

MEDICAL JOURNAL

Emerging health issue among African immigrant community

By

Omot Olok Dang, MPH

May 25, 2017

Background

The prevalence of obesity and overweight has become a major concern in African immigrant community in the United States. It is one of the emerging issues cause African immigrant health status regarded as one of the five leading global risks for mortality worldwide (Gele & Mbalilaki, 2013). The National Institutes of Health indicated that overweight and obesity are the second leading causes of health impairment and preventable death in the United States (Hurt, Kulisek, Buchanan, & McClave, 2010). More often people experience psychosocial difficulties, including reduced quality of life, anxiety, depression, and increase the risk for the development of eating disorder. These negative effects prolong childhood obesity and persist into adulthood with high morbidity that limits children ability to achieve future goals (Altman & Wilfley, 2015).

Obesity is one of the challenges pose a significant public health concerned in the entire vulnerable community. Every year, more than 112,000 deaths in the United States contributed to obesity and increased risk of many serious chronic conditions like high blood pressure, diabetes, and other complications diseases (Benjamin, 2010). The prevalence of illness increased globally; even though Canadian government provide universal health care coverage, it had doubled by fourteen present since 1978 and 79 to twenty- six present in 2009 and 2011. Two present of them were men, and five present were women that had a body mass index (BMI) scored greater than 40 (Brauer et al., 2015).

The purpose of this article is to alert and understand the cause of overweight and other none communicable diseases among African immigrant's communities resided in the United States. Immigrant's health problems increased recently, and African immigrant represents one of the fastest growing in the most minority community in North America (Venters & Gany, 2011). This emerging issue attributed to unhealthy behavior among the African immigrant and tough for this group to change their lifestyle. Abioye-Akanji (2015) states that deprivation of knowledge about appropriate food choices, sedentary lifestyle, and stress link to none communicable disease. These emerging issues also related to diabetes mellitus and high blood pressure that leading chronic disease and caused individual life in African communities (Lopez-Jimenez,

Masters, & Hinshaw, 2012). Now, very few of these groups are taking medication for diabetes mellitus, high blood pressure medication, and others. Most of them have no formal education to know how to medicate themselves and control it. Many health expertise are wondering why this emerging health issue is singled out the immigrants? Few assumed that could be due to culture shock which plays significant role in immigrant community history in America (Abioye-Akanji, 2015). They came to this country from remote areas with limited knowledge about living standards, experiences uncertainly problems, and developing complicated diseases.

Target audience

The target audience comprises of the health experts and the policy makers of the United States government and State department of health as well as African immigrant communities. The health experts will be able to understand the real situation on the ground and how the population under study have been significantly affected to find a lasting solution and prevention strategies to counter the highly rising obesity in the US among the African immigrants. The policy makers will also understand the situation with regards to obesity and the need to pass a policy that would adequately address the current problem that African immigrant is facing in this country. On the other hand, African immigrant will learn how to obtain health insurance, engage in social activities, and manage their lifestyle related obesity. Such learning experience will prevent health issue and raise the quality of human life and empowered to take control of their lives.

Public health concern

The global occurrence of obesity which is related to diabetes has been increasing from the last twenty years. The study showed that the number of overweight and diabetes individuals were 171 million in the year 2000 and expected double to be 366 million by the year 2030 (Hedley, Ogden, & Johnson, 2004). Basically, everyone in North America will be obese or diabetic. In this regard; extremely body weight said to be linked to diabetes and cutting down weight has been considering in the treatment of overweight and obese individuals with type 2 diabetes (Liu, X., Liu, Y., Zhan, & He, 2015). Diabetes mellitus and high blood pressure had

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enormously noteworthy public health concern in African immigrant communities. Most of them may not have heard of these emerging health issues before arriving to the U.S or not existing in their origin country as a chronic disease. Now they are developing this chronic disease without knowing that they have it. When it comes to seek advice from health professionals; Africans seem to be ignoring the symptoms due to perceptions of stress, anxiety, depression, headache, gain and lost weight, and dizziness which are the first signs of chronic disease to confirm. Especially African men tend to take care of the problem on their own and seek assistance from friends and family members who are not health professionals. Some of them rely on traditional healing, assistance from religious/spiritual leaders and community elders who are opposed to Western culture's beliefs (Abioye-Akanji, 2015). All these have brought emerging issues in the African immigrant community in North America because they don't believe in medical guidelines.

Being overweight is already causing psychological problems in African immigrant communities (Gee et al., 2006). The worst part of it is that the Western world sees overweight as abnormal but for Africans, it is a sign of success in businesses and healthy. This belief still exists in the African immigrant community as of today. The question is how can we change these beliefs? Well, it is time for African health practitioners to engage and educate their communities about these emerging issues and change their health behavior through health education, health care services, and nutritional awareness.

As an African immigrant living in the United States; I observed that sugar and salt intake are not a big deal for Africans, which I believe are the causes of diabetes and high blood pressure. Africans drink tea, beverages, and coffee that are largely imported from Africa and the Middle East, which are common types of drinks in the community. Typically, tea and coffee are consumed with large amounts of sugar up to 3 teaspoons per cup of coffee or tea. In fact, Africans do not

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drink black coffee period! Like Somalian and Ethiopian community; has their own groceries imported food products from Africa and Middle Eastern countries provided good products, but do they read the level of the products and how much calories serve per person? Of course not, there are many factors that contributed to African immigrant health issue when they arrived in the United States. According to Abioye-Akanji, (2015) poor dietary habit, physical inactivity, and poor stress management have been found to be relatively common among African immigrants. Culture shock also noted because it is difficult for immigrants to give up their traditional food and adopt others. They have hard time understanding about how food choices affecting noncommunicable diseases and unfamiliar Western food not being a natural food, and higher cost for healthier food items (Owens, Doris Piccinin, & Lai, 2002). Being a diabetic is very complicated for immigrant to manage and control their condition because of sugar intake restriction.

