

SUMMIT ON
OBESITY

**in African American
Women and Girls**

Final Report
and Action Agenda

Cosponsored by the Association of
Black Psychologists and American
Psychological Association



AMERICAN
PSYCHOLOGICAL
ASSOCIATION



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University of the District of Columbia
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The majority of African American women, almost

50%

are obese.

 Obesity has increased dramatically in the United States over the past 30 years, and it is now considered an epidemic (Centers for Disease Control and Prevention, 2009). According to the Institute of Medicine (IOM, 2013), obesity is one of the greatest public health challenges of the 21st century, creating serious health, economic, and social consequences for individuals and society (IOM, 2013). Obesity increases the risk for many chronic diseases, including heart disease, Type 2 diabetes, certain cancers, and stroke (Centers for Disease Control and Prevention, 2009). Almost every sociodemographic group is affected by obesity. For example, in the last three decades, the percentage of obese children age 5 and younger has doubled, and the number of obese children ages 6 to 19 has tripled (Ogden, Carroll, Kit, & Flegal, 2012).

African American girls and women are disproportionately affected by the obesity epidemic, placing them at higher risk for obesity-related morbidity and mortality. One quarter of African American girls ages 6 to 11 are obese (compared with 14% of White girls), and 25% of African American female adolescents are obese (compared with 15% of White girls) (Ogden et al., 2012). Compared with White youth, African American girls are at a higher risk of becoming obese (Ogden et al., 2012), increasing their likelihood of obesity in adulthood (Field, Cook, & Gillman, 2005) and of weight-related health comorbidities (Braunschweig et al., 2005; Pi-Sunyer, 2002; Pratt, 2013).

The majority of Black women, almost 60%, are obese (Fryar, Carroll, & Ogden, 2012), putting them at disproportionate risk for obesity-related comorbidities, such as Type 2 diabetes and hypertension, compared with their White and male counterparts (Centers for Disease Control and Prevention, 2008; Pratt, 2013; H. Zhang & Rodriguez-Monguio, 2012).

02 There is an urgent need to deliberately address excess weight and obesity among African American girls and women to ensure healthier, productive, and happier lives for them and their families. To address these concerns, the Association of Black Psychologists (ABPsi) and the American Psychological Association (APA) convened the Summit on Obesity in African American Women and Girls on October 23–24, 2012, in Washington, DC. More than 60 academics, government agency representatives, public health professionals, community workers, students, and representatives from religious organizations attended. Twenty-two interdisciplinary experts in obesity, women’s health, and health disparities presented information on the epidemiology and determinants of excess weight and obesity in African American females and evidence-based prevention intervention programs and policies. All attendees participated in large and small group sessions to develop an action agenda of activities and positions that all participants could support and advance in their respective agencies, organizations, and communities.

This report summarizes selected research and programmatic findings presented during the summit and the recommendations endorsed by summit participants regarding strategies and actions needed to successfully prevent and treat obesity in African American girls and women.

The summit began with welcomes and opening remarks by Cheryl Grills, PhD, Loyola Marymount University, 2011–2013 president of the ABPsi, and Suzanne Bennett Johnson, PhD, Florida State University,

2012 APA president. Dr. Grills began her introduction with an African proverb that accentuates the necessity of societies having healthy women: “If you are building for a year, grow rice; if you are building for a decade, grow trees; if you are building for centuries, grow women.”

She described the causes of obesity among African American and Black women and girls as being multifaceted and multidimensional with many pathways. She stated that the prevalence of obesity has increased significantly over the last few decades and that Black women and girls are faced with greater exposure to the marketing of low-nutrition foods and less access to recreational opportunities and as a result are more sedentary, with incredible levels of stress (e.g., financial, employment, unemployment, housing, racial, social, and more). Dr. Grills cautioned that we cannot simply look at individual-level analysis and strategy—particularly because we know community socioeconomic characteristics uniquely influence youth health outcomes (Wickrama & Bryant, 2003). She emphasized that we need to understand and intervene in the structural realities that impact this issue and the conditions of Black girls’ and women’s lives that either enhance or undermine health where the nexus of race, gender, and social class form structural forces to affect the health of Black girls and women. In her call to action, Dr. Grills urged attendees to move beyond simplistic atomistic analysis, avoid the context minimization error, and realize that multiple strategies based on a community-centric foundation are required to be effective.

