

# Food Matters:

## What Bushwick Families' Food Habits Teach Us About Childhood Obesity



A Neighborhood Report from the  
Brooklyn District Public Health Office



THE NEW YORK CITY DEPARTMENT  
of HEALTH and MENTAL HYGIENE  
Michael R. Bloomberg, Mayor  
Thomas R. Frieden, M.D., M.P.H., Commissioner

## Key Findings

1. Parents recognize that their families' eating habits can lead to overweight and obesity—but making sure there's food on the table comes first.

2. For families, obtaining food is tied to the availability of resources and follows a monthly cycle.

- The arrival of government benefits at the beginning of the month, supplementing income and family assistance, prompts a large shopping trip to the supermarket.
- As the month progresses and resources dwindle, families “take credit” at neighborhood bodegas, share meals and food with relatives and friends, and visit food pantries.

3. Food purchasing patterns are influenced by the local food store environment.

- Many families rely on bodegas to supplement food purchased at supermarkets at the beginning of the month.
- While bodegas offer fewer food choices and are generally more expensive than supermarkets, they are abundant. More important, bodegas offer credit, ensuring that parents can put food on the table until the next month begins.

4. Family eating patterns are deeply affected by the monthly food cycle.

- At the month's beginning when families have more money, overeating and dining out are more prevalent.
- Later in the month, as money diminishes, families rely on cheaper staples, high-fat snack foods, and take-out restaurant meals.

5. For parents, food figures prominently in their perceptions of successful parenting and child well-being.

- In the daily struggle with limited resources and material goods, providing food to their children is one domain where parents can feel empowered and nurturing.
- For many parents, eating right means satisfying children's immediate needs, rather than focusing on nutritional content or portion size.

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### Editorial

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## This Report

Childhood obesity has reached epidemic proportions in the United States.<sup>1</sup> In the last 30 years, obesity rates among young Americans have tripled, from 5% in 1960 to 15% in 2000.<sup>2</sup> Across the United States and in New York City, these percentages are even higher among certain ethnic groups, particularly Latinos, who are among those hardest hit by obesity.<sup>3,4</sup> Childhood obesity has reached 24% in New York City, a rate that reflects a disproportionate number of Latinos: 31% of Latino children are obese, compared with 23% of black and 15% of white and Asian children.<sup>4</sup>

Obese children tend to become obese adults<sup>5</sup> and face severe consequences, including diabetes, high blood pressure, heart disease, depression and anxiety.<sup>6</sup>

In poor neighborhoods, the childhood obesity epidemic is further complicated by food insecurity, which occurs when people have limited or uncertain access to enough food to feed their families. Food insecurity may affect eating habits, weight and overall health. It is a part of life for our city's most vulnerable population: children living in poverty.<sup>7</sup> Because obesity has been linked to food insecurity,<sup>8</sup> we must address these crises together.

The goal of this report is to provide a greater understanding of childhood obesity in Bushwick. It explores how Latino families in this low-income neighborhood think about and deal with food in their everyday lives. It discusses how they strive to manage fluctuating and often scarce resources to provide for their children, as well as families' coping strategies and perceptions of food, parenting, and health.

## Study Methods

This study took place in Bushwick, a largely Latino neighborhood in Brooklyn where children experience some of the highest rates of obesity in the city.<sup>9</sup> DPHO staff conducted research among 12 extended Latino families and their friends between July 2004 and March 2005. Researchers interviewed and spent time with participants during 2 home visits. Each one lasted approximately 2½ hours and most families participated in both visits.

Sixty participants took part in the study—12 mothers, 3 fathers/boyfriends, 3 grandmothers, 1 great-grandmother, 2 grandfathers, 3 extended family members (cousin, nieces), 5 friends, and 31 children. Of the 12 families, 6 were Puerto Rican, 2 Ecuadorian, and 1 each was Columbian, Cuban, Dominican, and Mexican. Family size varied from 1 to 10 children, ranging in age from 2 months to 21 years of age.