Local Liberian advocacy organization has studied the three leading cause of health among people who were present at health screenings test for hypertension, diabetes, and anxiety/stress. It appeared that diabetes and hypertension were more affecting African immigrant compared to others ethnic groups due to lack of health food consumption. Health professional knows that physical inactivity has been identified as the fourth leading risk factor for global mortality causing a million deaths globally (Venters and Gany, 2011). Most African who came to this country as an adult, don't care much about physical activity; especially women are not associate with others community to participate in social activities due to language barriers. Exercise in a crowd of people is something new for older African; women and men do not engage in exercise together. Women are basically limited to exercise because of culture and religious requirements that prohibit women from showing parts of their body besides their

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ankles, feet, face, and hands (Owens, Doris Piccinin, & Lai, 2002). Engagement in community level based on health education will contribute to a healthy life to those who are susceptible to obesity. The study by Papadopoulos & Brennan (2015) found that weight stigma correlates to poor social support from the family members who are level as a vulnerable group, such as unemployment, living unhealthy environment, less education, and uninsured which is may cause health well-being of the individual.

Limitation of the study

The study relies on articles review and personal observation in the African immigrant community in North America. There is no enough scientific evidence to define the leading causes of emerging issues in African communities because they are understudy; however, the article believes that consumption of high calories, lack of exercise, excess salt, and sugar intake are the main caused of health issues in African community. Culture shock is play significant roles in the community which is limited the study to determine the African health issues. To be more precise on these emerging issues, more research based on primary data collection, nutritional assessment, and survey in this community urgency needed.

Epidemiological and medical discipline

Currently, fast food has been established to a major risk factor for obesity among the US population because it has been associated with rapid increases in the cases of obesity (Hurt, Kulisek, Buchanan, & McClave, 2010). In the US, fast food is a routine where families are often engaged in dining out particularly in the popular fast food restaurants. There is also little awareness throughout the US where the population is still not well informed about the consequences of fast-food. Obesity and overweight pandemic among the African immigrants have been associated with both direct and indirect medical expenditure (Gee et al., 2006).

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Apparently, overweight and obesity among the African immigrants and US citizens are linked to very high risks of numerous chronic health conditions which are very expensive to treat including Cardiovascular Disease, Diabetes, cancer, musculoskeletal disorders, hypertension and even asthma.

There was study designed by current government policy guideline for health practitioner to measure BMI. This medical discipline guideline help individual to follow and prevent weight gain. The recommendation developed led by a workgroup of task force members in collaboration with scientific staff from the Public Health Agency of Canadian. The workgroup established the research questions and the analytical framework and clinically relevant outcomes for the guideline (Brauer et al. 2015 and Hedley, Ogden, & Johnson, 2004). This guideline Body Mass Index (BMI) designed to measure weight for height of the person to identify whether the patient is underweight, overweight, and obese. The international recognized this measurement cut-off BMI values for adults are as follows.

Table 1

Weight	BMI
Underweight	(< 18.5)
Normal weight	(18.5-24.9)
Overweight	(25-29.9)
Obese	(> 30)

Table 2

The obese category is further broken down by BMI into classes (Brauer et al, 2015).

Class	BMI
Class I	(30.0-34.9)

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Class II	(35.0—39.9)
Class III	(> 40)

The above tables recommended for any individual to use and make healthy, be active living accessible and affordable guidelines. This measurement seems to be the best alternative to address public health issues in twenty-first century and physical activity as well as medication would be another option when the individuals found diagnosed.

Finding

In summary of peer-review articles, findings the evidence shows that excessive body weight, consuming high calories, and lack of physical activity correlated to obesity as well as caused mortality and amputation amongst patients with diabetes. It is evident that more public health education, overweight and obesity health awareness urgently need throughout the vulnerable community. The disease also related to socioeconomic status whereas affecting low income group which is in the line of disadvantages community. Studies have determined that obesity is weighing heavily on the economy of US. With increased efforts by the scientists on strategies to help the US trim down, most unpublished research has shown that medical expenses related to obesity have rapidly skyrocketed.

Conclusion

Obesity has turned out to be a main health concern among the African immigrants and connected to the increasingly mounting rates of the severe illness in the US among them including; diabetes, heart disease, and cancer. There for, African immigrant communities are in need of community health education and more study needs it as soon as possible. Culture shock and inability to engage in physical activities in African immigrant community in the United

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States seems to be leading cause of emerging issue. Nutritional needs, access to health screen, and health education for this group in the United States remain poorly understood.

In general view, the direct medical cost associated with the diagnosis and the treatment of these numerous conditions has risen rapidly with higher rates of obesity. It is evident that behavioral factor is one of the contributing factors to overweight and obesity. Certain preventive measures focus on behavioral contributing factors among African community is also needed. This precautionary measure will focus on the need to exercise regularly and to adopt a healthy eating pattern. There is no precise medication or retreatment for obesity, but an individual can use a combination of both exercise and nutrition to improve the obesity condition and lead a healthy life. Above all, more health professional need it in African immigrant communities.

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