

**AFRICAN AMERICAN  
COLLABORATIVE OBESITY  
RESEARCH NETWORK**

*Second Annual Scientific  
Meeting & Workshop*

Achieving Healthy Weight in  
African American Communities:  
Interdisciplinary Research Directions



Sponsored by the Division of Nutrition and Physical Activity  
Centers for Disease Control and Prevention

**August 9 – 10, 2004**

Wyndham Hotel Downtown

## **Selected Workshop Presentation Summaries**



## BACKGROUND

In August 2004, the African American Collaborative Obesity Research Network (AACORN) convened its first interdisciplinary workshop in collaboration with the Centers for Disease Control and Prevention's (CDC) Division of Nutrition and Physical Activity.

The objective was to explore ways to break new ground in developing effective approaches to address the high prevalence of obesity and related health problems in African American communities. Workshop participants included university researchers, research trainees, and community partners engaged in food intake, physical activity, or obesity research or programs in African American communities, and several CDC staff.

Presenters included scholars from fields not traditionally identified with obesity research: family sociology, literature, philosophy, and transcultural psychology. Community partners presented their perspectives on academic-community research partnerships. Other presenters addressed media and marketing issues, food economics, built environment effects on food intake and physical activity, and obesity prevention and treatment studies. Overall, the workshop planted the seeds for research bridging a broad spectrum of disciplines to challenge the primarily biomedical paradigm still used to study obesity, food intake, and physical activity. Conclusions pointed to potential directions for researchers and community partners who study these topics -- particularly those who focus on health disparities.



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## *Contemporary Sociological Factors Influencing African American Life*

Robin Jarrett, PhD

Associate Professor, Human & Community Development

University of Illinois at Urbana-Champaign

Urbana, IL

Dr. Jarrett provided an in-depth perspective of African American families living in low-income communities in Chicago. She emphasized the importance of using ethnographic methods, such as life histories, to understand the complexities of African American family life; families defined not only by kinship and marriage but also by other interpersonal, sustained family-like relationships. Such relationships provide the basic survival network, e.g., for acquiring resources for food and recreation. Dr. Jarrett highlighted the sub-cultural issue of very protective, dominant mother roles, where these women play a central role in resource provision and management. She discussed differences in structure and functioning of “female-headed” and “extended family households”; ways that families pool resources and cooperate; movement in and out of households depending on circumstances, including life transitions; within-household family dynamics, such as cross-generational and

collective parenting; the significance of social roles in defining women’s identity and self-worth; and the diverse sources of income, including the role of youth wages and “underground economies.”

Dr. Jarrett also offered insights about families’ perceptions of “good places” and “bad places” within neighborhoods, times of day considered safe or unsafe to be outside, and perceptions of community assets and needs. The family processes and neighborhood contexts provide the multi-faceted reality in which health interventions are developed and implemented. This reality pertains to priority setting, role assessments, decisions and responsibilities for food acquisition and preparation, broad and dynamic family structures that downplay individualism, as well as time and place assessment and management.

### Related Readings

Jarrett RL, Jefferson SM. Women's danger management strategies in a public housing project. *Fam Rel.* 2004; 53:136-147.

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Jarrett RL. Successful parenting in high-risk neighborhoods. *Fut Child.* 1999;9(2):45-50.



## *Expressions of African American Life in Literary Works*

Beverly Guy Sheftall, PhD

Anna Julia Cooper Professor of Women's Studies and English

Director, Women's Research and Resource Center

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Atlanta, GA

Dr. Sheftall explored literary works by or about African Americans to derive insights about eating, food, and weight issues. Most texts stressed the importance of a multi-layered approach to the topic, acknowledging the intersection of race, class, gender, and sexuality. She emphasized the need for solutions attentive to the complexities and heterogeneity of the "black experience," particularly the need for different approaches to reach the young generation. A gender-specific approach is crucial, and she suggested the need to confront taboo subjects such as sexual abuse, which may contribute to women's food and weight issues. Dr. Sheftall stated that African American feminist writers have argued the salience of chronic overeating to suppress emotions, particularly around incest, rape, domestic violence, and sexual abuse. Other reasons for overeating among black women relate generally to racism, including those implicit in prevailing white- and thinness-oriented standards of beauty. Complex issues

surrounding body image, appetites, dietary practices, food obsessions, emotional deprivations, and self-esteem related to physical appearance were readily identifiable in literature by and about black women. A clear message in the writings of African American women is a dearth of self-love. We need to better understand how this relates to unhealthy or seemingly self-destructive behaviors, including eating habits, food addiction, and food as a substitute for love. In terms of self-identity, Dr. Sheftall argued that in literary works the social context for African American women includes dominant portraits of roles as cooks, for their own and others' families, making it nearly impossible to disconnect the notion of African American women from food. In fact, the variables that perpetuate overeating in black women are so entrenched that effectively addressing obesity requires profound social transformations.

