Health and Wellness among POC Communities in the Bronx: Perceptions & Realities

By

Dazlyn Anderson

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Sponsor: Professor Shaka McGlotten
Second Reader: Professor Rudolf Gaudio

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Abstract

This research takes a look at different themes of inequality that are present within the Bronx, closely focusing on African American and Latinx communities. By examining certain infrastructures and how they interconnect into various aspects of living, we can study how ideas of health/wellness are adapted from culture, assimilation and interaction with society's discriminatory institutions. The main claim of this piece is the lack of concern and access when it comes to the health of POC communities. Food, recreation facilities, businesses and health care are systematically limited to keep low income neighborhoods, like the Bronx, impoverished and deprived. With historical research, I have analyzed gender, class, geographic location, medicine and media and how they influence the health of disadvantaged communities. Using anthropologic study and ethnographic research methods, I come to the conclusion that with education and public awareness, policy change can take place on local, state and national level. This can only happen if the individual becomes conscious of the injustice and seeks restitution. Often times, we blame the communities themselves for their standard of living but this research aims to bring self-awareness to people, encouraging activism and equal opportunity at a healthy life.

Introduction

How do you describe health? Is it defined by what you eat or is it reflected by the activities you do? Does it mean utilizing the health care system or taking care of yourself? What it means to be "healthy" is a question that always seems to have a changing answer- through culture, media, our health care providers, even our parents. But if you think about it, everyone's perception and health standards are different. For some its doing twenty pushups and eating lettuce, others see it as a chore or a bothersome duty. Being healthy is more than just engaging in physical activities every day, it is a way of life. In this project, I studied and analyzed the perception of health and wellness within the POC community in the Bronx. Specifically, I focused on the historical context of POC lives including financial, cultural, and environmental factors that affect their pursuit of wellness. While exploring the structural barriers appointed from a bureaucratic level, I also highlight the ramifications of limited accessibility on POC health outcomes. In order to understand what this research is about, one must understand specific cultures and their history. This means taking a holistic approach and analyzing all aspects - physical, emotional, mental, even taking social factors into consideration. The relationship between health and institutional racism in particular is a theme I return to throughout this project. Lastly, I provide ethnographic observation, cultural history and anthropologic analysis of minorities in the Bronx to make intellectual and political sense out of all my findings.

Personal Testimony

The realm of wellness has taught me a lot about myself, finances, nutrition and mental health. From a very young age, I became very aware of my culture and how it affected my health and body image. My family's background comes from a mixture of Colombian and Panamanian roots. My mother was born in Colombia but came to this country legally when she was an infant. My father was born in Panama and immigrated to the US later in his adult life. The blend of Latin food, values and culture was heavily ingrained in our family

traditions and dynamic. At the age of 10, my parents separated, putting all of the financial and caretaking responsibility on my mother. This change made me more aware of our socioeconomic status and slowly revealed the limitations that came with being Latina, having a single mother and living in the Bronx. However, when people asked where I lived, I always said "I live in the Bronx but I grew up in Westchester". Ever since I started preschool, all my schooling, activities and friends were in White Plains, New York. Growing up in predominantly white areas, it didn't take me long to realize that I grew up with a different standard of living than my peers. At lunch time, my classmates would be amazed and intrigued by my mom's home cooked empanadas. Even though I was never ashamed of my culture or my food, I realized my diet was different from those of my classmates. I stood out in my class, not only by the tone of my skin but my body as well. I was bigger than the rest of the girls and I quickly learned that my weight was correlated to my "authentic" food. Growing up being taught to always finish your plate and being told that you're not overweight then going to school and learning that you are, made me want to change. Why was my family affirming and validating my unhealthy habits and weight gain but at school everyone seemed to be so health conscious? It was two different worlds and I wanted to make a change. From the age of 16 years old, when I got my first job, my agenda was to be able to get my own gym membership. I did have a hard time signing up at Planet Fitness due to the fact that they required bank accounts- credit or debt on file. At this time, it was a struggle because my mother didn't have a bank account and neither did I. My age was also an issue, being a minor, I needed to always have a guardian present if I wanted to exercise. I remember feeling so defeated because I didn't understand why the process was so difficult. Many obstacles were put in my way but this did not stop me. I later went on to open my first bank account just to use the gym and still had to wait a whole year till I was able to attend alone. In the meantime, I had to find other creative ways to stay in shape by exercising outdoors or in my apartment building. Fast forwarding to my senior year in high school, I dove into nutritional education- seeking more insight on what our

food really does for our bodies, influencing my decision to adopt a vegetarian diet. This became a financial struggle for my mother because healthier options seemed to be more scare and a bit more expensive in the locations around us. As I grew up, I learned how to take matters into my own hands and didn't let my environment or circumstances limit my physical activity or awareness for internal health. All the limitations- the transportation, the finances, the scarcity of healthy foods, did not stand in my way; it was harder but not impossible. The constant obstacles that lay ahead are what drove the desire and motivation to change and to better myself, to stay consistent. These difficulties taught me a lot about life and how to maneuver in certain situations but in the end to always stick to your goal and find a way to make it happen. The Bronx is my home; an area I am very familiar with. Being a member of several gyms and working in these environments gave me 6 years of background experience and knowledge of this industry and the facilities themselves. The topic of health, fitness and nutrition interests me because I believe I'm not the only one who had to encounter setbacks while trying to achieve a certain lifestyle. I became self-aware through culture shock; the 2 different environments in my life presented a new outlook on access and food habits. I want the reader to realize without education and understanding, the cycle never breaks. Equal opportunity for POC health care comes from prioritization and this happens once the people make it a requirement, not an option. The individual's choice regarding nutrition and exercise are not only influenced by what's learned in the household or in school but by structural forces that limit those choices. My goal is to express the importance of wellness; Understanding our history can help us become more mindful of our health/habits as well as the systems that inhibit our communities.

African American Food Ways: Historically and Today

To start we must explore how race, class and gender are variables in the discussion of health and fitness. Focusing on African American and Latin American history can help us to understand their connections with food,

physical activity, health care by reviewing studies/statistics and its relation to their culture. To even have a conversation about health, one must take a step back and look at the source, food. Food has a significant cultural influence in most POC community's- whether it's analyzed through a social lens (gatherings, familial) or the actual food types, their nutrition and its preparation, it all plays a hand in its consumption today. In "Food Choice and Obesity in America", Eric J. Bailey dives into the history of African American culture going back to 1600s to 1864, before the Emancipation. African Americans were descendants of West African people, both sharing common values of exclusivity, pride and awareness of one's heritage. In the 1500s, West Africans were moved to the Americans and forced to assimilate, blending cultures with European and Native American traditions. This change caused West Africans to adapt, introducing new foods – taking species, herbs and new produce to build an entirely authentic cuisine. The history of the African American diet was solely dependent on what food the slave owners made available to them which usually consisted of leftovers. Chitlins, intestines, feet from pork, greens, potatoes or anything that was locally availably and agricultural accessible were given to them. In slave conditions, they were always finding ways to adjust to new circumstances. This meant exploring new ways to prepare food- boiling and frying. After the Emancipation (1854-1900) food consumption in the US was adapting these habits as well, meals were heavily concentrated in the poultry and carbohydrates categories. Looking back, we can see that these food habits hold Southern roots and ancestral significance. Bailey states that "Soul food was influenced by slavery, economics and discrimination", explaining why food consumption doesn't rely on preference but more on the circumstances at hand, consuming whatever is available in order to survive (64-70). In America, this habit of eating is still visible in the fast food restaurants. Even food preparation is associated with the history of the Southeast and Southern dietary pattern of fried food. This has been commercialized and made convenient for American customers like "KFC" or "Popeyes". Whether it's fast food or at home eating, food has held a meaning of belonging, heritage and

tradition. Preserving those familial practices, in spite of health issues, and prioritizing affordability seems to be a main factor in the perception of health: more concern on cost than actual quality and portion sizes. (Bailey 2006, 19). Convenience barriers are placed on the ability to eat healthy, whether it's due to finances, proximity or lack of abundance. This leads to crucial health issues that stem from these habits –obesity, disease, illness and other health problems.

