

Mental Health and Obesity in the Black Community

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Eastern Trustee, Black Psychiatrists of America

March 16, 2023





MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

The purpose of the MHTTC Network is technology transfer - disseminating and implementing evidence-based practices for mental disorders into the field.

Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the MHTTC Network includes 10 Regional Centers, a National American Indian and Alaska Native Center, a National Hispanic and Latino Center, and a Network Coordinating Office.

Our collaborative network supports resource development and dissemination, training and technical assistance, and workforce development for the mental health field. We work with systems, organizations, and treatment practitioners involved in the delivery of mental health services to strengthen their capacity to deliver effective evidence-based practices to individuals. Our services cover the full continuum spanning mental illness prevention, treatment, and recovery support.

The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

MHTTC Network

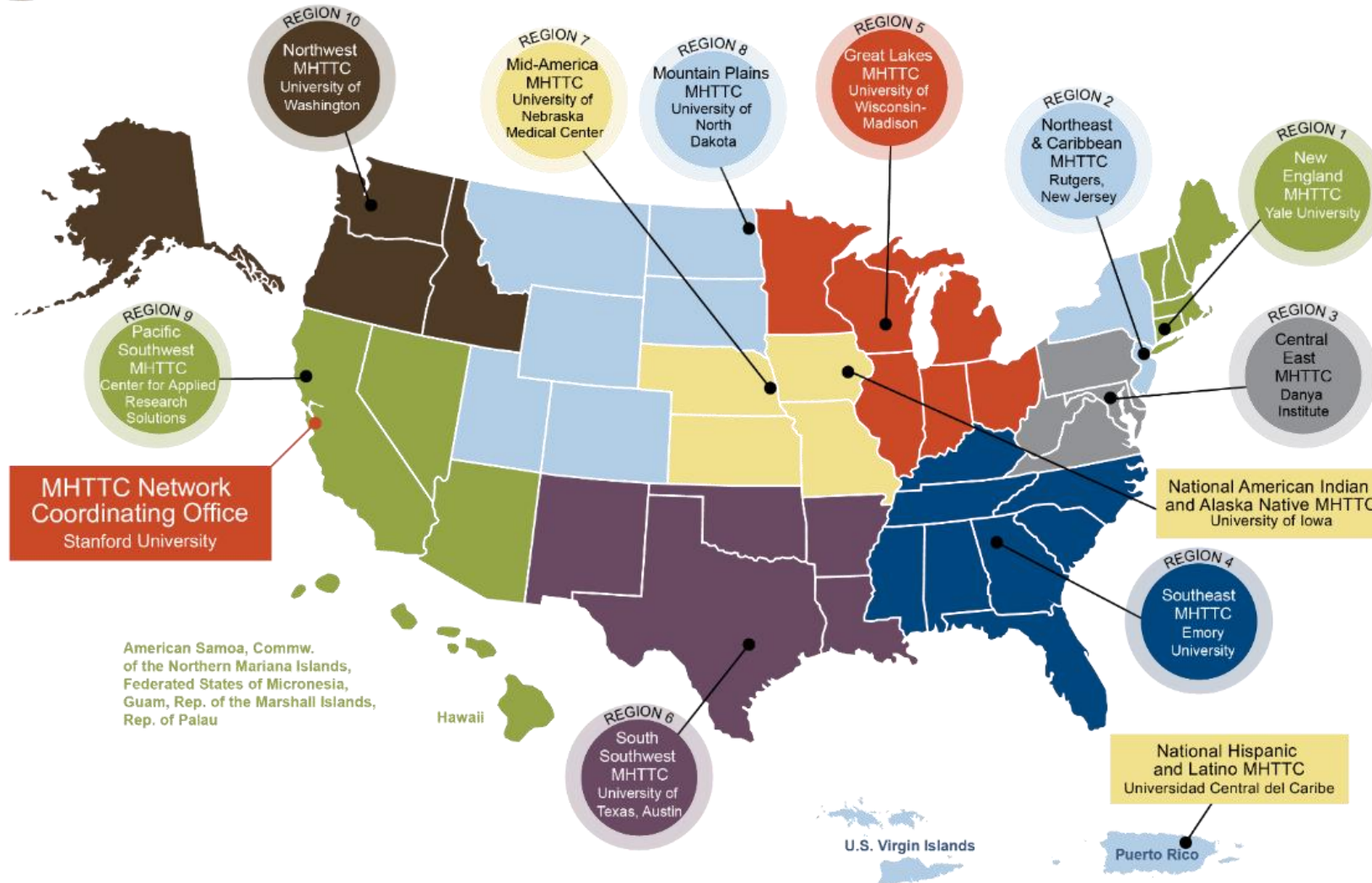


MHTTC

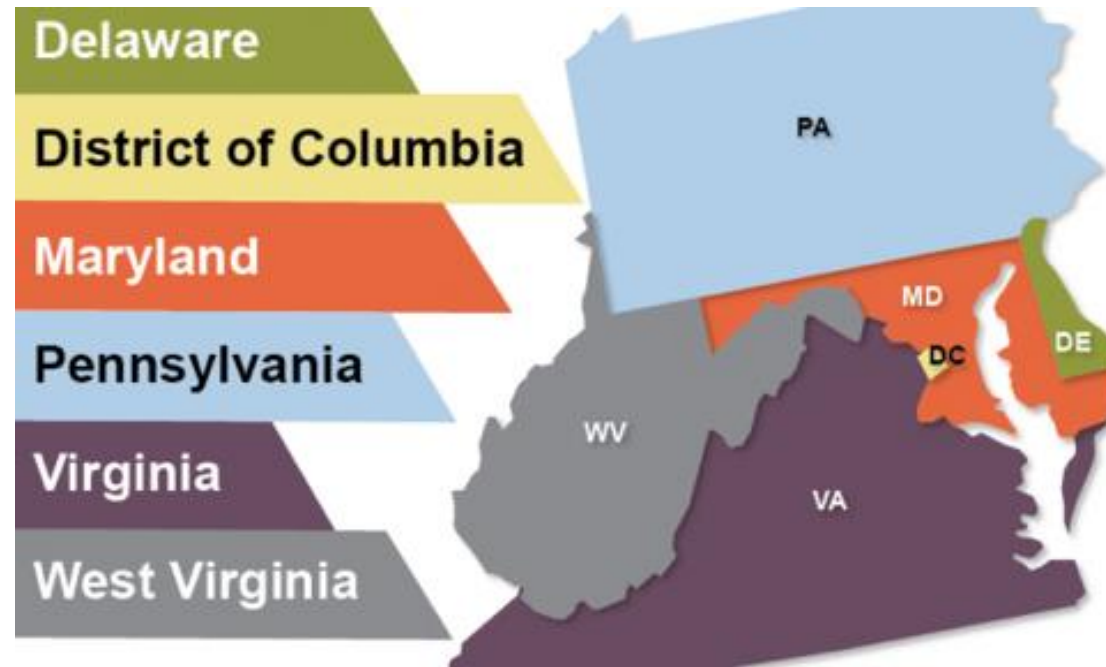
Mental Health Technology Transfer Center Network

