

Obesity in Urban America

Environment vs. Personal Responsibility

America's obesity epidemic is one of the most complicated public health issues we face, because it is so interwoven throughout the fabric of our society. It's clear that many of us are eating more and exercising less. Yet, there are no "silver bullets" or overnight solutions. Many communities across the country are addressing pieces of the "childhood obesity puzzle." Some programs focus solely on personal responsibility—others are mainly focused on changing the surrounding environment or industry policies. But it is likely that no single community is doing all that is necessary to effect long-term change.

Over the years, most people of color in MEE focus groups admitted that they did not eat healthy foods or exercise regularly. At the same time, many had personal stories of friends, siblings, parents and other family members who had been diagnosed with diabetes or high blood pressure. This reality was making them more aware of health disparities and obesity-related chronic diseases. Many people increasingly are realizing the importance of making lifestyle changes in order to be healthy. Most low-income people believe that obesity is purely a matter of "personal responsibility." They don't understand the role that community-level changes play in that equation.

But in the case of childhood obesity, children don't control their environment; adults do. School boards, community planners, policy makers, elected officials and other adults make the decisions that determine how well we support our children in making healthy choices. That's hard to do when both children and



adults are tempted by unhealthy foods and beverages at home and at school and when their neighborhoods don't offer safe places to play, walk, run or bike. "They [the parks] are infested with winos and addicts," said one Baltimore parent, while a mother in Atlanta observed, "You see condoms and things on the ground in our park."

Making positive changes in the surrounding environment can help people in inner city, low-income communities eat healthier foods and be more physically active. For example, many of those residents currently have limited access to parks and recreation centers that are safe and close to their homes. There are also few well-organized and affordable sports and fitness activities.

Many residents from poorer communities also indicate that, with the lack of quality supermarkets, the selection of meats, fruits and vegetables in local stores is not as fresh as it is in more affluent neighborhoods. "I do most of the shopping for the household, but I don't shop in my neighborhood because of the quality of the food," said a Baltimore mother. "I have three stores on my block that sell candy

and junk." Even though the majority of their food shopping is done at major supermarkets, people in low-income communities also use smaller neighborhood markets and "dollar stores" for certain items—primarily because of price and convenience. Residents say they have noticed that inner-city supermarkets and grocery stores promote junk food and other generally less healthy food over more healthy food (through sales, coupons and store displays). Issues such as zoning and community design, the availability of physical education classes in schools, and inadequate public transportation also come into play.

Whether it is due to an environmental or personal issue, *stress* also plays a major role in obesity. African Americans in the lower socioeconomic strata are very stressed from all the bills piled into their

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FromThePresident

Many people believe that obesity is the most important health problem in the U.S. today. When the CDC released a study a few years ago that suggested that obesity could soon overtake tobacco as the leading preventable cause of death in the United States, the public health community started to pay serious attention.

The bad food and exercise choices we've made as adults have filtered down to our children. We've become a nation of overweight and obese people, with major health implications both now and into the future. The picture in low-income, urban and ethnic communities—the kinds in which MEE does most of its work—is even more dire. Already existing health disparities will continue to worsen without some urgent intervention.

Lots of factors contribute to this situation. We've outlined many of them in *UrbanTrends*. Whether you blame the media, the fast and junk food industries, policymakers and elected officials, or you believe that in the end, it all comes down to personal responsibility, making real change will not happen overnight, nor without multiple strategies that meet people where they are.

MEE's bottom line is that we must do whatever works; inaction is guaranteed *not* to bring the results we need. We have to find a way to present oral-based and culturally-relevant health information in such a way that change seems do-able and sustainable in the context of the busy, economically-challenged and stressed-out lives many of us lead.

Peace,
Ivan Juzang, President
Pamela Weddington, Editor

Making Change at the Community Level: What It Takes for True Collaboration

No matter what the issue—violence, obesity, school truancy or pregnancy prevention....making positive change starts and ends at the community level. However, it takes a concerted and collaborative effort to make change. It is a labor-intensive process that includes many steps. Change is often not linear or occurring in a logical, step-by-step way. There will be some people in the community who will “get” the issue right away, and be ready to get mobilized and take action. Others will need education and awareness-raising to even get the issue “on the radar” or to help them think differently about it. Then, once that occurs, they may still need to be convinced of their ability to make a difference by getting involved.

