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Obesity at the Crossroads: Feminist and Public Health Perspectives

People need to realize that in the current environment . . . in order to maintain a healthy weight you have to act not only personally, but politically.

—Margo Wootan (quoted in Krisberg 2004, 10)

The genesis of this essay lies in the dislocations one of us (Emily Abel) experiences every time she walks across the UCLA campus between the School of Public Health and the Women's Studies Program, her two academic homes. Although both departments are proud of being multidisciplinary, they draw on a different range of disciplines and thus value different modes of knowledge production. Gender and, increasingly, class, race, and ethnicity are categories of analysis in women's studies scholarship but are simply research variables in public health. Public health researchers frequently dismiss as anecdotal the in-depth, qualitative studies that form the core of feminist research methods. Some women's studies scholars attach the derogatory label "positivist" to the large quantitative studies that dominate public health. Postmodern thought, which infuses much of current women's studies scholarship, has yet to gain a substantial foothold among public health researchers.

But it is the conflicts about the correct approach to women's weight that seem particularly surprising and troubling. Lavishing attention on the cultural valuation of thinness and such eating disorders as bulimia and anorexia, women's studies tends to view fat as an aesthetic and moral issue and thus to slight accumulating data about the health consequences of the obesity epidemic and to ignore the socioeconomic inequities that place

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women at higher risk for obesity. This article represents an attempt to present those data in such a way as to engage the attention of women's studies scholars and spur them to action.

Current feminist perspectives on obesity

Women's studies scholars might have been expected to highlight the findings of recent obesity research. As we will show, women are more likely than men to be obese, and these conditions are especially prevalent among groups at the forefront of feminist concern—women who are poor, of color, and lesbian. Moreover, feminist health researchers and activists routinely criticize the biomedical model, focusing instead on the social and economic conditions that make us sick (Ruzek, Olesen, and Clarke 1997). Thus, feminist breast cancer advocates chastise researchers for concentrating on individual risk factors while ignoring possible environmental and occupational causes (Batt 1994). But as recognition of the obesogenic (i.e., obesity causing) environment and its deleterious influence on women's health grows (e.g., Swinburn, Egger, and Raza 1999), women's studies scholars and teachers remain preoccupied with the health consequences of the cultural promulgation of female thinness (bulimia, anorexia) that affect only a small minority of women.

Susan Bordo's 1993 book, *Unbearable Weight*, helped to set the agenda of feminist critical studies of the body. Brilliantly reading the Western representations that help to produce anorexia and bulimia, Bordo views overweight status and obesity primarily as the mistaken perceptions of some very thin women or as excessively maligned physical states. The 2004 edition of *Women's Health: Readings in Social, Economic, and Political Issues*, edited by Nancy Worcester and Mariamne H. Whatley, has a similar slant. Perhaps because the editors seek to introduce students to essays that have achieved classic status as well as to those incorporating newer research, most of the articles reprinted in the section titled "Food, Body Shaping, and Body Projects" address the cultural obsession with thinness, the stigma attached to overweight bodies, and the serious health consequences of diets and surgical interventions; several directly challenge statistics about the dangers of obesity. The sole article originally published after 2000 ("Weight and Health: Analyzing the Surgeon General's 'Call to Action'"; McAfee and Lyons 2004) begins with the important observation that strategies to curtail obesity must include increasing access to physical activity and healthy foods as well as fighting the "vested corporate interests of the food, soft drink, media, advertising, and weight loss industries" (345). However, the bulk of that article as well as much of recent

feminist literature (e.g., Carryer 2001) focuses on the high failure rate of many weight loss programs, the health risks associated with them, and the need to combat discrimination against fat people (McAfee and Lyons 2004). We argue that strategies involving broad-based social and economic change to support healthy eating and active living should move from the margins to the center of feminist concern.

Contours of the epidemic

Obesity has reached epidemic proportions in the United States, with nearly two-thirds of adults now classified as overweight and one-third as obese (Koplan and Dietz 1999; Flegal et al. 2002). During the past two decades, the prevalence of obesity has doubled in adults and children and tripled in adolescents (Flegal et al. 2002). Within just five years, from 1997 to 2002, obesity rates in Los Angeles County's relatively young and quite ethnically diverse population of 10 million rose 40 percent among African Americans and Latinos, 33 percent among whites, and 50 percent among Asians/Pacific Islanders (Los Angeles County 2003). Although food industry critics argue that recent changes in the definition of overweight account for these trends, researchers have consistently found these increases when current definitions are applied retrospectively. Industry critics also capitalize on the widely varying estimates of costs and deaths attributable to obesity (Mokdad et al. 2004; Flegal et al. 2005; Warner 2005), a result of the differing definitions, data sources, and assumptions used in this new area of investigation, to create a mistaken impression of scientific uncertainty about the epidemic's severity (California Center for Public Health Advocacy 2005). The commensurate rise in chronic disease rates (e.g., the tenfold increase in type 2 diabetes incidence among Cincinnati adolescents between 1982 and 1994 [Pinhas-Hamiel et al. 1996]) contradicts the notion of a "paper epidemic."

