Attitudes of African American Advocates toward Childhood Obesity

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Objective: To report the childhood obesity-related attitudes and beliefs of community advocates who are serving African-American children.

Methods: Attendees at the 2009 National Black Child Development Institute (NBCDI) annual meeting who also attended the session on childhood obesity were surveyed. Surveys were self administered prior to the start of the session.

Results: Survey respondents felt that social determinants like heavy advertising, high cost of healthful food, etc were contributors to the childhood obesity epidemic while simultaneously believing that parents were ultimately responsible for shaping their children's eating behaviors.

Conclusions and Implications: African American children are plagued by a number of different risk factors. The job of advocates is very important in addressing these problems, however, advocates often find it difficult to split their time between each area. Health care professionals might be better served by developing disease risk reduction comprehensive programs when working with these communities. (*Ethn Dis.* 2011;21(3):268–273)

Key Words: Obesity, African Americans, Child Advocacy

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Introduction

African American children are disproportionately impacted by the obesity epidemic. Recent statistics reveal that non-Hispanic Black girls aged 2–19 years are 77% more likely to have a body mass index (BMI) ≥97th percentile than are Hispanic and non-Hispanic White girls.[1] Though fewer African American males have extremely high BMIs when compared to their female counterparts, they are less likely to perceive themselves as overweight when they are indeed overweight.[2] The combination of the high prevalence and the lack of recognition of overweight when one is truly overweight make this an extremely challenging problem to solve. This is especially problematic since obesity in childhood has been shown to track into adulthood[3] and to be associated with a number of other chronic diseases.[4]

Researchers have suggested many reasons for the higher prevalence and higher levels of weight distortion in African American children including the belief by African American parents that weight is inherited and therefore not something that one has control over, the reluctance of parents to deny additional food, their preference for higher fat foods and African American's preference for a larger body habitus.[5,6] These beliefs in the literature are often drawn from the researcher's interpretations of the data and rarely reflect a direct measurement of the attitudes and beliefs of African Americans. In November 2009, the authors of this article were provided an opportunity to assess the childhood obesity-related attitudes and beliefs of members of the National Black Child Development Institute (NBCDI), a partner organization in the fight against childhood obesity.

The NBCDI is a 40-year-old organization, whose primary mission is to advance the quality of life for Black children and their families through advocacy and education. The membership is composed of 2,439 individuals and partner organizations and has affiliates in 24 cities. The NBCDI members (eg, teachers, community leaders, parents, government officials) operate in various segments of society, representing wide-ranging perspectives important to the obesity debate and come from groups that have long been identified as important to engage for effective action in combating the multifactoral etiology of obesity.[7]

This article summarizes the results of a survey (Appendix 1) that was developed for the purposes of understanding the childhood obesity-related beliefs of NBCDI members. Information provided can be used to inform future intervention development.

Methods

Participants and Recruitment

Attendees of the NBCDI 2009 National Meeting Health Forum on Obesity were given a survey to complete prior to the beginning of the session. The 175 participants of the forum

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represented a sample of NBCDI membership with an interest in obesity-related issues and were thus considered a good source from which to gain initial insight into how members of the organization view obesity and the potential challenges it presents among the population served by the organization. The data collection protocol was determined to be exempt from full committee review and approved by the institutional review board.

Instrument

The survey was created for this study. Survey questions were developed based on the prevailing opinions in the literature to explain health disparities among Black children.[5,8–18] The purpose of the NBCDI survey was exploratory in nature and was designed to reveal attitudes and beliefs that may impact the interactions of advocates and their constituents as well as with potential partnering organizations and provide the groundwork for future studies in this area.

Twenty-nine survey questions were developed to address 5 domains: a) most prominent problems impacting African American youth (1 item in which respondents ranked problems facing youth); b) general perceptions about the obesity epidemic (6 Likert-style items); c) who is perceived to be responsible for obesity (8 Likert items); d) strategies for addressing overweight and obesity (12 Likert items); and e) most authoritative messenger and message content (2 multiple choice items). Attendees were also asked to provide information on sex, state of residence, and profession, and to identify their residential setting as urban, rural or suburban. See Appendix 1 for the complete survey.

The self-administered survey was distributed to and collected from the attendees prior to the conference session on obesity. The survey was completed prior to the session in order to minimize response bias. The purpose of the survey was explained verbally and in a covering note to the survey.