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MHTTC Network



Central East Region 3



Central East (HHS Region 3)

MHTTC

Mental Health Technology Transfer Center Network

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Acknowledgment

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the views of the authors and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2023

Mental Health and Obesity in the Black Community

Presenter: Tiffani Bell Washington, MD, MPH, DABOM, ABLM, FAPA

Moderator: Annelle B. Primm, MD, MPH
Council of Elders, Black Psychiatrists of America
Baltimore, MD

March 16, 2023



Mental Health and Obesity in the Black Community

- Obesity:
 - common in the Black community
 - potential cause of mental health concerns
 - result of symptoms of depression including increased appetite, weight gain, and inactivity
 - co-occurring disorder with mental illness and chronic diseases like diabetes
- Thank you to CE-MHTTC for partnering on the BPA Health Equity series
- Content has both Central East region and national relevance.
- Our featured speaker today: Dr. Tiffani Bell Washington

Mental Health and Obesity in the Black Community



**Tiffani L. Bell Washington MD, MPH, FAPA,
DABOM, DABLM**

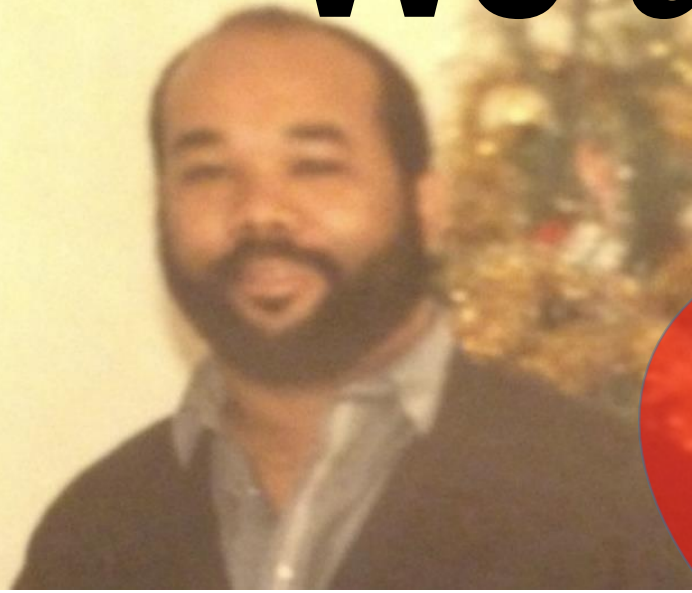
**Quadruple Board Certified Physician:
Founder/CEO The Healthy Weigh MD, PLLC –
Eastern Trustee Black Psychiatrists of America**



Objectives:

- Identify three risk factors for obesity in the African American community
- Demonstrate the importance of treatment for both obesity and mental health in African American communities
- Name the key sources of bias in treatment for mental health and obesity

We all have a WHY...



This is mine





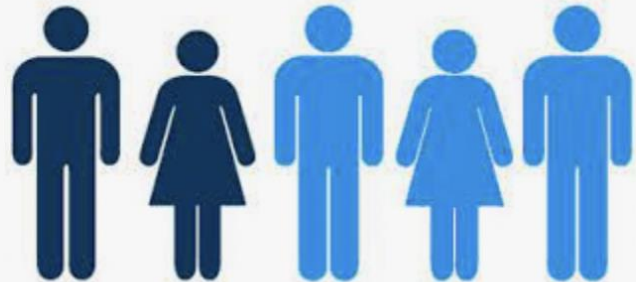
“

**Be like a flower. Survive
the rain but use it to grow.
– Anonymous.**

”

Public Health Crisis

- Obesity is a public health crisis in the United States
- Obesity is associated with **>200 possible health complications**
- **2 in 5** people have obesity in America (defined as BMI > 30)
- **1 in 5** report the pandemic had a significant impact on their mental health



Among U.S. ADULTS:



1 in 5 experienced a mental illness

1 in 5

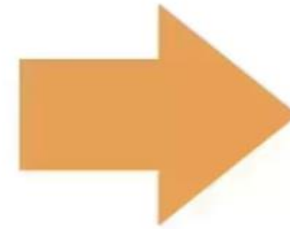
report that the pandemic had a significant negative impact on their mental health



of those with mental illness

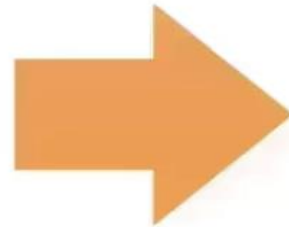


of those with serious mental illness



Of those, over
16%
reported having a
mental illness in the
past year²

That is over
7
million
people



MORE people than the populations of
Chicago, Houston, and Philadelphia



COMBINED³

SOURCES

¹<https://www.census.gov/quickfacts/fact/table/US#>

²Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS)

³<https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html>

Obesity and Mental Health Greatly Impact Marginalized Populations!

Centers for Disease Control and Prevention (CDC) says non-Hispanic **Black adults had the highest age-adjusted prevalence of obesity at 49.6%**, followed by Hispanic adults at 44.8%.

