

Unraveling Common Threads in Obesity Risk among Racial/Ethnic Minority and Migrant Populations

Shiriki Kumanyika, PhD, MPH

Racial/ethnic minority status has long been associated with high obesity prevalence relative to reference populations. This is evidenced in studies of indigenous or Aboriginal populations in several countries, descendants of African slaves and Hispanic/Latino populations in the United States, and diverse immigrant populations in Europe. Explanations for this pattern have changed with advances in scientific knowledge. The understanding of obesity itself is more nuanced than when racial/ethnic differences were first identified. Recognition of social and environmental influences on health is improving. The number and diversity of racial/ethnic minority groups and country settings in which high risks of obesity have been observed argue against explanations based on specific genetic predispositions or cultural practices. Cross-national migrant studies comparing obesity prevalence among people of similar ancestry in different country contexts, and within-country studies comparing the same migrant population across generations, also provide convincing evidence of significant environmental effects. Most compelling, secular trends of high or increasing obesity prevalence around the globe demonstrate that high obesity prevalence can eventually affect all populations. The global epidemic reflects inability of the average person to cope, biologically and behaviorally, with environmental contexts that promote excess energy intake and inadequate energy expenditure. Public health approaches must, therefore, emphasize policies that address these environmental influences—overall and in high risk groups. Common threads in obesity risk in indigenous and transplanted racial/ethnic minority groups integrate: 1) biobehavioral carryovers of risk from experiences of oppression or stresses prior to and during migration; 2) age-ethnicity-gender intersectionality; 3) cultural-structural effects of social position; 4) interactions of primary reference and larger cultures, and 5) ways that these influences affect individual, family, community, and identity-group reactions to ongoing changes in the society at large. Frameworks that integrate these factors holistically are essential for crafting solutions to disrupt this migration-, race-, and ethnicity-related obesity risk.