### Related Readings

#### *African American writers*

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Ferrell C. Eating Confessions. *Callaloo*. 1989; 12(3):453-64.

Hooks B. *Sisters of the Yam: Black Women and Self-Recovery*. Boston: South End Press; 1993.

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Powers R. Fat Is A Black Woman's Issue. *Essence*. 1989 October; 75, 78, 134, 136.

Walker A. *Meridian*. New York: Simon & Schuster, 1976.

Avery B. *Breathing Life into Ourselves: The Evolution of the National Black Women's Health Project*. Arnold G. *Coming Home: One Black Woman's Journey to Health and Fitness*. In: White E, editor. *Black Women's Health Book: Speaking for Ourselves*. Seattle: Seal Press; 1990.

Witt D. *What (N)ever Happened to Aunt Jemima: Eating Disorders, Fetal Rights, and Black Female Appetite in Contemporary American Culture*. In: Wallace-Sanders K, editor. *Skin Deep: Spirit Strong: The Black Female Body in American Culture*. Ann Arbor: University of Michigan Press; 2002.

#### **Other Texts**

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## *Philosophical Underpinnings of African American Cultural Values*

Howard McGary, PhD  
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Rutgers University  
New Brunswick, NJ

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Dr. McGary offered a normative approach for considering obesity, involving the aesthetic, moral, religious, and social values in African American communities. He focused on loyalty, justice, and trust as they pertain to African American communities. Dr. McGary traced these values primarily to ideas and traditions transmitted in families from slavery onward. For example, loyalty had important empirical consequences foremost for keeping family together and ensuring that the family was safe and protected. In reviewing the importance of justice, Dr. McGary indicated that African Americans have traditionally linked justice to their struggle for freedom from slavery and, later, for civil rights. African Americans have therefore always viewed justice in terms of the rights of individuals *and* of groups, along the lines of political philosopher John Rawls. This view is different from the “consequentialist” approach of John Stuart Mills, which views just actions as those that bring the greatest happiness to the greatest number of people in society. Similarly, the importance of trustworthiness was linked to the need for

people in politically oppressive or socially disadvantaged situations to be able to identify individuals or institutions on whom they could rely for protection from significant bodily, emotional or economic harm. Against this background, Dr. McGary explored the origins of mistrust of institutions by African Americans and paid special attention to the health care system and its professionals. He discussed the historical erosion of trust that African Americans experienced in the hands of the health care system during and long after slavery was abolished. This might explain why African Americans may fail to heed what many rational people would consider sound advice about adopting behaviors that could curb obesity. Dr. McGary argued that the U.S. health care system is obliged to regain trustworthiness among clientele such as African Americans who might have legitimate reasons for distrust. This obligation is separate from the equally important duties of health care systems to treat everybody, including African Americans, fairly.

### Related Readings

McGary H. *Race and Social Justice*. Malden: Blackwell Publishers; 1998.

Racial Groups, Distrust, and the Distribution of Health Care. In: Rhodes R, Battin M, Silvers A, editors. *Medicine and Social Justice*, London: Oxford University Press: 2002. p. 212-223.

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McGary H. Distrust, Social Justice, and Health Care. *Mt Sinai J Med*. 1999;66(4):236-40.



## *The Collective Psyche of African Americans*

Linda James Myers, PhD

Associate Professor, African American and African Studies and Psychology

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Dr. Myers discussed the importance of culture, particularly cultural deep structure, the uniqueness of the experience of African American people, and approaches to achieving optimal health in African Americans. Describing African American cultural assets and African cultural traditions and values, Dr. Myers explored the need to overcome multi-generational experiences that have contributed to psychological trauma and “menticide” (defined as the systematic destruction of a people’s mind and culture). Her work develops a corrective, “optimization process” to help African Americans regain a cultural grounding, consequently enabling them to understand their intrinsic worth. This process directly opposes the socialization African Americans receive

in the dominant American culture that indoctrinates human beings into valuing external criteria—how they look, where they live, their income, and their position. Dr. Myers also posited the possibility of *positive* outcomes from long-term adversity among African Americans, including the development of highly refined capacities for critically self-reflective and introspective thinking regarding coping in American society and substantial internal fortitude and resilience to survive, and in some cases flourish, under extremely disadvantageous circumstances. These qualities could be leveraged in favor of optimizing psychological and physical health and well-being in African American communities.

