## **EXECUTIVE SUMMARY**

Expert Panel Meeting on Communicating about Overweight/Obesity with African American Populations

A Meeting Sponsored by the Centers for Disease Control and Prevention's Division of Community Health on July 25, 2014

### **Prepared by:** FHI 360 Social Marketing and Communication Department Washington, DC

Submitted to: Centers for Disease Control and Prevention Division of Community Health Atlanta, GA

**Contract number:** 200-2007-20009/0023

Clearance process completed on: October 1, 2015

#### Suggested citation:

Centers for Disease Control and Prevention. (2015). Expert panel meeting on communicating about overweight/obesity with African American populations: Executive summary. Meeting convened on July 25, 2014. Prepared by FHI 360, Social Marketing and Communication Department, Washington, DC, for the Centers for Disease Control and Prevention, Division of Community Health, Atlanta, GA.



# **EXECUTIVE SUMMARY**

### Background

The Centers for Disease Control and Prevention's (CDC) Division of Community Health (DCH) convened an expert panel, on July 25, 2014, to discuss communicating about overweight and obesity with African American audiences. The meeting aimed to review existing evidence, identify new opportunities, and generate insights that CDC could share with communities and partners to inform their communication efforts with African American audiences. Specific meeting objectives were to

- Share current advances.
- Identify key communication opportunities and promising practices.
- Consider potential unintended effects and lessons learned when communicating with African American audiences.

### **Expert Panel Meeting Overview**

Nine experts joined by phone and web conference for a moderated 4-hour panel discussion. Panelists were from academic, nonprofit, and government sectors and had expertise and experience relevant to obesity prevention (including nutrition and physical activity) and communication with African American audiences.

To inform the meeting agenda, prioritize topics, and provide context for meeting discussions, FHI 360, through a contract with CDC, conducted a scan of relevant literature and interviewed panelists individually by phone. Three key topics were identified for panel discussion:

- Environmental factors that affect obesity and obesity-related communication.
- Considerations for developing obesity-related messages.
- Key audience segments for obesity communication efforts with African American audiences.

### **Expert Panel Meeting Highlights: Key Observations from Panelists**

Several themes emerged during the panelists' wide-raging discussion. Key observations and recommendations are summarized below. This summary reflects the panel discussion, but should not be considered a comprehensive assessment of the topic of communicating with African American audiences about overweight and obesity.

- Identify leaders who are truly influential within the community. Panel members acknowledged the importance of working with leaders in the community. Panelists stressed that these leaders may be "informal" opinion leaders or change agents and not the people who hold traditional leadership positions within a community. Panelists also noted that organizations that may be influential in some African American communities may not be so in others. Therefore, understanding the local community and its history is essential for successful communication efforts.
- Recognize the role of food, physical activity, and stress in weight management. Although food and physical activity are essential factors in weight management, panel members noted that stress also influences weight status and overall health. Panelists identified several dimensions of stress, including busy lives; balance of work, family, and community responsibilities; social and economic disparity; and, as one panelist put it, the "daily stress of being black in America." Panelists suggested that communication efforts address stress as a serious issue, using terms and examples that are relevant to community audiences.
- Acknowledge that people often try to make the best choices possible out of the limited options available. Panelists suggested that current messages may unintentionally make audiences feel bad about their choices or suggest that their choices show a lack of concern about the family's health and welfare. When appropriate, communication efforts should include positive framing and solutionfocused messages that acknowledge audience members are making the best possible decisions given their circumstances and available options.

- Account for the overall impact of the food marketing environment and recognize possible unintended consequences of messages. Panelists noted that communities may view food marketers, including fast food restaurants, as a positive force given the employment opportunities and economic benefits generated. However, panelists expressed the notion that communication efforts can help a community understand that the health of its residents could greatly improve if the community had better resources for physical activity and healthy food. Panelists noted that communications about the food and physical activity environment should highlight the desirable targets for access to healthy food and spaces for physical activity, and support actions community members can take to address gaps. Panelists also suggested that communities encourage local businesses to offer healthier options.
- Recognize the potential for confusion about definitions of health, weight, and physical activity. Panelists noted that many African Americans view traditional measures of weight status, such as body mass index (BMI), as confusing or irrelevant. People may feel they are healthy if they can carry out their daily activities, even if they are overweight based on BMI. Tying weight to risk of chronic diseases such as high blood pressure or diabetes may more effectively engage audiences in obesityrelated communication or discussion. Panel members suggested that messages should better define light, moderate, and vigorous activity. Panelists also noted that the Physical Activity Guidelines are not well understood, and people often think they are doing more activity than they actually are.
- Broadly engage the community in meaningful ways to support change and to plan, carry out, and evaluate communication efforts. Panel members discussed how communication efforts can create opportunities to achieve lasting behavior in communities. Suggestions included the following:
  - Help community members see themselves as part of a larger group that wants to live in a better, healthier place.
  - Engage a community's social support networks.
  - Enlist positive role models within the community.
  - Recruit employers to support healthy behaviors among their employees.
  - Engage the community in evaluation efforts to encourage positive change and learn from one another.
- Focus on audiences that may present the best opportunities for communication efforts. To influence communication efforts, three key audience segments emerged among the African American community—women of childbearing age, youth, and adults ages 45 years and older. These groups are at life stages in which positive changes in health behaviors can have wide-ranging impacts. Additionally, each of these audience segments is influential in their families.
- Create messages that resonate with the audience and culture you want to reach. Woven throughout the discussion were suggestions for making communication efforts more effective with African American audiences. These communication strategies include the following:
  - Create messages that meet people "where they are."
  - Focus on health and not weight status.
  - Take culture into account when developing messages.
  - Watch and listen carefully to identify messages that emerge from within the community.

**Disclaimer**: This Executive Summary is supported by Contract No. 200-2007-20009/0023 with the Centers for Disease Control and Prevention. The observations and recommendations in this Executive Summary reflect the expert panel discussion and do not necessarily represent the views or official position of the U.S. Department of Health and Human Services or the Centers for Disease Control and Prevention.