"Food Choice and Obesity in Black America" by Bailey focuses on the main sociocultural issues involving body image, food preferences and exercise perspectives that influence many initial health problems. The origin of food habits discussed above are reflective in the statistics as well. The National Institute of Diabetes and Digestive and Kidney Disorders (NIDDK) discovered that 2.8 million African Americans have diabetes and are twice as likely to have this disease rather than white Americans (Bailey 2006, 5). It seems that not only do genetics matter but lifestyle risk factors affect weight which can lead to disease and African Americans are highly susceptible compared to other ethnic groups. There are stigmas that categorize people as lazy and that they are at fault for their own individual health issues but at times there not. My claim is that there are structural societal limitations in place that make physical activity and nutrition much harder for people of color. Bailey's findings show "Among ethnic minority groups, the prevalence of obesity among blacks increased from 19 percent in 1991 to 27 percent in 1998. This is a 39 percent increase. Among Hispanics, the prevalence of obesity increased from 12 percent in 1991 to 21 percent in 1998. This is an 80 percent increase" (Bailey 2006, 26). Many variables affect the POC and Latin-x community differently than Caucasians- like income, location, transportation, family, gender and class. This matters to my study because it puts some people at a disadvantage when it comes to bettering their lives, breaking cycles of poverty and bad habits.

Diving into all this statistical information about POC I wondered, how does the health care system view or try to understand this data? I came across

the term medical anthropology which is the study of “diseases, illnesses, medical problems, theories of illness and health care systems in different cultural and ethnic groups from a biopsychosociocultural perspective” (Bailey 2002, 3). The relationship between culture and health issues should be the main focus in gaining an overall better understanding. Looking at biological, psychological, social and cultural factors ensure that all connections relate to the origins of the group’s history of health/illness. Using the history of food and culture to make a correlation between critical health issues helps break down the wall between the patient and the provider as well as prevent future health problems. When you comprehend the origin, it’s easier to examine and analyze health care and wellness including its systematic issues and how it relates to various kinds of people.

Ethnomedicine

Medical anthropology involves five main disciplines which explain why the health care system is the way it is – ecology and epidemiology, medical aspects of the health care system, medicine, culture change and ethno medicine. First, ecology and epidemiology revolve around how environmental settings affect health or health issues. In “Medical Anthropology and African American Health”, Bailey argues if “environmental or social factors increase the prevalence of a certain disease pattern within a particular ethnic group? Are there any cultural health patterns practiced … that contribute to disease pattern?” (11). The perception of health and wellness is rooted from historical events and evolutionary changes in the past. Culture change influences practices adopted by the individual but overall how members of a group think about health /wellness /medicine/ illness is important and snowballs into how they seek treatment or don’t. The medical aspects include location, insurance, quality of care, and even pluralistic health systems. The type of medicine involves the prevention, treatment plan and healing process like rehabilitation. Being that the health care system can make treatment or access unobtainable for some, people have found alternative ways to medicate. Historically, Native

Mexican Americans and other Latinx tend to take health practices into their own hands, using herbs and home remedies for common health problems. They use food and spices as medicine like aloe juice and teas. One could say that high rates of disease or illness within a given social health care system, especially preventable issues, demonstrates an ineffectiveness and lack of priority of the health care system itself. This is why indigenous people over time have found their own forms of self-medication or care formally called ethnomedicine. In “Partner to the Poor”, MD/anthropologist Paul Framer is considered the doctor of the poor, studying disease and home-made treatments all around the world. His theory is based on the research from his medical practice, studying how to understand medical anthropology through a lens of social justice issues. Paul Farmer interviews different types of people on how/why they self-medicate. His research in places like Haiti conclude that seeking medical assistance is based on psychological need as well as physical. The health care provider must be trusted and competent to preform professionally/properly. Farmer collects interviews from midwives that explain their medicine, one specifically for Haitian women who are struggling to lactate. They thoroughly explain the production process of remedies and which ingredients are necessary for certain fixtures. Hospital medicines can be extremely expensive and seen as “unnatural” but there are dangers to certain natural concoctions as well. Another aspect of ethno medicine is the spiritual connection. For some indigenous people, it is believed that illness is brought upon by sorcery, people fall ill due to bad luck or ill intentions from others sending sickness. In the Spanish community it is called brujeria, so ethno medicine embodies a holistic approach- treatment of the mind and body. Farmer goes on to discuss the global poor and their health policies, stressing that the major influencer for cure rates revolve around availability of nutritious food and social support, things the POC communities lack therefor reinforcing human rights issues. Medical anthropology and ethno medicine are alternatives to assessing the main issue which is that biology, economics, social elements

and culture are determinants of disease. Medicine is an epidemiologic study in which certain people are doomed to their "cultural dungeons" (Farmer 3).

Latin American Food Ways: Historically and Today

The word Latinx is a gender neutral "umbrella" term to include all Latin Americans. The Latin cuisines that have become part of the foundation of American eating are from: Mexico, Puerto Rico, Cuba and the Dominican Republic. These subgroups all share commonalities but have different histories of how their delicacies came to be. In "Latino Food Culture", Zilkia Janer explores the extensive history of Latin food origins. Latin based meals tend to be carbohydrate and fat based such as rice, bean, bananas (platano), arepa (bread), avocado and yucca. Frying was a main outlet for preparation and Latin meals also contain heavy portions of poultry as well such as pork (pernil), chicken (pollo) and beef (carne asida). The ingredients that came from Mesoamerica like vanilla, chocolate and chiles are all essential to Latinx cuisines (Janer 2). To start, the largest Latinx population in the US is from Mexico. The foundation of Mexican cuisine comes from its staple food in southern Mexico 4600 years ago– maize (corn). The Aztec Empire and Mayan Empires were advanced civilizations in central and southern Mexico that based their entire way of life around the use of corn. This eventually developed into making tortillas and tamales, key foods in Mexican American culture. After Mexican Independence in 1821, the people were emancipated and were given citizenship. Over time they evolved into being known as rancheros and this became the dominant class, changing the food culture and adapting to new styles of preparation. Mexicans heavily based their diet off of dairy, cattle, pork and stews. In the 19th century, the integration of Mexican food with Anglo-American cuisine began. The Mexican cuisine was simplified for their customers and restaurants but authentic traditional ways were kept at home. Soon after, "The first fast food chains to mass market Mexican American food were Taco Maker and Taco Bell in the 1960" (Janer 12). This false representation of Mexican food can be seen in chains like Chipotle and Moe's

today. By taking the authenticity out of home based style cooking and mass producing/commercializing it, consumers are lead to less beneficial nutritional value as well as a misrepresentation of the culture.