“The mental and behavioral health needs of racial and ethnic minorities along with inadequate attention to [cultural sensitivity] in racial and ethnic minority communities leads to significant issues and gaps in care.”

“The federal government has a critical role to play in addressing the issue of racial and ethnic disparities in mental health status and mental health care.”

-American Psychological Association

Fast Facts: Obesity Facts & Stats

- **Obesity is a serious chronic disease that affects more than 100 million Americans.** More than 42% of adults in the United States live with clinical obesity, 1/3 of whom are over 65 years of age.
- Though 16 states now have obesity rates above 35%, the number is even higher for African Americans.
- **27 states** — more than half of the country — **have 40% or more African American adults living with obesity**

Fast Facts: Obesity Facts & Stats

- African American women have the **highest rates of obesity** or being overweight compared to other groups in the United States.
- **About 4 out of 5 African American adults are living with overweight or obesity.**
- **People living with obesity continue to face social stigma** due to a widespread perception that obesity is a lifestyle issue.
- It's sometimes difficult for many people who are living with obesity, especially Black women to **accept the fact that obesity is in fact a disease.**

WHAT IS OBESITY? (POLL)

- A. A common, serious and costly disease
- B. A complex disease that occurs when a person has excess body fat
- C. A chronic, relapsing, multifactorial, neurobehavioral disease
- D. All of the above



OBESITY IS A DISEASE

2013

Obesity Is Now A Disease, American Medical Association Decides

Obesity has been officially recognized as a disease by the American Medical Association, an action that could put more emphasis on the health condition by doctors and insurance companies in order to minimize its effects.

A reason the AMA decided in favor of obesity as a disease is that it will decrease the **stigma of obesity that comes from the widespread thought that it is just the outcome of excessive eating and not enough exercise.** Doctors say some people do not have complete control of their weight.

What is obesity ?

BMI >



BMI >

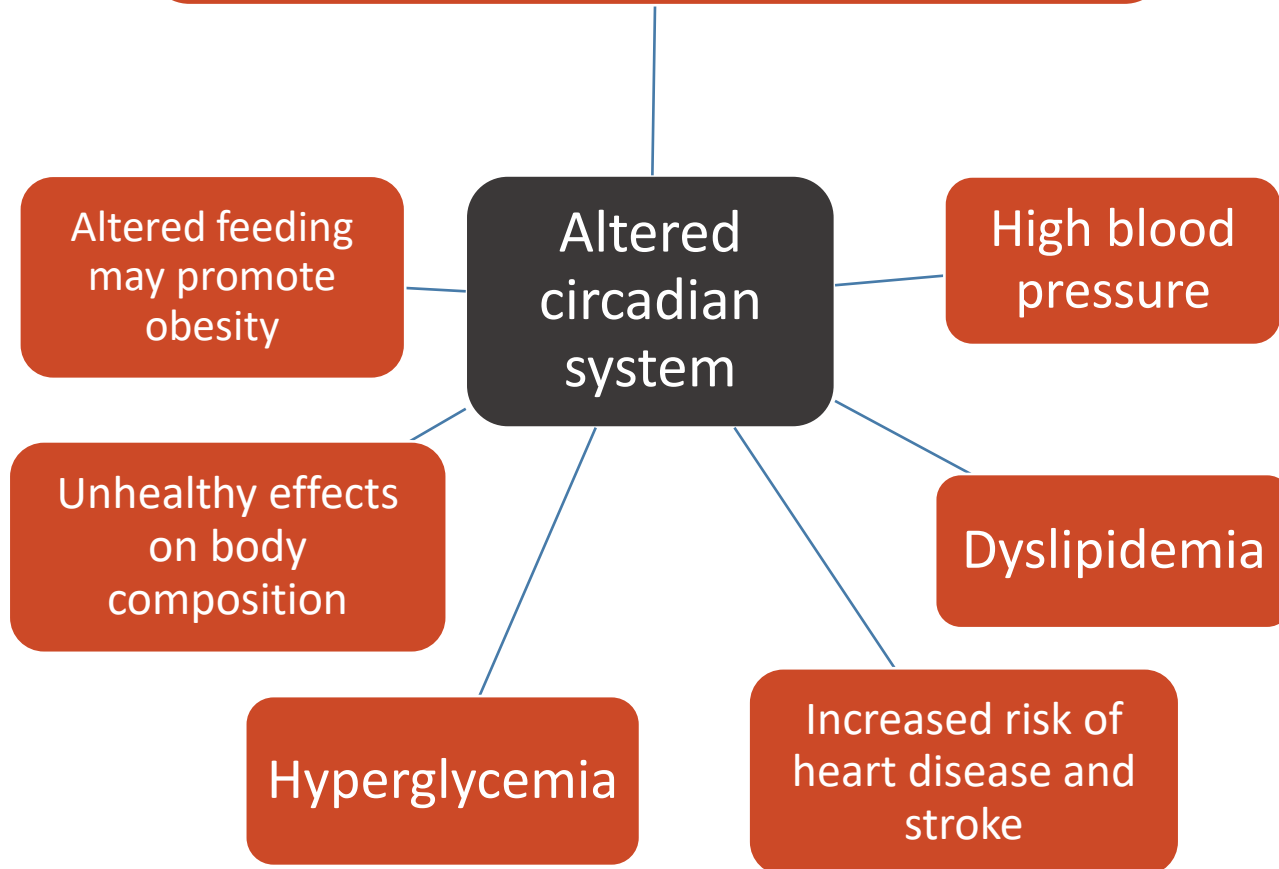


“
Obesity is defined as a chronic, progressive, relapsing, and treatable multi-factorial, neurobehavioral disease, wherein an increase in body fat promotes adipose tissue dysfunction and abnormal fat mass physical forces, resulting in adverse metabolic, biomechanical, and psychosocial health consequences.
”



Sleep Disruption and Obesity

Sleep disorders (e.g., too little or too much sleep) or mistiming of: sleep patterns, food intake and/or light exposure