Many families lived with mothers' family members. Female-headed households were common, as were multiple fathers in families with 2 or more children. Most mothers who participated did not graduate from high school and worked in the home; some cared for other children to earn extra money. Other family members, including husband/boyfriends and grandmothers, worked in local factories, hair salons, and restaurants, or as day laborers on construction sites. Almost all families participated in governmental benefit programs to supplement their limited economic resources. Over half of the mothers participating in the study were overweight or obese, as were almost half of the participating families' children.

## 1. Parents recognize that their families' eating habits can lead to overweight and obesity—but making sure there's food on the table comes first.

For many parents, covering monthly food and household expenses is an uphill battle. While parents realize that eating unhealthy foods and overeating can lead to overweight and obesity, their first priority is ensuring that their family gets fed. Assuring that food is nutritious tends to be a secondary concern.

***“As long as my kids have food, I am happy.”***

– a 25-year-old mother of 2 children

## 2. For families, obtaining food is tied to the availability of resources and follows a monthly cycle.

Amid long-standing poverty, Bushwick families strive to manage their unpredictable and often scarce resources. Acquiring food for the family is closely tied to the availability of funds. Government benefit programs, including the Food Stamp Program, Temporary Assistance, Supplemental Security Income, and the Special Supplemental Nutrition Program for Women, Infants and Children, are an important resource for families—and can be more reliable than wages and financial assistance from children's fathers and other relatives. These resources often stretch to cover the entire family. As an undocumented 24-year-old mother of 4 with 3 documented children explained, “Where 3 eat, the fourth can, too.”

***“Usually by the end of the month, there's nothing to eat. With rent and bills, I'm strangled... Then at the beginning of the month, I need to relocate myself again.”***

– a 29-year-old mother of 6 children

The beginning of the month is marked by an abundance of food because the arrival of benefit checks prompts a large shopping trip to the supermarket. But a few weeks into every month, when benefits and money begin to run low, families must find other ways to provide food to their children, including “taking credit” (obtaining food and paying for it later), sharing food, and visiting food pantries.

### ***Taking Credit***

Many Bushwick families take credit—a common coping strategy when money runs low. While families admitted that bodegas are a more expensive option than supermarkets, with fewer choices and poorer food quality, shopping at bodegas is a matter of efficient economics: a good relationship with bodega staff ensures that families can take credit and provide for their children.

***“Pretty much everyone I know takes credit. We've been taking credit for years. It started with my father.”***

– a 36-year-old mother of 4 children

### ***Sharing Food***

Food sharing (sharing meals and groceries) is another common strategy to deal with dwindling resources. Food sharing has important social significance: it means taking care of families, cementing relationships, and demonstrating intimacy. The logistics of food sharing are made simpler by the fact that many Bushwick families and friends either live together or live in close proximity (in the same building or on the same neighborhood block).

Among female-headed households, fathers regularly visit, and spending time with their children consistently involves providing food. Fathers also take their children out for meals, provide treats (often candy, cookies, and cakes), and contribute to food budgets.

***“Maribel helps me in good and bad. If I don't have nothing, she finds a way to help. Borrowed is borrowed, and gifted is gifted. With Maribel, it's a gift.”***

– a 29-year-old mother of 6, discussing her mother-in-law's generosity

### 3. Food purchasing patterns are influenced by the local food store environment.

Because most families do their grocery shopping in Bushwick, the local food store environment (types of food stores, location, and price and quality of foods) affects food purchases. There are 131 bodegas in Bushwick and 10 supermarkets.<sup>10</sup> Although families shop in supermarkets, particularly at the start of the month, they more frequently visit bodegas, which are plentiful and close to home. Bodegas offer staples, or as one mother called them, “the accessories” of milk, cheese, bread, juice, and soda.



### 4. Family eating patterns are deeply affected by the monthly food cycle.

As we have seen, families’ resources vary greatly during the month, from a short peak of plenty to a longer period of scarcity. These fluctuations—and coping strategies like taking credit and food sharing—characterize the monthly food cycle.<sup>11,12</sup> So, families’ diets vary over the course of the month, resulting in inconsistent, and often unhealthy, eating patterns. When financial resources and food are more plentiful at the start of the month, overeating is more prevalent. Also at the beginning of the month, families eat in local restaurants and consume foods they consider to have greater social and cultural value, like meat. As one mother explains, “[Meat] gives just the right touch to rice and beans. And my kids tell me, ‘What good is it, if there’s no meat?’”