Using targeted, culturally-relevant methods to initiate and sustain change is a sure path to success, particularly in low-income urban and ethnic communities. What communication channels work best to motivate African American and other communities of color to become advocates for change? What inspires community leaders, parents and organizations to advocate for changes in their environment and demand the creation of policies that benefit their community? Building true collaboration with community partners—individuals and organizations—is at the core.

Elements of Community-Level Change

- Personal, one-on-one conversations are key for CBO's that represent people from oral communications cultures such as African Americans (and Latinos to a lesser extent).
- How can you help make it easier for local CBOs to carry out their own efforts addressing homelessness, violence, substance abuse prevention and more? By community-building, skills remain in the community, providing a foundation for long-term change in a variety of areas.

- Short-term, visible successes help low-income communities feel that change is do-able. Rather than waiting to celebrate at the end of the process (if there is one), celebrate the many small steps and successes that will happen on the way to sustained change in a community.

Barriers to Change

- People will say they don't have enough time, mothers explained.... “If you're working full time, how much time can you spend [getting involved]?” “We're working two and three jobs just to keep a home going.”
- “We don't have those leaders any more that pushed us and made us look at things that are important,” said a Baltimore resident, explaining why people don't advocate as much.

Steps to Overcome Barriers

- No community is a “blank slate” on which to impose your priorities and values. Instead, you must be open to the worldview of the people you are attempting to influence. Find out what motivates and concerns them. Then, connect to the major issues in a community. Whether people are concerned about violence, personal safety, the poor education of their children in overcrowded schools, or no jobs for youth, meet them where they are. Are people in the community dissatisfied with the status quo, but don't yet know how to change it? Tap into that.
- Find the “movers and shakers,” the grassroots leaders in your community. Bring them over to your side by being open to being challenged.
- Educate local residents about your issue—including why it should be important to them. This includes making a point about what happens if they continue to “do nothing.” A well-in-

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formed resident will be more likely to become an engaged resident. Educate residents about the benefits—short- and long-term—of becoming an activist/advocate. Communities have to feel prepared before they can enact change. But if they have never been advocates before, they are unsure whether positive results will occur. A big part of your job may be to help people in the community feel empowered.

- Give people a reason that makes taking a risk by “putting yourself out there” worthwhile. Understanding what happens if the community does *not* take action will give people the confidence to speak up and to take what they perceive to be the risk of rejection. Explain the potential for change, the benefits of activism and their own power and efficacy in using their personal skills to make a difference. The active participation of community members lays the groundwork for the future. The capacity-building that takes place in preparation for change helps move them forward, even through difficult times.
- Leverage existing networks of community-based organizations and leaders. Even in the most resource-starved areas, folks have a shared interest in making their community stronger. Start by first identifying people and organizations that may be your “early adopters”—who may be most receptive to your message. Then enlist them as allies in taking your message to others. Getting grassroots leaders networked with and talking to each other will only strengthen the foundation for change.
- Provide a range of things people can do to support your efforts. Let them choose among activities and actions that fit their personal comfort levels, priorities and levels of commitment.
- Be sure to recognize those who step up to take action, so that you continually reinforce the commitment of the community.
- Help community members feel valued by and connected to your effort. Actively engage them as partners in planning and implementing your efforts. 

In The Trenches: Community Health Councils, Inc.

Community Health Councils Inc. (CHC) is a nonprofit community-based organization working in the South Los Angeles area of California. This trendsetting health promotion, advocacy and policy organization was established in 1992

in response to the growing healthcare crisis in that state and across the country. It has become one of the nationally-recognized leaders of community advocacy for health. CHC empowers, organizes and mobilizes community and grassroots consumer groups in order to create an informed and pro-active community of health consumers. Much of its work to increase outreach and activism is being done with African Americans in the communities of South Los Angeles, northern Long Beach, and eastern Inglewood.