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In her address “The Obesity Epidemic in African American Women and Girls: How Should Psychology Respond?” Suzanne Bennett Johnson, PhD, discussed the consequences of obesity, factors underlying the obesity epidemic, and the ways in which psychology can be instrumental in leading efforts to reduce obesity among African American females. She presented data that showed the health consequences linked with levels of weight and obesity as measured by body mass index (BMI), including risk of death. Dr. Bennett Johnson discussed the obesogenic environment, a socioecological perspective that explains the levels of influence on weight and weight gain ranging from the individual to local, state, and federal policies and laws. For example, at the federal level of influence, farm subsidies that

produce a high volume of corn and soybeans at low cost lead to increased calorie consumption through the availability of low-priced fast food and soda. There are no similar subsidies for fresh fruits and vegetables. At the school level, decreased physical education requirements over the years have led to less physical activity among students. Dr. Bennett Johnson asserted that psychology can be most effective in reducing obesity by abandoning the personal choice only explanation of obesity, emphasizing prevention, and focusing practice and research efforts beyond the individual to include a broad range of society influences.

04 **SUMMIT PRESENTATIONS: OBESITY
EPIDEMIOLOGY, DETERMINANTS, AND
INTERVENTIONS**

Presentations addressed the epidemiology of obesity in African American females, explanatory models of weight and obesity, and effective prevention and intervention approaches to weight reduction and management with African American girls and women.

Two additional plenary presentations provided overviews of obesity among African American females. Cynthia Ogden, PhD, National Center for Health Statistics, presented the opening address, titled “Obesity in the U.S.: Understanding the Data on African American Girls and Women.” She discussed the much higher rates of obesity found in African American women (57% in 2011–2012) in comparison to White (33%) and Hispanic women (44%). Income and education did not explain the differences. That is, African American females were more likely to be obese at higher education and income levels in comparison to White females in the same categories. She proposed that there are many contributing factors that lead to an imbalance of calories and energy expenditure and ultimately to obesity. Eating outside the home has increased, consumption of high-calorie beverages has been associated with obesity, and physical activity levels are low. Misperceptions of weight may also play a role, especially among African American women.

Dr. Jackson discussed the social determinants of poor health, race and race differences in opportunities, obesity as an outcome of coping with stress, and environmental affordances that promote unhealthy coping strategies. The affordance framework posits the significance of understanding the interrelationships among environment, stressors, negative health behaviors, and physical and mental health disorders. It posits that structural life inequalities may cause both health and mental health disparities. Structural life inequalities in income, wealth, employment, and educational opportunities are large and unfavorable for African Americans and variable for other minorities. Likewise, physical health disparities and mortality outcomes are large and unfavorable for African Americans and other minorities, but in comparison to Whites, mental disorder disparities are small and often favorable for African Americans. Dr. Jackson hypothesized that Blacks may “buy” reduced rates of psychiatric disorder with higher rates of physical health morbidities. Overeating is one method Black women have of coping with chronic stress and chronic activation of the hypothalamic–pituitary–adrenal axis (Jackson, Knight, & Rafferty, 2010).

Jackson noted these behaviors may be effective in impeding the biological cascade to mental disorders, resulting in positive mental disorder disparities for Blacks in comparison to non-Hispanic Whites. However, along with poor living conditions, lack of resources, and environmentally produced chronic stress over the life course, these behaviors contribute to negative race disparities in physical health morbidity and mortality.

