



ISSN: 2832-7942

DOI: 10.33552/APHE.2021.01.000518

**Annals of Public
Health & Epidemiology**

Iris Publishers

Review Article

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Adverse Food Environments in Vulnerable Communities of Color

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Received Date: July 01, 2021

Published Date: July 31, 2021

Abstract

Obesity is one of the leading causes of preventable deaths in the United States, causing several life-threatening health problems, including type 2 diabetes, high blood pressure, heart disease, stroke, some cancers, kidney disease, and more. In the United States, it is no secret that obesity has been on the rise for decades and has shown no sign of slowing down. The epidemic disproportionately affects low-income and minority individuals. Researchers often debate the primary causes and most effective way to slow the obesity epidemic. One commonly cited cause of the epidemic is food deserts: communities that lack access to a grocery store. Although food deserts are important to mention due to the attention they receive from politicians and the public, the lack of empirical evidence linking food deserts to obesity has led many scholars to disregard them. Alternatively, food swamps (communities where unhealthy eating options far outnumber healthy options, making healthy eating inconvenient and even discouraged) have been legitimately explored - by public health officials and scholars alike - as a potential contributing factor to the obesity epidemic. This article discusses the impact of food deserts and food swamps and the steps proposed by scholars to solving food swamps in America - subsequently alleviating a significant, ongoing public health crisis.

Keywords: Public Health; Obesity; Public Policy; Food Desert; Food Swamp

Introduction

Body Mass Index (BMI) is a metric used to quantify an individual's health and describe it using a single number. This popular metric is calculated by dividing weight (kg) by height (meters) squared. An obese individual is defined as anyone with a BMI that is 30.0 or higher. As of 2018, the CDC reported the US obesity rate to be 42.4% - substantially higher than most other countries [1]. Widespread obesity in the United States has several negative consequences. Most notably, obese individuals are at an increased risk for severe, potentially fatal health problems. Heart disease, diabetes, and other life-threatening health issues are all more common in obese individuals than those at a healthy weight. As a result, the United States will have to bear the economic consequences of this increasingly worrisome issue. With obesity

rates having been steadily increasing for the last 20 years, future healthcare costs have (and will) increase proportionately, putting a progressively worsening financial burden on the United States Government [1]. Low-income minorities consistently experience disproportionately higher rates of obesity compared to other populations. A study conducted in the early 2000's analyzed white and non-white participants of all ages and found that in nearly every age group tested, the Hispanic and Black participants were more likely to be overweight or obese than their white counterparts [2]. Food swamps, communities where unhealthy food is much more readily available than healthy food, harm low-income families by surrounding them with innutritious options. These engulfing, unhealthy options are usually fast-food restaurants or convenience



stores filled with junk-food, and since they are less expensive, low-income families tend to eat at these locations much more often than more expensive, healthier restaurants. Studies have found that food stamps are more correlated with obesity than food deserts [3]. Despite these findings, food deserts have garnered more overall attention (excluding most public health scholars) than food swamps have in recent years.

Discussion

Since 2010, food deserts have been the most cited cause of the obesity epidemic. The common theory, which claims that a lack of grocery stores in low-income neighborhoods is the cause of widespread obesity, even caught on in the White House. In 2010, Michelle Obama launched the "Let's Move!" campaign; it had many objectives, but its main focus was to give grants and tax incentives to grocery store owners who were willing to open in impoverished neighborhoods [4]. Since then, however, the simplicity of the proposed solution - opening grocery stores in impoverished neighborhoods - has been challenged by many scholars. Part of this criticism stems from the fact that there is no commonly accepted definition of a food desert [5]. Some argue that the solution is not as simple as opening grocery stores in low-income areas and expecting drastic change. In fact, a 2009 study found that it is not rare for poor neighborhoods to have more grocery stores than wealthy neighborhoods, putting in question the idea that food deserts are a major contributor to obesity in low-income communities [6]. Additionally, time is a salient factor that is rarely considered when discussing grocery store access and the obesity epidemic in its entirety. One study mentions that time could be a deterrent to healthy habits, even if there are fresh fruits and vegetables available; if a family is struggling financially, they are much less likely to have the time to prepare healthy foods [7]. The issue of time is another reason why low-income individuals may choose unhealthy foods despite healthy options being readily available to them. For this reason, pursuing grocery store interventions to ensure low-income communities have access to fresh produce may not be as beneficial (and comprehensive) of a solution as it sounds.

The best course of action in obesity prevention is the implementation of zoning laws by local governments, which can help avoid widespread food swamps that besiege poor neighborhoods with a sea of unhealthy options and merely a pond of healthy ones. These food swamps corner impoverished individuals into making unhealthy choices, which trains children from a very young age to grow accustomed to eating innutritious foods. This is a habit that fast-food companies aim to instill in the public to elevate their profits. To combat their corporate greed, and in turn, combat obesity, there must be local government-mandated zoning laws that help balance the ratio of unhealthy restaurants to healthy restaurants - especially in low-income neighborhoods. Although zoning laws are viable options, they should be implemented with caution. Scholars have warned that removing unhealthy restaurants from a particular area without adding healthy restaurants to replace them

could be problematic [3]. If done incorrectly, zoning laws could cause food insecurity among residents. Due to this inherent risk, it is imperative that significant policy changes, such as zoning laws, are done with meticulous planning that outline all necessary steps to prevent food insecurity. Scholars have suggested that gradually decreasing (with respect to time and severity) the number of unhealthy restaurants while simultaneously incentivizing healthy restaurants to take their spot would be a beneficial and virtually harmless solution [3]. Such cautionary measures, although time-consuming, would ensure that new policies (zoning laws) are not pernicious to the local community.

Conclusion

Food swamps should be studied further (through public health interventions and other forms of research) so that experts can examine the most appropriate course of action to extinguish widespread obesity. Conversely, food deserts, for some times now, have been in the public and political eye, and therefore require no further analysis. The attention (and research efforts) of scholars has shifted away from food deserts; politicians and the general public must follow suit. Obesity prevention should be prioritized in American politics because on top of being a major public health crisis, obesity disproportionately affects both people of color and impoverished individuals. Some may argue that the policy changes required to alleviate the epidemic through zoning laws or otherwise are not worth the financial burden. These claims, however, are short-sighted considering that future healthcare expenses made worse by heightened obesity rates will cost the United States Government a great deal for generations to come.

Acknowledgement

None.

Conflict of interest

None.

References

1. (2021) CDC. Adult Obesity Facts. Centers for Disease Control and Prevention.
2. Wang, Youfa, May A Beydoun (2007) Obesity Epidemic in the United States-Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis. *Epidemiol Rev* 29: 6-28
3. Cooksey-Stowers K, Schwartz MB, Brownell KD (2017) Food Swamps Predict Obesity Rates Better Than Food Deserts in the United States. *Int J Environ Res Public Health* 14(11): 1366.
4. Buren, Davina van (2016) Fixing Food Deserts Is About More Than Building Grocery Stores. *Truthout*.
5. Casey, Tina (2018) How Supermarkets Can (Really) Solve the Food Desert Problem. *Triple Pundit*.
6. Ver Ploeg M, Breneman V, Farrigan T, Hamrick K, Hopkins (2009) Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences: Report to Congress. *Ag Econ Search*.
7. Warren, James (2017) How to Water a Food Desert. *US News & World Report*.