It is safe to stay that the main component in cuisine and culture change is migration. These conditions forced people to adapt and adjust to the resources in their new environments, combining what they know with what they have. Janer goes on to explore the 19th century, discovering that Puerto Rico and Cuba still did not have independence. Puerto Rico became a possession of the United States at the end of the Spanish-Cuban-American War in 1898 (14). This created shifts in government and the rights of Puerto Rican citizens were not secure. Without the right to vote, proper representation and limited US citizenship, many fled to the states. This was a time where New York and Florida became hubs for Puerto Rican and Cuban migrants. Food was a means of celebration but also a result of historical colonization. By the 1920s, Puerto Ricans in New York had established more that 125 restaurants and 200 bodegas (15). By the 1950s, La Marqueta was founded- the Caribbean market place. These shops helped the rise of Goya Foods- a Latinx family based company. On the streets, cuchifritos are the predominant Puerto Rican vendors in NY which are small shops that sell fried food- potato balls stuffed with meat (papa rellena), empanadas, blood sausage (morcilla), etc. Puerto Rican culture and Cuban cuisine have always been closely related but in 1940s/1950s Cuban restaurants, butchers and grocers started to pop up all over the city. This rush began after the Cuban Revolution when people fled as refugees and started settling in Miami (16). The difference with Cubans and other Latinx is that the Cuban Adjustment Act of 1996 granted them benefits including health care and unemployment benefits that allowed them to regain/reproduce all aspects of their food culture. New York and New Jersey got a new influx of Afro Cuban migrants in the 80s starting the Nuevo Cubano restaurants. They included sugarcane juice (guarapo), snow cones (granizados), a Cuban Chinese combination of food and of course, Cuban coffee. Nuevo Cubano was a high class “interpretation of Caribbean and Latin American cuisines in the US

context" (Janer 17). Dominicans have been around for a while but they became dominant in numbers after 1961. President Trujillo was facing a coup along with the invasion of 1965, Dominicans from the middle class were forced to come to New York. The bodegas and markets that were owned by Puerto Rico and Cubans were now taken over to be Dominican owned. They brought mangu (boiled mashed potato), tropical fruits to be sold on the street, batidos (milk shakes) and meat patties. All these cultures relocated and adapted to the New York lifestyle along with many more. The change caused revitalization of their food styles that can not only be found in restaurants and stores but the household.

History shows that Latinx people, who are all migrants and immigrants, make up a big portion of the American population. According to statistics, "Hispanics are the largest ethnic minority in the USA" making up 17.4 of the US population in 2014 and projected to increase to 28.6 by 2060" (Mondragon, 1). With such large numbers, researches have investigated the statistics concerning all aspects of Latin life here in America. A key concept Mondragon brings up is social determinants of health (SDH). This includes macroeconomics, cultural values, occupation, social support systems and more. It exacerbates external issues causing health problems like chronic stress, behavioral risk which in true effects biological processes. This stems from health inequalities that reach many subgroups of people. Mondragon states that "The most recent reports show that the leading causes of disease among Hispanics are heart disease, cancer, and high blood pressure, while the leading causes of death are cancer, heart disease and unintentional injury" (2). Most health issues result from nutrition also increasing obesity. 42.5 percent of Hispanic adults in the US are affected by obesity and these numbers are almost half children (2-19) making up 21.9 % (Mondragon, 11). This is a multifactorial problem being assisted by food marketing, food insecurity, income and food education. An article by Flores et al., "The Health of Latino Children: Urgent Priorities, Unanswered Questions, and a Research Agenda", states that Latino boys are the most overweight in the U.S. with Latina girls coming in number two more than any

other racial group (26). Due to documentation status, foreign- born immigrants may lack knowledge of resources or health literacy preventing them to acquire health insurance or even seek preventative care services. Mondragon provides insight on the fact that language barrier is also a major cause in misunderstanding and lack to seek/utilization of health care services. It is important for Spanish speaking people to be able to understand the information given to them. This makes navigation in society more difficult. In the USA, health care professionals are required by law to offer language translation and interpretation services to individuals with Limited Language Proficiency (LEP)—defined as "LEP language group that constitutes 5% or 1000 persons, whichever is less, of the population served." Title IV of the Civil Rights Act of 1964 states that if these actions are not taken, it is considered discrimination and those services can loss federal funding. There needs to be an increased demand on these reinforcements from the Department of Health and Human Services (Mondragon, 20). Health providers, jobs and even schools should have alternate routes such as language translations and interpretation services to make sure children and adults are comprehending and aware of the services/options they have available to them.

Diet related diseases are on the rise in Latinx communities because convenience- based foods are being substituted for traditional ones. Mondragon states that:

> Traditional Latin American diet used to give central stage to maize, beans, rice, and fresh fruits and vegetables, reserving the richer meat-based dishes for occasional consumption. However, the lifestyle changes associated with urbanization in Latin America and with migration to the United States have resulted in increased health problems like obesity, diabetes, and hypertension in the Latinx population. This situation has sparked a revalorization of traditional Latinx approaches to diet and health. (141)

Conditions such as time, occupation and reliability can make Latinx more dependent on processed foods. Middle class Latinx are at higher risk because mainstream US eating has made traditional styled dishes meant for gatherings

or holidays, a daily practice, resulting in weight gain. It is not that traditional Latinx dishes are unhealthy, it is the modernization of the food production and life conditions in the States that changes the value of food. The staple foods are nutritious high in vitamins minerals and proteins but it's the portion and preparation. The socioeconomic conditions control patterns and traditions of eating (142-143).

Assimilation and its Implications

It is a recurring theme that health barriers within POC communities are tied to cultural norms. The article "Latino Immigrant Acculturation, and Health" focuses on the connection between assimilation and health. Various themes within the research include interpersonal relationships, social environment, community, political and global contexts along with the challenges that comes with each. Focusing more on anthropology, sociology and psychology, the article explores how acculturation and health are connected to the 4 main Latin groups in the US- Mexican Americans, Puerto Ricans, Cubans and Dominicans. Looking at the history of Latinx in America, identity plays a big role in one's perception of wellness. Whether you are a first generation Hispanic or second generation, the "language use, acculturation, and diet… all exert differential health effects" (Mondragon, 8). Second and third generation seem to have a higher percentile in obesity being that they adapt Americanized ways of eating shared through familism. It's a cultural value that is connected to emotional support and can be reflected through familial traditions like eating in abundance, having mitigating health risks (Mondragon, 9). Portion sizing in foods and quality of foods differ from culture to culture. Knowing the origins of Latin American diet, it can be researched how behaviors and outcomes increase with acculturation like "smoking, alcohol use, high body mass index (BMI), and decreased consumption of low-fat foods and physical activity." Latin cultural norms and belief systems are in association with health and are directly linked to dietary issues such as obesity and diabetes. In a qualitative study body shapes and silhouettes were rated on a scale to show weight/body type preference. Abraido- Lanza states:

> Although overweight and obese women tended to endorse bigger body types, all women were aware of the societal norm in the United States indicating a preference for thinner bodies as the ideal. Whether these norms, in fact, deter Latina women from engaging in physical activity is not known, given the lack of research demonstrating that norms about body weight are associated with physical activity. (34)

An individual's exposure to the culture here in the US and how they have assimilated depends on their social groups and environment. This very well may impact one's priorities, values and health behaviors (physical activity). The article also researches Latinx experience with discrimination and how it can lead to poor physical and mental health. This has a direct correlation to substance abuse and poor dietary habits. This article also explores race and the concept of "socially- assigned race" or "ascribed race". What this means is that if a Latinx person can identify or pass as white than they are likely to have an easier time being social accepted which leads to good physical health opposed to those socially assigned "Spanish". Lastly, the article talks about how upward trajectory and assimilation transition can be beneficial for healthy behaviors. A study was taken that focused on life satisfaction, physical activity and dietary behaviors. The outcomes showed that lower unhealthy food consumption came from gratification through their good experience with upward assimilation. When thinking of the POC and Latin-x community in the Bronx, these frameworks have to be taken into consideration. Intersectionality plays a big role in the life patterns and opportunities that will manifest. It is all related and these environments, relationships and exposure all shape health outcomes. "Focus on the differing health profiles, demographic characteristics, immigration experiences, and policies affecting the various groups" is essential to improving the systems in place (Abraido- Lanza).