Acanthosis nigricans

Modified BMI Threshold Based on Race, Ethnicity, & Sex

TABLE. Cutoffs for BMI Based on ROC Curve Analysis

Obesity Co-morbidity	BMI (kg/m ²)					
	Men			Women		
	Black	Hispanic	White	Black	Hispanic	White
Hypertension	28	29	28	31	28	27
Dyslipidemia	27	26	27	29	27	25
Diabetes	29	29	30	33	30	29
≥2 risk factors	28	29	29	31	30	28
Average	28	28	29	31	29	27

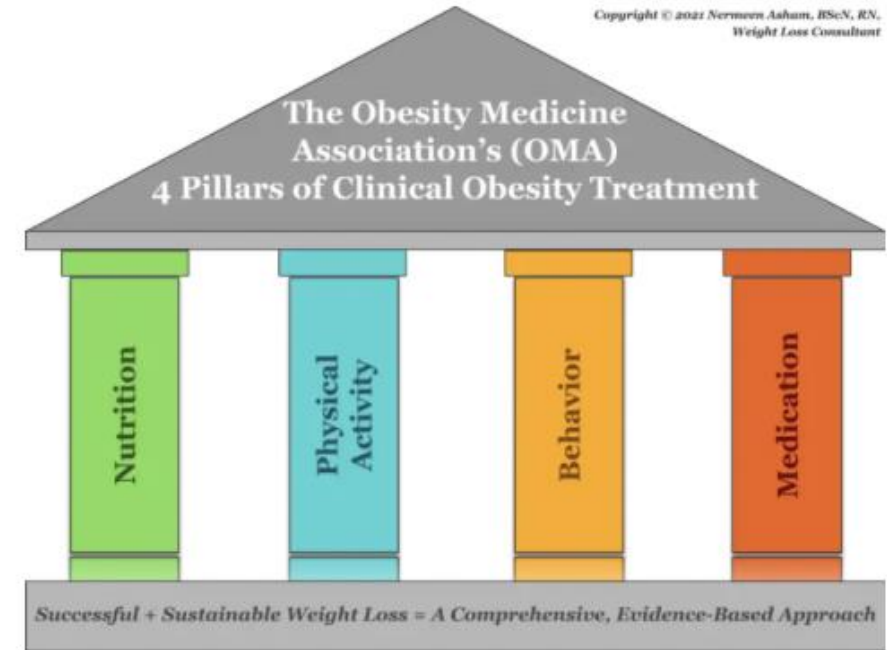
BMI = body mass index; ROC = receiver operating characteristic.

Stanford, et al (2019). "Race, Ethnicity, Sex, and Obesity: Is It Time to Personalize the Scale?" Mayo Clin Proc. 94(2):362-369 from <https://www.mayoclinicproceedings.org/action/showPdf?pii=S0025-6196%2818%2930807-3> on 10/30/2021

A Few Key Points on Obesity

- Not a bad word, not a label... just a medical diagnosis, for a DISEASE.
 - **MUST LIMIT LABELING OF PATIENTS**
(We are not our diagnoses!)
- Multidisciplinary teams are often beneficial. Treatment should focus on several "pillars" at one time, not just "eat less and move more"

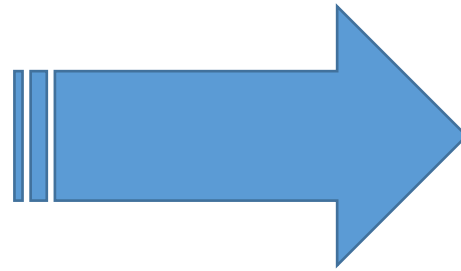
Pillars include, Behavior, Physical Activity, Nutrition, Medication



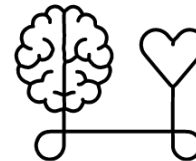
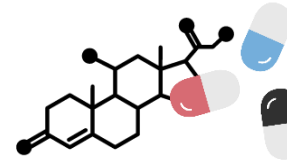
A Few Key Points on Obesity (cont.d)

What we think:

~~Not just diet & exercise~~



Real risk factors



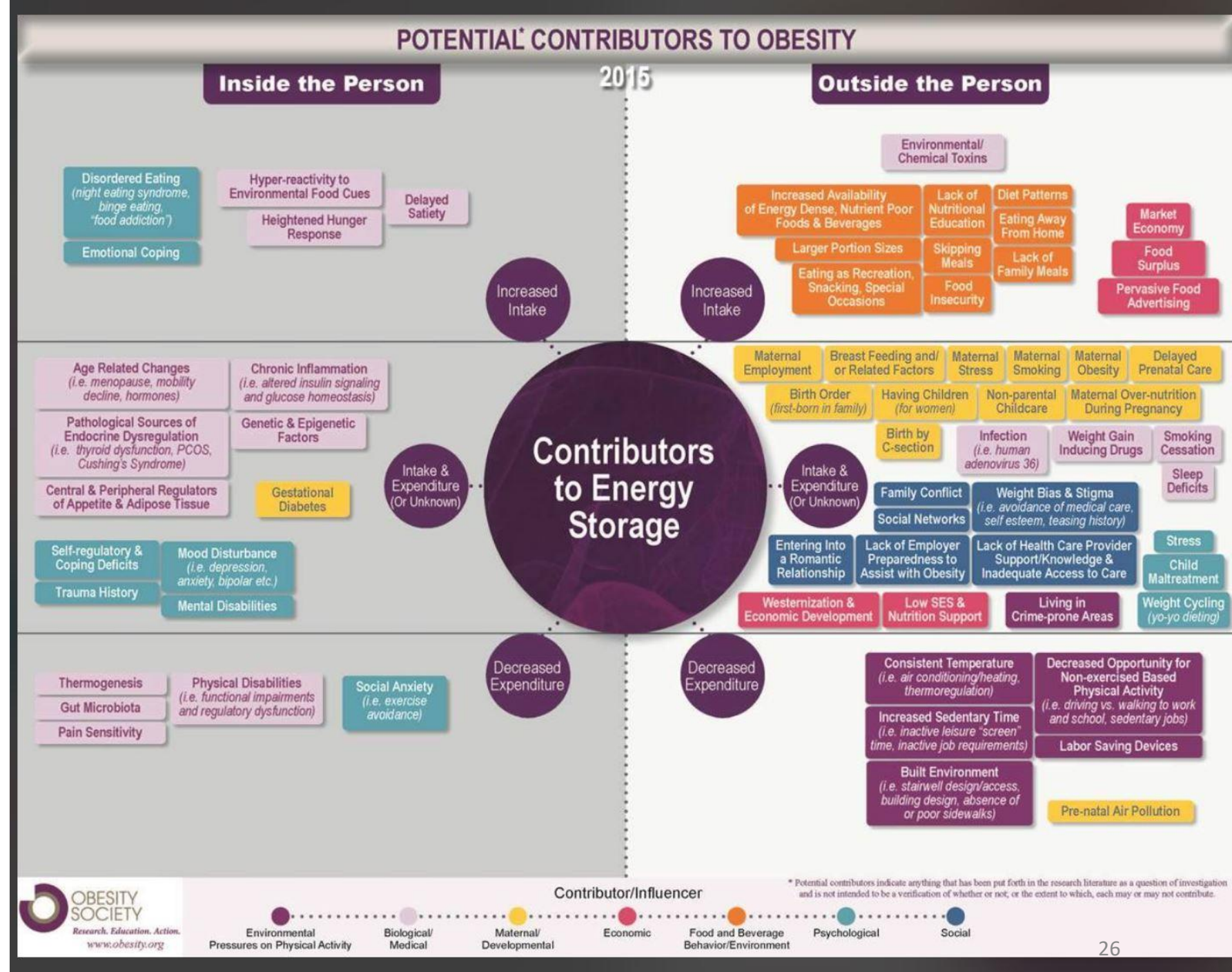
Healthy Foods, Movement, Stress Relief, Sleep, and Connection

