

CULTURAL CHARACTERISTICS OF AFRICAN AMERICANS: IMPLICATIONS FOR THE DESIGN OF TRIALS THAT TARGET BEHAVIOR AND HEALTH PROMOTION PROGRAMS

Objective: To identify African American cultural characteristics that may be used to modify clinical trial designs and behavioral programs aimed at losing weight and maintaining weight loss.

Design: Focus group discussions.

Setting: University-affiliated biomedical research center.

Participants: Thirty-one African American men and women who completed the screening process, but were ineligible for the Weight Loss Maintenance (WLM) trial, participated in one of five focus group sessions. WLM is a randomized controlled trial that compares two lifestyle interventions for preventing weight regain in individuals who have successfully lost weight in a group-based behavioral weight loss program.

Results: Nine themes emerged as cultural characteristics specific to African Americans seeking participation in a lifestyle change program: 1) religion is a powerful force; 2) family structure; 3) integration dismantled the African American family; 4) general mistrust of Caucasians; 5) African Americans are undervalued and not respected as a people; 6) limited resources equal limited ability to make lifestyle changes; 7) preservation of an explicit ethnic identity; 8) education is the key to success as an African American; and 9) communication skills are vital.

Conclusions: Identifying cultural characteristics specific to African Americans may help investigators design clinical trials that will enhance outcomes and improve the generalizability of results in ethnic minority populations. (*Ethn Dis.* 2007;17:548–554)

Key Words: Culture, Behavior Modification, Health Promotion, Weight Loss

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INTRODUCTION

Ineffective weight loss among African Americans may be due in part to cultural attitudes toward obesity within the African American community.¹ As reviewed by Kumanyika,² several studies compare weight loss in African Americans and Caucasians. These studies imply that weight-loss treatments currently in use are more effective for Caucasians than for African Americans and possibly other persons of color.³ The reasons for these race-related outcomes are not clear; however, it seems likely that socio-cultural differences and non-cultural (structural) barriers may contribute to the difficulty of weight loss in ethnic minority populations and to the differential effectiveness of weight-loss programs.^{2–6} Specifically, culture can logically be considered a potential effect modifier because health behaviors such as physical activity, body weight control, and dietary patterns are strongly influenced by culture.^{1,7} Understanding cultural characteristics and the role they play in promoting or inhibiting new behaviors in a clinical trial setting may be helpful in designing future clinical trials to improve the outcomes of African Americans seeking to change unhealthy

behavioral practices and to establish healthier ones.

Resnicow et al emphasized the importance of focus groups and pretesting in early stages of implementation of culturally tailored or culturally based programs.⁷ Focus groups allow for a more in-depth exploration into participants' experiences and explanations of certain beliefs and traditions. The focus group methodology has been used extensively to capture African American ideas about perceptions of specific illnesses, various aspects of behavioral interventions, and participation in clinical trials.^{8–10}

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METHODS

Design

To determine the common behaviors, beliefs, and perceptions, that are considered specific to African Americans, five focus groups of African men and women were conducted. Two of the five focus groups were all women, with four to seven women in each group; two groups were both men and women, with five to seven in each group; and eight men were in the final group. Five 90-minute sessions were held over a 2-day period and were scheduled during the morning, noon, and early evening hours. Each participant attended only one focus group discussion held at the Pennington Biomedical Research Center (Baton Rouge, Louisiana). An African American female (BMK) moderated all of the focus group discussions and was assisted by an African American female (BKC) as notekeeper for the mixed and all-women groups. An African American male (EK) assisted as notekeeper for the men-only group.

Participants

Eligibility criteria included African American men and women who completed the screening process but were ineligible for the Weight Loss Maintenance (WLM) trial. WLM is a randomized controlled trial that compares two lifestyle interventions for preventing weight regain in individuals who have successfully lost weight in a group-based behavioral weight-loss program. One hundred fifteen African American ineligible participants for the WLM were sent a letter to personally invite them to take part in the focus group study. In addition to a letter, potential participants were contacted by telephone and those interested were asked to attend one of five 90-minute focus group sessions. Light refreshments were provided to all participants, and each participant received a \$50 stipend.