Table 1. Respondent profile*

Residential setting	
Rural	11.3%
Suburban	27.8%
Urban	60.9%
Sex	
Male	19.3%
Female	80.7%
Region	
South	52.6%
Other	46.4%
Profession	
Administrative	25.2%
Ancillary	38.7%
Education	36.1%

* Missing responses excluded.

Data Analysis

Data were analyzed using SAS (version 9, SAS Institute Inc, Cary, NC). The responses for the 26 items with a five-level Likert scale were collapsed into three categories: agree, neutral, and disagree. Data were stratified by sex, region, and profession. Geographical region was collapsed into southern states vs other. Southern states included Florida, Georgia, North Carolina, South Carolina, Maryland, Virginia, West Virginia, Washington, DC, Delaware, Alabama, Kentucky, Mississippi and Tennessee, Arkansas, Louisiana, Oklahoma, and Texas, consistent with census categorizations.[19] Professions were coded as education, administrative, or ancillary (eg, social work, medical professionals, counselors, marketing). Frequency tables and chi-square tests were used to analyze data.

RESULTS

Seventy-five percent (138) of the 175 obesity session attendees completed the survey. Seventy-nine percent of the respondents were female. Thirty-one percent worked in the field of education while 22% self-identified as administrators. The majority of the attendees were from southern states, and the majority identified their region as urban (Table 1).

Table 2. Challenges facing African American communities*

Problem	Responder Ranked it as #1
Teen violence	44%
Substance abuse	24%
Overweight	19%
Teen pregnancy	8%
Not having enough to eat	5%

* Missing responses excluded.

In response to the item asking participants to rank the problems facing today's youth, 44% identified teen violence as the greatest problem affecting youth; 24% believed substance abuse was greatest; 19% believed overweight to be predominant; and 8% identified teen pregnancy. Not having enough to eat was identified as the greatest problem by only 5% of the respondents (Table 2).

More urban respondents identified teen violence as the most prominent issue facing youth while rural residents indicated both teen violence and overweight as the most pressing. The difference between the urban and rural respondents was trending toward statistical significance ($P=.07$). While obesity was not ranked as the top problem by most respondents, 84% did identify obesity as a serious problem facing African American youth. Almost one-fifth of respondents, however, believed that the problem was actually overstated in the media.

Respondents expressed differing levels of agreement regarding what/who was responsible for childhood obesity. Seventy-eight percent of respondents agreed with the statement, "More than anyone, parents are primarily responsible for children's poor eating habits." Seventy-five percent agreed with the statement, "Too much time on the

Table 3. Level of agreement with statements pertaining to childhood overweight/obesity*

	Agree	Neutral	Disagree
I believe that childhood obesity is a serious problem among African-American children	83.8%	9.6%	6.6%
I believe the problem of childhood obesity among African American children has been overstated in the media	19.9%	19.1%	61.0%
It is important for a boy to be big because this implies he is strong	7.3%	4.4%	88.3%
Heavier children are often healthier than thinner children	5.1%	6.6%	88.3%
Thin teenage girls are less attractive then larger girls	4.4%	16.1%	79.6%
It's better to be a little bit overweight than underweight	17.7%	27.2%	55.2%
More than anyone, parents are primarily responsible for what their children eat	77.8%	9.6%	13.0%
Food marketing to children is primarily responsible for children's poor eating habits	52.2%	16.9%	30.9%
The sale of junk food in schools is primarily responsible for poor eating habits	36.0%	25.7%	38.2%
Too much time on the computer, watching TV, and playing video games is primarily responsible for the rise in childhood obesity	74.1%	11.1%	14.8%
Buying healthy food is often too expensive	56.3%	14.1%	29.6%
The neighborhoods that African-American children live in have more ads for unhealthy foods than neighborhoods in which White children live	61.8%	22.8%	15.4%
Lack of safe places for children to play is responsible for childhood obesity	46.7%	19.3%	34.1%
Being overweight limits the amount of physical activity that children can participate in	64.7%	8.1%	27.2%
Controlling how much his or her child eats is a good way for a parent to prevent excessive weight gain	71.9%	14.1%	14.1%
Parents have the responsibility to make sure their child learns to like a variety of foods	92.6%	3.0%	4.4%
It is more important for parents to buy ''kids foods'' that they know their child will eat rather than buying food they are less sure about	16.3%	23.0%	60.7%
Parents should be careful that they don't over-restrict how much their children eat	48.1%	21.8%	30.1%
When a child says he/she is full, parents should decide if the child should finish his or her meal because parents are a better judge of how much a child should eat	18.7%	22.4%	59.0%
Children's food preferences are established before they enter preschool and cannot be changed much	18.1%	11.3%	70.7%
Adults can influence a child's eating habits	91.8%	2.2%	6.0%
Physicians should let parents know when their child is overweight	92.5%	2.2%	5.2%
Schools should let parents know when their child is overweight	63.4%	20.2%	16.4%
The issue of a child's overweight should be raised with parents by health professionals only in terms of health risk, eg, when the elevated weights are associated with diabetes	43.2%	11.4%	45.5%
Rewarding children with dessert is a good way to get them to eat their vegetables	10.4%	14.8%	74.8%
Providing more money to develop safe places for children to play is an effective way to combat childhood overweight	69.4%	18.7%	11.9%