Obesity is a serious health problem because it contributes to various common chronic diseases, including heart attack, stroke, postmenopausal breast cancer, colon cancer, type 2 diabetes mellitus, gallbladder disease, polycystic ovary disease, osteoarthritis, sleep apnea, and injuries resulting from falls in the elderly (U.S. Department of Health and Human Services 2001). Obese individuals have 1.5 to two times the risk of premature death than those with weights in the healthy range (U.S. Department of Health and Human Services 2001). A conservative estimate is that three hundred thousand deaths per year may be attributable to obesity, physical inactivity, and poor diet (e.g., Allison et al. 1999); the combination of poor diet and physical inactivity may soon surpass tobacco as the leading

cause of preventable mortality (U.S. Department of Health and Human Services 2001). A modest weight gain in adulthood of eleven to eighteen pounds doubles the risk of diabetes, and a more substantial (and typical) gain of forty-four pounds is associated with four times the risk (Ford, Williamson, and Liu 1997). Moreover, as a result of the increase in childhood obesity, some chronic diseases (most notably type 2 diabetes) that were previously essentially restricted to the adult population now affect growing numbers of youth (Rosenbloom et al. 1999). Obesity does, however, decrease the risk of osteoporosis, a major concern of elderly women, though this benefit is offset somewhat by obese women's increased prevalence of falls (Scott and Hochberg 1998).

Because obesity rates are 25 percent higher in women than men (Flegal et al. 2002), obesity contributes more to the development of many chronic diseases in women than in men. For example, more than 20 percent of cancers are attributable to overweight/obesity among women ages 50–69 who never smoked, compared with 14 percent among men of similar age and smoking status (Calle et al. 2003). A moderately to severely obese woman (body mass index of 34 kg/m² or higher) has more than six times the risk of endometrial cancer as a nonoverweight woman (Weiderpass et al. 2000).

Women of color have higher levels of overweight and obesity than do white women, and they have experienced greater increases in obesity during the past decade (U.S. Department of Health and Human Services 2001; Flegal et al. 2002). Among women ages 40–59 years, 79 percent of Mexican Americans and 82 percent of African Americans are overweight, compared with 61 percent of non-Hispanic whites (Flegal et al. 2002). Among Asian Americans, increases in chronic disease risk may even occur at weights lower than the current definitions of overweight (Smith et al. 2005). The effect of poverty varies by racial/ethnic group. Poor white women are 40 percent more likely to be overweight than middle-income white women, compared with a 21 percent higher rate among poor Latinas and a 5 percent higher rate among poor black women (Williams 2002). Lesbian and bisexual women are also at greater risk of overweight/obesity. A recent Los Angeles County study found higher rates of both conditions among lesbian and bisexual women than among heterosexual ones (Mays et al. 2002). For example, 40 percent of lesbian/bisexual African American women were obese, compared to 16 percent of their heterosexual counterparts. The rates were 8 percent versus 4 percent for Asian Americans, 36 percent versus 18 percent for Latinas, and 23 percent versus 16 percent for whites (Mays et al. 2002).

Driving the epidemic

Overview

In the public health world, it is now reasonably well accepted that social and economic factors rather than solely individual choices are the underlying cause of the rapidly increasing proportion of overweight and obese people, not only in the United States but worldwide (World Health Organization 1998). The case for an obesogenic environment has been made in an abundance of scholarly papers (e.g., French, Story, and Jeffery 2001; Kumanyika 2001; Hill et al. 2003) and in books aimed at informing the public more generally (e.g., Nestle 2002; Schlosser 2002; Brownell and Horgen 2004).

Some environmental factors, such as changes in food production and processing, have made energy-dense foods extremely inexpensive and have had the effect of promoting obesity across all population groups. Other factors, as will be discussed below, are linked to, or operate through, gender, social, and economic inequalities, which cumulatively have the effect of putting low-income women of color at the highest risk of becoming overweight and obese. Such women are often blamed for making uninformed or self-indulgent choices and thus becoming fat. It would be more accurate to recognize that they struggle daily against environments that increasingly promote excessive food intake and discourage physical activity (e.g., Powell, Slater, and Chaloupka 2004; Lewis et al. 2005).

This relatively recent reconceptualization of the obesity epidemic as primarily driven by social, physical, and economic environmental factors has led to a second piece of accepted wisdom in the public health community, namely, that prevention policies and programs will be much more effective than individual weight loss strategies in reversing the precipitous increase in overweight, obesity, and their negative health sequelae (Nestle and Jacobson 2000; Dietz and Gortmaker 2001; Visscher and Seidell 2001). In 2002, Americans spent approximately \$40 billion on weight loss products, programs, and diet aids (Spake 2004). Much of this weight loss industry advertising targets women. At any given time, 44 percent of U.S. women and 29 percent of their male counterparts are trying to lose weight (Spake 2004). Even among comparatively affluent and highly motivated individuals, however, relatively little sustainable weight-related lifestyle change has been produced by these commercial expenditures or by other individually targeted interventions (Jeffery et al. 2000; Kumanyika et al. 2000; Marcus et al. 2000). It is increasingly recognized that this failure is largely attributable to a pervasive contemporary environment promoting sedentariness and excessive energy-dense food consumption,

particularly of the highly palatable but nutrient-poor variety (Swinburn, Egger, and Raza 1999; French, Story, and Jeffery 2001; Jeffery and Utter 2003). Kelly Brownell and Katherine Horgen state the case eloquently in the introduction to their recent, carefully researched book, *Food Fight*: “Choices people make are important, but the nation has played the will-power and restraint cards for years and finds itself trumped again and again by an environment that overwhelms the resources of most people” (Brownell and Horgen 2004, 5).

