferred terminology for racial and ethnic groups—typically African Americans, Asians, and Latinos—that are often referred to as "minorities." These groups, however, consist of multiple subgroups from different countries of origin and are not monolithic in structure and composition.) The consequences of overweight and obesity when combined with a host of factors that limit access to healthy foods and physical exercise can be deadly.

In addition, sub-population groups such as women, children, and older adults will be highlighted because of their particular vulnerability regarding overweight and obesity (Adler and Stewart, 2009; Black and Macinko, 2007). Howe, Patel, and Galobardes (2010, p. 404) state this point succinctly:

> Obesity is concentrated in the most deprived sections of the community in most high-income countries in both adults and children. This is also increasingly true of low- and middle-income countries (where historically the inequality has operated in the opposite direction), particularly amongst women. Diet and physical activity and their socio-economic patterning are likely to be affected by individual factors, local social context (including family, peers, workplace, and community), and by wider societal influences (such as food pricing and availability, provision of facilities for physical activity, welfare state policies and so on).

Anti-Obesity Policies and Programs

Government Programs

The role of government (federal, state, and local) should be to promote the health and well-being of all its citizens. In pursuing that goal, government can be influential in reducing, and even preventing, overweight and obesity, as witnessed in Australia, Sweden, and other parts of the world (Haire-Joshu, Fleming, and Schermbeck, 2007). The government's role, however, must go beyond the issuing of reports and the raising of public consciousness.

Haire-Joshu, Fleming, and Schermbeck (2007) identified six key tasks that the federal government can undertake in this effort: (1) funding research; (2) fostering services that target the highest-risk population groups; (3) supporting nutritional and physical activity programming at the community-level; (4) assessing and developing relevant surveillance and monitoring efforts; (5) promoting healthy diets and physical activity; and (6) sponsoring and evaluating projects that promote healthy diets and physical activity. Funding for these types of initiatives, however, has suffered in the current economic downturn, with profound implications for the population groups hardest hit by the crisis.

Despite this, numerous programs at the federal level have sought to address overweight and obesity. In 2010 President Obama established the White House Task Force on Childhood Obesity. Obama also proclaimed September 2010 as the first Childhood Obesity Awareness Month, as another way of increasing public awareness of the problem for children. Michelle Obama's child-focused "Let's Move" campaign received significant economic stimulus funding (Martin, 2009). In early 2011 she launched a program to encourage restaurants to offer smaller portions and to include healthier options in children's meals (Stolberg and Neuman, 2011).

Unfortunately, many federal anti-obesity activities have focused on individual responsibility and have left industries free to continue their practices without fear of retribution. For example, there have been a number of efforts to pass federal legislation to shield the industry from lawsuits. These efforts have been labeled as "personal responsibility," "frivolous lawsuits," and "cheeseburger bills," as a way of shaming anyone who sees merit in using the legal system to curb industry practices (Simon, 2006b). Pomeranz (2008, p. 96) examines congressional testimony and state hear-

ings and highlights quotes that attempt to blame individuals and absolve the industry:

- "This bill is about self-responsibility. If you eat too much, you get fat. It is your fault. Don't try to blame somebody else."
- "It is clear that obesity is a problem in America. Equally clear, however, is that ample availability of high-fat food is not a singular or even a primary cause."
- "The victim always finds someone else to blame for his or her own behavior. And what this bill does is that it says, do not run off and file a lawsuit if you are too fat and you end up getting the diseases associated with obesity. It says, look in the mirror, because you are the one who is to blame."

Between 2003 and 2006, 24 states enacted legislation protecting fast-food establishments from liability, reflecting the sentiment that when it comes to the unhealthy consequences of fast food, "let the buyer beware" (Pomeranz, 2008).

Consider recent campaigns against sugary drinks as another example. It is estimated that the average American has doubled his or her intake of sugar-sweetened beverages over the past thirty years (Mantel, 2010). This increase translates into 175 calories per day per person—or potentially 18 additional pounds per year (Mantel, 2010). In response, a number of high-profile organizations—including the American Academy of Pediatrics, the American Public Health Association, and the Institute of Medicine—have suggested that sweetened drinks be taxed, thereby making them more expensive to purchase and thus reducing consumption (Allday, 2010; Bittman, 2010; Douglas and Jacobson, 2010). However, the beverage industry has lobbied against such measures, somewhat successfully, as evidenced by New York State's failure to pass a proposed law (Hartocollis, 2010). Simon (2006a, pp. 287–288) draws an interesting conclusion about these industry efforts:

> Industry's high powered lobbying effort is actually about much more than just passing bills. A convenient side effect of this lobbying crusade is to apply corporate spin to maximize effect. The rhetoric surrounding the lobbying shapes the broader debate related to who is to blame for obesity and diet-related health problems. Because lawsuits are such a hot-button issue, industry can take full advantage of the popular scapegoating of trial

> lawyers, while at the same time invoke all-American values and shove the personal responsibility theory down the nation's collective throat.