* Missing responses excluded.

computer, watching TV, and playing video games is primarily responsible for the rise in childhood obesity.'' Sixty-one percent agreed with the statement, ''The neighborhoods that African American children live in have more ads for unhealthy foods than neighborhoods in which White children live'' and fifty-six percent agreed that healthier food costs more. Thirty-six percent of respondents agreed with the statement, ''The sale of junk food in schools is primarily responsible for poor eating.'' See Table 3 for additional results. These beliefs regarding the persons or things most responsible for childhood obesity will likely direct future partnerships and actions taken to reduce obesity by individual advocates and the organization as a whole.

In response to statements regarding potential strategies for addressing overweight, there was also a range of opinions. Seventy-two percent believed that controlling how much his or her child eats is a good way for a parent to prevent excessive weight gain while 48% of respondents believed that parents should be careful that they do not over-restrict how much their children eat. Certain statements garnered almost complete concordance. Ninety-three percent of respondents agreed with the statement, ''Parents have the responsibility to make sure their child learns to like a variety of foods.'' Ninety percent of respondents believed physicians should tell parents a child is overweight.

The majority of respondents (48%) felt that parents were the best authority figures to deliver messages about nutrition, physical activity and weight status to American families while twenty-eight percent felt that physicians should deliver the messages. Fewer respondents liked the more colloquial terms of big boned, heavy, thick and solid with only 6%, 13% 11% and 7%, respectively, stating that these terms should be used.

Results of the survey corroborated the fact that obesity is just one in a list of serious problems facing African American children.

DISCUSSION

The NBCDI has a 40-year history of advocating for children. Their beliefs about the causes of obesity and effective interventions directly impact their approach when working with and on behalf of these children. Results of the survey corroborated the fact that obesity is just one in a list of serious problems facing African American children. The survey also revealed that obesity, which in terms of health impact is a more distal problem, was understandably ranked below violence and substance abuse, both issues that present a more immediate threat to well-being. In addition, almost 20% of the respondents believe that the problem of obesity among African American youth is overstated in the media. Considering the complex lives led by many African American youth we are reminded of a question that Kumanyika posed in a 2005 article: ''Does it sound ridiculous to tell people about the risk of death from obesity-related diseases when there are frequent reminders of the risk of death right outside?''[20] On first blush the answer appears to be yes, however, it is likely not that straightforward. Acknowledgment of the complex lives of African American families by obesity experts when developing interventions may result in increased utility of the intervention to the families and result in better outcomes. One idea is to reframe the discussions of teen violence, teen pregnancy, substance abuse, overweight and not having enough to eat under the larger rubric of threats to healthy lifestyles. This might facilitate our thinking about these problems collectively and also encourage us to work across disciplines to determine solutions for these problems.

Dorfman and Wallack[21] call on public health advocates to also reframe the obesity debate in environmental terms. The respondents of the survey seemed to support this recommendation by their majority agreement on the contributors of obesity, which included the expense of healthful food, the overwhelming advertising of junk foods in the community and lack of safe places for children to play, which are contextual in nature. Since the community advocates have identified these as major contributors, nutrition professionals are likely to get greater support from the community if they assist the advocates in making the recommended changes in these contexts. In addition, nutrition researchers can help to arm front-line advocates with knowledge and skills to help families better navigate the existing environments until change comes. Having insight into the beliefs of advocates toward childhood obesity will assist us in determining a relevant starting point for our efforts. For example, if it is believed that healthful food is prohibitively expensive, advocates may be less likely to encourage such choices among community members. However, by providing low-cost shopping tips, affordable recipes, and ideas for economical yet healthful food choices, it may be possible to initiate a movement whereby changes in food purchase patterns are advocated.