More than
*Calories In vs.
Calories Out:*

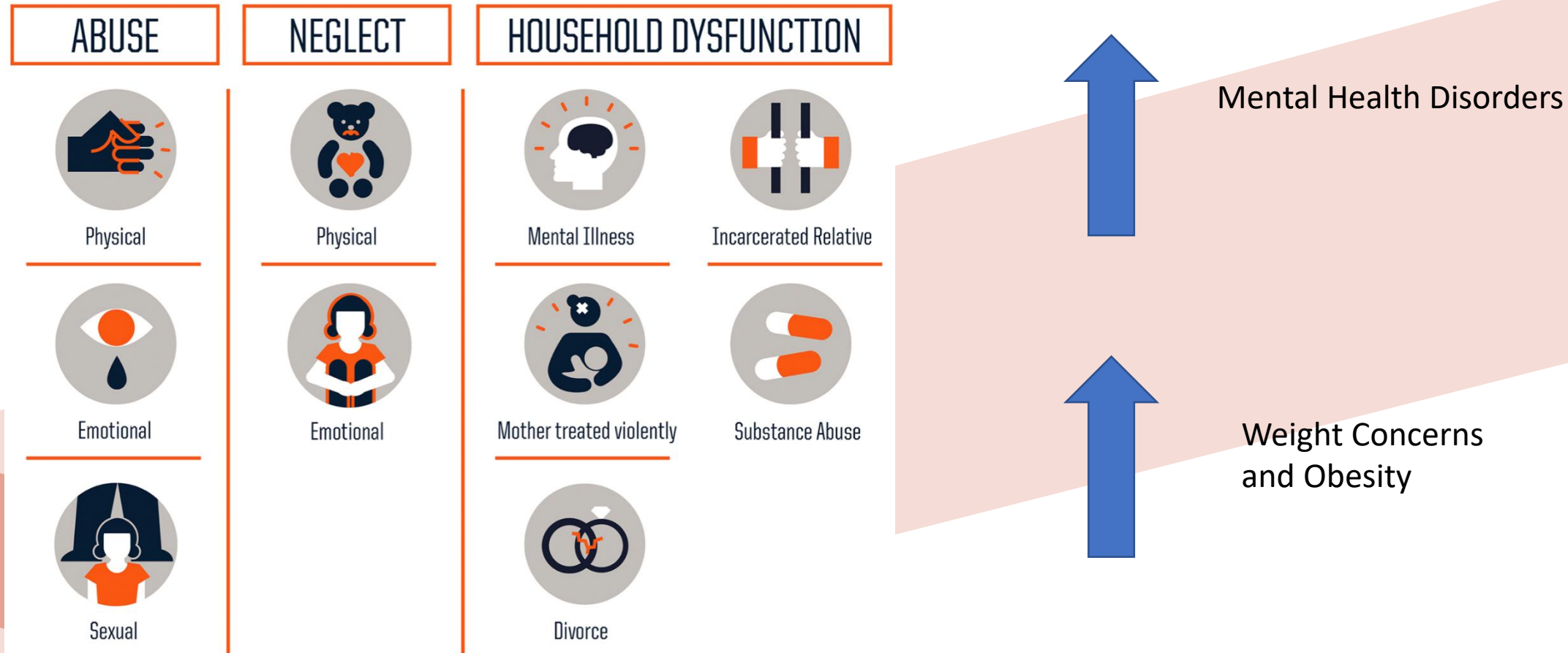
Obesity is
caused by many
factors!

Bias blocks
finding the real
causes of
obesity.

[Source](http://www.obesity.org)