In 2003, MEE conducted formative audience research for CHC in order to identify intervention strategies to help African American adults improve their diet and lifestyle practices and engage in more physical activity. The findings from that research, which was supported by The U.S. Centers for Disease Control and Prevention (CDC), have been used to direct much of CHC’s media and materials development and message delivery strategies. They have been used by a cross-section of groups and key stakeholders that form the African

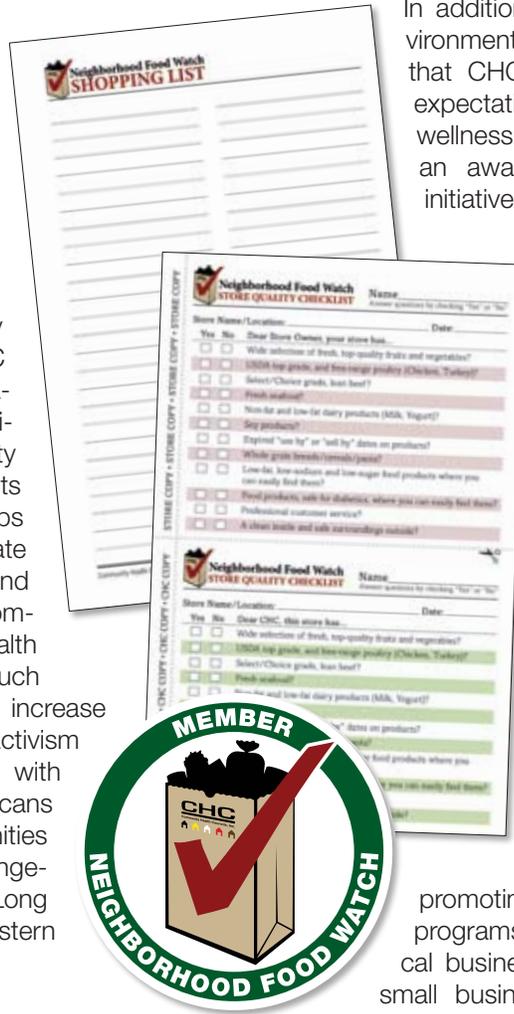
Americans Building a Legacy of Health (AABLH) Coalition. This coalition, led by CHC, works to reduce disparities in the rates of diabetes, stroke and heart disease for African American residents.

In addition, MEE developed environmental and policy “toolkits” that CHC will use to set high expectations for community wellness. CHC is conducting an awareness and advocacy initiative, Neighborhood Food Watch, focusing on the availability of healthy foods in supermarkets in the South Los Angeles area. This includes educating local residents about the poor-quality foods and limited options currently presented to them by their local grocery stores, and then motivating them to contact local stores and request that they “step up their game” in support of a healthier community. A second initiative involves

promoting employee wellness programs to a variety of local businesses and encouraging small businesses and other employee-based organizations to implement organizational wellness practices and promote healthy lifestyles.

MEE provided creative development, graphic design and pre-press production for each of these efforts. MEE’s Creative Team reviewed background materials provided by CHC and then held a series of brainstorming sessions to develop draft messages and concepts for the two initiatives. These concepts were designed to support a community

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Examples of Obesity Prevention in Action:



MEE conducted multi-city audience research for Action for Healthy Kids (AFHK), a nonprofit organization addressing the epidemic of overweight, undernourished and sedentary youth by focusing on changes in schools. The research was with African American and Hispanic middle school students and parents in Los Angeles and Chicago. We are now supporting AFHK's efforts to empower and mobilize urban and minority parents to become advocates for better, more nutritious foods in their children's schools by developing an "urban outreach" toolkit that will be piloted by AFHK's parent advocacy teams in four cities.

www.actionforhealthykids.org



The Consortium to Lower Obesity in Chicago Children (CLOCC), a nationally recognized childhood obesity prevention program housed within Children's Memorial Hospital in Chicago, is improving its tools to communicate with the community about the impact of obesity on local children. MEE conducted a series of "Chat & Chews" to get input on how CLOCC could make its Website more accessible to the average person. The redesign led to it being selected as Website of the Year by the Medical Marketing and Media Awards. MEE also provided technical assistance to CLOCC's peer-to-peer outreach efforts helping adapt MEE's community outreach model.