Despite the heavy endorsement of social determinants of obesity among African American children there was also strong support for parents being responsible for their children's intake (ie, individual responsibility by proxy). This can perceived as a positive since it indicates that the survey participants saw parents as important stakeholders. Other assets found among this group of advocates were recognition of childhood obesity as a serious problem in light of other community problems and recognition of the role of environment. Nutrition professionals and primary care providers should keep these strengths in mind when working with African American advocates since this increases enthusiasm for working to change both individual and upstream determinants. The strengths and weaknesses found among the advocates also speak to the need of including the community in study design to increase the relevance of the intervention. Community-based participatory research (CBPR) is one approach that might be used to accomplish this.

There are several limitations to this survey including the small and nonrepresentative sample. In addition there was likely a selection bias due to the fact that all respondents were attending an optional obesity-related session at NBCDI that represented only a portion of the attendees. As a result the findings cannot be generalized. It is important to note that the survey was never intended to be representative but was intended to help the authors understand their audience better. The authors acknowledge the limitations posed by using a closed ended survey to explore attitudes and belief. The authors tried to minimize this limitation by developing questions based on discussions put forth by experts in the literature regarding rationale for obesity related disparities among African Americans. Additional studies of African American advocates obesity related beliefs are clearly needed. Despite these limitations the authors believe this survey sheds light on beliefs about obesity held by some African American child advocates, which should be considered when developing future studies. The NBCDI plans to use the results of the study to plan future health issues forums for their constituency.

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AUTHOR CONTRIBUTIONS

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APPENDIX 1: BELIEFS AND ATTITUDES ABOUT CHILDHOOD OBESITY

Survey Profession_____
Gender_____
State_____
Please check the one the best describes your residential setting:
Urban_____
Rural_____
Suburban_____
Significance of the problem

1. African American communities are plagued by a number of different problems. Please rank these problems 1–5 with 1 being the most important and 5 being the least important.
   a. Teen violence
   b. Teen pregnancy
   c. Substance abuse
   d. Overweight
   e. Not having enough to eat

2. How much do you agree/disagree with the following statements about childhood obesity? Please write your answer to each question on the line preceding it, using the following ratings;

Strongly disagree= 1 Disagree=2 Neutral=3 Agree=4 Strongly agree=5

Perception of the problem

A. I believe that childhood obesity is a serious problem among African-American Children

B. I believe the problem of childhood obesity among African American children has been overstated in the media.

C. It is important for a boy to be big because this implies he is strong.

D. Heavier children are often healthier than thinner children.

E. Thin teenage girls are less attractive then larger girls

F. It's better to be a little bit overweight than underweight.

Who/What is responsible for the problem

G. More than anyone, parents are primarily responsible for what their children eat.

H. Food marketing to children is primarily responsible for children's poor eating habits.

I. The sale of junk food in schools is primarily responsible for poor eating habits.

J. Too much time on the computer, watching TV, and playing video games is primarily responsible for the rise in childhood obesity.

K. Buying healthy food is often too expensive

L. The neighborhoods that African-American children live in have more ads for unhealthy foods than neighborhoods in which white children live.

M. Lack of safe places for children to play is responsible for childhood obesity.

N. Being overweight limits the amount of physical activity that children can participate in

Strategies for addressing overweight

O. Controlling how much his or her child eats is a good way for a parent to prevent excessive weight gain

P. Parents have the responsibility to make sure their child learns to like a variety of foods.

Q. It is more important for parents to buy "kid foods" that they know their child will eat rather than buying food they are less sure about.

R. Parents should be careful that they don't over-restrict how much their children eat.

S. When a child says he/she is full, parents should decide if the child should finish his or her meal because parents are a better judge of how much a child should eat

T. Children's food preferences are established before they enter preschool and cannot be changed much

U. Adults can influence children's eating habits

V. Physicians should let parents know when their child is overweight.

W. Schools should let parents know when their child is overweight.

X. The issue of a child's overweight should be raised with parents by health professionals only in terms of health risk, e.g., when the elevated weight is associated with diabetes

Y. Rewarding children with dessert is a good way to get them to eat their vegetables

Z. Providing more money to develop safe places for children to play is an effective way to combat childhood overweight

Messenger and Message

3. Of the advocates listed below who is the best authoritative figure to deliver messages about nutrition, physical activity, and weight status to African American families (select one)?

a. Parents
b. Teachers
c. Physicians
d. Children
e. Churches/Faith based groups
f. Coaches
g. Community leaders

4. Which of the following terms should advocates use when discussing the overweight status of children? (Circle all that apply)_

a. At risk for overweight
b. Overweight
c. Obese
d. Big boned
e. Heavy
f. Thick
g. Solid