Education System

One of the main infrastructures that needs immediate attention is the schooling system and nutritional plans in NYC. This is where our youth are learning about the basic needs in life, what/how to prioritize them. This is

where they are instilled with certain values and habits that will continue throughout their lifetime. Especially for immigrant students transitioning to American life, this is where they become self-aware to the culture change and new styles of eating. The public education system in the Bronx happens to be one that is extremely underfunded. A lack of money flow doesn't leave much room for nutritious meal options, vending machine choices or even proper physical education courses. The City Limits article "Little Known About How Much Time Kids Spend in Gym Class" states "comptroller Scott Stringer released an extensive report that encompassed every school in the city. It found that nearly a third of schools lacked a full-time, certified PE teachers and that more than a quarter of schools lacked a dedicated PE space" (Diaby, 2017). Just because laws and regulations are set doesn't always mean they are followed. New York State requires children in Kindergarten through fifth grade to exercise at least 3 times per week. The article explains that "Principal Joseph at PS 304 in the Bronx states "he has a certified gym teacher and at least a "multi-purpose space with a wooden gym floor" for PE classes. But he tells City Limits that students in kindergarten through fifth grade only get gym twice a week—shy of the standard" (Diaby, 2017). Unfortunately, this lack of concern is not only reflected in the physical education curriculum but in the daily lunch meals as well. Strong argues that "Nearly half of New York City elementary school children and Head Start children are at an unhealthy weight. And across the U.S., children as young as 8 years old are on cholesterol or blood pressure medication" (Diaby). One then wonders, who is in charge of regulating and funding these meal plans. The largest and main public system of funding/policy making is New York City's Office of Food and Nutrition Services (OFNS) as well as the Department of Education (DOE). Feeding almost 900,000 children, it has an extremely underfunded- budget around 550 million dollars which leaves around $1.40 per meal. School is the first place that children are introduced to what an everyday meal is and the dietary choices they make today will create their habits for the future. In "Hunger and Malnutrition", Jere R. Behrman claims:

> The third pathway from malnutrition to educational outcomes is via capacity to learn, a direct consequence of the impact of poor nutrition on cognitive development described above. Additionally, a hungry child may be less likely to pay attention in school and, thus, learn less even if he or she has no long-term- impairment of intellectual ability.

There have been studies that have connected malnutrition or lack thereof to affecting one's cognitive functions. Since these children often do not receive the proper diet and macronutrients, it is reflected in their inability to learn and participate. This becomes a national health crisis issue which in turn leads to health care. If the government is underfunding these schools, they are single handedly feeding them the malnutrition and chronic health issues that can easily be avoided with just better prioritization. There needs to be more efficiency in regulating physical education. Also instilling stricter procedures that hold the Department of Education accountable for prioritizing the budget towards nutritious meal plans. Health and wellness is handled on a bureaucratic level that is thought about in terms of a dollar sign but for the people in these communities, especially the children, it affects them on a personal level. Especially for children that cannot get their food from home and are solely dependent on school meals, this creates a social justice issue around food insecurity.

Class Issues

In a society that has clear distinctions of a class divide, I wonder how the infrastructures in place restrict the Latinx community and their health in specific ways. Looking at this through an anthropologic lens, I came across an article that highlights some of the barriers Latinx people face. "Structural Vulnerability and Health amongst Latino Immigrants" author James Quesada addresses two main points of the whole article – "1) class-based economic exploitation and cultural, gender/sexual, and racialized discrimination; and (2) processes of symbolic violence and subjectivity formation that have increasingly legitimized punitive neoliberal discourses of individual unworthiness". This article is talking about the gender/ethnicity economic

implications that come with being POC. The infrastructures that are set in place especially the public health practices that are available are not equal nor prioritized. Secondly, there is a disservice happening when Latin American's, especially immigrants, are systematically forced to take bad jobs and work in hard labor that doesn't protect them. Even being native born or foreign born, Hispanics tend to take on high risk jobs that the average American would not. This exposes them to hazards and increased mortality risk: construction, domestic maintenance, repair, and manufacturing are among the few. This exposes them to several disadvantages and dangers that shed a light on what/ who this society prioritizes and how we as POC are subject to different forms of injustices. The article explores the dynamics of social exclusion stating that "the limits placed on citizenship play out on streets, and in fields, homes and clinics in the form of economic scarcity, food insecurity and hunger, exclusion from care, and restrictions on the professional autonomy of health providers" (Farmer, 2010). By doing this, the government is basically putting the wellbeing of the general public at risk with the denial of care and treatments. The goal is to raise awareness of the effects of social positioning, to allocate more resources to the disenfranchised and improve quality of care for POC low class citizens. Structural vulnerability poses serious consequences on Latinx migrants, both political and medical implications that arise with the lack of interest in advocacy. In order to improve this systematic problem, there must be recognition in order to reverse the retraction of health care access and prevent "the further criminalization of undocumented Latino immigrants." Another class disadvantage is hunger and exclusion, which the POC and Latinx communities face on a daily basis. Stemming from historical patterns, POC have learned to survive on the food that was made available to them, living off of the "leftovers" of the privileged. This common day practice of exclusion to resources and manipulation of options leaves POC stuck in the "less fortunate" class.

Gender Norms

Rodney P. Joseph's article "Barriers to Physical Activity Among African American Women" dives into other aspects of physical appearance more closely- family, gender, cost, lack of social support and more. Something I found interesting was how immensely relationships and gender roles can play into one's physical health. In qualitative studies, primary caretakers of the household have most of the responsibilities and are limited with their time. This leading to feelings of resentment, selfishness and "self-indulgence"; some African American women believe that time spent engaging in physical activity is valuable time taken away from tending to familial needs (Joseph). Research has actually been done and discovered that being a caretaker can affect ones physical and mental health. Not only is it a time barrier but for some women, exercise is a selfish act. Mansfield's article "Gender, Power and Identities in the Fitness Gym" touches on the same topic but focuses more on gender and how fitness affects femininity. The media plays a big role in displaying what is desirable and a "healthy" body. It is important to look at different cultural definitions of "healthiness". In America:

> Popular images of femininity are mediated through bodily representations of slim, tight muscles and the appearance of health, youth and vitality. Such images dominate (western) fashion magazines and health and fitness publications, and are commonly reinforced by personnel in the exercise, fitness, health, sport, and diet industries. (Mansfield)

In both Mansfield and Josephs findings, it seems that body image and insecurity about one's physical appearance are constant factors within this conversation, they seem to be both deterrents or motivators. Even Bailey touches on body image in his research, explaining the concept of "flexible cultural definition of healthiness" which in translation is the acceptance of having "meat on your bones." This norm can vary from group to group but when discussing POC ideals, it is normalized even celerbrated to be bigger, curvy or have a body shape that is not slim. He explores the different body preferences and types within the African American community, focusing more on curvier physics especially for women (Bailey 2006, 44-45). He conducts a

study using elementary, middle school, high school, college and professional adults in the ethnic communities to gain a better understating of diversity opinions of body image, size and preference. The results differ from each level but touch on different perceptions and internal conflicts. The one I found most interesting was that of the children in elementary. Among 969 students, it was found that girls have "higher health concerns, body dissatisfaction and thinner desired body shapes than boys." The results Bailey showed were that:

> African Americans females had significantly more overweight concerns than Asian Americans and Filipinos, and Latinas had significantly more overweight concerns than whites, Asian Americans, and Filipinas. White and Latina girls reported greater body dissatisfaction than Asian American girls. (2006, 49-50).

I found it alarming that young POC girls adapt a mentality at such a young age where they are already self-aware and self-conscious. It is obvious that body issues and weight concerns are common across any gender, ethnicity, age and class but African American and Hispanic girls need cultural emphasis and appropriate programs that provide empowerment and positive self-image development. Through careful observation and analysis, it seems that some constraints seem to be specifically linked to African American women of all ages. Concerns about haircare maintenance or not wanting to lose one's full figured body shape are just a few examples. There needs to be more informative and encouraging incentives for POC women such as providing methods on protecting hair from the negative effects of sweating or how physical activity will not change one's body shape drastically unless diet and other components are changed. The health benefits on physical activity need to be highlighted, explaining how it can help decrease chronic diseases, help manage stress, etc. instead of focusing on how it will negativity impact one's superficial exteriors.