Data Collection

Informed consent was obtained prior to study enrollment. The study

Table 1. Focus group discussion probes

Are there any specific beliefs or practices regarding religion?
Is the concept of family different?
What are the beliefs and practices regarding health (physical/mental)?
Are work ethics different for African Americans?
Are views on education different?
Authority figures: Do African Americans respect different types of people?
Are there any specific beliefs or practices regarding money and economics?
Do African Americans prefer different styles of clothing, entertainment, or types of food?
Is communication different for African Americans?

protocol, procedures, and consent form were reviewed and approved by the Pennington Biomedical Research Center's institutional review board. At the beginning of each focus group, the moderator discussed the purpose, selection process, and role of each participant in the session. In addition to the standard audiotape recording used in most focus group research, all sessions were videotaped for accuracy and to allow review of non-verbal communication.^{11,12} In addition, both notekeepers took written notes to record verbal and non-verbal communication.

A questioning route was refined by using a pilot focus group composed of African American staff members at the Pennington Biomedical Research Center. This same questioning route was originally developed and tested by the Duke Hypertension Center utilizing twenty-six African American men and women.¹³

The moderator opened the focus group by asking participants to comment on what they thought of when they heard the phrase "African American." To initiate discussion of the key question, 15 non-specific cultural characteristics such as clothing, physical appearance, superstitions, friends, family, religion, food, education, music, work ethic, community, money, history, health beliefs, and political beliefs were given to each participant. Participants were asked to select the top 5 and rank (highest to lowest) the characteristics they identified with as an African American. They were also asked to rank

(highest to lowest) the characteristics that were important to them as an African American. The discussion proceeded based on the characteristics selected by the participants. Probes were used to elicit a better understanding of what prompted a participant to select certain characteristics (Table 1). At the conclusion of the discussion, the moderator posed a final question—"Is there anything that we have not mentioned that's specific to African Americans as an ethnic group?" Demographic information was gathered from participants' initial screening application for the WLM trial.

Data Analysis

Videotapes of the focus group sessions were transcribed and reviewed independently by three investigators (BMK, LH, BKC). Each investigator identified comments that were perceived to represent specific cultural features pertaining to the African American ethnic group. These comments were coded as cultural characteristics when agreed upon by at least one other participant in the group and repeated independently in another focus group session. Once the primary set of characteristics was agreed upon, they were grouped together based on unifying concepts. The moderator and investigator (JDA)¹³ reviewed the characteristic groupings to ensure consistency and relevance and proposed unifying characteristics for each grouping. All investigators reached a consensus on the final set of cultural characteristics.

Table 2. Focus group themes

Religion is a powerful force.
 Family structure.
 Education is the key to success as an African American.
 Integration dismantled the African American family.
 General mistrust of Caucasians.
 African Americans are undervalued and not respected as a people.
 Limited resources equal limited ability to change.
 Preservation of an explicit ethnic identity.
 Communication skills are vital.

RESULTS

Thirty-one African American men and women participated in one of five focus groups. Of the 31 participants, 65% ($n=20$) were female. The average age of participants was 48 [± 7.76 ; range 27–63 years], and 61% ($n=19$) were married. The average BMI of participants was 38 [± 8.91 ; range 26.6–71.3]. Thirty nine percent of focus group participants were ineligible for WLM as a result of BMI >40 , 13% were diabetic, and 48% were ineligible for various other reasons (ie, unable to meet study demands, motivational issues, taking weight loss medications, etc).

Nine themes emerged as cultural characteristics specific to African Americans seeking participation in a lifestyle change program (Table 2).

Religion is a Powerful Force

Focus group participants consistently chose religion as an important value for an African American. Participants often commented:

- “African Americans believe in God as they were taught to pray and be thankful. God is the foundation, and number one in our lives.”

Because religion was viewed as a powerful force, some focus group participants “Believe that God can heal without seeking health care.” Overall, participants in the study viewed themselves as part of a cultural group whose lives have been formed and consistently refined by their religious experiences.