www.clocc.net



MEE helped the Starlight Starbright Children's Foundation develop its "Get Fit, Get Right" Website as an online resource to help youth incorporate more physical activity and better nutrition into their lives. In addition to conducting research with adolescents, MEE recruited youth for a Teen Advisory Council and helped Starbright develop culturally relevant and user-friendly content for the site. A key feature is a MEE-produced video that follows five young people who attend a six-week, multi-component healthy lifestyle program. The video is being streamed on the Website.

www.starlight.org

*For more information about MEE's obesity-related projects, visit www.meeproductions.com/MEE_ObesityBio.pdf or see the archived issue of *UrbanTrends*, Vol. 12, No. 2*

Obesity in Urban America continued...

lives on top of parenting duties. Food is often being used for satisfaction, comfort and stress relief. When food shopping, parents are more likely to buy junk food (chips, candy, cookies and ice cream) than to buy fruit or other healthy snacks, in order to appease their children. People living such overburdened lives tips the scale in favor of fast foods. It is seen as accessible, inexpensive, easy and convenient for families and single people alike. As one inner-city resident explained, "Why would you buy fish and take it home and fry it, when they can do it for you?" It often provides a break from cooking for parents. "By the end of the day, I'm too tired to cook," said another participant.

MEE is seeking ways to shift the obesity debate to include a focus on commu-

nity—not just individual—responsibility and prevention. Our research has shown that the environment you live in can make it harder to eat well and be physically active. Interventions are needed that involve many access points—community leaders, medical professionals, school administrators, parents and children. There is no one-size-fits-all message strategy that will be effective across the board. Single-message campaigns can never address the myriad of issues facing residents of color in low-income communities.

More attention is now being focused on the environmental context, given the potentially dire effect on our public health infrastructure. What the issue of childhood obesity prevention needs is more than simply a campaign; it needs a grassroots "movement" to save lives and improve the quality of life for dispor-

tionately affected communities. With increased awareness and the strengthening of community will, much progress can be made.

An environmental and policy approach to reducing childhood obesity can be an effective organizing framework in low-income communities, but it requires starting with an intensive education process to put the issue on the collective radar screen. Even with the myriad of challenges facing underserved communities, grassroots leadership is already in place; with culturally relevant engagement, it can be developed and mobilized. This, however, is a labor- and time-intensive process that requires a multi-pronged approach. Similar to making changes in one's health and fitness, changing norms and behaviors related to environment and policy advocacy will take more than a short-term quick fix. **UT**

What the Experts Say



Arnell Hinkle,
*Founding Executive
Director of the
California Adolescent
Nutrition and Fitness
Program (CANFit)*

What are some of the factors that contribute to obesity in communities of color (particularly low-income)?

There's the litany in terms of a lack of access to both healthy and affordable food, but also to safe places to be outside, and to be active. There's [also] just the daily issue of racism and how people deal with *stress*. And also, there's kind of a disconnect, because the education system is so poor, that I think a lot of people lack basic information and skills. They don't know what it takes to be healthy, in terms of how much activity or what kind of activity.

How can racism impact obesity?

There's just the daily barrage of things that happen to you, where you don't know if it's you, if it's the system, if it's racism. So there's this constant [self-] questioning, of your worth, second-guessing yourself. On the days that you don't feel so great, things happen to you and you're not quite sure how to deal with them. You have a bad day at work, something weird happens with your boss, or at the office, and you go home and you might eat a little bit more [than usual] just to soothe yourself.

Where does the environment come in?

There's the whole issue of tax bases and infrastructure and zoning. There are more fast food restaurants, more corner stores, more liquor stores, less fresh fruits and vegetables and more processed foods. The restaurants, even if they aren't a fast food chain, tend to be still more of the fast food-type of restaurant.

How about public policy?

So much of public policy is about politics, and who's in office and who's not. Also, what [often] happens is that these policies are created, not quite in a vacuum, but often at a high academic-research, policy-expert level, and not so much grounded in communities. You'll have a wonderful policy that is almost impossible to implement at the community level, or a policy that is not impossible to implement, but the community isn't ready to implement it, yet, [leading to] a lot of backlash. For instance, the whole idea of [getting] soda out of schools, which is a great policy. But if you don't bring the youth along with it, you get instances where soda becomes a contraband item, and kids are bringing in soda from outside, and selling it to their friends.