Burnett (2006–2007) critiques the efforts of Congress to ban fast-food lawsuits as misdirected and calls on Congress to focus on obesity as a major public health problem. Obesity and its consequences should be placed alongside the economy and national defense in any discussion of the national political agenda. Relegating this problem to secondary status undermines national attention and efforts at addressing the complexity of excessive weight in general, and in marginalized communities in particular.

Community Efforts

Many experts have begun to propose campaigns and programs that can have an impact on obesity on the community level. One promising strategy, for example, recommends that local governments offer economic incentives for attracting supermarkets to underserved communities (Mantel, 2010). Supermarkets, it should be noted, have a greater selection of healthy food at lower prices than do grocery and convenience stores (Khan et al., 2009).

Vallianatos (2009) offers a comprehensive vision for Los Angeles that has applicability for other urban centers and highlights a range of possible interventions that, when combined, offer hope for these communities. This vision is comprehensive, community-based, and predicated upon an in-depth understanding of current efforts across the country: (1) introduction of food vendors; (2) farmers' markets; (3) expansion of food retail outlets (smaller supermarkets); (4) nutrition labeling in restaurants; (5) fast-food restaurant moratorium; (6) more and better grocery stores; and (7) conversion of corner stores (incentives to sell more fruits and vegetables since they are lower-profit items).

Freudenberg, Bradley, and Serrano (2009) analyzed 12 campaigns intended to change industry practices that damage health (including the alcohol, automobile, food and beverage, firearms, pharmaceutical, and tobacco industries). They found that local campaigns were more effective in achieving change goals than national campaigns. In essence, all politics are local.

More specifically, the Centers for Disease Control and Prevention (Khan et al., 2009) identified 24 strategies that were supported by research and held significant promise for addressing obesity within a community context.

The Role of Social Work in Addressing Obesity

The multifaceted nature of this problem makes it imperative that all helping professions define and address it (Evangelista, Ortiz, Rios-Soto, and Urdapilleta, 2004). As already noted, hundreds, if not thousands, of articles have been written on overweight and obesity from a variety of disciplines. However, the field of social work has generally been silent on this issue, allowing other professions to conceptualize and address it. Social work has not contributed in any significant manner, even though the issues of healthy eating, overweight, and obesity are of tremendous importance, particularly in the lives of marginalized groups in this society.

The lack of coverage in the social work literature underscores the general oversight of overweight and obesity from a social work perspective. This does not mean that social workers are not involved in this field; major social work organizations have issued a charge for the profession to tackle obesity as part of health disparities, for example (Bywater, 2007). However, broad health-related charges to the profession do not emphasize the specific threat of excessive weight, and this problem often gets lost in the constellation of other health-related problems that social workers address.

The challenge of overweight and obesity necessitates a multidisciplinary approach at the macro, mezzo, and micro levels (Townshend, Ells, Alvanides, and Lake, 2010). The ability of social work to view this problem from individual, family, group, community, and policy perspectives is unprecedented in any other helping profession, and this breadth provides us with the ability to develop interventions founded on social justice principles (Donaldson and Daughtery, 2011; Kaiser, 2011).

Social work's embrace of a social justice paradigm encourages social workers to engage in social change campaigns that are centered in participatory democratic principles. The National Association of Social Workers (NASW) *Code of Ethics* (2008) specifically addresses the promotion of social justice and social change in all aspects of social work practice,

stressing the needs and empowerment of people who are most vulnerable, oppressed, and living in poverty. Dorfman and Wallack (2007) call for the reframing of obesity and nutrition from an individual focus to one that is contextually (social, economic, and political) informed. Mitchell (2003) argues that one of the fundamental aspects of social justice is the advancement of a framework that stresses full and effective participation in the decision-making process by marginalized groups to address pressing concerns in their lives.