Dustin T. Duncan, ScD, Harvard University (currently with New York University), emphasized with theory and research findings the significant role neighborhoods play in the obesogenic environment. Using spatial mapping, Dr. Duncan demonstrated the ways in which neighborhoods matter in determining such obesity-related factors as neighborhood safety, community design, and the built environment that influence, for example, physical activity (e.g., walking). In a study on park usage, neighborhood safety, and physical activity among public housing residents, Duncan and his coauthors (Bennett et al., 2007) found that neighborhood safety

predicted physical activity and that women who reported their neighborhoods as unsafe walked less (fewer average number of steps) at night than did those who reported their neighborhoods as safe.

Duncan presented findings from other studies demonstrating the role neighborhoods play in the obesogenic environment. For example, one study examining the relationship between neighborhood racial/ethnic composition, poverty, and recreational open space in Boston, MA, found that predominately Black neighborhoods were associated with decreased density of recreational open space (i.e., Black neighborhoods were less likely to have open spaces.) A study in New Orleans found that Black neighborhoods had more fast food restaurants than White neighborhoods, about 2.4 fast food restaurants in an average predominantly Black neighborhood compared with 1.5 in an average predominantly White neighborhood (Block, Scribner, & DeSalvo, 2004). And an examination of the distribution of supermarkets found 4 times more supermarkets in White neighborhoods than in Black neighborhoods (Morland, Wing, Diez Roux, & Poole, 2002). Moreover, only 8% of Blacks live in a neighborhood with at least one supermarket, compared with 31% of Whites. Blacks' fruit and vegetable intake increased by 32% for each additional supermarket in the census tract, while Whites' fruit and vegetable intake increased by 11% with the presence of one or more supermarkets (Morland, Wing, Diez Roux, 2002).

On the basis of the literature and his research, Duncan asserted that obesity prevention can be accomplished, in part, through policy initiatives such as health-promoting land use policies, community design initiatives (e.g., neighborhood walkability improvements), and safe neighborhood initiatives.

Obesity interventions were shared and critically assessed in terms of their appropriateness and usefulness with African American girls and women. Charlotte Pratt, PhD, RD, FAHA, National Heart, Lung and Blood Institute, National Institutes of Health (NIH), presented an overview of obesity prevention and treatment approaches in "Interventions to Prevent or Treat Obesity in African American Girls and Women: What Do Research Findings Tell Us?" Dr. Pratt described information

available in Cochrane reviews (systematic reviews of the effects of interventions for prevention, treatment, and rehabilitation using primary, evidence-based research) and the recommendations of the U.S. Department of Health and Human Services U.S. Preventive Services Task Force (2011). She presented data on the general effectiveness of obesity prevention and treatment programs and noted the challenges of maintaining weight loss. Programs discussed included the multisite Government Employees Medical Scheme (GEMS) program (based on social cognitive theory) and bariatric surgery. Effectiveness with African American women varied, with African Americans sometimes not showing as much benefit (e.g., weight loss) as other groups.

Maryam Jernigan, PhD, Yale University, reported on her review of the literature on obesity prevention and interventions specifically for African American females. She found only 12 studies that met inclusion criteria (e.g., at least 50% of the participants were African American females, published between 1980 and 2011, and peer reviewed). Factors Dr. Jernigan identified as important in obesity prevention and intervention with African American females included developmental considerations, context, family, cultural tailoring, and the theoretical framework.

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Additional speakers from federal agencies participated in the summit and discussed their agencies' interest in and priorities for obesity. Layla Esposito, PhD, National Institute of Child Health and Human Development (NICHD), discussed the "Strategic Plan for NIH Obesity Research" (NIH Obesity Research Task Force, 2011), NICHD's interests in obesity, and some of the research being funded as part of the strategic plan. Goals include the following: Discover fundamental biological processes that regulate body weight and influence behavior, understand factors that contribute to obesity and its consequences, design and test new interventions for achieving and maintaining healthy weight, evaluate promising strategies for obesity prevention and treatment in real-world settings and diverse populations, and harness technology and tools to advance obesity research and improve health.