Physical Activity

Do African Americans have a different view of exercise and physical fitness than other Americans? Joseph makes a correlation between African

American women and their health conditions associated with the lack of physical activity. The main purpose is to identify and examine the barriers that affect physical activity and how they promote certain health disparities. The U.S. Cancer Statistics Working Group outlines these disparities:

> Given the low PA [Physical Activity] levels of AA[African American] women, it is not surprising that this population is disproportionally burdened by a myriad of health conditions associated with insufficient PA; including colon cancer, type II diabetes, obesity, and cardiovascular disease. (Joseph)

The main goal is to develop an adaptable, culturally flexible approach that resolves health disparities in this population. "Barriers to Physical Activity Among African American Women: An Integrative Review of the Literature" explains the ways that intrapersonal barriers (individual characteristics), interpersonal barriers (social influences) and community/ environmental barriers (public policy) classify the main social ecological obstacles to physical activity. They use scientific methods and studies to examine behavior and influence. They studied different women living in various parts of the country in order to compare them. Tiredness/ fatigue, lack of knowledge and prior health conditions or concerns are 3 main focuses of this study with African American women. In another study by Bopp et al. explored the relation of chronic health conditions to physical activity (PA) among participants, showing that as the number of chronic health conditions increased, PA decreased" (Joseph). There seems to be a sense of fear in taking initiative and doing physical activities if there are already existing health issues. Studies have been done for Latin women as well reporting "significantly more overweight concerns than whites and Asian Americans" (Bailey 2006, 50). The Latino Immigrant Acculturation and Health article also studied gendered culture norms and found that "Latinas consider vigorous exercise and sports as being activities for men" (Abraído-Lanza 32,62,75). The view of diet, physical fitness, body image is different than European Americans. This is reflected in the 68 percentile of Latinos that report lower rates of PA than any other ethnic groups (Bailey 2006, 87). Concerns such as mental capability and overall stress play a

big role in this view. Simply put, physical fitness and diet have to be integrated and viewed in totality.

Bodegas

It all begins with nutrition and the access to healthy foods in our neighborhoods. The streets of the Bronx are filled with little corner stores called bodegas. Janer states that “Bodegas supplemented La Marqueta with the convenience of a corner store that also extended credit and cashed checks… sold dry goods and also served informally as community centers” (Janer 15). These are sometimes meant to stop by, get a quick bite or for others is their main source of groceries. Janer also says that “In 1936 Prudencio Unanue founded Goya Foods, which sold rice and beans in bulk… supplied bodegas with a wide array of foods for the Puerto Rican table…” (Janer 15). The Bronx Health REACH coalition has a specific agenda which is to get the attention of the New York City Council in order to institute policies that require and support the access to affordable health food in bodegas and corner stores. For many of the local patrons, bodegas are their main source of food, especially for low income communities like the Bronx. Since bodegas are so ubiquitous, people are beginning to demand affordability with access to fresh foods. The Bronx Health REACH states that “The NYC Department of Health and Mental Hygiene on the food environment of the Crotona- Tremont neighborhood of the South Bronx, 77% of the food retail stores in this neighborhood were bodegas.” This highlights the South Bronx as one of the boroughs that has the greatest health disparities and shows that access to healthy fruits and vegetables is limited. On the Robert Wood Johnson Foundation County Health Ranking Report, out of 62 counties in NY state, the Bronx is ranked number 62 in negative health outcomes over the past 9 years; “This goes hand in hand with a health survey taken in 2017 by the NYC DOHMH Community Health Survey that “32% residents are obese, 36% have hypertension and 16% have diabetes…” (BronxREACH). The REACH coalition expresses the need for policies and bills to lower the price of healthy foods in bodegas and make nutritious foods more

available. “The Bronx Bodega Partners Workgroup collectively work with 54 stores in the Bronx helping them to procure, sell and market healthier food and beverage options” (BronxREACH). To achieve food equity, NYC must pass bills that address consumer demand as a necessity. The predominance of convenience/corner stores in low income neighborhoods creates large disparities in food options which aid the health epidemics in this communities. This all has to do with marketing tactics in bodegas, the supply and demand of the costumers themselves, enforcing incentives to buy healthy options and pricing changes.

Jere R Behrman’s article, “Hunger and Malnutrition” takes another approach. He studies how income and malnutrition are connected. This article talks about the entire process from the production, distribution and exporting of a product and how this all reflects in the quality of the food supply. The constraints that certain households face including welfare is also discussed as a huge correlation to the two. Behrman goes deeper into the breakdown of food as energy and how that shows in productivity and physical activity. He writes “low energy intakes can reduce productivity creating a vicious circle in which poor workers are unable to generate sufficient income to obtain sufficient calories to be productive” (Behrman). This shows that the hardships of POC are all connected starting with the food that is shipped to our neighborhoods, only giving us a small selection of options based on what we can afford. Welfare and government assistance is an interesting avenue when talking about accessibility. Even with EBT cards, the money people receive from the government is regulated, therefore limiting how much and what you can spend it on. Poverty, hunger and malnutrition are linked through the systematic design to keep low class people and POC in a cycle of deprivation.

Food Accessibility/ Scarcity

Food accessibility and/or its scarcity has become extremely prevalent, especially in recent times. I have mentioned the importance of bodegas and corner stores in the Bronx and their contribution to the less fortunate. Just by residing in the Bronx, there is additional limitation put on the food you have available or the food retail locations in your vicinity. According to "The Grocery Gap" by Sarah Treuhaft and Allison Karpyn, the Bronx has the highest rate of hunger in the country, making it an official food desert. A food desert is an area where there is "little to no access to healthy, affordable food". During this COVID-19 pandemic, there has been a lot of focus from the media and a bit of mayhem throughout the city when it comes to food accessibility. The government has ordered all restaurants, delis and nonessential businesses to close down, cutting the access to food in the Bronx. This event has caused people to take extreme measures to overly stock up on what they can. Given that there is only one main supermarket in Pelham Bay, closing bodegas, delis and corner stores has initially made it harder for some families to get food resources. Even in general supermarkets, they are controlling the amount of people that can enter, struggling to re-stock the shelves, raising prices of priority foods and leaving people with lesser options. This matter has definitely impacted different class groups financially, restricting what they have available and constricting what they are allowed to buy due to the rise in prices. These food deserts are not accidental- government policies have a lot to do with location of supermarkets, products provided and even the pricing of those items. Local, state and national level policymakers have the power to prioritize the food agenda of these areas but choose not to. The article "Supermarkets Fear Supply-Chain Shortages as Coronavirus Spreads" states that "shortages could be particularly acute in New York because so many of the grocers, including Agostino's, Key Foods and Westside Market, are independent or family-owned and rely on outside wholesalers" (Pascus). Keyfood is the main supermarket in my area located 2 blocks away. This supermarket, at the moment, is very limited in its merchandise and has implemented different

buying restrictions that limit shoppers from leaving with more than 1 quantity item of food. This can be hard for the families that have more heads in the household. Pascus reports that "Some industry experts worry that stores relying on outside wholesalers eventually will encounter supply-chain interruptions because of the uncertainty surrounding the duration and severity of the epidemic."

For some, global crisis' like this has a trickling effect on the poor. Especially people using government aid to help with grocery shopping, a scarcity in food can constrict families from having access to any food at all. Having a limit or threshold of what you can and cannot purchase, makes it ten times harder to feed your children when the bodegas are closed and supermarket shelves are empty. Food deserts not only harm the people but the negative impacts span across the board to business, economy and equity. Melesi says " … the ability to find healthy food due to a lack of access to full service supermarkets and farmers markets, which are all made readily accessible in more stable communities; when healthy food is inaccessible, illness may follow" (6). In New York City, there are many departments that are involved in the process of providing food to the public. The Department of Health, planning, housing, zoning, economic development and the Mayor's office all take a part when it comes to implementation of financing incentives (Treuhaft 22). Opening more fresh food retailers in the Bronx would not only create more job opportunities but raise local tax revenues. It would revitalize housing markets, encourage new business in the surrounding area and even boost the local economy. (Treuhaft 19) This is not only a Bronx issue but should be a state and national concern.

