

Unique Ethnic Barriers to Wellness for African Americans

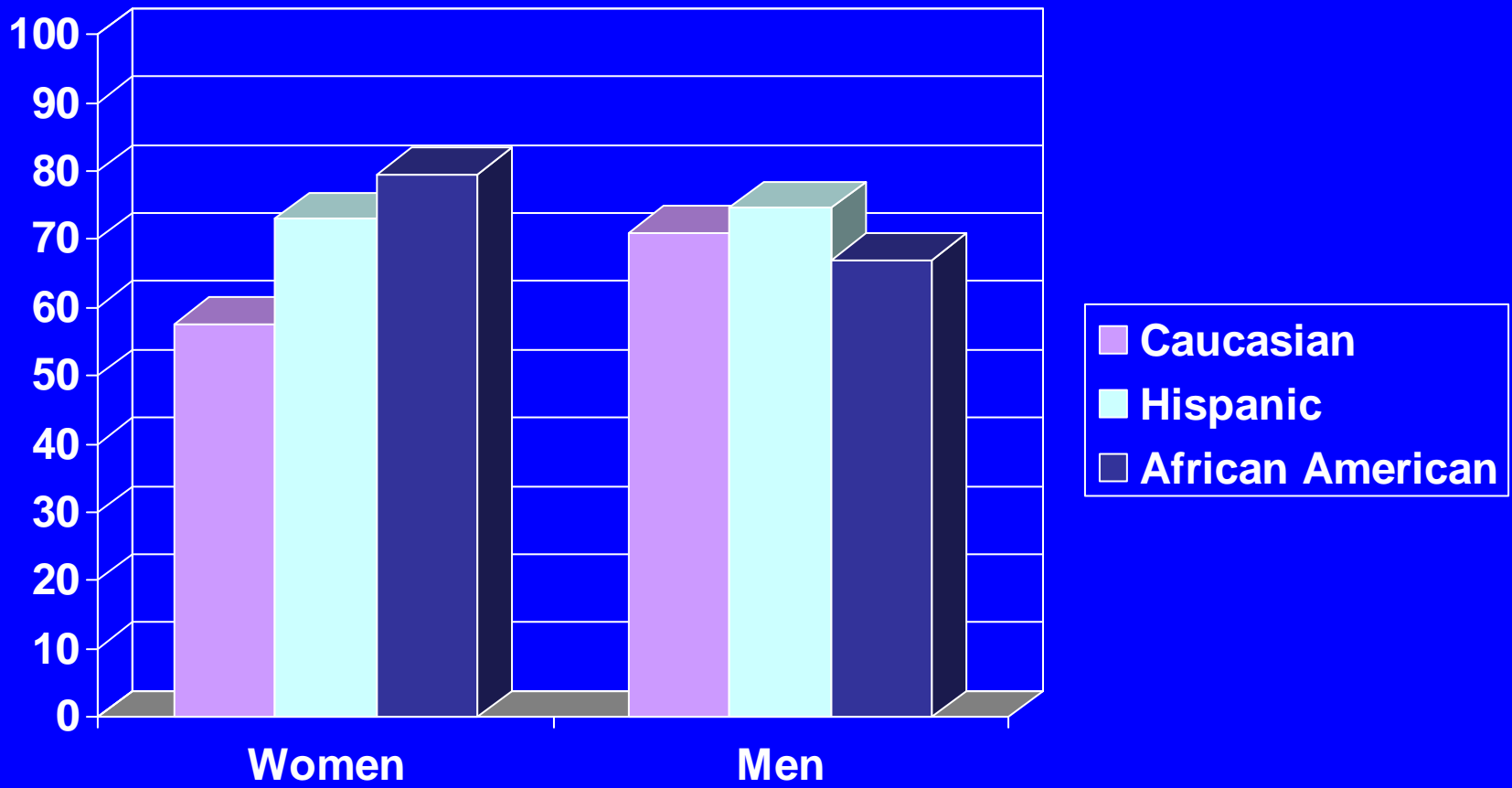
Karen B. Grothe, PhD, LP
Assistant Professor of Psychology
Mayo Clinic

I have no relevant financial relationships to disclose at this time.