Do poor Black communities get overlooked?

There isn't the level of care, because the government doesn't care as much. The tax base is smaller. The people might not vote. And then, they [government officials] don't feel like they have to put as much energy into those [areas].

How do we begin to mobilize communities around this issue?

There isn't a one-size-fits-all answer. It really depends on the community [residents] and where they are, and what they are comfortable with. [Take action] at the level where people feel engaged. If it's at the block level, or if it's at the town level, or it might be engaged around an institution. Sometimes it's a school, sometimes it's a church, and sometimes it's a com-

munity center. [Find out] where they feel connected, and then, get them inspired around that.

There are some areas where they need an outsider, because the turf issues are so intense that sometimes an outsider will have more validity, coming in. And in other areas, the outsider or the expert can come in and jump-start the process a bit.

I think it's all about relationships; people need to trust you, where you're coming from. That you're not coming in and imposing something on them, but you're really trying to work with them to improve the quality of their life. And that [the issue] is something that really affects them.



What are some ways to address the lack of places to play and exercise?

A big thing we're dealing with a lot in California, is joint-use agreements, where the school or a city institution will agree to open the

facilities to the neighborhood. Or schools will leave their playgrounds, the yards, open so kids can play, outside of school hours, instead of closing the building because of liability issues. With a joint-use agreement, there's no liability, and it's okay for the community to use a park or a playground area or a school gym.

How do we get obesity on the community agenda?

There are a lot of groups who work in communities of color, like advocacy groups. But they don't necessarily see this as their issue. And so, we have to

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What the Experts Say continued...

try to show the significance, [help them] see the links.

How do we explain environmental and policy change to communities in a way that it will make that link?

Try to draw the similarities with other policies or social justice things that they can relate to. For African Americans, it might be [connecting to] the Civil Rights Act, and how there are a lot of little things going on, but it wasn't until this big policy issue happened, that things began to change.

Do we need to change how we talk about obesity?

Framing it as an obesity, overweight issue has a real potential for backlash. Because if you look at the data and the science, it's very hard to get people to maintain a weight loss. So they get discouraged and frustrated. Instead of having it [obesity prevention] framed as more of a health or quality-of-life issue, [we can promote it as] a way to handle stress. Or look at it in terms of social justice and health disparities, and the fact that, "Here it is, 400 years later, and I still can't get access to my food."



Matt Longjohn
*Founding Executive Director,
Consortium to Lower
Obesity in Chicago
Children*

Who's to blame?

If we get past this "blame game" and past our traditional viewpoint of who is contributing to the obesity epidemic and move towards a position where we recognize that billions of dollars are being spent on obesity-related illnesses and that we all have to be a part of the solution, we can relatively quickly move past this impasse. For example, once we were able to show that Chicago children were overweight at 2.5 times above the



Many low-income African American parents don't feel empowered to change their environment and the policies that affect them.

national level at kindergarten entry, this provided the schools with real ability to understand that we weren't just gunning for them, but rather needed them to be a part of the solution. We were able to help reframe that conversation and position schools as partners, as opposed to the entity around which we must place blame.

How do you meet people where they are?

We don't want to tell anyone that their number one priority is not their number one priority.

Are there certain ideas to avoid in framing the message?

I think that we have to be careful about using the words "obesity prevention," because it automatically sets some people into a category of "them" [vs. us] that we want to work against.

Who is the most credible message sender?

At the very local level, there is an executive director of a community center, there's the minister, there's the PTA leader. There are people who are willing and able to be daily, not just one-time, spokespeople on these [obesity preven-

tion] issues....They may not be experts in physical activity and nutrition, but they may be experts in their neighborhood dynamics.



Makani Themba-Nixon
*Founder, The Praxis
Project*

Are we blaming the victims?

What you hear from the marketers is, "Those people, that's what they eat. They eat the Church's fried chicken. They eat the Big Mac. They smoke their menthol cigarettes. They drink the malt liquor. That's what they do." And there is no responsibility taken for how marketing has an impact on demand. But more importantly, availability has an impact on demand. In fact, the relationship of availability-to-demand is more direct than marketing-to-demand, because you are going to eat what's near you.