Cheaper fattening foods and more elusive physical activity

Over the past thirty to forty years, biology and food technology have come together in a formula for easy weight gain. A human preference for energy-dense foods—those that contain a lot of fat, sugar, or both—seems to be widespread, suggesting to most scientists that an innate taste for sweetness and fattiness (as well as saltiness) has evolutionary benefits and is essentially hard wired (Drewnowski 1998). In the early 1970s, falling farm profits and rising costs of basic foods created a food sector crisis in the United States. Under the leadership of Agriculture Secretary Earl Butz, farm regulations were loosened and export markets opened up in a way that led to a boom in food production, most notably a corn surplus. This paved the way for the development of high-fructose corn syrup (HFCS), which is six times sweeter than sucrose and improves the appearance and shelf life of many foods. By the end of the 1970s, the cost of high-sugar foods had fallen dramatically as a result, in part, of tax subsidies, and a whole range of new, enticing snack and dessert foods was being developed and marketed (Critser 2003). Perhaps the largest single contributor to increased consumption of inexpensive, appealing, easily accessed energy has been soft drinks (for the past twenty years sweetened with HFCS). In the 1990s, soft drink consumption increased more quickly than consumption of any other food group, and in the process soft drinks have displaced milk consumption among children and adolescents (French, Story, and Jeffery 2001).

In the post-World War II period, the food-processing industry also developed better, cheaper ways of producing stable, easily used, separated vegetable oils. At the same time, growing competition from European, South American, and South Asian oilseed production led to increased subsidies and export promotion of American oilseeds (primarily soybeans), which led to significant reductions in the cost of vegetable oils (Sims 1998). This combination of improved vegetable oil extraction technology and lower costs of oilseeds has made possible a much wider variety of inexpensive, high-fat processed foods. The result is that total fat in the

American diet has steadily increased (Sims 1998). Between 1970 and 1996 there was a 22 percent increase in added fats and oils in the U.S. food supply (French, Story, and Jeffery 2001).

These falling prices of sweeteners, fats, and other food commodities are also implicated in the expanding portion sizes offered in out-of-home meals and snacks (French, Story, and Jeffery 2001). Exploiting the quintessentially American value of "more is better," food industry competitors derive an advertising and promotion advantage by increasing serving sizes with little or no price increases, since the raw food itself is a small part of the cost (Nestle 2002).

While experts differ somewhat on the decade they pick for the start of the trend and on which change in the American diet has been the most detrimental, virtually all public health and nutrition professionals agree that over the past thirty years a wide variety of attractive, inexpensive, good tasting, nonperishable, energy-dense foods has become increasingly accessible and widely consumed (Hill et al. 2003). The fact that this has been accomplished in large part with government-funded research and tax breaks adds insult to injury. In addition, of course, such foods have been heavily advertised. As just one example, a 1994 study of Saturday morning television on major networks found that over a half of the commercials advertised presweetened breakfast cereals, candy, fast food, sodas, cookies, and chips (Nestle 2002).

On the energy expenditure side, there has also been a dramatic change in the United States, although this is perhaps spread out over a longer period of time than the food technology and marketing changes described above. Adults in the United States used to be paid to be physically active because many jobs required hard physical labor. While it is important to recognize that there are still many low-wage jobs that are extremely physically demanding (e.g., hotel workers who clean fifteen rooms an hour), overall occupational energy expenditure has significantly declined. Labor-saving technology and changing global trade patterns have shifted the distribution of workers in the United States away from agricultural occupations and manufacturing and toward service and entertainment jobs, which generally have lower energy expenditure, along with decreasing energy cost in such jobs as gardening (French, Story, and Jeffery 2001; Brownell and Horgen 2004). The use of computers and, more recently, e-mail have continued the trend toward small but significant energy reductions across a broad range of types of work.

Another major trend, this one partially subsidized by the federal government, is the increasing use of automobiles for transportation. Public policy at the state and local level has directed societal resources toward

cars and roads at the expense of mass transit and pedestrian projects. Walking or biking requires substantial energy expenditure, but even use of public transportation provides more exercise than driving door to door. Between 1970 and 1990, there was an 11 percent increase in the proportion of U.S. workers who commuted by car, truck, or van, and over a similar period of time the use of cars for all categories of trips increased (French, Story, and Jeffery 2001). Centers for Disease Control and Prevention calculations based on Department of Transportation data for the late 1990s suggest that 25 percent of all trips were less than one mile and 75 percent of these were made by car (Koplan and Dietz 1999). Urban sprawl and the relocation of more households to suburban settings have contributed to the dependence on automobile transportation, not only as a result of limited or inconvenient public transportation but also because such settings often lack sidewalks, protected crosswalks, and connecting foot or bike paths from one part of town to another (Lopez 2004). Similarly, commercially driven public policies invest resources in spectator sports (school physical education geared to cultivation of elite athletic talent for revenue sports, such as men's football and basketball, stadium construction with public funds, etc.) rather than in skill building for lifetime physical activity pursuits and community recreational facilities.