Gym Facilities & Corporations

Jarett Murphy's and Katherine Guerrero's City Limits article, "Bronx Lags Manhattan in Exercise Rates ... and Gyms," highlights important statistics about Bronxites who participate in physical activity. The reading states:

> The relative lack of exercise in the Bronx contributes to the borough's overall health status: Nearly 70 percent of Bronx residents in 2013 were either overweight or obese, the highest level in the city. Self-reported rates of diabetes and high blood pressure also led the boroughs. (Murphy, 2017)

In this piece, the writer's talk about how the Bronx is the city's poorest borough. This is then reflected in the financing that goes into providing fitness facilities in these neighborhoods. The same tax incentives that sway corporations to place certain food retailers in particular neighborhoods applies to gyms and recreation centers as well. These businesses are constructed to reap maximum benefits with minimal care for the establishment, product or customer. Government funding is needed to keep public recreation centers afloat and the Bronx only has 6. Even though the membership fees are low, the quality of the facility, equipment, services, activities, employment and open hours, is even more dependent on government financing. The CityLimits article sheds a light on the lack of gym facilities in the Bronx. For starters, New York Sport Club has 37 gyms in Manhattan, eight in Brooklyn, six in Queens and one in the Bronx and Staten Island. Aside from the lack of gyms also come the facility fees. Plant Fitness for one has made the most profit and business within the Bronx because of its low cost but then there is the issue of needing a credit card or bank account to make the monthly payments. The money it takes, the time and the transportation to even attend a gym or a recreation center may not even seem worth it to some. Murphy finds that "A City Limits review… of eight major gym chains—Crunch, Curves, New York Sports Clubs, Planet Fitness, Lucille Roberts, Bally's, 24-Hour Fitness, Powerhouse and Gold's Gym—found that there were only 23 chain gyms in the Bronx compared with 71 in Manhattan." The thought of accessibility starts to be a recurring theme and whether or not these places are strategically constructed and developed with the needs of the community members in mind.

This article is part of a public health series called "Access to Exercise in the Bronx". From personal experience working in XSport Fitness, I had to deal

with many complaints about overcharging on cards for membership fees, yearly fees, afterhours guest fees; it was quite ridiculous. At times, I would let people pass, if they came in 5 minutes after 9pm but after that if you were not a member, you had to pay a $20-dollar daily fee… for a 45-minute workout. According to Murphy:

> Bronxites told City Limits that cost is not the only factor that matters. Manner of payment is also an issue, according to Alyssa, 40, "I live down the block from the Planet Fitness on Castle Hill Avenue but I cannot attend because I don't have neither a bank account or credit card for the monthly payment although I [could] pay in cash." (Murphy, 2017)

I have seen firsthand the abuse of corporate power when it comes to letting members sign up, how age is involved with bringing guest, how they market and advertise to get you to pay the highest price for access to the gym, and how even the "free parking voucher" doesn't validate. Unfortunately, there are many different variables that may limit Bronxites from using recreational centers but a lot of it has to do with corporate regulations especially the exclusionary prices. The power comes from above and when members try to call the corporate number regarding over-drafted payments, they are never available--surprise surprise. Even when members terminate their memberships, they may still be charged months later because of misplaced paperwork. As a front desk employee, the go to line specifically instructed from management was to "keep calling, corporate handles everything".

The Regulars

Being immersed in XSport fitness as a front desk employee, I had the opportunity to witness and converse with many of the members on a day to day basis. There's a lot that you see and hear from people that brings you into their lives. There was this one particular experience that I had that I will never forget. The day I realized that a gym is not only a gym to some but a real escape, a home. I was made aware of the privileges that some have and the struggles that others face.

I see people come and go every day. The same faces, the regulars. They come in with their duffle bags and their shaker cups, ready to work. Others just come to ball. Some just come to socialize. Few come once and a while. But the regulars never miss a day. Mondays are crowded and busy. Everyone is starting a new, Tuesdays are just the same, but you can tell that we are missing a few. Wednesdays, there's a shift, the gyms a tad bit emptier. Then Thursday they trickle in two by two. But Friday's oh Fridays that's when the hallways are empty, the same endless Spotify playlist looping on the speakers, the weight room silent, just the sounds of sneakers squeaking on the glazed hardwood floor. The same teenage boys come to play basketball, day in and day out, them I can always count on. Saturday and Sundays we might as well be closed; why are we open 24/7, 365 when the weekends are a dead zone? But without failure I see the same faces, the regulars, no matter what day of the week, rain or shine, weekend or weekday, they come and they're ready to work. We talk to the regulars, while we make their shakes or they're drinking they're pre, we get to know them. Find out what they do for a living, where there from, what their goals are. Everyone's story is different but the goals are usually always the same… They never give up, the regulars... There is this one boy though. 5 foot 7, dark skin, slim and slender. Probably around 15-16, just another annoying teenage boy to me, always asking me for a free cup of ice but his kind, has a gentle smile. The funny thing is, I never see him check in. He spends the whole day at the gym, always playing ball but his always appearing, never leaving. I'll come in for a shift at 6pm and his still there when I clock out at 12am. After a while I had to ask my coworker Edwin, who is this kid? Is he a member? My coworker tells me that his homeless and that he lets him slide through most days. All the guys on my staff hold it down for him and tell me to keep it on the low. They buy him food and give him free protein shakes too. A gym has a 100 members and after a while you learn to keep track of all the faces, but

why did he stand out to me if he was a "regular" too? Everyone has their own story, everyone comes and goes but the gym is more than a gym to some. The gym can be a pastime, a means of survival or even an escape. It's a place of understanding pain and struggle. It's a home, metaphorically to the regulars and an actual home to some... It's been a while since I've seen this boy, I hope his doing well. I don't know what happened or where he went but our doors are always open 24/7, 365 a year. Even on the weekends when we should be closed… I know we stay open for the select few that need us, that depend on us, the ones that call the gym their home, the regulars.

In the above, I wanted to evoke the same feeling that I felt in that moment when I realized that everyone's situation is different. The Coalition of the Homeless piece reflects the statistic that "African-American and Latinx New Yorkers are disproportionately affected by homelessness. Approximately 57 percent of heads of household in shelters are African-American, 32 percent are Latinx, 7 percent are white..." This boy's situation is not uncommon in this area of the Bronx. There are many people in the Bronx who are displaced and homeless due to environmental factors- money, lack of housing even violence. Even though it goes against company policy, a membership gives people a shower, bathrooms, access to private rooms with massage beds and its 24/7. If companies turn to electronic payments only, this creates another boundary of accessibility for people that don't have the financial capital to open a bank account or electronic cards. Working here, I have learned that getting a gym membership and paying it in cash every month allows someone the opportunity to not be on the streets.