How important is funding to having a successful project?

They expect folks at the community

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What the Experts Say *continued...*

level [to get things done] with a \$5,000 mini-grant. When those projects don't take root, funders act surprised. They say "Well, gee we gave them \$10,000, why aren't we getting years of work?" But they would never approach any of these larger institutions and expect them to even talk to them for under six figures. What they are asking these community groups to do at the local level is much more involved, much more labor intensive. People act like the Civil Rights Movement happened because all these folks were volunteers. No, there were organizations that raised money, who had people who got paid.

Does food meet more needs than hunger in poor communities?

Many of the folks who live in low income communities are working lots and lots of hours...they hardly get to see their children. To be able to have a meal that makes you feel taken care of is like a day in the spa. So you have a bad day at work and you go home and might eat a little bit more. Food is comforting.

How do you get from Point A to Point B?

In helping to promote change, the most revolutionary question is "How?" Showing people how other folks have done it and providing practical information that helps folks imagine themselves in the driver's seat is really critical.

How to we build on existing efforts to make communities healthier?

There is a lot more work on food and nutrition and exercise that's happening in communities than we think. The first step

is not to assume that there's nothing going on. There is [also] a myth that low-income communities are unorganized. There is a tendency to ignore all of the organizations that operate and function at a fairly high level, given the resources. It is really important to reinforce and support existing organizations.



Eduardo Sanchez
*Former Texas Health
Commissioner*

How do you get people to listen?

Return on investment is one way that you can get people to sit down and have "Ah-ha" moments. If you are in a place where the percentage of childhood obesity is such that you can predict the prevalence of Type-2 diabetes and can start tying intervention measures with reducing costs, that begins to have people, at least sit down, listen and pay attention and at least be willing to put the issue on the table.

I suspect there are pockets of activity, and the empowerment would be linking those individuals who are wanting to make a difference with those already-existing activities that are beginning to make a difference, and growing that activity.

Should we blame ourselves for the health of our children?

When we're talking about the fact that in Texas schools, 40% of kids are obese in the fourth grade, we can't blame the fourth-graders. **UI**

In The Trenches *continued...*



dialogue that is "real" and culturally relevant. MEE's graphic designer developed various message concepts into draft versions of the print materials, including brochures, posters and resource flyers, which were audience tested and refined for final production, printing and dissemination. We leveraged synergies between the two initiatives by creating a similar overall "look and feel," branding CHC as a community leader in creating a better—and healthier—South Central.

The "shopping list" toolkit is a cornerstone for the Neighborhood Food Watch. It is helping to hold local retailers accountable to a set of community-generated Standards of Quality. The brochure urges residents to join NFW and advocate for better food choices in their community. MEE designed the initiative's logo and the NFW decal that is displayed in the windows of stores who sign the quality pledge, so that they can be easily identified (and patronized) by community residents. MEE's "shopping list/store-quality checklist" concept engages local residents in gathering information about the convenience stores, supermarkets and small and mid-size food stores in the surrounding community. The data being collected will provide a basis for comparison, along with critical information that will be used to advocate for improving the quality and accessibility of food choices that help reduce heart disease and diabetes among African Americans.

To find out more about MEE's work with Community Health Councils, go online to www.chc-inc.org/nfw or call (323) 295-9372. **UI**

Childhood Obesity in America

Normal
Weight



Overweight:
Body Mass
Index >25



Obese:
Body Mass
Index >30



According to the Institute of Medicine, 9 million U.S. children over age six are considered obese.



Against Childhood Obesity
in Communities of Color

Coming This Spring!

The Robert Wood Johnson Foundation will soon release *Taking Action Against Childhood Obesity in Communities of Color*, MEE's comprehensive report based on 18 months of audience research and grassroots community meetings. Learn how environmental and policy change to fight obesity in our children can "get on the agenda" in urban and ethnic communities across the country. E-mail Aasha Cameron at acameron@meeproductions.com to sign-up to get the report's executive summary or to receive e-mail alerts about advocacy initiatives and RWJF wfunding opportunities.

UrbanTrends

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