

An Intersectional Analysis to Explaining a Lack of Physical Activity Among Middle Class Black Women

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Abstract

In this essay, I make the case that the intersectionality framework is useful to explain the high level of obesity among Black women. I describe how the intersectionality framework reformulates the examination of racial and gender disparities in health by deconstructing traditional frames of Whiteness and maleness. Next, I discuss key barriers that operate as mechanisms to reduce Black women's level of physical activity. Then, I provide ways to potentially combat these barriers. In doing so, I argue that being physically active is a privilege rooted in how race, place, gender, and body image converge differently on Black women's propensity to be physically active than other raced and gendered groups. Middle class Black women are excluded from class-based privileges and experience a form of space invasion where their temporal space, geographic space, and bodily space are invaded. In this regard, this research agenda is not solely about physical activity but rather how the structural arrangements of communities contribute to healthy lifestyles.

Introduction

Obesity is one of the most pressing health issues of the 21st century. It is estimated that about 130 million individuals between the ages of 20–74 are overweight. About 30 percent of the US population meets the standards considered to be obese (Morrill & Chinn, 2004). Obesity is linked to higher rates of chronic diseases, morbidity, and mortality (Gilbert & Leak, 2010). Women with low socioeconomic status, compared to women with high socioeconomic status, are 50 percent more likely to be obese. In regards to race, Black and White men have similar levels of obesity (Gilbert, Ray, & Langston, 2013). However, there are substantial racial differences among women. Thirty-one percent of White women, 39 percent of Mexican-American women, and 51 percent of Black women are obese. Asian women have the lowest level of obesity, and American Indian/Alaskan Native women have a similar level of obesity to Black women. Among high school students, Black girls, at nearly 20 percent, are roughly 2.5 times more likely to be obese than White girls (CDC, 2012).

Similar to obesity, over 60 percent of US adults do not engage in the recommended amount of physical activity (Mendes, 2009; National Center for Health Statistics, 2010; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, 2008). According to the Centers for Disease Control and Prevention (CDC), the recommended amount of weekly physical activity for adults is 2 hours and 30 minutes (150 minutes) of moderate activity or 1 hour and 15 minutes (75 minutes) of vigorous-intensity aerobic activity, preferably spread throughout the week (National Center for Health Statistics, 2010; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), OFFICE OF DISEASE PREVENTION AND HEALTH PROMOTION, 2008). These recommendations include leisure or work-related physical activity. In addition to aerobic activity, adults should participate in two or more days of muscle-strengthening each week. Besides planned exercise or recreation such as brisk

walking, running, swimming, dancing, yoga, and weightlifting, daily physical activity may include work-related physical activity and housework such as gardening, raking leaves, mowing grass, and mopping. For the purposes of this article, I am focusing primarily on leisure-time physical activity. This is appropriate considering that I am focusing on middle class individuals who engage in very little physical activity at work.

Physical activity is important for a host of reasons. First, physical activity increases life expectancy. Second, it decreases the costs of late life care. Third, physical activity reduces the likelihood of obesity and chronic diseases including type-2 diabetes, hypertension, and cardiovascular disease. Fourth, it improves self-rated health, self-esteem, and quality of life. Next, it protects against the development of osteoporosis, colon cancer, and depression. Finally, physical activity helps maintain full functioning and independence among the elderly (see Katzmarzyk & Lear, 2011; Stensvold et al., 2011).

As is the case with obesity, there are racial differences in physical activity. Approximately 50 percent of Blacks and one-third of Whites over 18 years are not physically active at all (National Center for Health Statistics, 2010). The percentage of Blacks and Whites that are not physically active is similar to the percentage that is obese. Research has shown that physical activity is positively associated with social class (Tudor-Locke & Bassett, 2004). Thus, the higher one's social class, the more likely s/he is to be physically active. Among Whites, this is indeed the pattern that we see. However, among Blacks, social class does not explain the high prevalence of physical inactivity. In fact, using a sample of nearly 18,000 Black women living in New York, Chicago, or Los Angeles, Coogan et al. (2011) found that more educated, suburban Black women are less likely to be physically active and more likely to be obese than less educated, urban Black women.