Increased environmental risks related to social inequities

Being overweight and being obese are infrequently framed as a consequence of socioeconomic disparities, but it is increasingly clear that they should be. Obesity prevalence differences are rooted in less healthful eating and physical activity patterns in some demographic groups, which in turn are substantially due to social and physical environmental differences (Kumanyika 2001; Nielsen, Siega-Riz, and Popkin 2002; Yancey, Wold, et al. 2004). Factors such as gender roles related to food acquisition/preparation and child rearing, neighborhood disparities in access to fresh produce and parks, and ethnically targeted advertising make the obesogenic environment particularly hard for women, the poor, and populations of color to avoid (e.g., Morland et al. 2002; Sloane et al. 2003; Powell, Slater, and Chaloupka 2004). As a result, a focus on environmental causes may be particularly beneficial in reducing overweight and obesity among the demographic segments of the population that are at highest risk. As Shiriki Kumanyika of the University of Pennsylvania trenchantly observes, "Latitude in personal choices related to eating and physical activity tends to be greatest among the socially advantaged. Thus, without structural changes, individually oriented health promotion may inadvertently increase disparities between the

more and less advantaged by only fostering risk reduction among those who find it feasible and affordable” (Kumanyika 2001, 299).

Despite their increasing participation in the paid labor force, women, including mothers of young children, still shoulder the responsibility to procure, prepare, and serve (in some manner or another) meals for the family, a responsibility that has remained a defining feature of their gender role. Increasingly, however, in the face of the demands of work outside the home, plus the demands of child care (including by low-income grandparents) and elder care, women have moved away from preparation of meals at home: “A generation ago, three-quarters of the money used to buy food in the United States was spent to prepare meals at home. Today about half of the money used to buy food is spent at restaurants—mainly at fast food restaurants” (Schlosser 2002, 4). The invention and spread of fast food restaurants has been one of the most striking economic successes and culturally defining phenomena in the United States in the second half of the twentieth century. On any given day about one-quarter of the adult population of the United States visits a fast food restaurant. However, fast food restaurants are particularly helpful and appealing to low-income employed mothers because they provide quick, inexpensive, prepared meals that their children will eat and enjoy (Schlosser 2002).

Fast food restaurant advertising and marketing target women directly and through their children. Partially by linking their food products with popular commercial products, including movies and television shows, fast food restaurants have become the eating places of choice for most young children (Nestle 2002). Fast food restaurants also target communities of color; relative to other types of restaurants, there are more fast food restaurants in these communities (Lewis et al. 2005). A somewhat ironic development in the spread of fast food restaurants occurred in the late 1960s. African American groups protested that McDonald’s was moving into minority neighborhoods without giving minorities the opportunity to become franchisees. In response to the negative publicity, McDonald’s began actively recruiting African American franchisees, which helped the company become more successful in penetrating low-income urban markets (Schlosser 2002).

Low-income urban communities also have fewer supermarkets and thus less access to reasonably priced healthier foods such as low-fat snacks and fresh produce (Morland et al. 2002). Given smaller inventories and less rapid turnover of stock, it is difficult for small independent corner grocery stores to provide perishable foods such as fruits and vegetables. A recent study, using a community-based participatory research method, surveyed

markets in three low- to middle-income Los Angeles neighborhoods with high concentrations of African Americans. In comparison with the wealthier, predominantly white “contrast” neighborhood in West Los Angeles, stores in the target areas were significantly less likely to sell fresh fruits and vegetables, the variety was more limited, and the quality was inferior (Sloane et al. 2003). Similar findings have been reported from studies of many other urban low-income communities throughout the county (Brownell and Horgen 2004). In general, culturally targeted advertising, marketing, and promotion focus on less healthy food options and images, which exacerbates these access problems (Pratt and Pratt 1995; Tirodkar and Jain 2003; Lewis et al. 2005).

A large number of studies from the United States and other countries have implicated television watching as a factor driving the obesity epidemic. The magnitude of the effect varies, but more television time consistently correlates with a higher prevalence of overweight and obesity and with poorer dietary patterns (Brownell and Horgen 2004). Television watching contributes in several ways to obesity. It is an extremely appealing, almost addictive, sedentary way to spend leisure time; it encourages consumption of high-fat, high-sugar foods through advertising; and studies have shown that people are particularly likely to snack while watching television.

Television watching is virtually ubiquitous in the United States, with the majority of households having more than one television, but there are also significant ethnic differences in television watching time (Crespo et al. 2001). These ethnic differences in television watching may contribute to obesity-related ethnic health disparities. California Health Interview Survey data on adolescent television watching found that half of white males and 60 percent of white females watched two hours or fewer of television per day, whereas only a third of African Americans reported this desirably low level of daily television time (Yancey et al. 2003). This increased television exposure may be particularly detrimental for adolescents of color. A recent study revealed more than a fourfold difference in overweight/obesity between “black prime-time” actors and general audience prime-time actors, compared with a less than twofold black-white population disparity in body mass index–defined overweight or obesity (Tirodkar and Jain 2003). Although the reasons for this discrepancy are unknown, it is possible that ethnic differences in the valuation of thinness influence the decisions of advertisers and casting agents, distorting television “reality.” These culturally targeted media depictions may reinforce ethnic obesity stereotypes (“Aunt Jemima”) and create the impression

that obesity is normative in the black community, thereby influencing teens' body image ideals.

An additional determinant of high levels of television watching among children living in low-income urban communities of color is concern about safety. Fewer sidewalks, bike paths, and crosswalks and a lack of well-lit, well-maintained parks make parents reluctant to allow their children outside to play and probably deter the adults from outdoor physical activity as well. Well-grounded fears of violence often compound concerns about unintentional injury.

