

Living Large in the Black Community: Redefining Obesity as a Health Problem

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Project supported, in part, by NIMHD Grant P20 MD00505



Presenter Disclosures

Tracy Sbrocco

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose

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Overview

- Problem of Obesity & Related Conditions/
Consequences
- GOSPEL Partnership & Survey
- Perception of Obesity & Related Conditions
- Focus Group Results: Obesity, Exercise,
Solutions?
- GOSPEL Community Outreach Worker Priorities

Prevalence & Problem of Obesity among Black Americans

- Non-Hispanic blacks have the highest age-adjusted rates of obesity (49.5%) compared with Mexican Americans (40.4%), all Hispanics (39.1%) and non-Hispanic whites (34.3%).
- Over 80% of African American women are Overweight (BMI \geq 25kg/m²).
 - Of these, 50% are Obese (BMI \geq 30kg/m²)
- Obesity & SES
 - INCOME
 - Among non-Hispanic black & Mexican-American men, those with higher incomes are more likely to be obese than those with low income.
 - Higher income women are less likely to be obese than low-income women.
 - EDUCATION
 - MEN: No significant relationship between obesity & education.
 - WOMEN: A trend—those with college degrees less likely to be obese

JAMA. 2012;307(5):491-497. doi:10.1001/jama.2012.39;

<http://www.cdc.gov/obesity/data/adult.htm>

Related Conditions & Consequences of Adult Overweight & Obesity

- Type 2 Diabetes
- Heart disease
- Stroke
- Dyslipidemia (e.g., high blood cholesterol and triglycerides)
- High blood pressure
- Metabolic syndrome
- Liver disease
- Gallbladder disease
- Asthma
- Sleep apnea
- Arthritis
- Chronic back pain
- Mobility limitations
- Some types of cancer
- Pregnancy-related complications (e.g., birth defects, gestational diabetes, preeclampsia)
- Poor health-related quality of life
- Increased all-cause mortality
- Decreased life expectancy
- Increased risk of hospitalization

<http://frac.org/initiatives/hunger-and-obesity/what-are-the-consequences-of-adult-overweight-and-obesity>

Clark, 2006; Fontaine et al., 2003; Guh et al., 2009; Han et al., 2009; Houston et al., 2009; McHugh et al., 2009; Nguygen et al., 2008)

Despite the magnitude of the problem, intervention & prevention efforts studies aimed at reducing have often failed to reach this priority population effectively.

World Conference on Social Determinants of Health

Yet, even if people are aware of their risk factors, it does not always lead to sustainable behavior change.

Marmot, 2006; *WHO(2006).Commission on the Social Determinants of Health*

Failure to Reach this Community

- Historical mistrust of medical institutions & patterns of use
- Lack of culturally relevant interventions
- Failure of tailored public health messaging about obesity to this group
- Failure to understand the acceptance of overweight and obesity
- Failure to understand that increased body size can = health, power, wealth
- Failure to appreciate the sociocultural underpinnings
- Despite the health ramifications, medical communities' focus on weight loss for appearance versus health is rejected
- Failure to understand what it means to be BIG in the black community

Partnerships to Developing Culturally Tailored Obesity Prevention & Intervention



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African American
Health Program

The G.O.S.P.E.L. Program
Glorifying Our spiritual & Physical Existence for Life



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Building Partnerships for Better Health

- **The goals of USUCHD are to:**
 - Explore the physiological, behavioral, and psychosocial underpinnings of chronic health conditions (especially obesity & CVD) in African American/Black communities.
 - Actively involve community partners in research, training opportunities, and educational offerings to increase awareness of health disparities.
 - Translate the research results and new knowledge and disseminate information aimed at the prevention of obesity and associated morbidities.

The G.O.S.P.E.L. Program

Glorifying Our Spiritual & Physical Existence for Life

- AAHP mission is to eliminate health disparities and increase the length and quality of life for African Americans/Blacks in Montgomery County, MD
- Consists of 12 African American churches
- Utilizes a health promoter model, with a team of 23 outreach workers representing each of the 11 churches
- The team meets monthly and conducts everything from one-on-one interactions to large group interventions