So a key question becomes, why are middle class Black women less physically active than other groups? This paper establishes a theoretical and empirical agenda for research on physical activity to better address this important question. Drawing upon the intersectionality framework, I argue that being physically active is a privilege rooted in how race, place, gender, and body image converge differently on Black women's propensity to be physically active than other raced and gendered groups. In other words, middle class Black women are excluded from these class-based privileges and experience a form of space invasion where their temporal space, geographic space, and bodily space are invaded. This invasion occurs because time allocation, neighborhoods, and the social construction of bodies are privileged to support other raced and gendered groups. Consequently, Black women's concerns are placed on the margins. This marginalization transcends social class to affect all Black women regardless of socioeconomic status. As a result, their level of physical activity and overall physical health suffers.

In the sections below, I first detail why the intersectionality framework is appropriate for explaining a lack of physical activity among Black women. Second, I draw upon existing literature to discuss the main factors contributing to racial and gender differences in physical activity. Third, I propose some potential solutions to solving this epidemic that sociologists, public health researchers, and health policy scholars may pursue in their work.

Need for an intersectionality analysis to explain the dearth of physical activity

Emerging in the aftermath of the Civil Rights and Women's Liberation Movements, the intersectionality framework developed in opposition to theoretical approaches that conceptualized categories of difference, such as gender and race, as disconnected, individual constructs. Coined and tested by Kimberle Crenshaw (1989, 1991) and led by pioneers of Black feminism such as Angela Davis (1981), Audre Lorde (1984), Patricia Hill Collins (2005), and Darlene

Clark Hines (2007), the intersectionality framework argues that gender and race “are not separate and additive, but interactive and multiplicative in their effects” (Chafetz, 1997, p. 115).

The intersectionality framework asserts that the “interlocking effects of gender and race” (Turner & Myers, 2000, p. 106) lead to Black women experiencing more disadvantage than White women, White men, and Black men and ultimately structure their ability to be physically active at similar rates. In her examination of legal policies on violence against women, Crenshaw (1991, p. 1282) states, “Race and gender converge so that the concerns of minority women fall into the void between concerns about women’s issues and concerns about racism.” Consequently, Black women’s issues are continuously mapped onto the margins of policy agendas where they should be central. For physical activity, this means that the health policies and interventions designed to assist women with being more active in male-dominated spaces (e.g., women-only zones specifically for women), or Blacks in under-resourced environments, do not speak to the unique Black female experience.

The intersectionality framework can be a useful theoretical tool for broadening the breadth of health policy research on race and gender disparities. The purpose of intersectionality theory within the health policy literature is to provide a much-needed lens to construct a space for the multiplicity of social identities that provides context-specific scripts for marginalized groups (Few, Stephens, & Rouse-Arnett, 2003). One of these scripts, for example, may be a specific recommendation statement that primary care providers say to patients based on the intersection of race and gender. I will speak more about this point in a later section.

Quantitatively, intersectionality can be assessed as a race X gender interaction variable in a statistical model. This type of analysis is able to explicitly compare the outcomes of Black women, White women, Black men, and White men as well as examine the effects of specific covariates for each group. This type of analysis is what McCall (2005) calls the “intercategorical complexity” (or categorical) approach on intersectionality. Choo and Ferree (2010) call this approach the “process-centered model of intersectionality” (p. 134). This approach “begins with the observation that there are relationships of inequality among already constituted social groups, as imperfect and ever changing as they are, and takes those relationships as the center of analysis... The subject is multigroup, and the method is systematically comparative” (McCall, 2005, pp. 1784–1786). This paper offers one suggestion on how to utilize this approach as it relates to the physical activity of Black women. Below, I use existing literature to conjecture how the intersection of race and gender may structure barriers to physical activity for middle class Black women that do not exist in the same way for other groups.

Intersectional barriers to physical activity for Black women

For physical activity, implementing a categorical approach to intersectionality reformulates how to advance examining racial and gender disparities by deconstructing traditional frames of Whiteness and maleness. The experiences of being non-White and female may elicit barriers to physical activity that are inimitable to the Black female experience. The intersectionality framework suggests that raced and gendered experiences structure how time allocation, the racial composition of neighborhoods, and body size perceptions function as mechanisms that are uniquely related to the physical activity of Black women compared to other groups.

Time allocation as a barrier

Pursuing the balance of family-work life leaves limited time for physical activity but potentially more so for certain groups. It is not surprising that individuals who do not have children in the home or those who have a flexible work schedule engage in more leisure-time

activities (Ray & Jackson, 2013). But, for the majority of Americans, work and family create a strain on their ability to participate in physical activity. Fifty-seven percent of US households are dual-earner. This means that both partners are working in the paid labor force. Of these households, 64 percent have children in the home and 57 percent have children less than 6 years of age (U.S. CENSUS BUREAU, 2010). Despite both men and women working for pay and being parents in the households described above, the literature on marriage and family continues to provide evidence that women are still pulling the “second shift” at home by having to do most of the caregiving and housework after they come home from their paid jobs (Hochschild & Machung, 1989; Milkie, Raley, & Bianchi, 2009; Ray, 2008). Sayer, England, Bittman, and Bianchi (2009) found that the “second shift” is related to gender differences in physical activity.

