

Are higher obesity rates in minority groups a product of systemic racism?

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The higher rates of obesity in Black, Indigenous and People of Color (BIPOC) compared with other groups in the United States can be attributed in large part to systemic racism, according to a new perspective article published in the *Journal of Internal Medicine*. The authors offer a 10-point strategy to study and solve the public health issues responsible for this disparity.

"First, it is important to recognize that the interplay of obesity and [racism](#) is real. Once persons recognize this, they can begin to appropriately address and treat obesity in BIPOC communities," says co-author Fatima Cody Stanford, MD, MPH, MPA, an obesity medicine physician-scientist, educator, and policy maker at Massachusetts General Hospital and Harvard Medical School.

"In writing this article, we wanted to bring attention to the systemic racism in the obesity epidemic and the direct harms to people of color from bearing a serious disease that is socially caused," adds co-author Daniel Aaron, JD, MD, an attorney at the U.S. Food and Drug Administration,* Harvard Law School fellow, and member of The Justice Initiative, a collaboration between Harvard Law School and Howard University School of Law aimed at furthering racial justice.

Stanford and Aaron note that BIPOC suffer [chronic stress](#) from experiencing racism in their environments, which can increase the severity of obesity. Also, BIPOC who want help losing weight have a harder time accessing [health care](#), and when they do, they face real and perceived systemic racism within medicine. Furthermore, marginalized BIPOC are more likely to live in areas with an abundance of stores that sell unhealthy food and a lack of stores offering affordable, nutritious options. Even with access to supermarkets, processed food is usually cheaper than fruits or vegetables, and processed food companies engage in disproportionate marketing towards BIPOC.

"Too many people are unaware of how racist structures, institutions and people may be contributing to the direct harm of BIPOC, leading to obesity," says Aaron. "Society has failed to provide essential public health services and comprehensive and equitable medical care to Americans who are not white. Nor have we held accountable the institutions that profit from obesity among BIPOC and propagate systemic racism. Many voices have raised alarms for years, yet they have often gone unheard."

The perspective article stresses that addressing obesity's disproportionate harm to BIPOC will involve changes to public health organizations, medical and research institutions, governments and corporations. "Rather than push for educational campaigns and attempts to 'enlighten' minorities, we should instead look to increased liability and scrutiny of those who aggressively market [unhealthy food](#) to BIPOC and concentrate their establishments in BIPOC communities. And we must aim to provide BIPOC access to the same rights: to money, healthy food, medical care, housing, education and freedom from discrimination," says Aaron.

Aaron and Stanford aim to stir more thoughtful and transformative policy approaches that place the onus on powerful parties that benefit from existing arrangements and on people and institutions that are hesitant to change—not on the victims of systemic racism. They offer a 10-point strategy towards this goal.

"The implications could have far-reaching effects on well-being, as obesity is associated with more than 200 chronic diseases, many of which disproportionately affect BIPOC, and it's a risk factor for contracting and dying from COVID-19," says Stanford. "The immense costs—to lives, health, and wealth—of not preventing and treating obesity are exacerbated for BIPOC, and we urgently need to study and solve the core issues at the

intersection of [obesity](#) and systemic racism."

More information: D.G. Aaron et al, Is obesity a manifestation of systemic racism? A ten?point strategy for study and intervention, *Journal of Internal Medicine* (2021). [DOI: 10.1111/joim.13270](https://doi.org/10.1111/joim.13270)

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