G.O.S.P.E.L. Program Need & Vision for partnership with USUCHD

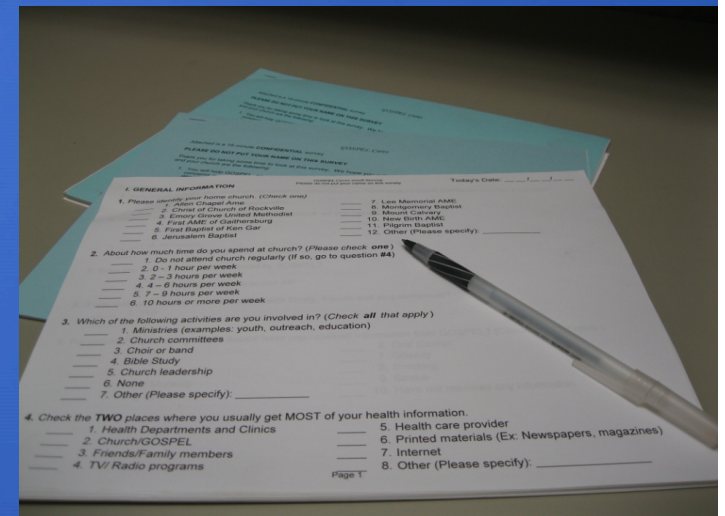
- Needs assessment for G.O.S.P.E.L. churches
- Track impact of health education because evaluation is often needed to receive grants
- Inform future G.O.S.P.E.L. educational programming
- Inform G.O.S.P.E.L. Leaders and Health Ministries

Developing the Project & Building the Partnership

- Collaborative survey development
- Outreach worker training in research ethics & survey administration
- Survey after church services or special activities (e.g., summer picnic) by team of G.O.S.P.E.L. outreach workers & USU researchers
- Collaborative data analysis/interpretation

Community Based Participatory Research (CBPR)

- An approach to conducting research where the community:
 - Generates priority issues/research questions
 - Develops research methods
 - Carries out research
 - Participates in analysis and interpretation
 - Disseminates results
 - Looks to see the impact of the research in their backyard



STEPS to Understanding Obesity

1. Conduct a Needs Assessment – The GOSPEL Cares Survey
2. Follow up meetings with church health ministries and outreach workers – Review survey results & interpret
3. Focus groups – Follow up on survey themes
4. Educate outreach workers
5. Develop tailored church-based interventions

G.O.S.P.E.L. Survey Results

- STEP 1: 12 Churches participated in all aspects: survey development, administration, & interpretation
- STEP 2: 80% of us are obese/overweight, BUT ...
 - For the most part, we don't see it as a problem!
 - No one is telling us it is a problem, until we get very heavy.
 - Most of us are not interested in managing our weight (25% interested while 80% are overweight)

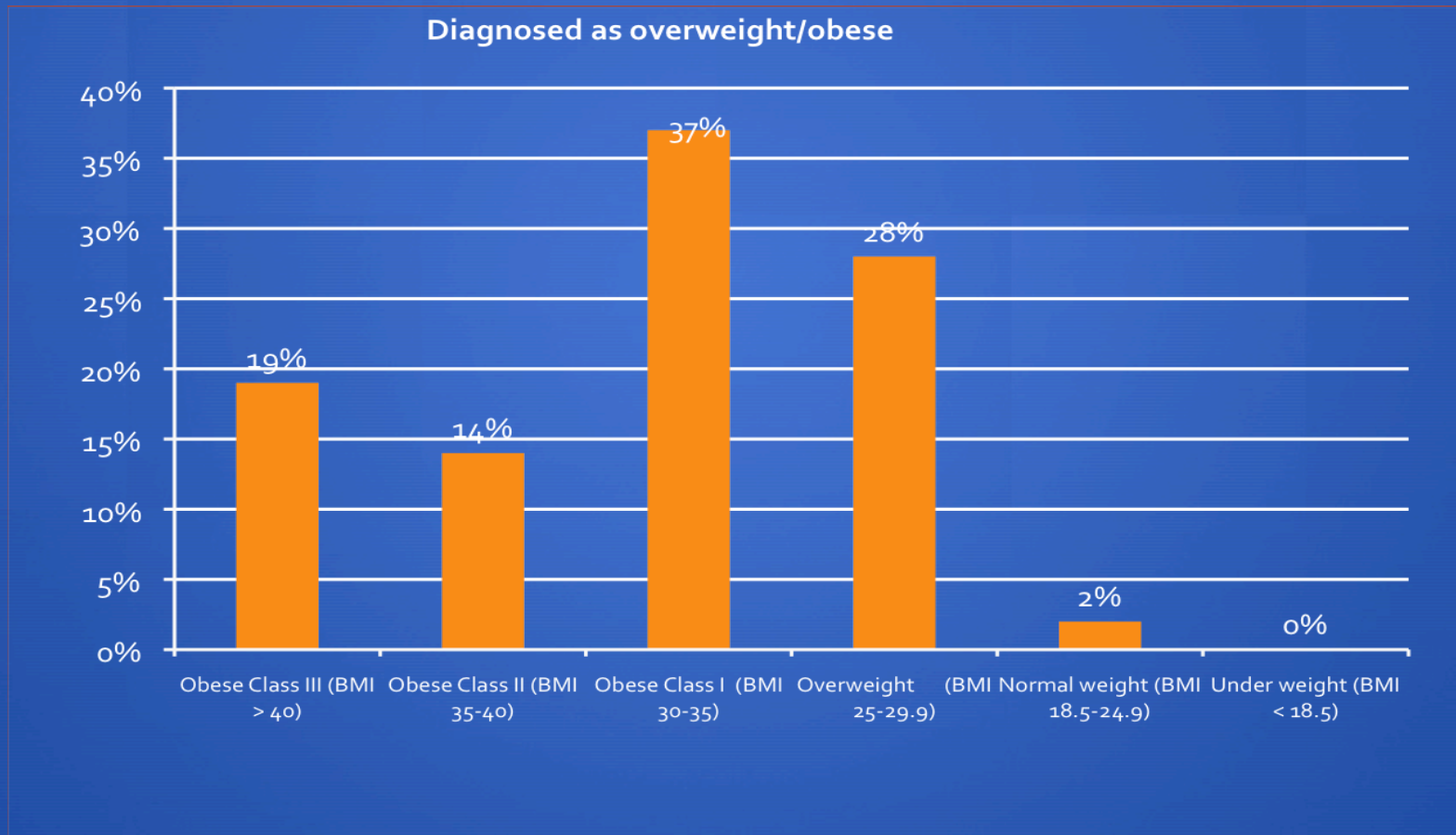
Condition	<i>G.O.S.P.E.L.</i> (%)	2007 National Data (%)
Overweight	37	35
Obesity	43	35
Total overweight/obese	80	70