Women in general are more sedentary than men, and even lower levels of physical activity are reported among women in many ethnic minority groups (U.S. Department of Health and Human Services 2001). Relative to boys and men, girls and women lack encouragement, facilities, and role models for leisure time athletics. Commercial advertising for gyms and sporting equipment primarily targets men. Women, especially older women, women of color, and women already carrying some extra weight tend to feel quite uncomfortable in most commercial gyms. A research study in which two of us were involved (Antronette Yancey and Joanne Leslie) explored the possibility of improving fitness and reducing cancer risk among African American women through nutrition education and gym-based exercise at a black-owned facility. An evaluation of the relative success of different recruitment strategies revealed that women with less formal education and those who were already overweight were more reliant on word-of-mouth reassurance that the gym was for people like them: "Focus group participants . . . communicated their discomfort with other exercise environments when surrounded, in their words, by 'skinny white women'" (Yancey, McCarthy, and Leslie 1998).

Adolescent girls are a particularly important focus for assessing physical activity disparities and directing promotion efforts (Baranowski et al. 2000). A study of high school students by the Centers for Disease Control found the highest rate of vigorous physical activity among white girls (28 percent), a lower rate among Mexican American girls (21 percent), and the lowest rate among African American girls (17 percent) (Centers for Disease Control 1992). The passage of Title IX, the 1972 legislation barring sex discrimination in higher education, has greatly expanded opportunities for girls and young women in sports (from 3 percent of girls involved in high school sports nationwide in 1972 to nearly one-third involved in 2002) and changed cultural norms regarding their sports participation (Weiner 2004). However, disparities persist. A recent National Women's Law Center and Harvard University study revealed that, in 2001,

50 percent of Massachusetts high school girls participated on one or more sports teams, compared with 58 percent of high school boys; only 37 percent of African American and 28 percent of Hispanic high school girls participated in team sports, compared with 54 percent of white girls (National Women's Law Center and Harvard School of Public Health 2004). When surveyed about barriers to physical activity, teen girls and their mothers mentioned several factors, including gender bias—a perception that boys are encouraged more than girls and get more access to equipment and facilities (Leslie et al. 1999). Cultural norms and lack of role models have also been found to inhibit athletic participation and leisure time physical activity, particularly among Latina girls and women (Leslie et al. 1999; Taylor et al. 1999).

Conclusion

The silence of feminist scholars about the obesity epidemic is especially disturbing because they have the potential to contribute significantly to its control. Various feminist scholars examine the central role of women in feeding their families, the many barriers to women's participation in sports and other forms of physical activity, the harmful effects of advertising on women's lives, and the overwhelming stresses that encourage some women to overeat. Each of these topics is relevant to the obesity crisis, and each points to constructive avenues for feminist activism and scholarship.

The feminist agenda for change should include public policies that support active recreation over spectator sports and mass transit over private transportation. Feminists also should join with the groups (such as the California Center for Public Health Advocacy and the Center for Science in the Public Interest) that urge state and federal governments to cease providing the price supports and tax advantages that make energy-dense but nutrient-poor foods readily and inexpensively available. And feminists should encourage local and state governments to improve both food security and access to healthy food choices (e.g., through incentives for locating supermarkets and farmers' markets in low-income neighborhoods) and to increase recreational opportunities through the maintenance of street lighting and sidewalks and land use policies integrating green space and community gardens.

Obesity control also provides an opening wedge for grassroots activities that could promote alliances across class and race/ethnicity lines. For example, because many women feel little entitlement to take time to engage in physical activity at home, it is particularly important to advocate

for restructuring of workplaces to include exercise breaks and physical activity opportunities as a part of organizational routine (e.g., Yancey, McCarthy et al. 2004). Similarly, nutrition literacy is an important component of health education in schools, helping to empower girls to resist the barrage of destructive media images and messages focused on extreme thinness. Healthy food choices in school cafeterias complement this effort. And the provision of adequate amounts of physical activity through daily physical education and recreational sports (and other active leisure pursuits) encourages girls to change the sedentary behaviors that are so highly reinforced in the present environment and substitute more athletic body images for waiflike model-thin ones.

The issues raised in this article also suggest fruitful avenues for feminist research. As noted at the beginning of the article, numerous feminist scholars have highlighted the exalted cultural value placed on thinness and the corresponding stigma surrounding fat. If feminist scholars now seriously engage the political, gender, class, race, and sexuality aspects of the obesity epidemic, they may appropriately ask if we can find ways to highlight and combat the high prevalence of overweight and obesity without increasing the stigma surrounding fat. One possibility is that by focusing on environmental changes rather than on direct messages to the public concerning body size, we may actually reduce the likelihood of contributing to eating disorders and distorted perceptions of body image (Swinburn, Egger, and Raza 1999). Some evidence suggests that obesity rates are highest among ethnic groups in which cultural standards less frequently equate slimness with attractiveness. Thus, heavier African American women are more likely than their white counterparts to have high self-esteem and positive body images (Kumanyika, Wilson, and Guilford-Davenport 1993; Stevens, Kumanyika, and Keil 1994; Riley et al. 1998). How can we preserve such feelings of self-worth even as we attack the conditions leading to excessive weight? And why is higher socioeconomic status less protective against overweight in these groups? Similarly, we can speculate that the extremely high rates of overweight and obesity among lesbian women stem not only from unhealthy eating patterns caused by discrimination-related stress but also from a lack of concern about male preferences for thinner female bodies. How might that indifference to male attitudes be turned to an advantage in addressing the prevalence of obesity among lesbians?