NICHD's interests in obesity include behavioral, environmental, and genetic origins of obesity; prevention efforts with children (especially young children); interventions (e.g., parenting and feeding; primary care, day care, and school-based communities; children with disabilities; multilevel interventions); evaluation of policies and natural experiments; systems science approaches and methods; nutrition; maternal obesity during pregnancy; and diseases and conditions related to obesity, such as Type 2 diabetes and polycystic ovarian syndrome.

08 Yvonne Green, RN, CNM, MSN, director, Office of Women's Health, Centers for Disease Control and Prevention (CDC), stated that CDC was actively involved in the fight against overweight and obesity, both within the agency and in other ways. For example, CDC has implemented modified office environments to place stairs and healthy snack food machines more prominently; encourages breastfeeding; encourages farmers markets; funds 21 chapters of the Wise Woman Program at state and local levels; provides testing, interventions, and access to lifestyle change programs; collaborates with NIH and others in the Weight of the Nation program, comprising four films and conferences; and maintains special partnerships, such as a memorandum of understanding with an African American sorority.

Several researchers presented information about their prevention and intervention programs addressing obesity in African American women. These programs provide a snapshot of some of the programs being developed. All reported some positive outcomes, although evaluations are still ongoing.

Dawn Wilson, PhD, University of South Carolina, described several of the intervention studies in which she and her team were involved. One, Positive Action for Today's Health, uses a systems approach and an ecological model to promote walking and community connections in African Americans age 18 years and older. Communities were randomized to one of three programs: (a) police-patrolled walking program plus social marketing campaign; (b) police-patrolled walking program only; and (c) general health education program, tailored to

community needs. Outcomes were increased physical activity levels and improved BMI and blood pressure for each of the three programs. The police-patrolled walking program plus social marketing (Program I) improved perceptions of safety and access and also improved attitudes, motivation, and self-efficacy.

Leslie Curtis, MA, National Institute of Diabetes and Digestive and Kidney Diseases, described the Sisters Together: Move More, Eat Better program. This health awareness program encourages Black women age 18 years and older to maintain a healthy weight by eating healthy foods and being more physically active. It is run locally by individuals in the communities in which they live. A guide and resources updated regularly are provided to each group. The guide outlines steps (e.g., getting started, identifying community resources, planning activities, measuring success) to help the group plan its program and gives examples of activities from the Sisters Together programs. The materials are based on a pilot program run by the Weight-Control Information Network and its partners, Harvard University, the New England Medical Center, and Tufts University.

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Other researchers shared their experiences with developing and implementing obesity prevention intervention programs with African American girls and women. Maureen Black, PhD, University of Maryland, described the Toddler Overweight Prevention Study, a program to reduce toddler obesity risk behaviors through modifying parenting practices (e.g., managing behavior without food) and maternal lifestyle (e.g., physical activity). In the study, mothers participated in eight manualized sessions and set attainable, sustainable goals. Improvements were seen in maternal weight status, diet, physical activity patterns, and toddler diet and physical activity. Moreover, there was improvement in mother-toddler feeding interaction. An intervention with primarily African American adolescent girls that used goal setting also showed positive results over time in BMI and physical activity.

Henrie Treadwell, PhD, Morehouse School of Medicine, discussed two programs: Can You Imagine Me? which addresses childhood obesity in African American communities, and I Am Woman, which addresses obesity in African American women. Through a mini-grant program, Can You

Imagine Me? developed by Links, Incorporated (an international volunteer corporation of professional women of color committed to enriching the lives of African Americans and other persons of African ancestry), and Community Voices, Morehouse School of Medicine, has been implemented in 27 communities nationwide. Children showed an increase in knowledge across all program components, with the largest increase in knowledge being about selecting healthy foods. Female students scored slightly higher than male students. I Am Woman is a comprehensive, culturally tailored women's health education program designed to increase awareness about health issues, physical activity, and healthy food choices among African American women. Community health workers direct the intervention sessions. Dr. Treadwell reported that the intervention led to decreases in hypertension and pre-diabetes and had a retention rate of 75%.