While it is clear that family–work life may place a more significant strain on women’s ability to be physically active compared to men, demographic trends further imply that Black women may have even less time than White women. Black women, compared to White women, are more likely to work full-time, less likely to be married, and more likely to have children in the home (Banks, 2011). While 82 percent of White women with school-aged children work, 92 percent of Black women do. The disparity is even larger for 25–44 year olds with children 6 years and under. Although 85 percent of Black women who fit this demographic work for pay, only 68 percent of White women do (U.S. CENSUS BUREAU, 2010).

A large part of this disparity is explained by the low marriage rate among professional Black women compared to the higher marriage rate among professional White women (Banks, 2011). In the general population, 20 percent of White households are headed by a single parent compared to 57 percent for Blacks. Nearly 25 percent of Black single mothers have a bachelor’s degree (U.S. CENSUS BUREAU, 2010). These statistics are important because they highlight differential returns on socioeconomic status. For example, every individual may face problems with time allocation, but Black women’s race and gender social statuses, even among the middle class, expose them to higher barriers to meeting the challenges of time allocation than other raced and gendered groups. In this regard, an important aspect of middle class privilege is denied to Black women as many of them experience similar struggles as working class Black women. Collectively, these patterns lead us to expect that single mothers, most of whom are Black women, are even less likely to participate in physical activity.

Racial composition of neighborhoods as a barrier

Middle class neighborhoods are normally more desirable because they have better schools, less crime, and higher appreciating homes (Charles, 2003, 2006). For physical activity, middle class neighborhoods have more facilities, organized programs, and green, walkable, and safe spaces (Bennett, Wolin, Puleo, & Emmons, 2006; Papas et al., 2007). These environmental factors are a surplus in the suburbs, particularly planned communities that have parks and trails in specific subdivisions. However, the neighborhood described above is frequently more likely to be predominately White than predominately Black as even middle class neighborhoods are plagued by racial segregation. Most predominately Black neighborhoods have a different neighborhood profile that could structure physical activity differently for Blacks. First, on average, middle class Black neighborhoods have fewer resources specifically catered to physical activity than White middle class neighborhoods (Charles, 2003). For example, Black middle class neighborhoods have fewer facilities and green and walkable spaces. Second, they are more likely to be positioned directly beside Black working class or poor neighborhoods. This positioning often leads to a spillover effect that implies Black middle class neighborhoods are less safe than other

middle class neighborhoods (Pattillo-McCoy, 1999, 2008). Research shows that neighborhoods with fewer facilities and less safety have less physical activity and worse health outcomes among its residents (Laveist & Wallace, 2000; Papas et al., 2007).

Public health research documents that men's physical activity is not related to real or perceived neighborhood safety (Bennett et al., 2006). However, women, compared to men, are less likely to be physically active when the neighborhood is perceived as less safe. In regards to race, while Black men may be more comfortable in Black neighborhoods because they are less likely to be criminalized (Feagin, 1991; Feagin & Sikes, 1995), this level of comfort may not exist for Black women. Since there are fewer facilities available for physical activity in Black neighborhoods, these spaces may be male-dominated. So not only do Black women deal with time constraints, but the social environments that they frequent may actually lead to them being more exposed to sexualization and male domination. While White women deal with sexualization as well, the male gaze may be reduced by women-only zones in recreational facilities that create a safe and comfortable space for women.

Body image as a barrier

Most of the images seen in the media portray a particular ideal about how women and men should look. For men, the media portrays them as "ripped" where men are supposed to aim for a flat stomach (preferably a six pack of abdominal muscles) and muscular and toned arms and chest. Workout programs such as "Insanity" and "P90X" are examples of this ideal being marketed to the "average Joe." Accordingly, physical activity becomes essential for men to obtain this ideal.

Women have a different body ideal. Models are nearly 25 percent thinner than the average woman (Ard, Greene, Malpede, & Jefferson, 2007). One example from a 2011 *Glamour* magazine article speaks to this point. The story shows a picture of an almost nude 20-year old Lizzie Miller who discussed her pursuit to become a plus size model. Agencies told Miller that her 12–14 dress size was too big because plus size models are normally sizes 8–10. In addition to being thin, most models are White. White women see images of other White women everywhere from magazines to grocery store check-out lines that tell them what they should look like. In turn, White women have a strong societal pressure to be thin (Ard et al., 2007).

Unlike White women, Black women's ideal body is not linked to physical activity nor is it plastered all over media outlets. While a high percentage of White women report being dissatisfied with their bodies (Grabe, Monique, & Hyde, 2008), the literature shows that Black women are less vulnerable to media-driven body dissatisfaction because most of the images they see are of women with White faces (DeBragas & Hausenblas, 2010). When Black women are featured in mass media, they see two main controlling images of themselves that potentially structure their body size perceptions differently from White women's perceptions – the fat mammy and sexualized jezebel (Collins, 2005). The fat mammy is a common media caricature that can be visualized as a dark-skinned, extremely obese woman who loves to eat and cook (Beauboeuf-Lafontant, 2003). Some contemporary examples include characters from the movies *The Help* (2012) and *Precious: Based on the Novel "Push" by Sapphire* (2009), which produced Black female Oscar winners Octavia Spencer and Mo'Nique. Now, while the fat mammy is a common caricature of Black women, it may also be rejected by Black women. As Beauboeuf-Lafontant (2003):113 states, "Black women would not see themselves as nor aspire to be Mammies."

Conversely, the sexualized jezebel is considered naturally "thick" and curvy as she is normally portrayed as having larger than average thighs, hips, and posterior. The sexualized jezebel is best visualized as Sarah Bartmann, who is also known as the Hottentot Venus. Born

in the late 1700s in South Africa, Sarah dreamed of becoming an entertainer but was sold into indentured servitude. While in Great Britain, Sarah was put on display in freak shows for her large butt and elongated labia. At the time of her death in her mid-twenties, Sarah's brain and genital remains were placed in a French museum where they stayed until the 1970s when the South African government requested their return. Collins (2005: 28) discusses that Sarah Bartmann, along with Josephine Baker, Hattie McDaniel, and Ethel Waters, among others, were "used to justify the growing belief in the superiority of White civilization and the inferiority of so-called primitive peoples necessary for colonialism. Her [Sara Bartmann] treatment helped create modern Black sexual stereotypes of the jezebel, the mammy, and the welfare queen, that, in the United States helped uphold slavery, Jim Crow segregation, and racial ghettoization." Collins (2005:29) mentions the musical group Destiny's Child as continuing to perpetuate the "sexualized spectacle" and "contradictions" of "Black women's agency or self-determination."

Regardless of whether a Black woman is categorized as a fat mammy or sexualized jezebel, the message is very clear – it is acceptable for a Black woman to have a larger body because this is naturally how Black women's bodies are constructed. In the 21st century, these images have simply been recycled to provide the same message to Black women about how their bodies should look. Two contemporary examples from politics and science are noteworthy. First, First Lady Michelle Obama, who (by all accounts exercises faithfully) is pushing the "Let's Move" campaign to increase physical activity among youth and reduce childhood obesity, is continuously critiqued about her body. For example, in late 2011 Congressman Jim Sensenbrenner from Wisconsin stated that First Lady Michelle Obama "has a large posterior." Interestingly, Sensenbrenner is quite rotund himself. More importantly, however, is what Sensenbrenner's statement implies. If First Lady Michelle Obama exercises regularly, then besides her eating habits, she must naturally have a body with a large posterior. Second, in early 2012, a scientist in Australia discovered a new horse fly with a yellow end similar to a bee. He decided to name the fly "Beyonce" (*Scaptia* (*Plinthina*) *beyonceae*) because it is "bootylicious." Both of these examples highlight the pervasiveness of the fat mammy and sexualized jezebel and suggest that Black women may be more likely to embrace a genetic determinism argument about body size.

Still, the images of Black women in the media are limited. Therefore, Black women look to their own communities for validation regarding body image. Three points are important to make that may influence the relationship between body image and physical activity for Black women. First, as evidenced by the rate of obesity among Blacks, most Black women have female family members that have larger bodies than those of White women's family members. Second, Black women, compared to White women, live in neighborhoods where neighbors and friends have larger bodies (Boardman, Saint Onge, Rogers, & Denney, 2005). According to a study by Christakis and Fowler (2007), individuals with obese friends were 57 percent more likely to be obese. This finding is similar when an individual has an obese family member. Finally, studies show that Black men, more than White men, prefer women with curvier bodies, which might encourage Black women to maintain a "thick" physique (Jackson & McGill, 1996).

Research on body image finds that, on one hand, White women are more likely to perceive their bodies unfavorably and larger than what they actually are. On the other hand, Black women are more likely to perceive their bodies as smaller than they actually are (Beauboeuf-Lafontant, 2003; Bhuiyan, Gustat, Srinivasan, & Berenson, 2003; Levinson, Powell, & Steelman, 1986; Lovejoy, 2001; Mama et al., 2011). Using body weight self-evaluations from more than 6500 White and Black adolescents, Levinson et al. (1986) found that White girls were more likely to view themselves as overweight, while Black girls were

more likely to underestimate their own body weight. Using a study of over 3500 individuals in Louisiana, Bhuiyan et al. (2003) found that Blacks were nearly two times more likely to underestimate their own body size than Whites. This study also found that obese Black women were particularly more likely to underestimate their own body size. Underestimating body size may decrease the relationship between perceived body size and physical activity. If Black women are more likely to underestimate their own body size, then perceived body size may have less of a statistical effect on physical activity for Black women than for White women.

Altogether, the messages that Black women hear and see from the media and the Black community potentially lead to a sociocultural reinterpretation of how they categorize their own bodies. In turn, Black women, compared to White women, might be more likely to underpredict their own body size and believe that genetics determine physical appearance. As a result, body image might not be associated with physical activity for Black women like it is for other groups. In this case, perceived body size is possibly one of the most salient barriers to physical health because it taps one's self-concept, identity, and presentation of self.

Intersectional incentives to physical activity for Black women

Addressing ways to increase physical activity is just as, if not more, important than focusing on the barriers. Attending to the barriers highlighted above – time, the racial composition of neighborhoods, and body size perceptions – this section discusses potential incentives to combat these issues. First, if time is a barrier to physical activity for women more so than men (single mothers more so than other women), then logically childcare becomes important. Using a sample of single-parent families in Australia, Azar, Naughton, and Joseph (2009) show that physical activity increases when childcare is provided. Fitness centers may think about implementing childcare centers. While charging a slightly higher membership fee, they may actually substantially increase their members, especially if the facility is in a predominately Black neighborhood and/or an area with a high percentage of single-parent households.

Second, if the racial composition of neighborhoods is problematic for Black women, social environments that are comfortable spaces (e.g., churches and beauty salons) may operate as intervention sites for physical activity. These places are not simply sites to go pray or get one's hair fixed. Rather, they are pillars of the Black community as some of the first owned and fully-operated Black establishments. Furthermore, all are found in diverse neighborhoods regardless of racial composition. As Kawachi and Berkman (2003) contend, neighborhoods are networks of social relations that affect health. In this regard, these social environments can be used as places to hold events and inform the Black community about activities centered on physical fitness.

Another important component is that churches and hair salons have community trustees (i.e., pastors and hair stylists) who in many ways have a symbolic key to the Black community (Bragg, 2011; Releford, Frencher, & Yancey, 2010; Wilcox et al., 2007). The budding literature on health and religion shows how the Black church can be used as an intervention site to increase healthcare utilization among Blacks (Thompson, 2010; Young & Stewart, 2006). American Association of Retired Persons (AARP) (2009) found that hairstylists and their clients were interested in having a walking group organized from hair salons. Why? Because these places are comfortable for Blacks as they share the environment with individuals who have similar social experiences related to race and gender. Hair salons are frequently dominated by women so the space is not imbued with hegemonic masculinity like gyms or a park with a basketball court at its epicenter. Hair stylists and pastors can be agents to increase physical activity by being proponents of events that cater to Black women.

Finally, the messages that individuals receive about body image must be countered by alternative messages. Similar to finding institutional trustees at the neighborhood level, healthcare trustees may be vital for increasing physical activity. Accordingly, the recommendations of primary care providers may be essential to counteract the narratives Black women most commonly hear about their bodies.

While physicians perceive that they lose patients when making recommendations about weight, there is not much research to support this claim. Physicians also report that recommendations about physical activity are ineffective. However, research shows this claim to be unfounded. Using data from the 2005–2008 National Health and Nutrition Examination Survey, Post et al. (2011) found that obese individuals were more likely to perceive themselves as overweight and attempt to lose weight if told by a physician that they were overweight. Using roughly 450 patients in 11 general practice locations in the Netherlands, ter Bogt et al. (2011) found that physicians have just as much influence on helping overweight and obese individuals maintain their weight as lifestyle counselors. After 3 years, approximately 60 percent of the sample in both groups had maintained their weight. Post et al. (2011) assert that the real issue is not that recommendations about weight are ineffective; rather only 45 percent of overweight individuals and 66 percent of obese individuals were told they were overweight. Similarly, Shires et al. (2012) found that only 54 percent of preventive health services were delivered during a doctor's visit. For obesity, it was missed 41 percent of the time. CDC finds that Blacks, Mexican-Americans, and individuals with lower levels of education and income are even less likely to be told that they are overweight than other groups (U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR DISEASE CONTROL, 2009).

Taken together, healthcare providers should not let barriers related to losing patients, perceived ineffectiveness, or their own weight dictate recommendations to patients (Bleich, Bennett, Gudzone, & Cooper, 2012). Everyone needs to be told if more physical activity or less weight is needed instead of the recommendations falling along race, gender, and/or class lines (Post et al., 2011; U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES. CENTERS FOR DISEASE CONTROL, 2009). To counter these trends, a script for promoting physical activity should be developed. Research shows that healthcare providers simply do not know how to properly address physical inactivity and weight with patients. A study by Strategies to Overcome and Prevent Obesity Alliance (Strategies to Overcome and Prevent Obesity Alliance (STOP), 2010) found that about one-third of individuals told to lose weight by their healthcare provider were never supplied recommendations on *how* to do so.

Given research drawing attention to the embedded systemic racial inequalities within healthcare, healthcare providers may have an even more difficult time properly addressing these issues with Black patients (Hoberman, 2012). A physical activity script can be empirically tested that takes into account the intersections of race, place, gender, and body image by drawing upon existing research to tailor recommendations to specific groups. In some ways, a viable blueprint already exists. Research shows that physicians' recommendations have a significant effect on increasing smoking cessation. In fact, smokers who had a three minute conversation with their doctor were significantly more likely to quit smoking (U.S. PREVENTATIVE SERVICE TASK FORCE, 2009). Recommendations about physical activity can have a similar payoff, especially if a script is made available to practicing healthcare providers (e.g., physicians, nurse practitioners, physician assistants) and taught to medical students during their training.

Conclusion

This paper aimed to show the vitality of the intersectionality framework for explaining the low level of physical activity among middle class Black women. In doing so, I discussed the consequences of three intersectional barriers that are specific to the Black woman experience – time allocation, the racial composition of neighborhoods, and body image. I then addressed specific ways to combat these potential barriers. I argued that these barriers are not intersectional in and of themselves, but rather the consequences of these barriers unfold in ways that reflect the challenges of Black women's intersecting marginalities. These marginalities converge at the intersections of race, place, gender, and body image for Black women, lead to a form of temporal, geographic, and bodily space invasion, and result in divergent levels of physical activity and obesity compared to other groups.

The lack of neighborhood resources (e.g., facilities, programs, safety) in predominately Black neighborhoods and the messages that Black women receive from the media and the Black community, along with the lack of recommendations from healthcare providers, tell and show Black women loud and clear what society thinks of their bodies and how their bodies came into existence. In this regard, this research agenda is not solely about reducing obesity. It is about how the structural arrangements of communities contribute to healthy lifestyles and how treatment within these spaces may vary by race and influence physical activity. While making institutional changes at the neighborhood level would definitely increase physical activity, the most cost-effective and efficient way is for healthcare providers to inform patients of the health consequences of physical inactivity. Furthermore, healthcare providers can recommend strategies for increasing physical activity in order to counter the skewed messages and images that individuals receive about body size and physical health. Based on recent legislation, physicians can now bill health insurance companies for obesity counseling (Lewis, 2011). Nonetheless, a script for promoting physical activity needs to be developed. This script should take into account the intersection of race, gender, and body image by adhering to the theoretical and empirical work discussed in this article. By implementing an intersectional framework to view the obesity epidemic, we will be an important step closer to ameliorating the barriers that prevent individuals from living healthy, active, and productive lives.

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Short Biography

Rashawn Ray is an assistant professor of Sociology at the University of Maryland, College Park. He received a Ph.D. in Sociology from Indiana University in 2010. From 2010–2012, he was a Robert Wood Johnson Foundation Health Policy Research scholar at the University of California, Berkeley/UCSF. Ray's research addresses the mechanisms that manufacture and maintain racial and social inequality. His work also speaks to ways that inequality may be attenuated through racial uplift activism and social policy. Ray's research interests are social psychology, race and ethnic relations, and race-class-gender. His work addresses three key areas: the determinants and consequences of social class identification,

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Note

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