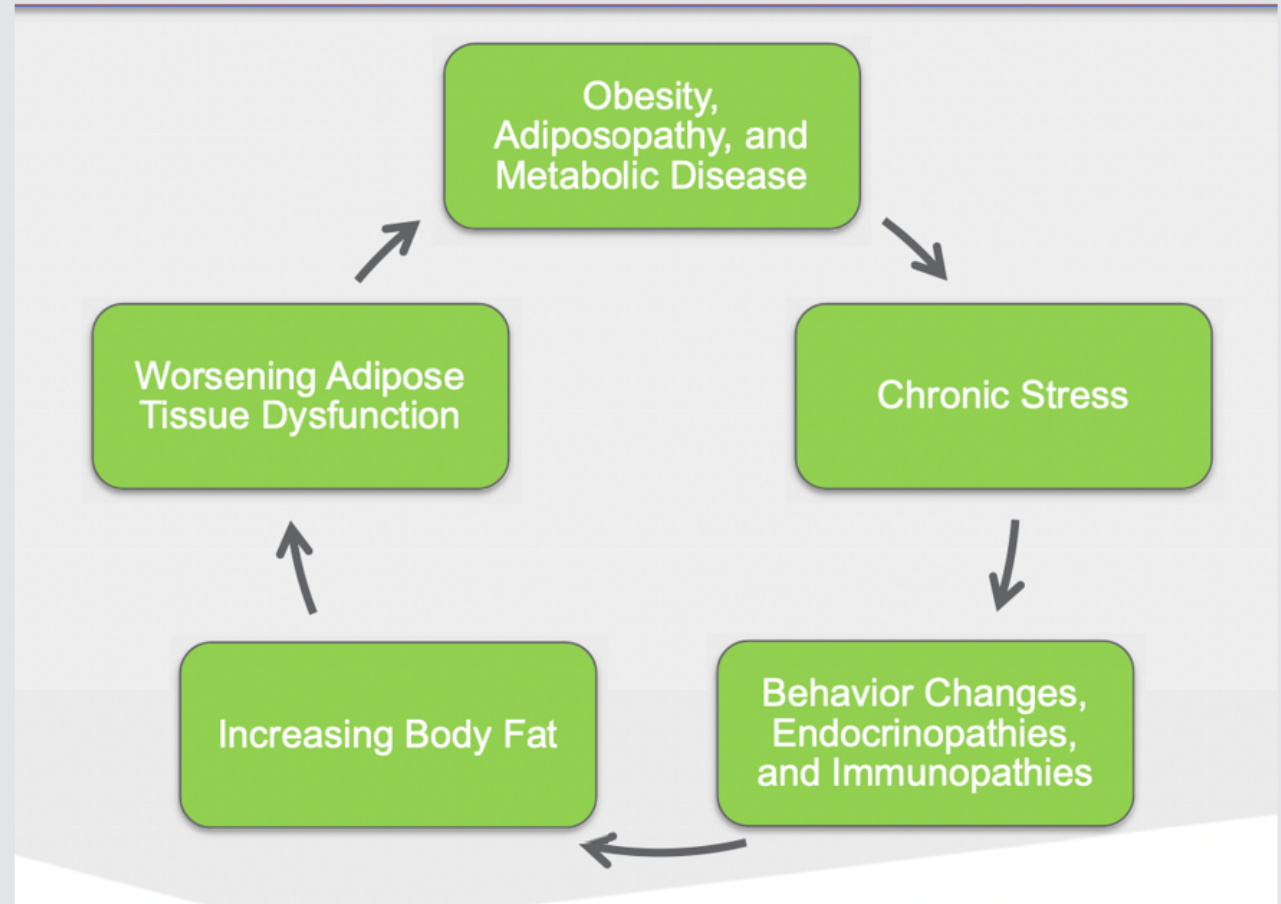
Adverse Childhood Experiences →



Just ONE caring adult can help counter some of these adverse experiences*

Stress + Mental Health

1. Shorter-term “fight or flight” stress response increases stress hormones
2. Usually improves cognition, physiologic function, tolerance to pain, and immune function - When short-term
3. If long-term, “submit and stay” stress may increase hypothalamic corticotrophic activity and worsen sleep patterns
4. Longer-term hypothalamic stress responses may increase food craving, increase blood pressure, worsen glucose metabolism, promote pain intolerance, and dysregulate immune responses
5. Chronic stress-induced adiposopathic responses may adversely affect the limbic system
6. Dysregulation of the limbic system with chronic stress may affect hunger, food choice, and emotional modulation of food intake
7. Dysregulation of the limbic system with chronic stress may affect reward-seeking behavior
8. Mental stress may affect the cerebrum, which may contribute to prioritization of personal, work, or other behaviors and activities, with less prioritization of healthful behaviors and activities (i.e., healthful nutrition and regular physical activity)
9. Mental stress may impair self-regulation and promote choosing unhealthy (immediately rewarding ultra-processed) foods over more healthful (delayed-gratification unprocessed) foods
10. Obesity and its adverse health complications may increase mental stress, which may contribute to unhealthy behavior, endocrinopathies and immunopathies, which in turn, may further worsen obesity and its complications, resulting in an adiposopathic stress cycle.



Increased stress → increased **cortisol** → **weight gain** (and some MH disorders) → **Worse Health**

Obesity and Mental Health



Bidirectional



- Obesity and mood disorders **frequently occur together.**
- Obesity is *a risk factor for mood disorders*; mood disorders are *a risk factor for obesity.*
- The association between depression and obesity may be stronger among **women.**
- Psychiatric diseases can sometimes *independently contribute* to overnutrition and/or consumption of foods rich in carbohydrates and fats.
- Some people **gain body weight in response to medications** used to treat mental health disorders.

Real Life Impact of Weight Bias



**RED
TABLE
TALK**

“I’ve experienced being judged by others because of my weight. I know the negative effect it can have on you, but I never let that stop me — and neither should you.”

Queen Latifah



SHAPE

Lizzo Celebrates Her Weight Gain: 'I Look TF GOODT'

billboard

Lizzo Takes Body Positivity Movement in a Different Direction: 'I Want to Normalize My Body'

Sources of Weight Bias

HEALTHCARE

DOCTORS
69%
Women
experienced
weight bias

NURSES
31%
Prefer not
to work with
patients with obesity

WORKPLACE

LOWER PAY
than
thinner colleagues

NEGATIVE PERFORMANCE
Evaluations

MEDIA

SOCIAL

ACADEMICS

FAMILY

Obesity & Bias in the LGBTQ+ Community

- Lesbians more likely to have obesity.
 - Black women less likely.
- Gay men less likely to have obesity.
 - Higher rates of eating disorders.
- Bias Amplified.
 - Higher rates of weight bias, workplace discrimination, racism, & sexuality bias.
- Decreased access to health care.