Marilyn Gaston, MD, and Gayle Porter, PsyD, codirectors and founders of the Gaston & Porter Health Improvement Center, Inc., noted that stress is a signal cause of obesity among Black women. According to the CDC, it is most prevalent in African American women; is a root cause of negative mood, mild depression, anxiety, and anger; correlates with lower socioeconomic status; and worsens with age. In addition, among Black women, roughly 300,000 deaths per year—the highest rate in the United States—are related to poor nutrition and physical inactivity. These are major risk factors for many chronic illnesses such as Type 2 diabetes, heart disease, and hypertension.

Drs. Gaston and Porter explained that their core program, Prime Time Sister Circles, is a community-centered, curriculum-based effective intervention that organizes mid-life African American women into support groups and encourages them to develop and implement their individually developed health plans. In addition to learning how to improve their nutrition, increase their physical activity, and reduce their stress, participants are taught to value themselves. The curriculum has been designed by specialists in conjunction with Gaston and Porter to accommodate the

health literacy needs of women of diverse socioeconomic status. More than 2,000 women from across the country have participated in the Prime Time Sister Circles program, which has proven successful, has proliferated, and has been publicized on television in the District of Columbia. The program's positive outcomes have been shown to have a ripple effect on the participants' families.

Suzanne E. Mazzeo, PhD, Virginia Commonwealth University, discussed the university's multidisciplinary Pediatric Obesity Research team and their research projects on treating pediatric obesity and binge eating in Richmond, VA. Their NOURISH project targets parents of overweight children to promote the development of buffering environments. The program stressed the influence of parental modeling based on results of prior research indicating that:

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- parents' consumption is the best predictor of children's fruit and vegetable consumption,
- parents can provide structure and predictable eating routines such as family meals, and
- children whose parents exercise are more likely to participate in physical activity.

The majority (60.7%) of NOURISH participants were African American; 35.7% were White, and 2.4% were multiracial (the remainder were Asian, Latino/a, or American Indian). Compared with a control group, NOURISH families significantly improved on child BMI percentile and parent-reported food restraints. Of enrolled participants, 63.9% completed posttesting, and no racial differences were found between those who dropped out and those who completed the program.

Shannon Cosgrove, YMCA-USA, described the activities of YMCA-USA and noted that in November 2011 the YMCA committed to upholding healthy eating and physical activity standards in early child care and after-school programs. Among the YMCA's programs are several focused specifically on African Americans and Latinos/as, such as the Health Smart Behavior Program. This program, based on health self-empowerment theory, empowers participants by providing knowledge and skills for engaging in health-smart behaviors as well as skills and knowledge

for managing stress, anxiety, and depression. Of the 375 individuals providing feedback, 76% reported increasing levels of physical activity and incorporating physical activity into their daily routine after engaging in the program. Ms. Cosgrove also described YMCA's Diabetes Prevention Program and Health Communities Initiatives.

12 Nida Corry, PhD, at that time a member of the APA Public Interest Government Relations Office staff, now with Abt Associates, stressed the importance of public policy in the fight against obesity. She noted that major trends in federal obesity policies supported by the APA are to promote healthy eating and physical activity, increase public awareness and appropriate marketing, provide direct health care services, and improve data collection and tracking. She also highlighted key components of the Patient Protection and Affordable Care Act of 2010 that should be helpful in the fight against obesity and some of the policies presently introduced in Congress. She particularly noted the White House Childhood Obesity Initiative, "Let's Move!" and the White House Task Force on Childhood Obesity.

Annelle Primm, MD, MPH, director of Minority and National Affairs, American Psychiatric Association, highlighted the urgent need for collaboration across disciplines and noted that associations can be particularly involved through their annual meetings. She stated that not enough psychiatrists are involved and noted possible strategies for her association and others to be involved, such as sessions during annual meetings and special journal issues dedicated to obesity. She also stressed the need to look at comorbidity and focus on holistic approaches to wellness for African American women.