Participant Characteristics

Demographics	%
Age	
18-29	10
30-49	34
50-64	35
>64	21
Gender	
Male	30
Female	70
Race	
African American	93
White/Caucasian	2
Other/Mixed	5
Ethnicity	
Hispanic	3
Marital Status	
Married	49
Not Married	51

Insurance Type	%
Private	74
Medicare	19
Medicaid	6
VA/Military	4
Worker's Compensation	2
None	6

Participant Characteristics



Community Diagnoses & Interests

We are very interested in hypertension, Type 2 Diabetes, heart disease.

We do see these things as problems affecting our community!



Condition	% diagnosed with condition	% interested in health topic
Hypertension	47	54
Diabetes	18	35
High Cholesterol	34	34
Cancer	7	29
Arthritis	28	27
Overweight/Obesity	35	25

Collaborating with the Community to Develop a Plan:

We (health outreach workers) don't know what to do?

- We need to do something. Even if our community doesn't want to do it.
- We need to teach them it is not okay to be this overweight.
- But first, you need to help us. We don't know anything about this. Look at us!

Why isn't "being big" a problem?: Step 3. Focus Group Responses

"I like how I look. I don't want to look like a Victoria Secret model."

"Skinny/ Scrawny is not attractive."

"Living large means that you are doing very well."

"We have always been big"

"You're telling me if I lose weight, I still have to take meds. It's not worth it."

"I don't want to lose my curves."

"Everyone in my family gets sugar."

"They don't understand. This is for white people."

"My people are big-boned."

Step 3. Being BIG & Health

- “I’m tired of hearing about obesity and us being overweight. When I hear this, I just tune out. They don’t understand. This is how we are. This is for white people, not us.”
- “You’re telling me that if I lose weight, I’ll still be on medication (for hypertension, diabetes, etc.) so what’s the point?”
- “Everyone in my family gets sugar (diabetes), that’s just how it goes and I know it will happen to me.”
- “BIG is protective! ...Against illness/disease and to keep people from messing with you.”

Step 3. Food & Exercise

- Food

- Limited access to healthy foods
- Food preferences
- Food deserts
 - "Cheap food is not good for you."
 - "I eat what I can get."
 - "Food is important; food is meant to be enjoyed."
 - "I don't want to eat 'like that'."

- Exercise

- Limited access to exercise facilities
- Unfamiliarity with exercising
- Lifestyle barriers
 - "No one ever exercised when I was growing up."
 - "We don't have the same role models as white kids who saw their parents exercising."
 - "I can't exercise where I live unless it is in my home. It isn't safe, there's no where to walk."
 - "Hair, it's all about the hair! I don't want to sweat my hair out."