Family Structure

Focus group participants consistently chose family as very important to them as an African American. Family was seen as foundational to establishing support and good values. Many participants viewed the African American grandmother and mother as key to the structure of family. Family extended to include cousins (first, second, third, etc.) and was considered being specific to them as a people and a key source of support.

Education is the Key to Success as an African American

Education was valued and ranked third to religion and family respectively as extremely important to African Americans. This was evidenced by the responses from many focus group participants.

- “Athletics won’t last, education will, and education is the only way out.”
- “African Americans value education because they know it’s the only way to have a better life.”

Education was consistently viewed as the most promising vehicle for lasting positive change. It was the general consensus that, although discrimination is still prominent and prevalent in American life, the only real vehicle for gaining respect and upward mobility is through education.

Integration Dismantled the African American Family

A large number of participants stated that “African Americans had

more before integration; because of integration, the African American family became dismantled.” Some focus group participants expressed that before integration African Americans were: “Strong people, strong-minded, strong-willed, and had a strong family heritage.” Strong family values were developed and the belief that “it takes a village to raise a child” was the norm. The general consensus of some focus group participants appeared to be that the African American family was better off prior to integration.

General Mistrust of Caucasians

Several participants from each focus group said that Caucasians were responsible for distorting African American history and that this has led to mistrust. Some participants cited the Tuskegee experiment as an example of reasons why some Caucasians cannot be trusted. Specifically, participants from several focus groups expressed examples of current behaviors that are related to this persistent mistrust of Caucasians and non-African American institutions.

- “Don’t trust doctors: a Black woman will voluntarily go to the doctor. A Black man will wait until it’s too late to go.”

While some participants cited historical experiences, and others expressed reasons for skepticism, they all attested to the reality of the general mistrust of Caucasians, particularly Caucasian physicians.

African Americans are Undervalued and not Respected as a People

This theme was embedded in historical, money and work ethics. It was expressed by the all male focus group participants that “historically, African Americans are a proud people.” It was specifically stated:

- “No other ethnic group goes through what African Americans face. The Black man has fought

and died in every war, yet is not respected here. Instead, African Americans are forgotten heroes.”

Several focus group participants expressed that:

- “African Americans earn less at the same educational level as non-African Americans. As a result, attitudes and self-esteem have been damaged.”
- “Pay is not equal, we do all the work, and others get the praise. African Americans have to work twice as hard as Whites to stay on the job.”
- “Asians and other non-African American groups are given money to start up when they come to the United States.”

Focus group participants perceived that the only time African Americans receive praise is when they are running down the basketball court or the football field scoring and winning. Though the participants acknowledged the efforts and accomplishments of African American athletes, they emphasized the inadequacy of athletics to evoke meaningful changes in the plight of the African American community.

Limited Resources Equal Limited Ability to Change

The consensus across most focus groups was the impact that socioeconomic status (SES) has on African American behavior. Most participants stated that the general lack of money, which prevents them from obtaining health insurance, led many African Americans to rely on “old folks” remedies. Participants from one of the female-only groups stated:

- “We relied on grandma’s ointments because we couldn’t afford health care. Today, we have health care and don’t take advantage of the benefits exercise can have on our health. We’re doing better but, it’s our mindset.”

Because many African Americans grew up extremely poor, one of the mixed focus group participants stated, “As a kid you are told to eat everything

on your plate; this is the reason for being overweight.” The general sentiment was, although some social circumstances are better than they were back in the 60s, the mindset of African Americans has not significantly changed from the past as is evident in the lack of exercise, and the amount and choices of food consumed today.

Preservation of an Explicit Ethnic Identity

Many participants from each of the five focus groups expressed that some foods were explicit cultural characteristics of African Americans. Soul food was identified as being explicit to African Americans because it was developed as a response to the conditions of slavery, the Jim Crow era.

- “We got what was leftover on the hog, the scraps to suit the needs of slavery.” “Black slaves had to eat what Whites didn’t want. We now have a taste for this food.”