After a visit to the supermarket at the beginning of the month, the refrigerator overflows with food.



Lots of meat, eggs, milk, and some fast food.

Three weeks later, there’s much less available.



Rice and beans (in the pot), cheese doodles, breakfast cereal, and condiments.

In the latter part of the month, families manage with less food. Rice and beans—meat’s accompaniment at the beginning of the month—frequently becomes a whole meal by the end of the month. One mother explained, “You know, you can live on rice and beans.” As resources dwindle, families also rely on inexpensive, high-fat, and starchy food items—like sandwiches purchased at bodegas, Chinese take-out, cheese doodles, and cookies.

Food sharing is another important coping strategy as the month progresses. Because foods from a variety of sources (from family members, friends, and neighbors) come into a family’s household, food sharing can set excessive expectations around food, making overeating and consuming unhealthy foods a regular part of a child’s monthly (if not daily) diet. Nutrition aside, social customs make it unacceptable to refuse food—and economic needs make such refusals unrealistic.

Overall, these eating patterns, shaped by the monthly food cycle, reflect urban food insecurity: families’ shifting access to food leads to inconsistent eating habits, putting children at greater risk for obesity.

## **5. For parents, food figures prominently in their perceptions of successful parenting and child well-being.**

Despite the challenges of poverty and unstable resources, low-income parents can feel empowered to take care of themselves and their children when it comes to food—it is inexpensive (relative to other goods), accessible, and a source of pleasure. Providing food to children symbolizes nurturing and achievement. To parents, eating right means satisfying their children’s immediate needs. The nutritional content of food and portion size are often secondary concerns. As a 36-year-old mother of 4 said, “I like to see my children happy, so I like to let them eat what they want.”

## **6. Parents offer conflicting views on childhood overweight and obesity.**

Parents and grandparents describe the appearance of overweight or obese children and grandchildren, particularly toddlers, as pleasing. According to one father of an obese 3-year-old girl: “Fat is cute on her.” Moreover, many mothers consider heavier children less vulnerable and more protected than slimmer children. As one mother of a thin 5-year-old explained, “He should be fatter. He’s so fragile. It’s like I’ll pick him up or play with him, and I’ll hurt him. He’ll break a bone.” Mothers also feel that overweight and obesity in childhood have little bearing on long-term health, and that the problem of obesity can be dealt with in adulthood.

Despite these views, many mothers insist that they don’t want their children to be overweight. As one overweight 25-year-old mother explained, “We all big. It’s always been that way, but I don’t want my kids to be, too.” This sentiment, shared by many mothers, stems from a concern that their children will experience shame and embarrassment about being overweight among their peers.

## Recommendations

To address childhood obesity in the context of families' food purchasing and eating patterns, community organizations, city agencies, and health care providers should:

- **Recognize the influence of food insecurity on families' food purchasing and eating patterns.**  
Counsel clients on how to eat well with limited and fluctuating resources.
- **Target bodegas when developing public health interventions.**  
Because families frequently obtain food from bodegas, especially as resources begin to diminish mid-month, bodegas are important venues for focusing intervention efforts. Encourage bodega owners to stock and promote healthy foods such as fresh fruits and vegetables, low-fat dairy products, and whole-grain cereals, breads, and pasta.
- **Direct intervention efforts at all caregivers of children—not only mothers.**  
Because other family members (fathers, grandparents, older siblings, etc.) and friends often feed children, it is important to target them as well.
- **Consider families' perceptions about parental achievement and children's well-being when designing interventions.**  
To effectively address the problem of childhood obesity, the common notion that overweight and obese children are less vulnerable than slimmer children needs to be addressed.