Studies and interventions on obesity often focus on individuals (Teufel-Shone, 2006) and on the importance of proper diet and exercise (Connelly, Duaso, and Butler, 2009; Spear et al., 2007). This perspective clearly lacks a social justice lens that an ecological perspective would bring. For example, park-based exercise programs targeting inner-city children and youth of color have found success when they take into account safety fears and crime (Bush et al., 2007). Similarly, Cutts, Darby, Boone, and Brewis (2009) found that Latinos and African Americans in Phoenix lived in walkable neighborhoods with access to parks, yet safety concerns prevented many residents from walking. Byrne, Wolch, and Zhang (2009) analyzed the Santa Monica Mountains National Recreation Area in Los Angeles and found that the nation's largest urban park, intended to attract urban residents of color, failed to do so by being perceived as unsafe from a psychological, rather than a physical, perspective. Perceptions, as a result, represent a dimension that must be addressed to encourage participation. Similarly, Gordon-Larsen, Nelson, Page, and Popkins (2006) found that low-income adolescents of color had limited access to physical activity facilities when compared with adolescents who were white, non-Latino, and had a higher SES. Thus, potential benefits of a *built environment* (which refers to urban design, land use, and transportation systems) intended to encourage physical activity can be negated by social circumstances such as crime and street violence.

Social Work and Health Promotion

Health promotion refers to interventions that seek to improve health and prevent or minimize the health consequences resulting from diseases and illnesses. It embraces a set of values, principles, theories, and methods that are influenced by social ecology and that view the individual in the context of his or her environment; thus they are resonant with social

work. The field of health promotion experienced a tremendous surge in interest during the first decade of the twenty-first century as a result of increased governmental and scholarly attention (McQueen and Jones, 2007). In part, this occurred because issues of health are being analyzed in social, economic, and political terms (Cockerham, 2007).

This worldview takes on added significance when addressing the needs of population groups that are at increased risk for illness because of their marginalized social and economic status. The attention to health disparities, inequities, and inequalities is a testament to the importance of viewing health from a broad community or population perspective, rather than focusing on individuals. For instance, Kumanyika (2005) addresses health disparities and obesity in African American women and girls:

> The obesity prevalence data for black women are, by now, all too familiar. Seventy-seven percent of black women are in the overweight or obese (defined as having a body mass index [BMI] $\geq$25 kg/m^2) range, and 50% are in the obese range (BMI $\geq$30). . . . The variation in obesity with socioeconomic status (SES) must be considered when comparing blacks and whites, but the higher obesity prevalence in black than white women is seen at all levels of typical SES indicators such as education and income. . . . The problem is not confined to adults. Among black girls, the high prevalence of obesity is of relatively recent onset but seems to have caught up with and passed the prevalence of obesity among white girls.

Reliance on a medical model, which historically has focused on individual lifestyle factors to the exclusion of environmental factors, prevents a multifaceted understanding of the factors leading to overweight and obesity. In addition, treatment is also individually focused (Adler and Stewart, 2009). A health promotion perspective broadens our understanding and approaches to combating this problem. When health promotion, in turn, adopts a social justice set of values and principles (predicated upon participatory democratic principles), these interventions can change the environmental circumstances that help cause overweight and obesity.

Social work, unfortunately, has not played a leadership role in developing health promotion strategies; yet we bring a profound understanding of communities, social ecology, social justice, and social interventions (Delgado and Zhou, 2008). Social work's absence, I believe, has done a disservice to the field of overweight and obesity. This book highlights the contributions that social work can make in the development of health

promotion strategies targeting the problem of overweight and obesity in the United States.

Goals of This Book

This book seeks to discuss and promote promising community-based and -initiated strategies that address obesity and overweight in urban communities of color, using a social justice perspective, and with social work playing an active role in these interventions. As a result, this book seeks to accomplish six goals:

1. Provide readers with a state-of-the-art understanding of the magnitude and consequences of overweight and obesity in the United States.
2. Utilize a social justice perspective as a guide for assessing and addressing overweight and obesity in marginalized urban communities of color.
3. Focus specifically on the social causes and consequences among low-income urban groups of color, which are often the nation's fastest-growing demographic groups.
4. Examine the challenges in measuring the extent of the problem and achieving and evaluating intervention success.
5. Identify promising community-based participatory health promotion principles and interventions.
6. Identify how the profession of social work can play a prominent role in shaping overweight and obesity health promotion interventions.

To accomplish these goals I draw upon the latest literature, research, and thinking on the subject of overweight and obesity, nationally and internationally. Further, to make the book more reader-friendly, I present in-depth case examples, as well as shorter vignettes throughout the text.