Even when some cultural characteristics (ie, body shapes, skin tones, soul food) were thought to have some potentially negative effects, some participants expressed a great deal of reluctance about changing this aspect of their lives. Overall, participants indicated a belief that the contextual forces faced by African Americans throughout history have led to the development of explicit cultural practices that differentiate them from other ethnic groups.

Communication Skills are Vital

This cultural characteristic was possibly best-captured by participants across all five focus groups consistently referring to how African Americans communicate.

- “Non-verbal gestures; make eye contact only; speak Ebonics and slang language because it’s cool; and wear hair braided.”

The general consensus was that African Americans share many of the same

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experiences, and as a result they respond the same or very similar across the nation whether it be verbal, or non-verbal communication.

DISCUSSION

The objective of this research was to identify African American cultural characteristics that may be used to modify clinical trial designs and behavioral programs aimed at losing weight and maintaining weight loss. In our discussion, we summarize the cultural themes that emerged from conducting five focus groups, and how they can be used to inform the design of clinical trial protocols with behavioral interventions to make them more appealing to African Americans.

The specific experience of African Americans in this country has led to the development of a variety of support systems. Identifying and understanding the roles of support systems, such as the church, where religion is a powerful force, and family structure (immediate and extended), are of vital importance to African Americans and may provide the investigator with potential resources for recruitment, intervention delivery, social support, data collection and follow-up. As a result, several successful studies have used and are currently using the church for conducting interventions.¹⁴⁻¹⁶ Churches can be an

invaluable resource for not only reaching large numbers of potential African American participants, but also as a place for conducting successful lifestyle interventions in a setting that is comfortable and very familiar to the participant.

Although the mother and grandmother were viewed by participants in this study as key to the structure of family, peers including first, second, and third cousins are considered extended family and also as key sources of support. As a result, the extended family often can be very influential in determining health-related behaviors, especially if the extended family includes those who also have health behaviors that need to be changed. Investigators must realize that educating the families of participants and including them in some of the discussions of clinical trials may increase participation, retention and adherence in research trials.¹³ For example, in a trial calling for exercise as an intervention, providing access to exercise facilities to those identified as family members might be an extra incentive toward enrollment as well as adherence to the intervention.¹³

The basic distrust that African Americans have for physician researchers, US government doctors, US government-sponsored research, and biomedical research in general has been seriously, although not irrevocably, breached.¹⁷ Hiring, training, and supporting a diverse staff including African Americans at every level of the research team, ranging from investigators to study personnel, may serve to minimize much of the distrust. Investigators would do well to solicit and incorporate the suggestions of African American community members, entrepreneurs, and political leaders in designing research protocols and recruitment strategies.¹⁸ Increasing the involvement of African American community, civic, professional and clergy leaders to serve as recruiters or consultants in the design of clinical trials can help maximize the

likelihood of African American participation and retention.^{13,18}

The participants in this study felt that African Americans are undervalued and not respected as a people. Consequently, their perception is that less care will be taken to protect African American research participants from harm. To relinquish this perception, investigators should clearly communicate that the informed consent safeguards participants against abuses in research. Investigators should continue to focus on improving the delivery of informed consent, a document mandatory for all participants involved in research. Participants in this study realized that education is the key to succeed in every aspect of life. Providing discussion and feedback through the informed consent process is a means of educating African Americans about the research study. Research has shown that African Americans are primarily interested in being educated about research and lack of information was a primary reason for not participating in clinical trials.¹⁹

Perhaps communication, or lack thereof, is a key reason why some research studies succeed while others fail. It is important for those conducting research with African American participants to understand the reasons behind their preferences for treatments including complementary and alternative approaches, non-biomedical health beliefs, dietary practices, the family's role in decision making, and the role of spirituality.²⁰ These are historical preferences and attitudes specific and culturally rooted in African Americans. If researchers acknowledge and explore these attitudes and preferences, it's possible that they may be interpreted by African Americans as a means of resolving past disrespect, and serve as a basis for renewed trust.