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# Brooklyn District Public Health Office

New York City Department of Health and Mental Hygiene

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## Resources

### Prevent childhood obesity—healthy eating and physical activity:

Obesity—what everyone should know.

[www.nyc.gov/health/obesity](http://www.nyc.gov/health/obesity)

Finding your way to a healthier you.

[www.health.gov/dietaryguidelines/dga2005/document/pdf/brochure.pdf](http://www.health.gov/dietaryguidelines/dga2005/document/pdf/brochure.pdf)

Keeping your child healthy and ready to learn.

[www.nyc.gov/html/doh/html/scah/scah-healthy.shtml](http://www.nyc.gov/html/doh/html/scah/scah-healthy.shtml)

Physical activity for everyone: Are there special recommendations for young people?

[www.cdc.gov/nccdphp/dnpa/physical/recommendations/young.htm](http://www.cdc.gov/nccdphp/dnpa/physical/recommendations/young.htm)

### Take advantage of North and Central Brooklyn's resources:

Farmers' markets/community-supported agriculture programs/food cooperatives:

#### Bedford Stuyvesant Greenmarket

Lewis Ave at McDonough St

Hours: Saturdays 8am to 3pm

July to November

(718) 788-7476

#### Graham Avenue Farmers' Market

(Bushwick/East Williamsburg)

Graham Ave at Cook Street

Hours: Saturdays & Sundays 8am to 5:30pm

Open July to October

(718) 387-6643

#### Magnolia Tree Earth Center

(Bedford-Stuyvesant and surrounding areas)

677 Lafayette Ave, between Tompkins

Marcy Avenues

June to November

(347) 403-4050

#### Community Vision Council Farmers' Markets

*Bushwick Market*

Linden Blvd (between Central and Wilson Aves.)

Hours: Wednesdays 9am to 3pm

Open June to November

*Maria Hernandez Park Farmers' Market*

Knickerbocker Ave (between Starr and Suydam Sts)

Hours: Saturdays 9am to 3pm

Open July to September (opening July 2007)

#### Weeksville Farm Stand

(Bedford-Stuyvesant/Brownsville)

1698 Bergen Street, between Buffalo

& Rogers Avenues

Hours: Saturdays 9am to 2pm

(718) 756-5250

#### East New York Food Cooperative

419 New Lots Avenue, between

New Jersey & Vermont Avenues

Open year round

(718) 385-6700 x20

### Brooklyn Food and Fitness Task Force

To become a member, contact Kimberly Bylander: [kbylande@health.nyc.gov](mailto:kbylande@health.nyc.gov) (646) 253-5728

### Fitness Guide: Physical activity opportunities in North and Central Brooklyn

[www.nyc.gov/html/doh/downloads/pdf/cdp/cdp-resource-brooklyn.pdf](http://www.nyc.gov/html/doh/downloads/pdf/cdp/cdp-resource-brooklyn.pdf)

### Learn about the health of Bushwick and Bedford-Stuyvesant:

Bushwick:

[www.nyc.gov/html/doh/downloads/pdf/data/2003nhp-brooklynk.pdf](http://www.nyc.gov/html/doh/downloads/pdf/data/2003nhp-brooklynk.pdf)

Bedford-Stuyvesant:

[www.nyc.gov/html/doh/downloads/pdf/data/2003nhp-brooklynkna.pdf](http://www.nyc.gov/html/doh/downloads/pdf/data/2003nhp-brooklynkna.pdf)

## Neighborhood Reports

To help reduce health disparities and improve the health of all New Yorkers, the New York City Department of Health and Mental Hygiene established District Public Health Offices (DPHOs) in 2003. These offices target public health efforts and resources to New York City neighborhoods with the highest rates of illness and premature death: North and Central Brooklyn, the South Bronx, and East and Central Harlem.

An important part of our work is collecting and interpreting neighborhood health data. We hope this report fosters dialogue and collaboration among our many partners: other city agencies, community-based organizations, hospitals and clinics, businesses, and, most important, the New Yorkers who live and work in Central Brooklyn.

For more information on the District Public Health Offices: [nyc.gov/health/dpho](http://nyc.gov/health/dpho)