As we began by noting the wide gap between public health and women's studies, we conclude by emphasizing their similarity. Most significantly, the two fields share a commitment to producing knowledge to advance social justice. Just as feminists increasingly focus on women who

are disadvantaged by class, race, and sexuality, so public health researchers direct increasing attention to vulnerable populations and the need to address health disparities. Both fields also emphasize the social, historical, and physical environmental factors shaping our lives. As we have learned from other major public health issues such as tobacco control, injury prevention, and infectious disease control, success at the population level is unlikely to take place until environmental influences are identified and modified. We advocate the fruitful collaboration of feminist scholars and public health researchers and practitioners to curtail the escalation of overweight and obesity. For a movement whose watchword has been that the personal is political, advocacy and scientific endeavor promoting environmental approaches to healthy eating and active living are quintessentially feminist.

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References

- Allison, David B., Kevin R. Fontaine, JoAnn E. Manson, June Stevens, and Theodore B. VanItallie. 1999. "Annual Deaths Attributable to Obesity in the United States." *Journal of the American Medical Association* 282(16):1530–38.
- Baranowski, Tom, James Mendlein, Ken Resnicow, Erica Frank, Karen Weber Cullen, and Janice Baranowski. 2000. "Physical Activity and Nutrition in Children and Youth: An Overview of Obesity Prevention." *Preventive Medicine* 31(2):S1–S10.
- Batt, Sharon. 1994. *Patient No More: The Politics of Breast Cancer*. Charlottetown, Prince Edward Island: Gynergy.
- Bordo, Susan. 1993. *Unbearable Weight: Feminism, Western Culture, and the Body*. Berkeley: University of California Press.
- Brownell, Kelly D., and Katherine Battle Horgen. 2004. *Food Fight: The Inside Story of the Food Industry, America's Obesity Crisis, and What We Can Do about It*. Chicago: Contemporary Books.
- California Center for Public Health Advocacy. 2005. "Obesity and Death: The Meaning of the Latest Studies." Fact sheet, CCPHA, Sacramento, April 29.
- Calle, Eugenia E., Carmen Rodriguez, Kimberly Walker-Thurmond, and Michael

- J. Thun. 2003. "Overweight, Obesity, and Mortality from Cancer in a Prospectively Studied Cohort of U.S. Adults." *New England Journal of Medicine* 348(17):1625–38.
- Carrier, Jenny. 2001. "Embodied Largeness: A Significant Women's Health Issue." *Nursing Inquiry* 8(2):90–97.
- Centers for Disease Control and Prevention. 1992. "Vigorous Physical Activity among High School Students—United States, 1990." *Morbidity/Mortality Weekly Report* 41(3):33–35.
- Crespo, Carlos J., Ellen Smit, Richard P. Troiano, Susan J. Bartlett, Caroline A. Macera, and Ross E. Andersen. 2001. "Television Watching, Energy Intake, and Obesity in U.S. Children: Results from the Third National Health and Nutrition Examination Survey, 1988–1994." *Archives of Pediatrics and Adolescent Medicine* 155(3):360–65.
- Critser, Greg. 2003. *Fat Land: How Americans Became the Fattest People in the World*. Boston: Houghton Mifflin.
- Dietz, William H., and Steven L. Gortmaker. 2001. "Preventing Obesity in Children and Adolescents." *Annual Review of Public Health* 22(1):337–53.
- Drewnowski, Adam. 1998. "Energy Density, Palatability, and Satiety: Implications for Weight Control." *Nutrition Review* 56(12):347–53.
- Flegal, Katherine M., Margaret D. Carroll, Cynthia L. Ogden, and Clifford L. Johnson. 2002. "Prevalence and Trends in Obesity among U.S. Adults, 1999–2000." *Journal of the American Medical Association* 288(14):1723–27.
- Flegal, Katherine M., Barry I. Graubard, David F. Williamson, and Mitchell H. Gail. 2005. "Excess Deaths Associated with Underweight, Overweight, and Obesity." *Journal of the American Medical Association* 293(15):1861–67.
- Ford, Earl S., David F. Williamson, and Simin Liu. 1997. "Weight Change and Diabetes Incidence: Findings from a National Cohort of U.S. Adults." *American Journal of Epidemiology* 146(3):214–22.
- French, Simone A., Mary Story, and Robert W. Jeffery. 2001. "Environmental Influences on Eating and Physical Activity." *Annual Review of Public Health* 22(1):309–35.
- Hill, James O., Holly R. Wyatt, George W. Reed, and John C. Peters. 2003. "Obesity and the Environment: Where Do We Go from Here?" *Science* 299(5608):853–55.
- Jeffery, Robert W., Adam Drewnowski, Leonard H. Epstein, Albert J. Stunkard, G. Terence Wilson, Rena R. Wing, and Dana Robin Hill. 2000. "Long-Term Maintenance of Weight Loss: Current Status." *Health Psychology* 19(1):S5–S16.
- Jeffery, Robert W., and Jennifer Utter. 2003. "The Changing Environment and Population Obesity in the United States." *Obesity Research* 11:12S–22S.
- Koplan, Jeffrey P., and William H. Dietz. 1999. "Caloric Imbalance and Public Health Policy." *Journal of the American Medical Association* 282(16):1579–81.
- Krisberg, Kim. 2004. "Institute of Medicine Plan Takes on Childhood Obesity." *Nation's Health* 34(9): 1, 10.