Step 4. Training Outreach Workers

Weight Management Skills

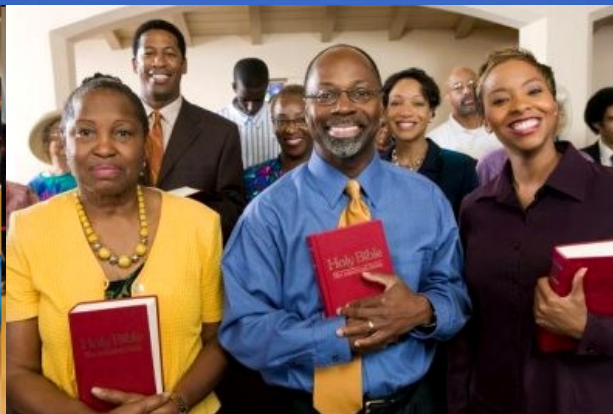
- The health risks of being overweight (all the things the community is interested in): Poor health keeps our people down
- Energy balance: The numbers of weight loss
- Nutrition: Cooking demonstrations
- Getting & staying active: Church-based programming
- Reaching families and youth: Healthy living & health role models
- Connecting health to hair: The DO GOOD H.A.I.R. Project

Is Obesity/Overweight a Problem?

- It is “normal”
 - Most people are overweight
 - The population has a long history of overweight
- It is not the “appearance problem” it is in the white community
 - Larger sizes are seen as beautiful
 - Bigger female body sizes, curves preferred by men
- Is it a health problem?
 - It depends who you ask
 - It depends how you look at it?

Step 5. Tailoring around 3 Themes

1. Focus on Family
2. Focus on Fitness with Weight Management
3. Focus on Cooking
4. Sustainable health vs. weight



Upcoming Projects

- GOSPEL Cookbook
- Diabetes Testimonials
- The Do GOOD H.A.I.R. Project redefines “Good Hair” as an active restorative process with a focus on fostering healthy daily rituals and enhancing natural beauty ([/www.harrisface.com/do-good-hair-project.html](http://www.harrisface.com/do-good-hair-project.html))
 - H– Health: Promoting Mental and Physical Well Being
 - A – Adornment: Enhancing Beauty within a Cultural Context
 - I – Identity: Reclaiming Ancestral Memory and Life Purpose
 - R – Restoration: Cultivating Personal Growth through Hair Growth
- It is in daily rituals that beauty and health come together to support the inner building of identity. This project has the potential to fundamentally change the widespread methodology of hair care in the African Diaspora and engage individuals of all ages in a beauty focused program that improves overall health.

Acknowledgements

- Rev. E. Hicks
- Debbie Gold, BGS
- Judy Bowie, MA
- Odessa Nolan-Battle, RN, BSN

- A special thank you to all of the GOSPEL outreach workers, past and present



Acknowledgements

Allen Chapel A.M.E.: Pastor – Baron Young
Burtonsville, MD

Christ Church of Rockville: Pastor – Bishop Heary M. Joyner
Silver Spring, MD

Emory Grove United Methodist: Pastor – Paulette Stevens
Gaithersburg, MD

First A.M.E. of Gaithersburg: Pastor – Barbara & Marvin Glen
Gaithersburg, MD

First Baptist of Ken-Gar: Pastor – Carl Davis, Kensington, MD

Jerusalem Baptist: Pastor – C. Glenn Taylor
Poolesville, MD

Lee Memorial A.M.E.: Pastor – Dr. Mary C. Newton
Kensington, MD

Montgomery Baptist: Pastor - Russell Isler,
Gaithersburg, MD

Mount Calvary Baptist: Pastor – Leon Grant,
Rockville, MD

New Birth A.M.E.: Pastor – Rev. Will Kenlaw,
Rockville, MD

Pilgrim Baptist: Pastor – Edith Parrish, Silver Spring, MD

Resurrection Baptist Church: Pastor – Austin Maxwell, Olney MD





United Nations Meeting on Noncommunicable Disease Prevention & Control

- Noncommunicable diseases (NCDs) - like heart attacks and strokes, cancers, diabetes and chronic respiratory disease account for over 63% of deaths in the world today.
- NCDs kill 9 million people under 60 each year.
- UN & WHO set a new international agenda on NCDs.
- Only 2nd time in history, UN General Assembly has addressed health (AID's)

At-Risk: Racial & Ethnic Groups

- Compared to Caucasians in the U.S., African Americans, Native Americans, Asian Americans, & Latinos experience:
 - Greater incidence of chronic disease
 - Higher mortality
 - Reduced life expectancy
 - Poorer health outcomes
- The number of at-risk individuals in the population continues to grow unless behavior, tied to social conditions in life, is changed.
- Yet, even if people are aware of their risk factors, it does not always lead to sustainable behavior change.

Marmot, 2006; WHO(2006).*Commission on the Social Determinants of Health*

USUCHD/AAHP: A natural partnership

- USUCHD focuses on programs to reduce health disparities among African Americans.
- AAHP mission is to eliminate health disparities and increase the length and quality of life for African Americans/Blacks in Montgomery County, MD.



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