

New Obesity Guidelines: Minority Women at Risk

By Marisa Urgo

Closing the Gap, Minority Women's Health Initiative • June/July 1998

“Overweight and obesity pose a major public health challenge,” said Dr. Claude Lenfant, Director of the National Heart, Lung, and Blood Institute (NHLBI) in a statement announcing the release of a new report on clinical guidelines for obesity. According to a new NHLBI report, 97 million American adults, or 55 percent of the population, are overweight or obese. Overweight and obesity are especially evident in some minority groups, as well as in those with lower incomes and less education.

The report, *Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults*, recalculates the traditional measurement of body-mass index, and in the process, reclassifies an extra 25 million Americans as overweight or obese—up from the 72 million that were diagnosed previous to the report's publication in June 1998.

How do minority women fare?

According to the U.S. Centers for Disease Control and Prevention, over 50 percent of all African American women are considered overweight, compared to 32 percent of Whites and 36 percent of all women. While this figure is cause for alarm in the African American community, there is another minority group with more reason for

concern. According to the American Heart Association (AHA), the highest prevalence of obesity are among Native Hawaiians and Native Americans. Almost 63 percent of Native Hawaiian women are obese, and over 61 percent of Yaqui Indians are overweight.

What impact does overweight and obesity have on minority women?

This past June, the AHA listed obesity as a major risk factor for heart disease. Obesity now joins the list of serious health threats that include smoking, high blood cholesterol, high blood pressure and sedentary lifestyle.

The North American Association for the Study of Obesity agrees. “In addition to increased risk of heart disease, obese patients are known to have a greater chance of developing other serious medical complications, including type 2 diabetes, hypertension, cancer and premature death.”

The NHLBI report also makes the case for obesity control and prevention among U.S. minorities, stating, “the need for obesity prevention and treatment is particularly pressing in racial/ethnic minority populations because of the high proportion of overweight and obese persons in many such populations.” The report acknowledges

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Obesity: Facts and Figures

According to the *Women of color health data book: Adolescents to seniors*, published in 1998 by the National Institutes of Health, Office of Research on Women's Health:

- Obesity—a condition associated with diabetes, hypertension and cardiovascular disease—is a problem for many women of color and is related in part to their sedentary lifestyles and to the “diets of poverty” (high in fat and low in fruits and vegetables) that many consume.
- Native Americans are most likely to be overweight or obese, which is defined as excess body weight for height. Between 61 percent and 75 percent of all Yaqui Indian across all age groups were obese. Similarly, Native Hawaiian and American Samoan females were found to be overweight (63 percent and 66 percent, respectively).
- Among Hispanic women, Mexican women had the highest rates of obesity (48.2 percent), followed by Puerto Rican women (40.2 percent).
- Comparisons of Black/African American women (49.8 percent) and White Women (31.0 percent) revealed a large discrepancy in percentages. Fifty percent of Black/African American women and 31 percent of White women living in poverty in 1991 were obese, compared to 37 percent of Black/African American and 21 percent of the White women with incomes three times the poverty level.
- A decrease in obesity/overweight was found among Hispanic women with higher income levels.
- Asian women, in general, have the lowest rates of obesity. It is reported that among subpopulations, 26 percent of Filipino Americans, 18 percent of Japanese and 13 percent of Chinese women are obese. ❖



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that there are some data for African Americans, but little useful data and analysis exist on the effects of obesity on the health of other racial and ethnic minorities.

Body image, attitudes, and exercise

The media often sends out conflicting messages of “thinness” and “fitness.” Body image, an individual's perception of their body size and “look,” is often influenced by these messages. However, studies have shown that women from different racial and ethnic groups have different body images and ideal body types.

There have been a few studies on the attitudes of Hispanic and Asian women, but a considerable amount of research has been conducted using African Americans. According to the NHLBI report, “Black girls and women report: less social pressure to be slim, fewer incidences of weight-related discrimination, less weight and body dissatisfaction, and greater acceptance of overweight than their White counterparts.” For this reason, the report warns, “it is possible that weight control initiatives may elicit different reactions from Black and White women.”

Research seems to back this up. A 1992 study in *Ethnicity & Disease* showed that African American women “had an orientation to exercise that was more closely tied to recreational activities or to activities that could be integrated with their other social roles versus exercise as an activity primarily geared to weight control.”

The study concludes that African American women who are obese are concerned about losing weight for their health, not necessarily to be thin or physically attractive to men. Their body image is

toward a full-figured, “healthy” woman, not thin, an image known to be the White “ideal.”

The study concludes, “such an assumption may be a barrier in attempting to work with overweight African American women who—although they may want to weigh less and be healthier—do not necessarily consider themselves unattractive or overweight, and may value cosmetic aspects of body weight less as their roles change over the lifespan.”

How do we get women to exercise?

“There is a role government can play,” according to Dr. Byllye Avery, founder and president of the National Black Women's Health Project in Washington, D.C. “I think we need city recreation,” said Dr. Avery. “We need activities going on at a time that makes sense—not 12 o'clock noon when everyone's at work.” She said a holistic approach is necessary to getting minority women physically active. She said we should also consider questions like: who will take care of the kids while mom is out exercising?

How to Obtain Information

The report is available on the National Heart Lung and Blood Institute Web site, <http://www.nhlbi.nih.gov/nhlbi/nhlbi.htm>. Free nutrition information is also available through The National Institute of Diabetes and Digestive and Kidney Diseases <http://www.niddk.nih.gov/health/nutrit/nutrit.htm>. The National Black Women's Health Project sponsors the Walking for Wellness Program, (202) 835-0117. ❖