Makani Themba, Praxis Project, reminded participants of the need to determine socially and culturally acceptable interventions and to keep sight of the big picture—what it means to live as an African American woman at the intersection of racism and patriarchy. She reiterated the importance of changes in public policy and asked participants how they could leverage their own leadership to influence public policy. She referenced the commercialization of society—that is, the promotion and advertising of unhealthy food—as a central contributor to obesity on which policy can have an important impact.

Angela Cooke-Jackson, PhD, Emerson College, reminded summit participants of the importance of communication about topics related to health issues and supporting efforts to increase understanding of ways to change behaviors leading to obesity and empower Black women.

Pamela E. Scott-Johnson, PhD, explained her research, which supports the importance of developing intervention strategies that counteract misperceptions of weight categories and attitudes about obesity and body image among African Americans.

Other speakers addressed additional issues of importance in the fight against obesity. Despite the success of some programs, providing sufficient prevention intervention programs at the community and policy levels and maintaining long-term weight loss continue to be challenges.

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SUMMIT ON OBESITY IN AFRICAN AMERICAN WOMEN AND GIRLS ACTION PLAN

Dr. Grills led the group in developing an agenda for action in addressing the prevention and reduction of obesity among African American women and girls. On the basis of active discussion of research presented, programs described, and experiences shared at the summit, summit participants agreed to support, disseminate, and encourage commitment to the action agenda in their respective organizations and communities. Many of the recommendations align well with those made by other organizations, for example, *Accelerating Progress in Obesity Prevention: Solving the Weight of the Nation* (IOM, 2012), *White House Task Force on Childhood Obesity Report to the President: Solving the Problem of Childhood Obesity Within a Generation* (2010), and information from the African American Collaborative Obesity Research Network.

Attendees identified four critical areas of action to prevent and reduce obesity in African American women and girls: (1) Form collaborative, interdisciplinary partnerships; (2) advocate for increased research on obesity; (3) advocate for policy change; and (4) educate and increase access to information.

1. Form collaborative, interdisciplinary partnerships.

Collaborative partnerships between professionals from all disciplines and the community were strongly cited as necessary to implement sustainable obesity prevention and treatment programs for African American women and girls. Such partnerships can help identify and implement strategies rooted in the cultural context of the community and promote and support change from the individual and family and the local, state, and national influence levels.

2. Advocate for increased research on obesity among African American women and girls and other health disparity populations.

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Efforts to address obesity have proliferated. However, their effectiveness with women and girls from health disparity populations is not clear. Few translational studies have specifically focused on women from health disparity populations. There is a critical need to close the research gap around evidence-based strategies specifically for the African American female population. Greater exploration is needed to address the public policy, environmental, behavioral, and cultural factors that contribute to high levels of obesity and identify methods to counteract these barriers.

3. Advocate for policy change.

Public policies that contribute to obesity must be identified and challenged. Effective programs to prevent and treat obesity among African American women and girls must be developed, and those already found to be successful should inform policies that focus on prevention and treatment by (a) promoting healthy eating and physical activity; (b) increasing public awareness by using marketing strategies grounded in the cultural context of the African American community; (c) increasing access to healthy food and recreational space; (d) funding health care services; (e) improving data collection and tracking; (f) enhancing the physical and built environments; and (g) ensuring that adequate insurance coverage is provided for obesity prevention, screening, and treatment.

4. Educate and increase access to information.

Enhanced knowledge and awareness about obesity prevention and intervention for African American women and girls is essential at all levels of society. Local community expertise is especially important in addressing resources, attitudes, motivation, self-efficacy, social norms, and awareness of health issues. Institutions valued by community members, including churches, neighborhood associations, and hair and nail salons, should be recruited to participate in joint efforts to disseminate health information through talks, newsletters, posters, and health fairs.