### Related Readings

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Myers LJ. The Deep Structure of Culture. Relevance of Traditional African Culture in Contemporary African Life. In: Hamlet JD, editor. Afrocentric Visions Studies in Culture and Communication. Thousand Oaks (CA): Sage; 1999. p. 3-14

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## *Influence of Media and Marketing*

Jerome Williams, PhD

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Any effort to address determinants of obesity will encounter marketing issues. Dr. Williams clarified his perspective as one of helping people outside marketing understand how marketers think. His data and graphical presentation of advertisements strongly suggested that consumption and marketing of soft drinks and less healthful foods are important foci for research on weight control among African Americans. His investigative methods include market research designed to study consumption patterns, use of supermarket scanner data to identify food purchasing patterns, and content analysis of advertising, television shows and movies. He emphasized that trying to convince marketers to use different, more health-conscious principles is a daunting challenge. One encounters the “chicken and egg” problem when trying to assign responsibility to marketers for adverse food and beverage consumption patterns. Companies assert that they market in ways that provide what consumers want, as a basic tenet of profit making. Public health professionals may attempt to show that healthier consumers are more profitable than unhealthy ones and that for marketers to help shape consumer preferences by creatively and aggressively marketing healthier product lines is good for business. Dr. Williams felt that the most fruitful approach would be trying to understand and

change African Americans’ attitudes about what is in their best interests, to influence demand curves so that marketers would have to react accordingly. However, he acknowledged that commercial markets have far more resources at their disposal to perpetuate current practices than do public health professionals to shift demand variables. He cited market research indicating that African Americans and Latinos consume carbonated beverages (regular soft drinks; data for diet soft drinks show underconsumption by African Americans and Latinos relative to whites) at significantly greater rates than the general population and in certain geographic market areas account for 60% to 70% of demand. Hence, it is not surprising that there are proportionately more soft-drink advertisements on television shows that have a high African American audience. The same reasoning and types of evidence are available for food more generally, including fast food. Furthermore, in addition to commercial promotions of various foods in conventional form, the balance of foods portrayed in movies does not coincide at all with dietary recommendations. African Americans portrayed in TV shows and movies geared to black audiences seem heavier on average. These lines of research are at an embryonic stage but should be pursued more substantively.

### Related Readings

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## ***Impact of the Economy/Economics***

Adam Drewnowski, PhD  
Professor, Epidemiology and Medicine  
Director, Food Intake Science Program  
University of Washington  
Seattle, WA

Food economics—the relative price structure of different types of food—influence food intake and weight and put people in low-income communities at a disadvantage with respect to food purchases. Dr. Adam Drewnowski demonstrated that income limitations influence the sources of calories, or the types of foods people buy. Contrary to the longstanding view that healthy diets were merely a matter of personal responsibility, it is now recognized that individual food choices are adversely affected when the environment offers abundant inexpensive, calorically-dense foods that are convenient and are good tasting, but unhealthy—although whether one can actually consume a healthful diet at low cost continues to be controversial. Dr. Drewnowski's analyses show that dietary quality is higher and obesity prevalence lower at higher levels of various indices of income or wealth. The link between socioeconomic status and obesity may, therefore, be mediated by factors such as unequal access to healthy diets. As resources diminish and people minimize food costs, they may substitute less expensive for more expensive foods within a given category to maintain their caloric intake: canned tuna for salmon; bologna for steak; apples for strawberries. When resources diminish still further, certain foods may be abandoned because they are simply too expensive. What remains are refined grains, added sugars, and added fats, because they are the cheapest foods. Economic and physiological factors work together to promote overeating in that the cheapest foods are also high-fat or high-sugar foods that have an innate appeal to the human appetite. These foods may also have less satiating power and are, therefore, too easily overeaten. This leads to a paradox in which people who are trying to save money on food actually end up eating more.