In designing interventions, it should be clearly understood that the simple editing of language in written materials to be culturally sensitive which we often do, is not enough to convey cultural

knowledge. Investigators must seek to combine a dynamic team of people with talents and ethnic experiences who can inform intervention design and operations to benefit diverse populations.²¹ A commitment to making the intervention relevant to diverse populations must start at the planning phase and continue throughout the trial. In order to be effective, this commitment should become protocol for well-designed lifestyle and clinical trials seeking African American participants.

Limited resources (money), or the lack of, was perceived by participants in our study as being a reason for decreased use of healthy lifestyle elements, especially in the category of food. Consumption of foods that are high in fat, well-seasoned, and fried has its roots in the slavery period and continues today in African American communities. Perceptions in this regard were accurate according to relevant anthropological accounts of food practices during slavery.²²⁻²⁴ In addition, some healthy behaviors are identified as being something which only certain ethnic groups (ie, Caucasians) and/or the wealthy have the luxury of doing, seemingly making these activities out-of-reach for a minority with limited resources.¹³

The perception that African Americans from a lower SES do not have access to a healthy lifestyle is supported by several studies that have examined availability of fruits and vegetables, sidewalks, or other safe areas for exercise in African American neighborhoods.²⁵⁻²⁸ For example, the DASH dietary pattern demonstrated that the cost of eating a diet high in fruits and vegetables and low in fat is similar to other eating styles and falls well within the low- to moderate-cost plans for a family of four.²⁹ Furthermore, the cost of maintaining a healthy lifestyle is generally of concern to most people regardless of the person's ethnicity; however, for African Americans, this concern may be more likely to have an impact on future behavior.¹³ To remedy these concerns during an in-

ervention, researchers should utilize food items familiar and normally available at most grocery stores or provide a list of free and safe facilities for participants to exercise, thus showing sensitivity regardless of participant SES level.

Communication skills are vital for understanding rules that govern respect and fair treatment in the African American community. Some researchers suggest that the following specific interpersonal characteristics are viewed favorably for those conducting research with African Americans: 1) sensitivity to participants' privacy; 2) a humanistic approach; and 3) treating participants as equals.²¹ Investigators should empower participants by encouraging them to ask questions and voice concerns as partners in the research experience. To effectively communicate with African American participants, investigators and staff should be aware of the importance of eliciting information from them rather than making assumptions about their health beliefs, social, or educational backgrounds. For example, investigators and staff should not forgo providing comprehensive explanations of a procedure required in the study protocol based on the assumption that African American participants will not understand them. As evidenced in this focus group study, African Americans have an explicit manner of communicating and investigators interested in studying this population may need to ascertain preferences acceptable to them.

Finally, preserving an explicit ethnic identity can have important implications for establishing goals and predicting study outcomes. Culturally appropriate interventions are gaining attention within the clinical trial community as the struggle continues to design interventions for persons with multiple chronic conditions like obesity, diabetes, hypertension, heart failure, etc.²¹ No evidence currently exists that links outcomes in patient care with race or ethnicity concordance between patients and physicians, but patient satis-

faction with a visit has been linked to race-concordance of the provider and the physician.³⁰⁻³¹ While it may not be possible to ethnically match participants with group leaders in all settings (ie, a health psychologist at the doctoral level with group experience), the study team must be prepared to provide additional and ongoing training for group leaders to enable them to effectively interact with, and address the need of the participant within their cultural context.²¹

The limitations of this study are based primarily on the population of the focus groups. Because all participants had agreed previously to participate in the WLM trial, but were ineligible, we may be missing the perception of persons who would normally refuse to participate in clinical research. In addition, there may be additional selection bias simply based on the eligibility criteria for this focus group study (ie, all ineligible African Americans screened for WLM). However, the focus group methodology is an invaluable tool for performing detailed exploration of complex issues such as culture; in spite of this, the methodology is limited to hypothesis generation. Despite these limitations, our results should inform the design of clinical trials so they are more sensitive to the particular cultural experiences and needs of African Americans.

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