- Kumanyika, Shiriki K. 2001. "Minisymposium on Obesity: Overview and Some Strategic Considerations." *Annual Review of Public Health* 22(1):293–308.
- Kumanyika, Shiriki K., Linda Van Horn, Deborah Bowen, Michael G. Perri, Barbara J. Rolls, Susan M. Czajkowski, and Eleanor Schron. 2000. "Maintenance of Dietary Behavior Change." *Health Psychology* 19(1):S42–S56.
- Kumanyika, Shiriki, Judy F. Wilson, and Marsha Guilford-Davenport. 1993. "Weight-Related Attitudes and Behaviors of Black Women." *Journal of the American Dietetic Association* 93(4):416–22.
- Leslie, Joanne, Antronette Yancey, William McCarthy, Sheri Albert, Christiane Wert, Octavia Miles, and Jeanette James. 1999. "Development and Implementation of a School-Based Nutrition and Fitness Promotion Program for Ethnically Diverse Middle-School Girls." *Journal of the American Dietetic Association* 99(8):967–70.
- Lewis, Lavonna Blair, David C. Sloane, Lori Miller Nascimento, Allison L. Diamant, Joyce Jones Guinyard, Antronette K. Yancey, and Gwendolyn Flynn. 2005. "African Americans' Access to Healthy Food Options in South Los Angeles Restaurants." *American Journal of Public Health* 95(4):668–73.
- Lopez, Russ. 2004. "Urban Sprawl and Risk for Being Overweight or Obese." *American Journal of Public Health* 94(9):1574–79.
- Los Angeles County. 2003. "Obesity on the Rise." *L.A. Health*. Los Angeles: Los Angeles County Department of Health Services—Public Health.
- Marcus, Bess H., Patricia M. Dubbert, LeighAnn H. Forsyth, Thomas L. McKenzie, Elaine J. Stone, Andrea L. Dunn, and Steven N. Blair. 2000. "Physical Activity Behavior Change: Issues in Adoption and Maintenance." *Health Psychology* 19(1):S32–S41.
- Mays, Vickie M., Antronette K. Yancey, Susan D. Cochran, Mark Weber, and Jonathan E. Fielding. 2002. "Heterogeneity of Health Disparities among African American, Hispanic, and Asian American Women: Unrecognized Influences of Sexual Orientation." *American Journal of Public Health* 92(4):632–39.
- McAfee, Lynn, and Pat Lyons. 2004. "Weight and Health: Analyzing the Surgeon General's Call to Action." In Worcester and Whatley 2004, 345–58.
- Mokdad, Ali H., James S. Marks, Donna F. Stroup, and Julie L. Gerberding. 2004. "Actual Causes of Death in the United States." *Journal of the American Medical Association* 291(10):1238–45.
- Morland, Kimberly, Steve Wing, Ana Diez Roux, and Charles Poole. 2002. "Neighborhood Characteristics Associated with the Location of Food Stores and Food Service Places." *American Journal of Preventive Medicine* 22(1):23–29.
- National Women's Law Center and Harvard School of Public Health. 2004. "Keeping Score: Girls' Participation in High School Athletics in Massachusetts." Available online at <http://www.hsph.harvard.edu/press/releases/sports/keepingscorereport.pdf>. Last accessed May 2, 2005.
- Nestle, Marion. 2002. *Food Politics: How the Food Industry Influences Nutrition and Health*. Berkeley: University of California Press.

- Nestle, Marion, and Michael F. Jacobson. 2000. "Halting the Obesity Epidemic: A Public Health Policy Approach." *Public Health Reports* 115(1):12–24.
- Nielsen, Samara Joy, Anne Maria Siega-Riz, and Barry M. Popkin. 2002. "Trends in Energy Intake in U.S. between 1977 and 1996: Similar Shifts Seen across Age Groups." *Obesity Research* 10(5):370–78.
- Pinhas-Hamiel, Orit, Lawrence M. Dolan, Stephen R. Daniels, Debra Standiford, Philip R. Koury, and Philip Zeitler. 1996. "Increased Incidence of Non-Insulin-Dependent Diabetes Mellitus among Adolescents." Pt. 1. *Journal of Pediatrics* 128(5):608–15.
- Powell Lisa M., Sandy Slater, and Frank J. Chaloupka. 2004. "The Relationship between Community Physical Activity Settings and Race, Ethnicity, and Socio-economic Status." *Evidence-Based Preventive Medicine* 1(2):135–44.
- Pratt, Charlotte A., and Cornelius B. Pratt. 1995. "Comparative Content Analysis of Food and Nutrition Advertisements in *Ebony*, *Essence*, and *Ladies' Home Journal*." *Journal of Nutrition Education and Behavior* 27(1):11–17.
- Riley, Nikki M., Diane E. Bild, Lawton Cooper, Pamela Schreiner, Delia E. Smith, Paul Sorlie, and J. Kevin Thompson. 1998. "Relation of Self-Image to Body Size and Weight Loss Attempts in Black Women: The Cardia Study; Coronary Artery Risk Development in Young Adults." *American Journal of Epidemiology* 148(11):1062–68.
- Rosenbloom, Arlan L., Jennie R. Joe, Robert S. Young, and William E. Winter. 1999. "Emerging Epidemic of Type 2 Diabetes in Youth." *Diabetes Care* 22(2): 345–54.
- Ruzek, Sheryl Burt, Virginia L. Olesen, and Adele Clarke. 1997. *Women's Health: Complexities and Differences*. Columbus: Ohio State University Press.
- Schlosser, Eric. 2002. *Fast Food Nation: The Dark Side of the All-American Meal*. New York: Perennial.
- Scott, Jean C., and Marc C. Hochberg. 1998. "Arthritis and Other Musculoskeletal Diseases." In *Chronic Disease Epidemiology and Control*, ed. Ross C. Brownson, Patrick L. Remington, and James R. Davis, xxi, 546. Washington, DC: American Public Health Association.
- Sims, Laura S. 1998. *The Politics of Fat: Food and Nutrition Policy in America*. Armonk, NY: M. E. Sharpe.
- Sloane, David C., Allison L. Diamant, LaVonna Blair Lewis, Antronette K. Yancey, Gwendolyn Flynn, Lori Miller Nascimento, William J. McCarthy, Joyce Jones Guinyard, and Michael R. Cousineau. 2003. "Improving the Nutritional Resource Environment for Healthy Living through Community-Based Participatory Research." *Journal of General Internal Medicine* 18(7):568–75.
- Smith, Sidney C., Jr., Luther T. Clark, Richard S. Cooper, Stephen R. Daniels, Shiriki K. Kumanyika, Elizabeth Ofili, Miguel A. Quinones, Eduardo J. Sanchez, Elijah Saunders, and Susan D. Tiukinhoy. 2005. "Discovering the Full Spectrum of Cardiovascular Disease: Minority Health Summit 2003; Report of the Obesity, Metabolic Syndrome, and Hypertension Writing Group." *Circulation* 111(10):e134–e39.