Dr. Drewnowski noted that these economic variables are linked to agricultural policies such as food subsidies that

depress the cost of fat and sugar and, therefore, the cost of high-fat, high-sugar foods. The Thrifty Food Plan—the market basket model that determines minimum income needed to support an adequate diet—is another policy for which the underlying assumptions are probably unrealistic and simplistic with respect to how low-income families may function, e.g., the time or willingness to prepare foods from more affordable basic ingredients or the spending priorities and cycles of low-income households (e.g., spending more when Food Stamp funds are received and then cutting back later in the month).

Noting that economic factors include marketing patterns that result in a dearth of supermarkets and surfeit of high-fat and high-sugar foods in low-income and minority communities, Dr. Drewnowski advocated for research related to neighborhood food environments, although with a much broader perspective and finer level of detail than has been the case to date. Local economic issues such as how food production, retail marketing, and restaurant industries are linked to the livelihoods of African American communities and families should be considered. Other issues include the type and pricing of foods in different neighborhoods relative to purchasing power, attitudes and preferences of consumers (e.g., about what constitutes a healthful diet, brand preferences or perceptions that link certain food types to social status or healthfulness), implications of various policies that might be instituted, and food quality and safety issues. Studies might also investigate how changes in economic status, e.g., linked to community development programs, influence changes in what types of foods are available and purchased, and whether increased income leads to improved eating patterns without the addition of food intake-specific interventions.

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## ***Impact of the Built Environment on Food Intake and Physical Activity***

Kristie Lancaster, PhD  
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New York University  
New York, NY

&

Melicia Whitt-Glover, PhD  
Assistant Professor, Department of Public Health Sciences  
Wake Forest University School of Medicine  
Winston Salem, NC

Drs. Kristie Lancaster and Melicia Whitt-Glover summarized current knowledge and potential future research directions related to built environment issues (i.e., buildings, transportation systems, community design with respect to land use; locations of businesses), as they inform the potential for achieving healthful weight in African American communities. Built environment issues are now a major focus of obesity research, as the context that determines what options, challenges, and barriers exist for making and reinforcing food intake and physical activity choices.

Dr. Lancaster discussed built environmental factors that may contribute to lower intake of recommended foods and nutrients among African Americans. She cited data indicating an association between a high prevalence of obesity in New York City neighborhoods and low reported fruit and vegetable intakes in those neighborhoods. Dr. Lancaster collaborated on a study in which the availability in grocery stores of five foods recommended for people with diabetes was compared between a high income, primarily white neighborhood (New York City's Upper East Side) and the adjacent, low-income and primarily African American and Latino neighborhood (East Harlem). Their findings showed that East Harlem stores were significantly less likely to carry all five of the recommended items. A few studies, all except one of those that are relevant,

have reported a positive association between availability of healthy foods in neighborhood stores and intake of those foods by people who lived in the neighborhood.

Dr. Whitt-Glover reviewed evidence on how the ability to engage in physical activity may be influenced by factors in the physical environment. Aspects of the natural environment (e.g., hills, weather, and scenery) clearly influence outdoor activity. However, built environments are also influential through many variables common in urban, inner city communities: heavy traffic, lack of street lights, high crime, or other threats to personal safety, although urban areas are generally more walkable in other respects. Higher levels of physical activity are associated with variables more common in suburban areas and areas with smaller black populations: access to facilities (both perceived and actual) for physical activity/exercise, satisfaction with facilities, presence of sidewalks/foot paths, e.g., parks, green spaces, bike paths and lanes, and mixed land use (e.g., a mix of residential and commercial destinations). Several studies have noted that of all environmental concerns, lack of safety as a deterrent to engaging in physical activity, particularly walking, was most salient among black women compared to women of other racial and ethnic groups.

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## ***Obesity Prevention and Treatment in African Americans***

Shiriki Kumanyika, PhD, MPH

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Philadelphia, PA

Dr. Kumanyika reviewed the prevalence of obesity in African American adults and children, pointing out that a majority of the adult population and a substantial proportion of children and adolescents are either overweight or obese. Yet, there are relatively few well conducted studies of weight loss in African Americans and there is no consensus about the best way to address obesity in African American communities. Various types of cultural adaptations have been attempted. She described approaches taken in relatively large randomized trials of obesity prevention or treatment in which African Americans were included, noting that these approaches may actually yield larger weight losses in African Americans than those observed in culturally adapted studies. There are many differences between the large efficacy trials and the culturally adapted studies that can account for this and it is inappropriate to compare these types of studies directly. Nevertheless, the impression from a review of the literature is that cultural adaptation, as currently defined, is not sufficient for achieving the needed level of weight control in African American communities. More important, the possibility exists that no individually-focused intervention will be effective while the food availability, physical activity access, and psychosocial or cultural context variables, discussed throughout the workshop, are biased toward excess caloric intake and inadequate caloric expenditure. Interventions should be at multiple levels and include environmental and policy approaches.