This piece opens up the conversation to homelessness and safety in the Bronx in a unique way. One anonymous testimony from "City Voices: New Yorkers on Health" notes that:

> Safety is a big component that sometimes people don't think about with social determinants. Safety from violence; that you can go to the park

> and you are going to be safe and that your kids are going to be okay playing outside. … You have to feel safe in your environment. I think that's lacking in ours. (Fisher)

Without recreation centers or indoor gym facilities, unlike living in the suburbs, the outside environment in the city can pose unsafe conditions. Traffic, lack of sidewalks, bicycle lanes, homelessness and crime can be a deterrent in wanting to go outside or for that matter even exercise. City parks at night may not be as safe as in suburban areas like Westchester or even just working out in your home- the sizes of the apartments and family members are drastically different to other neighborhoods. In other communities, some may not have to think twice when taking a late night jog but others, especially in the Bronx, don't have that privilege. I myself have personally experienced a stalking incident at the Pelham Bay Park in broad day light which has recently prevented me from returning to work out there. Prior to that event, me along with a few others were exercising and noticed several police cars patrolling around for no apparent reason. This made me think of my research where safety, regulations and police surveillance in POC communities are always a factor. I wonder whether this was just another act of surveillance meant to be a deterrent or if it just comes with the territory so to speak.

Urbanization

It is not an underestimate to say that urbanization, not only in the Bronx, but all over the world creates issues for health and health care. Looking at the bigger picture, there is an interconnection when it comes to gender, health and urbanization (Meleis 2). Urban areas such as the Bronx have always been dictated by which parts are "safe" or which are not. Location and how its designed determines the style of living for its occupants and community members. The physical capital of urban areas is "characterized in terms of walkability, transportability, aesthetics, and safety" (Meleis 4). In the Bronx, safety and walkability are two main factors that individuals have to consider when leaving their homes. If attention to safety is not emphasized in design of these areas, it produces increased weight related issues and poor health risks.

Researchers highlighted two major factors: (1) lack of safe parks and open spaces, and (2) lack of physical education in schools (Bailey 2006, 87). Urban design needs to take into account the people that live in their region, the resources that they need and specifically tend to gender needs as well because women's health is unique. Health programs, health policy and law all supplement in how one approaches and views the health care system in its entirely. The unique characteristics of urban environments do have impact on the wellbeing of the population. Researchers argue that even women are more at risk being due to the gender divide and specialized women services. Another factor to consider is poverty and how economic inequities exist within urban cities, "Economic poverty is associated with environmental poverty" (8). Increased stress and burdens make people more vulnerable to neglect their health therefore being susceptible to malnutrition. It is a reflection of their political stance on wellness as a whole. How they consume the information from health care professionals leading to what everyday actions they take at home all rely on the structures in place and comprehension of the situations at hand.

COVID-19 in the Bronx

A perfect example of how health, wellness and inaccessibility are demonstrated through a cultural perspective is during the time of the COVID – 19 (corona virus) pandemic. The correlation between this research and the outbreak ties into the discussion of wellness. There has been a dramatic shift in the Bronx and other boroughs as well when it comes to health and fitness. At this time, there has been a stay at home quarantine mandated by the government for New York State. This limits outdoor access and only permits exposure for essential needs – service workers (essential jobs), exercise, food shopping and medical supplies. For the last couple of weeks and the time being, it is recommended that people be restricted only to their houses and to practice social distancing. During that time, people can become bored while being confined to their houses, giving them more free time. There has been a rise in

park gatherings especially groups of people coming together for sports, outdoor play such as basketball, baseball or just to workout. I myself have witnessed the excess amount of people in the park during this time, trying to find a mental and physical escape from this chaos. Since people are not working and kids are not in school, there has definitely been a rise in physical activity and an awareness in health and fitness. Governor Como had a few words to say about these gatherings - "This is not life as usual," he said. "This is just a mistake! It is a mistake. It is insensitive, arrogant, self- destructive, disrespectful to other people, and it has to stop and it has to stop now" (ABCNY). Looking at these circumstances from a cultural studies perspective, the new found freedom is forcing people to become creative, engage in physical activity and either ignore/be aware of their health whether it abides or goes against social distancing protocol. People are starting to find outlets for prioritizing their well-being more than ever before. Thinking about this shift in an anthropologic sense, since there are no more burdens of long working hours and more free time, families have time to prioritize their own needs and their over wellness. This can also be a negative factor, medically and economically for low class people especially POC in the Bronx.

As of April 3rd there have been about 10,765 cases in the Bronx. The Bronx has always struggled with issues- low life expectancy, asthma and diabetes. Councilmember Ritchie Torres noted "those infected with coronavirus die at a rate three times higher than those who live just a river away in Manhattan… Manhattan has more people but the Bronx has more than double the fatalities from COVID-19." Experts say it's likely the Bronx's elevated death rate is tied to common health issues linked with coronavirus complications. Public Advocate Jumaane Williams, Torres and Councilmember Vanessa Gibson, are all raising awareness for the lack of testing available in high risk areas. They point attention towards the vulnerability of these populations all across the Bronx and how there is no testing sites nearby. President of the Institute for Family Health- leader of the Bronx Health REACH coalition, Dr. Neil Calman

states:

> If you have a background of inequality, whether it's social determinants, access to health care, or anything else, and you throw a virus on top of that, what you're going to get is exactly what we have, which is people who start out poorer and sicker and are going to get sicker. (ABC)

Especially considering the 400,000 + public housing and coop areas that can be incubation centers for virus and disease. Economically, the repercussions are just as bad. Many workers have lost their jobs and may not be receiving compensation. The filing claims for unemployment have significantly raised and I wonder how this is effecting different social groups. The average person only has one stream of income, if that, and now in these circumstances it may be even harder than before to provide the basic needs for one's family. Essential workers are highly exposed to the daily dangers of the virus, people who don't have cars as well are forced to take public transportation (MTA) or buses. This pandemic has made people more aware and raised their consciousness to all aspects of health, wellness and socioeconomic living. It's interesting to me that it takes a tragic event like this to raise overall self-awareness of health and lifestyle conditions.

Social Media & Its Influence

One main reason people in underprivileged neighborhoods are reluctant or misguided is because they aren't getting the right information. The main outlet of information that our generation highly depends on is from social media. Instagram, Facebook and may others are full of advertisements which can at times be disguised through the use of influencers. The ability to connect and gain the "trust" of followers by just being likeable or appealing gives them leverage to market products and information regarding the health and fitness industry. Unfortunately, it may not always be accurate or be in the viewer's best interest. Social media revolves around body image and how its perceived and consumed is what determines its success. There is also the question of what is a healthy body? "Healthy bodies are … associated with youth, beauty and sex appeal. There is a distinct value placed on the healthy body… conflated with

ideals of success, discipline, (sexual) pleasure, and longevity. For many… hallmarks of high status and value individuals" (Mansfield). It's ironic how African American and Latinx women carry a biological/historical trait of having fuller bodies, many times being shamed for them and American culture has slowly appropriated these bodily "goals" through social media. This anxiety about what constitutes an ideal body, the constant change of what's "in" and what's aesthetically pleasing is how the market thrives. Capitalism feeds off the consumer's insecurity. Instagram and other social media platforms allow users to perpetuate different fads and trends that people start adapting into their everyday lifestyle because its "sold" to be quicker, easier and a less expensive alternative. They think that this will be a short cut to achieving their goals. This not only affects the people of the Bronx but people from all walks of life. People look up to these "influencers" because they are famous, have a big following or are attractive, they believe anything they see or say online. The pressure that social media places on the viewer can be immense- making them think they have to look a certain way or buy the latest supplement to achieve their "best" self. This can have detrimental effects on how someone perceives food or even themselves. Many people already have a lack of knowledge about health, fitness and nutrition and they end up getting guided in the wrong direction. At the end of the day, most people are just trying to advertise a product and they don't really care about their consumers. The consumer might think that these "hacks" like waist trainers and fit teas are cost effective but in reality they can be harmful, to their finances, mental health and physical health as well.