SPECIFIC ACTION RECOMMENDATIONS

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The following specific action recommendations have been organized according to the populations to which they are primarily targeted. However, many are applicable to multiple professionals and groups. Obesity prevention and weight-management efforts must be designed to extend across the life span from infancy through old age, be culturally grounded, and resonate at all levels of society, including with individuals, schools, health care providers, community groups, and policymakers. Please note that these recommendations are not listed in order of priority.

Psychologists and other behavioral health professionals need to address

- underlying stressors of and the use of food as a coping mechanism by African American women;
- stress and stress reduction, particularly among African American women and girls, as factors in obesity;
- the psychological impact of obesity, including stigma, discrimination, and bullying;
- the interrelationship between mental health, especially depression, and weight management and obesity;

- lifestyle behavior change, including an understanding of the role of food and exercise in the lives of African American women and girls;
- issues related to weight misperception and body image;
- the development, implementation, and evaluation of culturally appropriate interventions to prevent and reduce obesity in African American women and girls; and
- the need for parents and other caregivers to understand and implement strategies to manage toddler behavior without food.

Researchers should

- 16 • conduct research that increases knowledge and understanding of fundamental biological processes that regulate body weight and influence behavior;
- understand the factors that contribute to obesity and their consequences;
- increase knowledge of factors that contribute to obesity in children and those that lead to healthy development;
- identify the public policy, environmental, behavioral, and cultural factors that contribute to the high levels of obesity in African American women and girls and methods to counteract these factors;
- examine patterns of nutrition in African American families and the mother–daughter weight and weight-management norms that perpetuate familial obesity to determine psychological and psychosocial interventions;
- develop, document, and evaluate evidence-based childhood interventions and develop others to prevent obesity in African American children;
- develop successful interventions for weight loss and weight-loss maintenance among African American women and girls;
- develop successful interventions that reduce stress and assist African American women and girls with weight management;
- develop effective family-based interventions to prevent and treat obesity in African American families;
- investigate the relationship between mental health and obesity, including the role psychologists and other health professionals might play in promoting healthy behavior;

- develop models for the dissemination of health information and ways of embedding effective and sustainable interventions into health, education, and care systems;
- design and test new interventions for achieving and maintaining a healthy weight;
- evaluate promising strategies for obesity prevention and treatment in real-world settings with diverse populations;
- harness technology and tools to advance obesity research, improve individuals' weight-loss and maintenance abilities, and improve health care delivery;
- obtain data, including information from focus groups and in-depth interviews across socioeconomic groups, to enable behavioral health professionals to understand more fully and respond more effectively to patient needs and operate from a scientifically grounded perspective;
- increase public awareness of obesity prevention and use marketing strategies grounded in the cultural context of African American communities; and
- participate in the mentoring of junior scientists and health care professionals from disparity communities to ensure a cadre of professionals bringing special understanding and knowledge of their communities to their professions in order to continue to address the obesity epidemic.

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Pediatricians and other health care professionals should

- screen for obesity in infancy and toddlerhood; because 40% of children are overweight or obese by age 5, it is important that obesity screening and prevention efforts begin early in life;
- discuss and advise parents on obesity prevention for themselves and their children at different stages of parenthood: before pregnancy, during pregnancy, infancy and toddlerhood, school age, and throughout the life span;
- educate parents and caregivers so they recognize signs of excess weight at early stages and can implement prevention and intervention strategies;
- encourage breastfeeding (research has suggested that breastfeeding is associated with reduced obesity risk for children; IOM, 2011);

- provide expectant and new mothers with sufficient information about and support for breastfeeding;
 - address parents' and caregivers' size misperceptions regarding their children, including preference for larger body size and concern regarding smaller body size;
 - educate parents on the importance of strategies to increase physical activity and reduce sedentary time at home for them and their children;
 - disseminate evidence-based information on obesity prevention and weight management;
 - form interdisciplinary health teams that include nurses, dietitians, psychologists, and other health professionals to prevent and treat obesity in
- 18 African American women and girls; and
- discuss unhealthy behaviors that are risk factors for obesity in women.