Dr. Kumanyika noted the particular lack of obesity prevention and treatment studies in African American children. Working with children around weight issues is in many ways more complex than working with adults. Assuring proper growth and avoiding stigmatization are key concerns. A weight-centered approach that is potentially harmful to children's self-esteem and their attitudes about eating is discouraged in favor of a health-centered approach focusing on the whole child, physically, mentally, and socially. Further, to the extent that children are less autonomous than adults in their behavioral choices, the environmental component of interventions in children and adolescents takes on more obvious significance. This includes home, school, and community environments. Dance has been a popular component of programs for African American children. Strategies to reduce TV watching may also be effective. TV watching, which is higher in African American than white children and associated with excess calorie consumption as well as physical inactivity, is a prime target for weight control in African American children.

Dr. Kumanyika concluded that obesity in African American communities is pervasive and well documented in national data. In contrast, the amount of informative research on effective intervention approaches is extremely small. New types of intervention approaches should be developed and evaluated.

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## *Community Perspectives*

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&

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Project Director

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West Helena, AR

The culminating activities of the workshop focused on clarifying research needs and perspectives. The tone was set by two presenters—Ms. Margaret Grayson and Ms. Anna Huff—who have been involved in “community-based participatory research” (CBPR). CBPR is “a collaborative research approach... designed to ensure and establish structures for participation by communities affected by the issue being studied, representative organizations, and researchers in all aspects of the research process, to improve health and well-being through taking action, including social change” (from Visnawathan et al, 2004). Inherent in CBPR are principles of: co-learning and reciprocal transfer of expertise by all partners in the research; power-sharing in matters of decision-making; and mutual ownership of research processes and products. A recent review of 60 CBPR studies concluded that the level of community involvement “varied greatly,” with 19 of 60 (32%) reporting shared funding, while community involvement mainly took the form of advisory committees, though there were some examples of communities as equal partners. One important finding, underscored by the presentations in this session, was that community involvement could enhance the research quality by improving relevance, participant recruitment, research methodology and dissemination, descriptive measures, and study outcomes.

These presentations demonstrated the importance of having direct accounts of CBPR by community partners as well as the more typical authorship by the academic partners. The importance of trust and respect among investigators and selected community members are key components for successful implementation of any community-based research. The ideal is for academic researchers to recognize community partners as equal partners, providing for respect and mutual benefit for community as well as university-based researchers, and for discussion of how the community at large will benefit from the project. Community-based interventions should be broad-based and include multiple components addressing the needs of different segments of the community and different

stages in the life course. *Action research* is important both as a product of CBPR and a valued benefit to communities. Communities are “tired of being researched and studied and nothing happens” to improve the lives of community members.

The presenters stressed the importance of several aspects of adherence to CBPR principles. Power-sharing, shared decision-making, and community ownership are highly valued features of CBPR, and should not be compromised if the intent is to foster long-term relationships between research partners. Respect for the knowledge of communities should be recognizable, as demonstrated through opportunities for partners from outside the community to hear the voices of community members, through a culture of co-learning where all partners can both learn and teach each other, and through direct research funding to community partners. Communities should be directly engaged from the inception of the project, with opportunities for continued involvement throughout to assure sustainability and ownership. However, this does not necessarily mean that communities want to “start from scratch.” Community partners may be willing to try something that has already “proven” effective, since they want programs that work. Other essential considerations include: logistical issues such as having flexible meeting schedules—times and accommodations (locations) that broaden opportunities for community member participation; community involvement in decisions about staffing and resource allocation, participation in/representation on governing bodies and in writing groups preparing publications. Capacity building should involve training in the research process for community members, covering subjects such as institutional review boards and human subjects’ protection, certification and credentialing of data collectors, and opportunities for development of other skills and knowledge. Also, members of a community may recognize the need for multiple levels of impact at local, state, and federal levels and seek training in how to interact with political leaders.



### Related Readings

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