Addressing Weight Bias

Know your biases-

Take Implicit Weight Bias Test

Advocate for yourself and others

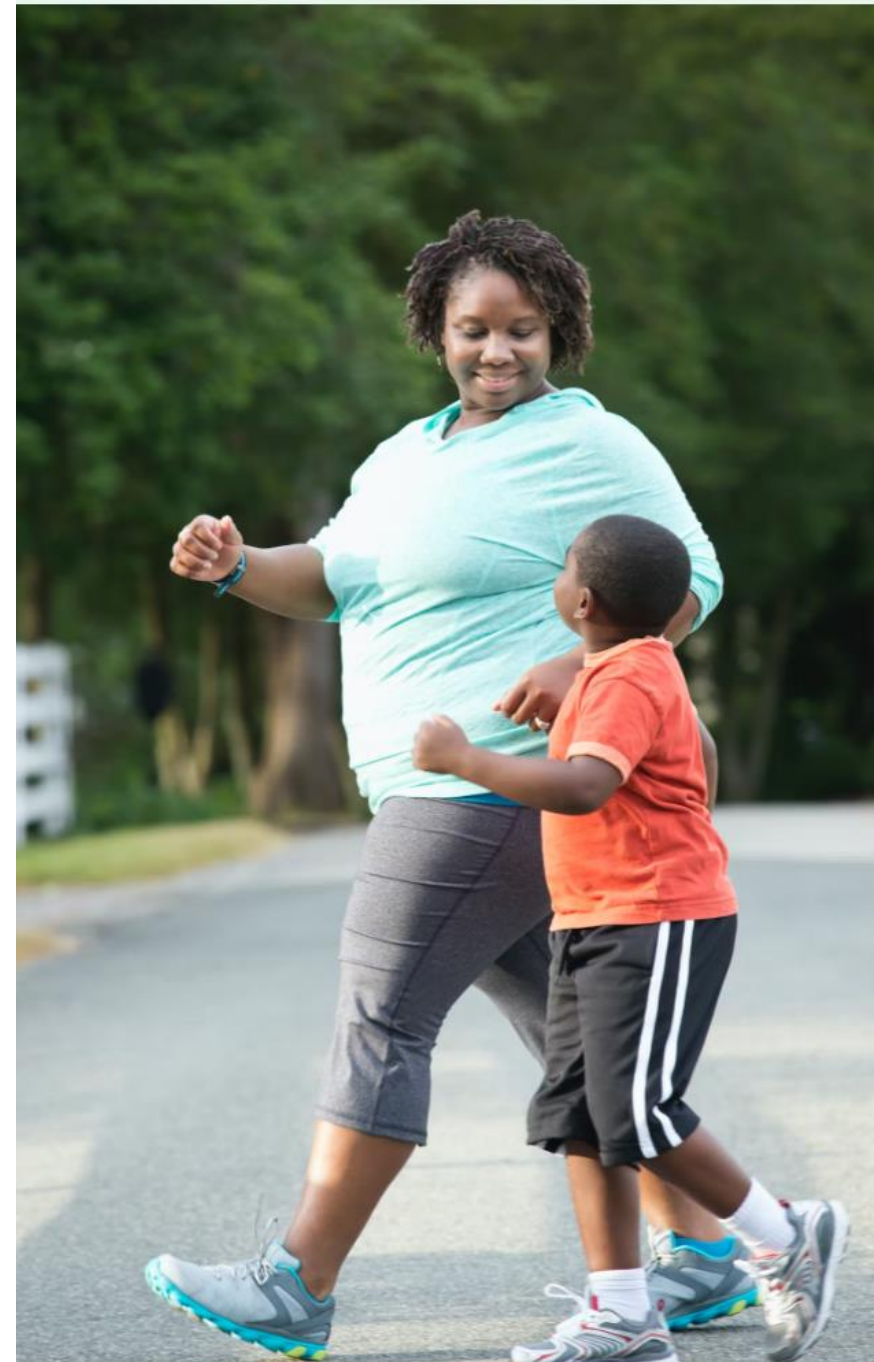
Unbiased clinicians/providers

Advocacy groups

Black Health Resource Page

Obesity Action Coalition

Legal Action



**MENTAL
HEALTH**
IS JUST AS IMPORTANT AS
**PHYSICAL
HEALTH**

**NO HEALTH
WITHOUT
MENTAL HEALTH**

Is it *really* depression?



- Many do not seek care for their mental health due to fear of bias and stigma.
- Some people think depression or suffering from mental illness is a sign of weakness.
- Black people are far less likely to seek care.
- ~25% of African Americans seek mental health treatment, compared to 40% of white Americans.
- *Unequal access to health care is one major contributor to health disparity.

Common Mental Health Issues

- Depression / Suicide
- Alzheimer's & Dementia
- Substance Use
- Chronic illnesses
- Eating disorders, obesity



Obesity Treatments Covered by Medicare

Medicare Part B covers Intensive Behavioral Therapy (IBT): BMI of 30 or higher can receive no-cost obesity screenings and behavioral counseling.

Medicare only covers appointments that take place in a primary care setting.

Severe obesity (BMI of 35 or higher), Medicare covers bariatric surgery if it's determined by your doctor to be medically necessary.

Medicare law currently omits AOMs (anti-obesity medications) from the Medicare Part D prescription drug benefit programs.*

*Due to a provision that excludes drugs labeled as "weight loss" or "weight gain" agents.

Treat and Reduce Obesity Act (2021)

Many types of weight loss treatments are not covered by Medicare → creates a gap in the continuum of care for older adults with obesity.

Total obesity-related government expenditures, including Medicaid and Medicare spending, were estimated to be \$91.6 billion per year. This accounts for approximately 30% of Medicare spending.

TROA: is a bipartisan bill includes expanded Medicare coverage for obesity, including FDA-approved medications for chronic weight management.

FDA-approved medications and other anti-obesity treatments in Medicare coverage would help more older adults actively manage their weight and reduce their health risks.

Groups like the Obesity Action Coalition (OAC), are currently working on legislation to broaden access to treatment options for Medicare beneficiaries affected by obesity.