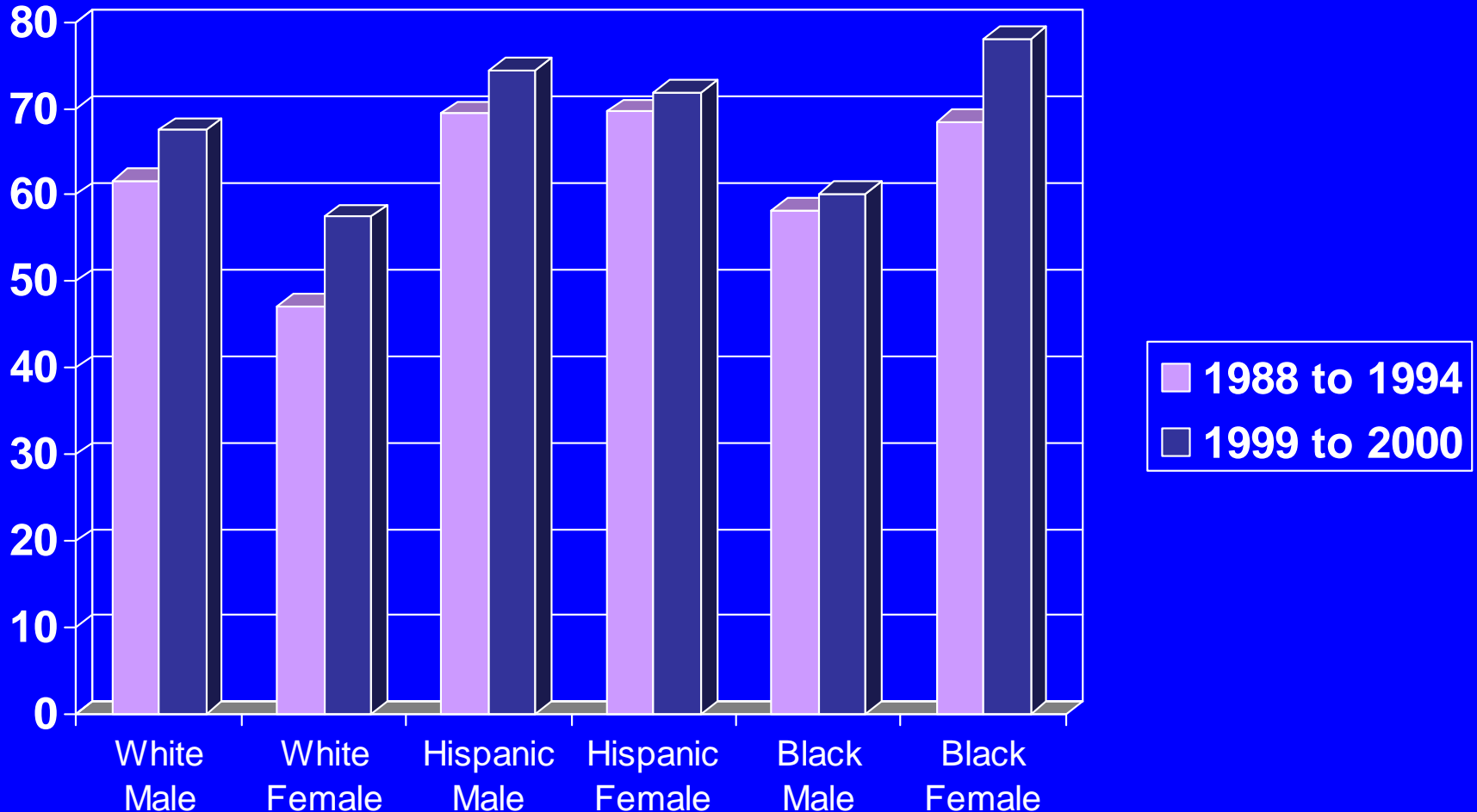
Objectives

- Prevalence rates
- Relevant factors for consideration
 - Cultural context
 - Dietary
 - Physical activity
 - Body image
- Resources
- Implications/future directions

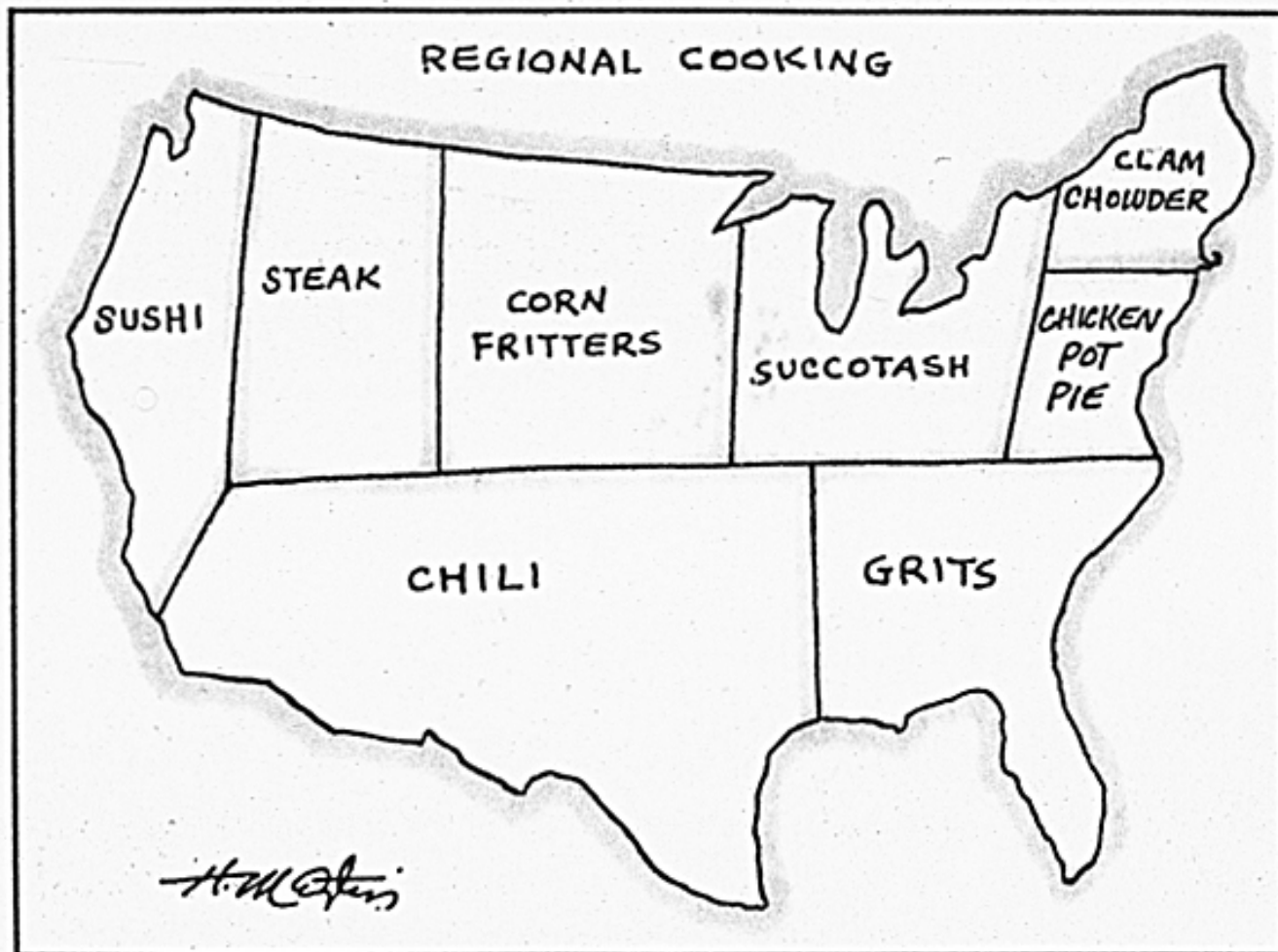
Prevalence of Overweight or Obesity



Increase in Overweight and Obesity Prevalence



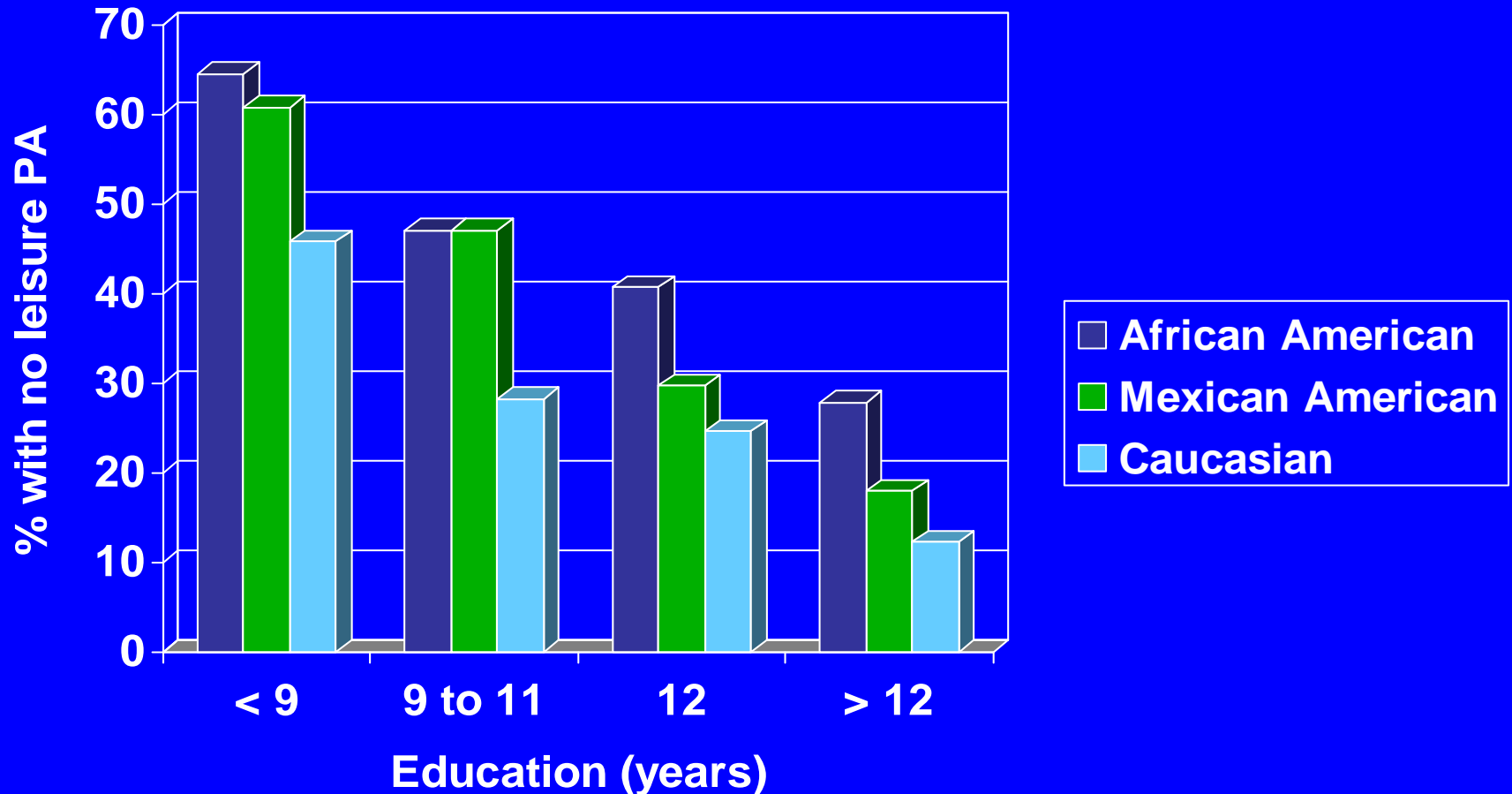
REGIONAL COOKING



Obesity in African Americans

- Heterogeneity in culture and socioeconomics
 - 53% of AA in Southeastern U.S.
- Environmental context
 - Access to food, treatment programs
- Family structure and household composition
 - Female head of household: 30%
 - 7% Caucasian, 16% Hispanic

Percentage of Women Reporting No Leisure-time PA



Physical Activity in Minority Women

- Lower levels
 - Less leisure time or less active leisure time
- Barriers
 - Caregiving duties
 - Lack of safe place
 - Self-conscious about appearance
 - Presence of dogs
 - Lack of observing others exercising
 - No sidewalks
 - Low energy

Dietary Factors

- Cultural preferences for food and food preparation
- Importance of food in familial relationships
- Food availability
- Targeted advertising of high-calorie foods
- Food insecurity
- Sense of deprivation with calorie restriction may be more salient

Eating behaviors

- African American women report less pathological eating:
 - Less dietary restraint
- AA women with Binge Eating Disorder
 - Less concern about body shape, weight, and eating

Body Image

- Internal representation of outward appearance
- Less preoccupied with slender body image
- Less perceived pressure to be thin
- Illnesses associated with wasting more prevalent

Body Image

- Greater body satisfaction
- Body size not central to attractiveness