Parents and caregivers should

- model healthy behaviors, including proper nutrition and exercise;
- encourage children to eat healthier and be more active;
- prepare healthy meals;
- increase knowledge of factors that contribute to obesity in children and those that lead to healthy development (prevention efforts should focus on infancy and toddlerhood);
- breastfeed, if possible, and support others in their efforts to do so;
- make opportunities available for infants, toddlers, and preschool-age children to be physically active throughout the day;
- limit the exposure of 2- to 5-year-olds to marketing that promotes the consumption of unhealthy food and beverage choices; and
- advocate for public policies that increase access to healthy food and recreation for all children and families.

Individuals should

- increase overall activity level and time spent exercising;
- decrease the amount of time spent watching television and engaging in other sedentary entertainment;
- take steps to reduce stress, anxiety, and depression, which can lead to emotional eating;

- eat foods that are healthy;
- improve sleep habits and get appropriate amounts of sleep;
- if necessary, seek professional advice about medication or bariatric surgery options for weight reduction and management;
- increase their knowledge and understanding of weight categories and their impact on health status;
- address individual attitudes and perceptions regarding weight and body satisfaction; and
- encourage others to follow these recommendations.

Schools, child care facilities, and after-school programs should

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- uphold healthy eating standards and age-appropriate portions in early child care, schools, and after-school programs;
- provide opportunities for children to be physically active throughout the day;
- develop and implement programs to promote healthy eating and physical activity in children, including increased time and other resources for physical education;
- provide healthy meals and snacks and encourage parents to do the same;
- reduce or eliminate the availability and consumption of sodas and other unhealthy food and snack choices; and
- reinstate or maintain recess.

Employers should

- implement health-promoting policies and programs (e.g., wellness programs, fitness classes, incentives),
- modify office environments to encourage use of stairs and provide and prominently display healthy snack options in vending machines,
- reduce or eliminate the availability of soda and other unhealthy food and snack choices, and
- provide supportive environments and facilities for mothers to breastfeed and pump.

Communities should

- advocate for increased access to healthy, affordable foods;
 - develop public awareness campaigns to promote the prevention and treatment of obesity among African American women and girls;
 - advocate for increased access to affordable exercise facilities;
 - advocate for neighborhood improvements that increase neighborhood walkability (e.g., sidewalks);
 - increase actions to make neighborhoods safer, encouraging people to walk;
 - establish and encourage participation in community and culturally relevant support groups (e.g., Prime Time Sister Circles, Pride Strides, Sisters Together, NOURISH);
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- use gender- and culturally relevant strategies to disseminate information and foster conversations about healthy eating and being active (e.g., capitalize on cultural institutions such as barbershops and hair or nail salons); and
 - establish partnerships with advocates and decision makers at the local, state, and federal levels.

Policymakers, communities, professionals, and individuals should support policies and initiatives that

- promote healthy eating and physical activity;
- increase the availability of affordable fresh fruits and vegetables in neighborhoods;
- prevent childhood obesity, especially in underserved children;
- increase public awareness of obesity prevention and use marketing strategies grounded in the cultural context of African American communities;
- improve the collection of national data related to the obesity epidemic to include the identification of trends and risk factors across health disparity populations;
- reduce health costs by supporting prevention, wellness, and self-care programs;

- expand health insurance programs to cover comprehensive treatment for obesity, including behavioral health services;
- improve access to high-quality health care services for the prevention and treatment of obesity among health disparity populations;
- support health-promoting land use policies (including the development of parks and other green space in African American neighborhoods), community design (including neighborhood walkability), and safe neighborhood initiatives (including problem-oriented policing and crime prevention through environmental design);
- advocate for increased green areas (such as parks) and an increased number of supermarkets in African American neighborhoods;
- reduce advertising of unhealthy food and soda to children; and
- promote policies that require reimbursement to professionals, including psychologists and nutritionists, who provide prevention and treatment services for obesity.

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