Treat & Reduce Obesity Act



TROA Included in Health Equity and Accountability Act

Apr 28, 2022 by Obesity Care Advocacy Network

On April 26, 2022, the Health Equity and Accountability Act of 2022 (HEAA) was reintroduced by Rep. Robin Kelly (D-IL-02). HEAA is an omnibus piece of legislation introduced each Congress by the Congressional Black Caucus, Congressional Hispanic Caucus, and the Congressional Asian Pacific American Caucus that covers a very wide range of issues including:

- Racial and ethnic health inequities across the life span;
- Diversity within the health care workforce;
- Healthcare access and quality;
- Access to federal nutrition assistance programs; and
- Social determinants of health.

This year, for the first time ever, the Treat and Reduce Obesity Act was included in the text of HEAA, recognizing the critical health equity implications of improving Medicare coverage of intensive behavioral therapy for obesity and anti-obesity medications. The Medical Nutrition Therapy Act, which would provide access to MNT for Medicare beneficiaries with obesity and other chronic diseases was also included in

- FDA approved anti-obesity medications more than “weight loss medication” improve health.

- Treatment covered by Medicare Part D plans can save Medicare and Medicaid \$66 Billion over the next 10 years.

Caring for Ourselves



The Healthy Weigh MD
YOUR HEALTHY WEIGHT THE HEALTHY WAY



HARVARD
T.H. CHAN

SCHOOL OF PUBLIC HEALTH



“LET FOOD BE THY MEDICINE
AND MEDICINE BE THY FOOD.”

- Hippocrates

"I tell my patients
this: Every day,
choose your food as
though you want to
live tomorrow."

- KIM ALLAN WILLIAMS, SR., M.D.,
MACC, FAHA, MASNC, FESC



Simple, Powerful Therapy

NUTRITION: Choose predominantly whole, plant-based foods that are fiber-filled, nutrient dense, health-promoting and disease-fighting

- **SLEEP:** Lack of, or poor-quality sleep can lead to a strained immune system. Identify and alter environmental habits that may hinder healthy sleep
- **EXERCISE:** Regular and consistent physical activity is an essential piece of an optimal health equation
- **SUBSTANCE USE:** The well-documented dangers of any addictive substance use can increase risk for many cancers and heart disease
- **STRESS MANAGEMENT:** Identify both positive and negative stress responses with coping mechanisms and reduction techniques for improved wellbeing
- **SOCIAL CONNECTION:** Being connected to others is essential to emotional resiliency and overall health



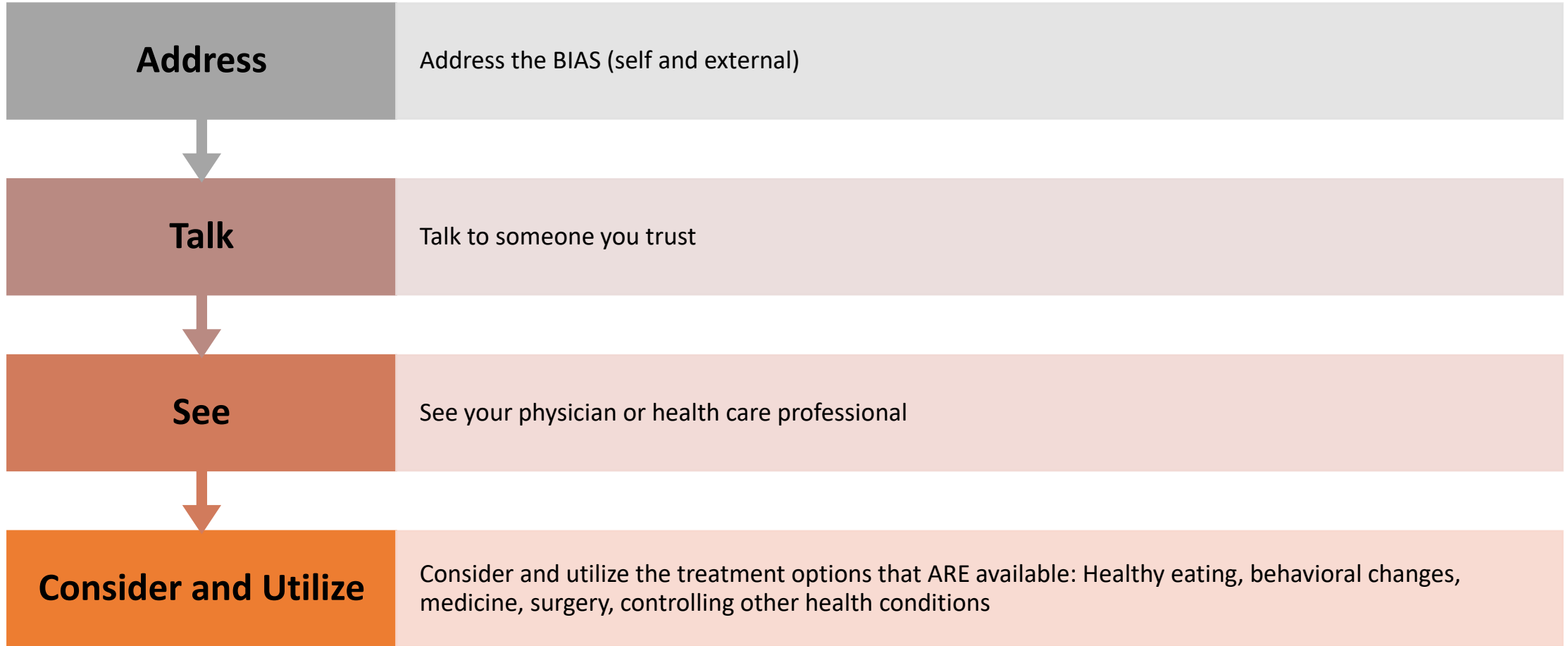
Change the “Lifestyle”

- Commit to putting ourselves and our health first (Top of List)
- Choose healthy foods when you can – within your budget
- Reduce stress

Admit if you need help (NO SHAME)!



There is hope! Next steps:



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- [The Harmful Effects of Childhood Trauma](#)
- *Source: Centers for Disease Control and Prevention - Credit: Robert Wood Johnson Foundation – ACE*
- [The American College of Lifestyle Medicine](#)

Questions



Appreciation



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Central East (HHS Region 3)

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Let's connect:

