VIEWPOINT

News Coverage of Diet-related Health Disparities Experienced by Black Americans: A Steady Diet of Misinformation

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ABSTRACT

Compared to their white counterparts, black Americans experience greater morbidity and mortality across a range of diet-related diseases and conditions, including heart disease, type II diabetes, cancer, stroke, and obesity. Many factors influence dietary behaviors among blacks, including those associated with socioeconomics, culture, racism, psychology, and health care quality and access. However, when reporting about the health status and dietary behavior of black Americans, the mainstream print media pursues a largely one-dimensional focus on behavioral and cultural factors. This approach tends to disregard or minimize other factors that influence health behaviors. Health scientists and journalists must be careful to include discussion of the other factors if they want to become a part of the solution to minimize diet-related disparities.

Key Words: racial health disparities, dietary behavior, news media

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INTRODUCTION

According to the American Dietetic Association, the media are the primary deliverers of health and nutrition information to the public.[1] Although reporting on the vast array of scientific data pertaining to diet is, by itself, a considerable task, one of the most formidable areas of health reporting is the complex nexus between food behavior and racial disparities in health.

Black Americans live sicker and die younger than their white counterparts.[2] (Black Americans or black[s] is used instead of African American to reflect the broader group of people of African descent who inhabit the United States. African American will be used when the discussion is pertinent solely to African Americans.) Since 1850 when the US Census Bureau issued the first survey and tabulation of deaths by disease, there was a significant racial ethnic difference in mortality.[3] This trend has endured, as evidenced by a 1942 *Time Magazine* article that reported that the persistence of higher mortality among blacks was the nation's "no.1 public health problem," and an article by Byrd and Clayton (2005) that reports that black Americans led the nation in 12 of the top 15 leading causes of death, including the major diet-related diseases: cancer, heart disease, stroke, diabetes, and kidney failure.[4,5]

A tremendous volume of research has emerged over the past few decades identifying a range of factors that contribute to racial disparities in diet-related health status, including cultural, socioeconomic (food affordability), environmental (food availability), and psychological (racism and oppression) factors.[6-24] Researchers also have identified key health system factors, such as access and quality, that may influence dietary behaviors and that differentially affect black and white populations.[3]

Despite this enormous and growing evidence base, the news media's largely one-dimensional portrayal of diet-related health disparities—as primarily a behavioral and/or cultural problem among blacks—does not come close to reflecting the depth and complexity of racial disparities in health. Consequently, a deeply flawed paradigm for reporting on the dietary behavior and health status of blacks has become the norm. This "conventional mechanism" of reporting often overlooks the many other influences. The authors of this paper acknowledge that their analysis of this pattern pertains to the media lens on blacks and that it is possible that the paradigm applies to health news reportage on other minority or disadvantaged populations, as well. However, the authors also believe that this situation poses a crucial opportunity for health science and media leaders to collaborate on efforts to appraise and improve news coverage on dietary behavior and minority health.

This paper explores how this "conventional approach" to reporting on the dietary behavior and health status of blacks, along with other reporting "trouble spots" in the mainstream print media, tend to misrepresent the evidence base and distort public awareness, knowledge, and percep-

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tions about the complexity of diet-related health disparities. The paper identifies research and practice that must be addressed to improve the quality of news coverage on diet and minority health.

WHAT WE KNOW ABOUT DIETARY BEHAVIOR AND BLACK HEALTH STATUS

Factors That Potentially Affect Dietary Behavior In African Americans

The role of dietary behavior as a powerful determinant of health status is well established. Racial differences in dietary behaviors also are well documented. For example, in contrast to their white counterparts, African Americans tend to consume fewer fruits and vegetables and are likely to eat foods high in fat and sodium.[6] However, dietary behaviors alone do not fully explain the significant differences in diet-related disease patterns between racial groups. A number of factors can affect dietary behaviors and contribute significantly to racial disparities in diet-related morbidity and mortality.

Cultural factors. Cultural factors, such as racial or ethnic traditions in food selection, preparation, use, and family influences in shaping dietary norms, all can play a significant role in dietary behavior.[6,7] For example, in many black communities, "soul food" and social meals after church service (which often include soul food) are two longstanding cultural traditions. Soul food is typically high in sodium and saturated fat—dietary factors linked to chronic disease processes.[8]

Socioeconomic factors. Socioeconomic status (SES) has long been correlated to health status. One SES mechanism that is associated with dietary behavior is food *affordability* (the capacity to buy nutritious food).[9-14] In contrast to their higher SES counterparts, people with lower income tend to have less economic capacity to buy nutritious food and therefore tend to have unhealthful diets.[15] Many blacks earn low incomes, as seen in the 2004 per capita incomes for whites, blacks and Hispanics ($25,203, $16, 035 and $14,106, respectively).[16]

Environmental factors. Racial disparities are also evident in food availability. For example, supermarkets are an important source of healthful food, such as fresh fruits and vegetables, but fewer supermarkets are located in black neighborhoods compared with white neighborhoods. According to Morland et al, who analyzed 216 US Census tracks in four states (North Carolina, Mississippi, Maryland, and Minnesota), supermarkets are 4 times more common in predominantly white neighborhoods, which resulted in a ratio of supermarkets-to-residents for mostly white areas of one store for every 3,800 residents, and for black areas, it was one store for every 24,000 residents.[17] Zenk et al found a similar trend in Detroit, where, when compared to whites, African-Americans were on average 1.1 miles further from the nearest supermarket.[18]

Coexisting with limited healthful food availability is the hyperavailability of fast-food establishments that serve mostly food that is high in fat, sugar, and calories and low in nutrients.[19] In 2004, Block et al used geographic information system (GIS) software to map all fast-food restaurants in the city of New Orleans. They found that predominantly black neighborhoods have 2.4 fast-food restaurants per square mile compared to predominately white neighborhoods, which had 1.5 per square mile.[20] Overconsumption of fast food, in conjunction with a sedentary lifestyle, has been linked with obesity.[21]

Psychological factors. Psychological factors, especially when they interact with actual or perceived racism, can also affect dietary behavior. Racism and oppression are abnormal phenomena that may stimulate unnatural and self-destructive human behaviors.[22] Williams at al found that discrimination is associated with poorer physical and mental health. They conducted a 1999 review of the literature and found that exposure to discrimination is associated with problem drinking, cigarette smoking, and lower levels of medication compliance. In light of these and similar findings, they posited that discrimination may also play a role in decreased physical activity and overeating and call for further research in these areas.[23]

In addition, food industry marketing and advertising can play an important role in psychologically influencing food preference, food selection, and product loyalty. Given racial differences in advertising patterns, these psychological influences may have a disparate impact on dietary behavior among blacks. For example, studies have shown that black-oriented prime-time television shows are twice as likely as mainstream-oriented prime-time programming to air food ads.[24]

Health system factors. The contribution of health system factors to racial health disparities were well documented in the Institute of Medicine (IOM) report on "Unequal Treatment."[3] The IOM contends that differential access and service delivery contribute to differential health outcomes.[3] However, this information is often left out of mainstream media discussions on minority health. This omission leaves those who are differentially affected and aware of the differential treatment feeling more distrustful of the system and less likely to heed any medical advice that comes from such a biased system. In other words, a vicious cycle is set up that may further widen the disparity.

LIMITATIONS IN REPORTING ABOUT DIET AND MINORITY HEALTH

In order to frame the discussion of limitations in reporting about diet and minority health, it is important to first have

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