- SES factor
- Differences may be diminishing



Obesity Treatment in Minorities

- Not well studied
- Some data suggest conventional programs are less successful
 - Smaller weight loss for African Americans
 - Perhaps slower weight loss, but better maintenance
 - Degree of improvement appears similar
 - Studies not designed for ethnic differences

Implications

- Client-centered flexible approach
- New behaviors anchored within:
 - Cultural preferences for food and activity
 - Resources
 - Discretionary time
- Use staff that are culturally aware
- Use multiple educational strategies/media
- More research

Resources

- Sisters Together, Weight-control information network
 - <http://win.niddk.nih.gov/sisters/index.htm>
- African American Collaborative Obesity Research Network (AACORN)
 - Community-based tools
 - <http://www.aacorn.org/index.html>
- AOO Clearinghouse
 - Compile newly emerging data, resources

References

- King et al., 2000. Personal and environmental factors associated with physical activity among different racial-ethnic groups of U.S. middle-aged and older-aged women. *Health Psychology*, 19:354-364
- Kumanyika, 2002. Obesity treatment in minorities. In *Handbook of Obesity Treatment*. (Eds.) Wadden & Stunkard
- Sanchez-Johnsen et al., 2003. Binge eating and eating-related cognitions and behavior in ethnically diverse obese women. *Obesity Research* 11:1002-1009
- Shaw et al., 2004. Body image and eating disturbances across ethnic groups: More similarities than differences. *Psychol Addict Behav* 18:12-18