

Equal Access to Safe Baby Products?

Why Bisphenol A (BPA) Is an Issue of Health Equity



What is Bisphenol A?

Millions of babies and toddlers are being exposed daily to the harmful chemical bisphenol A, or BPA. This synthetic estrogen can be found in plastic baby bottles and the lining of food, beverage and infant formula containers. It can leach out of the plastic or can lining, entering the food and ultimately people. While some manufacturers have discontinued its use, BPA is still found in a wide variety of products.

Why is BPA an Issue of Health Equity?

Access: Some big-box stores like Wal-Mart and Babies-R-Us sell BPA-free baby products, but not all families can easily access these stores. Families in urban low-income communities often rely on small corner markets and dollar stores for various provisions, including infant formula, baby bottles and sippy cups. Inventory in dollar stores often consists of buyouts and overstocks, along with low-cost items bought from Chinese and Mexican exporters.ⁱ Consumer Reports reporter Tod Marks stated that these stores are “notorious for selling cheaply made items that may not meet safety standards, from lead-laden toys to unsafe extension cords to poorly made batteries that leak” and that it is best to avoid purchasing children’s product from dollar retailers.ⁱⁱ These stores are also less likely to carry newer BPA-free products. As a consequence, children in communities that rely on dollar stores and small corner markets for infant formula and baby products may be at higher risk for BPA exposure.

Exposure: Statistics show significant disparities in breastfeeding rates by race and income—known as the “milk gap.” Poorer women and women of color have lower rates of breastfeeding than their more affluent and white counterparts.ⁱⁱⁱ Researchers have consistently documented lower breastfeeding initiation and duration rates among African Americans, teenagers and low-income mothers.^{iv} Mothers who do not breastfeed or who use limited breastfeeding rely on baby bottles and formula to feed their children. Research recently found that the most important pathway for infants to be exposed to BPA was through polycarbonate plastic bottles.^v Research also uncovered a relationship between household income and BPA exposure, showing that people with the highest BPA exposure were from the lowest income groups.^{vi} ^{vii} A study by the Environmental Working Group looked at 10 randomly selected cord blood samples from minority populations and found that nine tested positive for BPA.^{viii} This shows that across all ethnicities there is widespread BPA exposure. Other research has found that BPA levels are highest in non-Hispanic Black Americans and in women.^{ix}



Information: Because information about BPA is mostly in English, and because many healthcare providers, social workers and community health workers are not informed on the issue, there is a lack of knowledge in low-income communities about BPA-related health concerns. As an example of the problem, when the Food and Drug Administration released recommendations for reducing exposure to BPA, including not washing BPA-containing bottles with harsh detergents, it only provided materials online and in English.

The Breast Cancer Fund works to identify and eliminate the environmental causes of the disease.
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Cumulative Exposures: Low-income children and children of color are more likely to live in the most polluted communities, thus increasing their overall exposure to toxic chemicals. Reducing their exposure to BPA through baby bottles and food containers is a small but important step toward reducing this toxic burden.

ⁱ McGrigg, Kim. "Do You Get a Deal at the Dollar Stores?" Blogging for Change. Money Management International, July 14, 2009. Accessed from: <http://www.moneymanagement.org/Community/Blogs/Blogging-for-Change/2009/July/Do-you-get-a-deal-at-the-dollar-stores.aspx>.

ⁱⁱ Marks, Tod. "When Was the Last Time You Shopped at a 'Dollar' Store?" Consumer Reports.org. Money Blog. May 14, 2009. Accessed from: <http://blogs.consumerreports.org/money/2009/05/when-was-the-last-time-you-shopped-at-a-dollar-store.html>.

ⁱⁱⁱ J. Cacilia Kim. "Breastfeeding: Natural Protector Against Swine Flu". We News, August 7, 2009. Accessed from: <http://www.womensenews.org/story/reproductive-health/090807/breastfeeding-natural-protector-against-swine-flu>

^{iv} Lee, H. J., Culhane, J. F., Elo, I. T. and McCollum, K. F. 2003-08-16. "Racial and Ethnic Differences in Breastfeeding Initiation and Duration" Paper presented at the annual meeting of the American Sociological Association, Atlanta Hilton Hotel, Atlanta, GA 2009-05-26 Accessed from: http://www.allacademic.com/meta/p107280_index.html.

^v von Goetz, Natalie, Wormuth, Matthias, Scheringer, Martin, Hungerbühler, Konrad (2009). Bisphenol A: How the Most Relevant Exposure Sources Contribute to Total Consumer Exposure. Risk Analysis: An International Journal, DOI 10.1111/j.1539-6924.2009.

^{vi} LaKind, Judy S., Naiman, Daniel Q. "Daily Intake of Bisphenol A and Potential Sources of Exposure: 2005-2006 National Health and Nutrition Examination Survey. Journal of Exposure Science and Environmental Epidemiology, DOI 10.1038/jes.2010.9.

^{vii} Calafat, Antonia M., Ye, Xiaoyun, Wong, Lee-Yang, Reidy, John A., and Needham, Larry L. "Exposure of the U.S. Population to Bisphenol A and 4-tertiary-Octylphenol: 2003-2004. Environmental Health Perspectives. Jan. 2008 116 (1): 39-44.

^{viii} "232 Toxic Chemicals in 10 Minority Babies." Environmental Working Group. 2009. Accessed from: <http://www.ewg.org/minoritycordblood/home>.

^{ix} Calafat, Antonia M., Ye, Xiaoyun, Wong, Lee-Yang, Reidy, John A., and Needham, Larry L. "Exposure of the U.S. Population to Bisphenol A and 4-tertiary-Octylphenol: 2003-2004. Environmental Health Perspectives. Jan. 2008 116 (1): 39-44.