- Spake, Amanda. 2004. "Rethinking Weight." *U.S. News and World Report* 136(5):50–56.
- Stevens, June, Shiriki K. Kumanyika, and Julian E. Keil. 1994. "Attitudes toward Body Size and Dieting: Differences between Elderly Black and White Women." *American Journal of Public Health* 84(8):1322–25.
- Swinburn, Boyd, Garry Egger, and Fezeela Raza. 1999. "Dissecting Obesogenic Environments: The Development and Application of a Framework for Identifying and Prioritizing Environmental Interventions for Obesity." Pt. 1. *Preventive Medicine* 29(6):563–70.
- Taylor, Wendell C., Antronette K. Yancey, Joanne Leslie, Nancy G. Murray, Sharon S. Cummings, Suzanne A. Sharkey, Christiane Wert, Jeanette James, Octavia Miles, and William J. McCarthy. 1999. "Physical Activity among African American and Latino Middle School Girls: Consistent Beliefs, Expectations, and Experiences across Two Sites." *Women and Health* 30(2):67–82.
- Tirodkar, Monasi A., and Anjali Jain. 2003. "Food Messages on African American Television Shows." *American Journal of Public Health* 93(3):439–41.
- U.S. Department of Health and Human Services. 2001. "The Surgeon General's Call to Action to Prevent and Decrease Overweight and Obesity." U.S. Department of Health and Human Services, Public Health Service, Office of the Surgeon General, Washington, DC.
- Visscher, Tommy L., and Jacob C. Seidell. 2001. "The Public Health Impact of Obesity." *Annual Review of Public Health* 22:355–75.
- Warner, Melanie. 2005. "Striking Back at the Food Police." *New York Times*, June 12, C1.
- Weiderpass, Elisabete, Ingemar Persson, Hans-Olov Adami, Cecilia Magnusson, Anders Lindgren, and John A. Baron. 2000. "Body Size in Different Periods of Life, Diabetes Mellitus, Hypertension, and Risk of Postmenopausal Endometrial Cancer (Sweden)." *Cancer Causes Control* 11(2):185–92.
- Weiner, Jill. 2004. "Celebrating Women's Sports, One Image at a Time." *New York Times*, October 10, C6.
- Williams, David R. 2002. "Racial/Ethnic Variations in Women's Health: The Social Embeddedness of Health." *American Journal of Public Health* 92(4):588–97.
- Worcester, Nancy, and Mariamne H. Whatley, eds. 2004. *Women's Health: Readings on Social, Economic, and Political Issues*. 4th ed. Dubuque, IA: Kendall/Hunt.
- World Health Organization (WHO). 1998. *Obesity: Preventing and Managing the Global Epidemic—Report of a WHO Consultation on Obesity, 1997*. Geneva: World Health Organization.
- Yancey, Antronette K., Melissa Gatchell, E. Richard Brown, William J. McCarthy, and Allison L. Diamant. 2003. "Diabetes Is a Major Health Problem for African Americans." Policy brief, Center for Health Policy Research, University of California, Los Angeles.
- Yancey, Antronette K., William J. McCarthy, and Joanne Leslie. 1998. "Recruiting

- African-American Women to Community-Based Health Promotion Research.” *American Journal of Health Promotion* 12(5):335–38.
- Yancey, Antronette K., William J. McCarthy, Wendell Taylor, Angela M. Raines, Constance Gewa, Mark Weber, and Jonathan E. Fielding. 2004. “The Los Angeles Lift Off: A Sociocultural Environmental Change Intervention to Integrate Physical Activity into the Workplace.” *Preventive Medicine* 38(6): 848–56.
- Yancey, Antronette K., Cheryl M. Wold, William J. McCarthy, Mark D. Weber, Benedict Lee, Paul A. Simon, and Jonathan E. Fielding. 2004. “Physical Inactivity and Overweight among Los Angeles County Adults.” *American Journal of Preventive Medicine* 27(2):146–52.