With the ample amount of down time people have now during this quarantine, there has been an increase in the use of social media. Whether it be Instagram, YouTube, or Zoom, people are taking to the internet to find motivation for their fitness journeys. There have been different challenges trending meant to incentivize people to get up and move around. With all the workout trends including people that you know, I'm finding there is a new

found sense of community. This online presence is even seen in the influx of personal content people are creating using home workout videos and home cooking meals. There are different companies, studios and businesses revolving their exercise agenda through video chat workout sessions as well. Through this rough time, the social media wellness community has grown more than ever and it has a direct correlation to my focus of time and access in the Bronx. ABC News reports "To make up for it, Planet Fitness started "Home Work-Ins," a series of free, 20-minute classes that don't require equipment. Erica Lugo, a trainer on the reality television show "The Biggest Loser," was scheduled to lead one of the workouts." Different companies are using this time to maximize on their online present trying to provide workouts and information for the public. This is the first time in a while where people on all levels (political, corporation, familial) are coming together with strategies to make this lifestyle inclusive for all.

Collected Testimonies

No matter how much data, statistics or information is collected, the perspectives that matter come from the Bronx community members themselves. Health and fitness can be studied from many angles but one can only gain perspective and understanding from listening to the stories of the people affected. I have personally collected testimonies from two people that attend XSport fitness and that also reside in the Bronx. I have asked both of them a few key questions that shed some light on their situations and lifestyles. The questions were

1. What is your fitness or lifestyle goal? (can be however big or small, whatever is most important to you).
2. Why do you or do not exercise?
3. What factors stand in your way from achieving your goals? (financial, etc)
4. On a level of 1 to 10 how easy is it for you to eat a nutritious based diet and engage in physical activity?

Jamel Archer is 29 years old from uptown Bronx, 241st. He is in the medical field currently working in a hospital. His response to question 3 was quite empowering. He said "no factors stand in my way to prevent me from reaching my goals as long as I stay consistent and patient and I trust my process". For someone that works long, grueling hours and is always on his feet he still finds a way to make time for himself. "On a scale of 1-10 it is very easy for me to eat a nutritious based diet. I have already trained my mind too after being vegan for 2 years going on 3. The acquired taste that may taste unusual is very usual since I have done my research to prep food the way that I will enjoy it." Jamel takes the little time that he has to prepare his food at home and has found a way to navigate and prioritize his dietary needs. Another testimony that I had collected was from an XSport coworker. Justin Estrella is 21 from Morris Park. He is a full time student at Mercy college and works for the sales department in XSport fitness. He has recently started a new journey and has acquired a deeper understanding for nutrition. Justin explains his lifestyle choices by stating:

> My fitness/lifestyle goal is to prove to the ignorant you could be a vegan bodybuilder. Not the competing bodybuilder type where you're putting on huge amounts of mass but to gain weight, put on solid muscle, and have an aesthetic look through a plant based diet. For this reason, I exercise intensely 5 days out the week. The only factor that may stand in my way is my social status. Being a Bronx native, it is extremely difficult to get a nutritious meal around our neighborhoods as you may know. Therefore, home cooking is very necessary especially with the path of lifestyle I chose to live. Becoming a vegan and exercising the way I do is very easy for me. I have trained my mind and body over the past year to prepare myself for this lifestyle not only did I take time to prepare myself mentally, I've done tons of research as well. Through this, I am mentally and physically disciplined when it comes down to my health and any types of goals I want to accomplish.

These are just two personal testimonies that I have acquired from Xsport members in the Bronx but here one can see, two people with different occupations, ages, external factors still find a way through all the barriers set before them. I am not quite sure if they are aware of their own obstacles

(personal or environmental) because at this point it sounds to be quite routine, as a part of their life.

Although I had intended to include many more testimonies, these two individuals bet the odds. Even though my research is about the ones who struggle, these two exceptions prove the role. Both Jamel and Justin are the epitome of perseverance. They both thrive on a plant based diet and choose to stick to an active routine, no matter the circumstances. It takes extreme motivation and dedication to sustain that lifestyle day to day. Both being men of color, one African American and another Puerto Rican, they had to break away from their cultural eating habits in order to commit to their wellness. The entirety of my research sheds light on the roadblocks that hinder POC from accomplishing this kind of lifestyle so it makes me consider the positionality in these individuals lives. They are unique exceptions because even in low class neighborhoods like the Bronx, there still may be some POC who have privileges over others. Having a job, a car, an education, being male even being single or living at home with parents gives these two people advantages that allow their chosen lifestyle. I was drawn to these people because their choices said a lot about their outlook on life. Their stories and reasoning was appealing to me because I could subconsciously identify with them. My outlook and potential biases about the simplicity to adjust and adapt healthy habits is due to my small privileges as well. I was made aware of this from reflecting on my upbringing- being enrolled in private schools in the suburbs, doing afterschool teams/activities and having a family car to drive 20 minutes to Whole Foods. These were all due to my mother’s life choices and sacrifices to put my wellness first. I quickly learned that privilege was power- learning from others that have financial/social capital, education and one’s environment. A person’s development and familiarity with ideas about health/wellness comes from their everyday life. These testimonies are important because they enforce my understanding that a healthy lifestyle is a choice but based of this research, for some, it is not even an option.

Mia from the CityLimits article is a different example, someone who expressed the difficulties they face on a day to day basis. Murphy states:

> And time is the biggest obstacle for Mia, a 21-year-old. "I am both a full-time student and employee. Every day I wake up and I have to go to class immediately followed by work. I spend about two to three hours on public transportation on my daily travels from the Bronx to Manhattan. By the time I get home, which is usually 11:30 p.m. or 12 a.m. there is nothing left of me but hunger and tiredness. It's nearly impossible for me to find time to attend the gym between my daily and social life. I can barely catch the supermarket open. (Murphy, 2017)

From my two collected testimonies, I could tell both in person and now being transcribed through text, the emotional affect is present. One can determine that these lives have been changed through health and fitness. No matter who you talk to, there will always be a story but in the end, these stories need to be heard in order for action to be taken.

Conclusion

Evaluating all the factors and limitations that people face in life, it is apparent that POC and Latinx in low income neighborhoods like the Bronx are at a disadvantage when it comes to their health and nutrition. Whether it may be from cultural diffusion, local food establishments, the schooling system, recreational centers or a national pandemic, there always seems to be something that holds minorities back from living a healthy active life. It can even include exterior factors such as genetic family history or social influences, things outside of your control. I wanted to highlight the concrete information, data and studies of the people while connecting their stories and point of views. My goal was to correlate my ethnographic work with the proper theoretical materials to display the bureaucratic influence and how it suppresses the growth and betterment of the disenfranchised. I believe it's important to consider the culture when trying to understanding the framework of today's societal view on health. Culture is learned but it can be adaptive as well. It shapes the association between health and the individual.

In the end, the only way to create change is to challenge the higher power's by bringing these issues to the attention of our politicians, our community representatives, encouraging our own community and each other to do better. POC and Latinx being denied in any way due to racial inequality is a form of structural violence. These injustices need to be viewed and valued as real issues from a political standpoint in order to effect any real change.

My personal recommendation to city and state policy makers would be to use the collective space and money given to bodegas, convenience/corner stores and allocate that to break ground on better fresh markets/supermarkets. I would request adequate funding for schools to improve nutrition, PE programs and overall health education. I would also incorporate women empowerment programs such as Girls Inc. that specifically reach out to POC in schools to support and teach young women life skills such as how to handle societal pressures and complexities of body image. Lastly, I would make a stipulation request with all gyms, recreation centers, medical facilities or essential businesses that they cannot avoid development in certain neighborhoods based on demographics. While finally applying for more state funding to devote to park restoration, urban safety and environmental urban planning. Without gentrifying or displacing residents, the state should make it a priority to upkeep its neighborhoods and cities. Urban revitalization only happens when the residents are involved in the public planning process. This research is important for everyone, this generation, as well as the ones in the future, in order to keep our society and humanity going. Especially in times of crisis, there has never been a greater emphasis for self- care, awareness and overall wellness. We must be healthy in order to live on, but that should not just be a privilege for the white and wealthy, it should be a right accessible to everyone.

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