



THE UNIVERSITY OF ARIZONA

Mel & Enid Zuckerman
College of Public Health

Obesity Management for American Indian Communities



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COI Statement

- **I have no conflicts of interests to disclose.**



We respectfully acknowledge that we are on the land and territories of Indigenous peoples. We pay our respects to their Elders, past and present.

Prior to becoming part of the San Luis Rey Mission, the area that is currently Carlsbad was home to two Native American groups. The Luiseños and the Kumeyaay, were living in Carlsbad when the Spanish arrived.

We are committed to learning more about the history and culture of these tribes and to supporting their ongoing stewardship of this land.





Presentation Outline

- **Describe the burden of obesity and related health consequences in American Indian communities**
- **Identify culturally relevant risk factors and barriers that influence weight management efforts**
- **Recognize evidence-based and community informed approaches to support healthy lifestyle behaviors**
- **Understand how to “meet communities where they are” to support the development of solutions which recognize that obesity treatment is not one size fits all**



Tribes of California

- **California is home to 109 sovereign tribal communities (ranging from 5 members to 5,000 members)**
- **Largest AI/AN population in the US**
- **Tribal lands comprise <1% of California's land base**



CALIFORNIA REPUBLIC

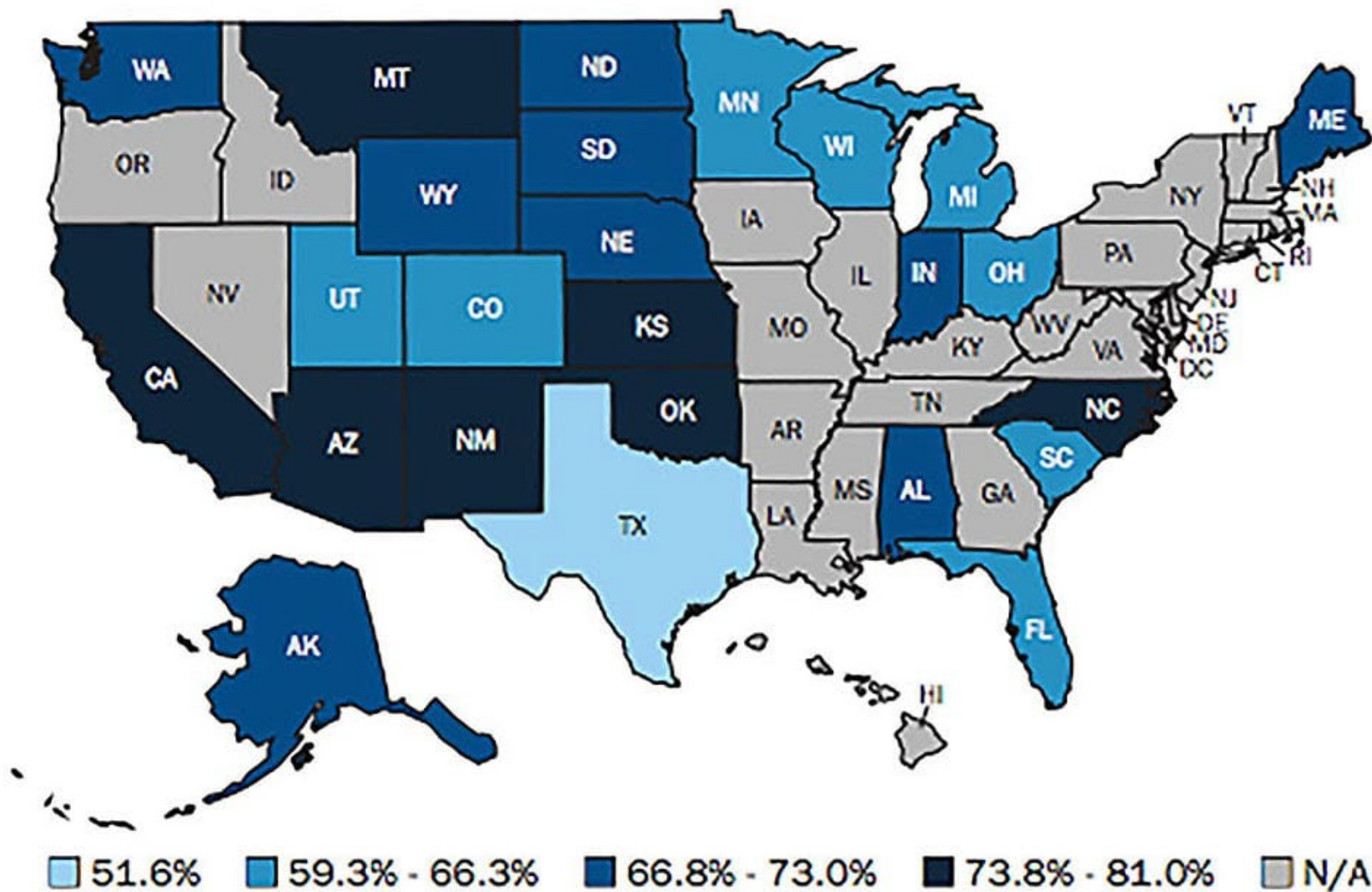


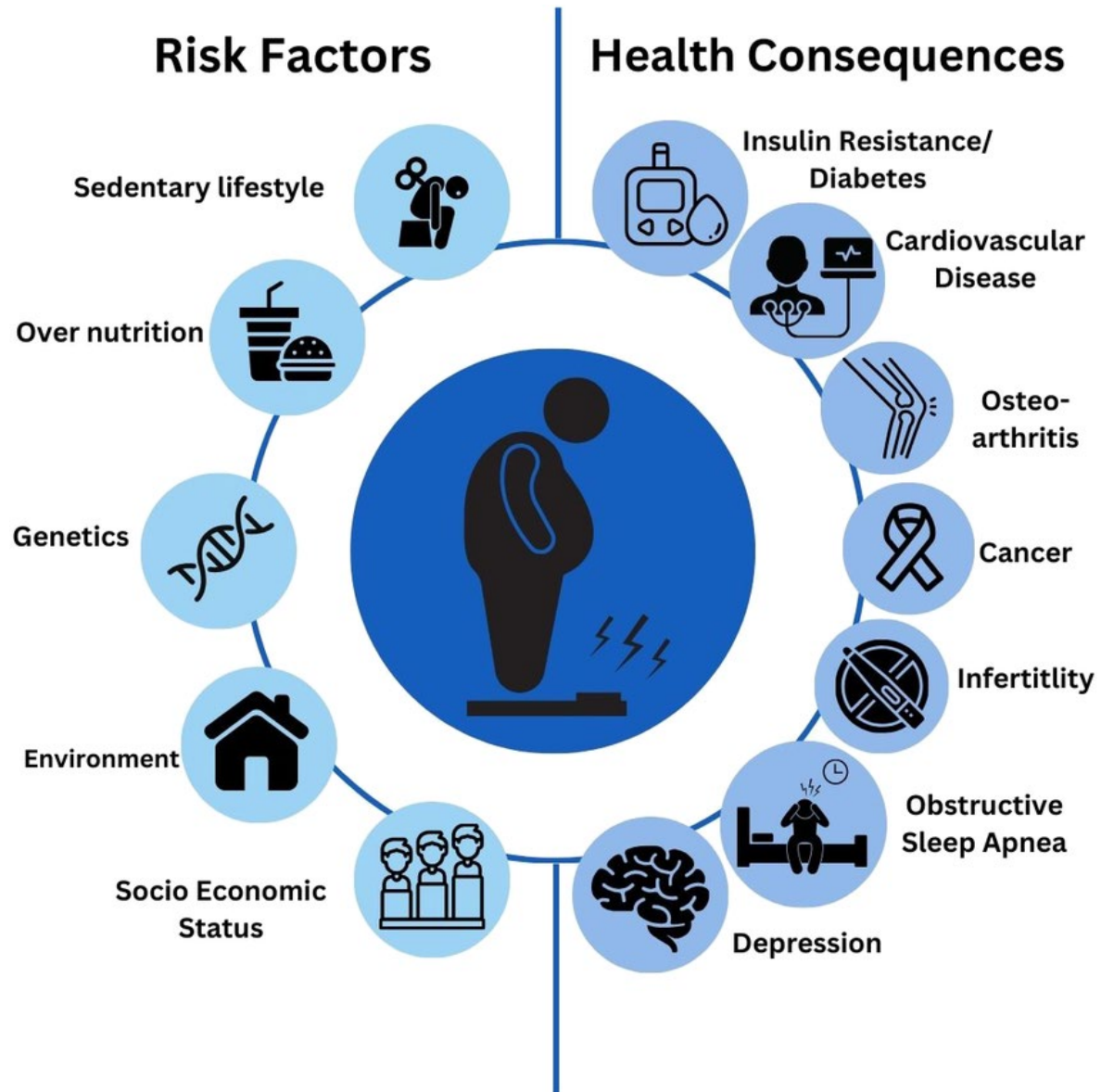
Overweight and Obesity Defined

$$\text{BMI} = \frac{\text{Weight in kilogram}}{(\text{Height in meter})^2}$$

Find your BMI in the chart below to see your weight classification

BMI	Weight classification
Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 or higher	Obese

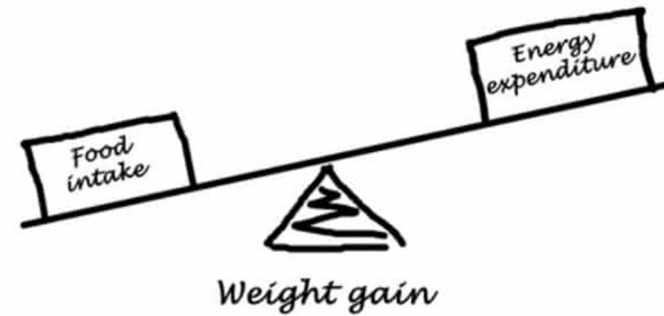






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Obesity Management

- **Behavioral and lifestyle modification**
 - **In-person or group sessions across 6 months**
 - **Self-monitoring**
 - **Diet: daily reduced calorie goal based on body weight**
 - **Physical Activity (PA): Increasing moderate-to-vigorous PA per week**



Historical and Systemic Risk Factors

- **Disruption of traditional food systems through colonization**
- **Reliance on federal programs and food assistance which replaced traditional diets**
- **Historical trauma increases chronic stress, changes eating patterns, and trust in health care systems**





Culturally Relevant Risk Factors and Barriers to Obesity Management

- **Food insecurity and geographic isolation**
- **Loss of cultural identity from language and ceremony**
- **Higher rates of adverse childhood experiences (ACEs)**
- **Cultural perceptions of health**
- **Limited access to culturally grounded health programs**



Clinical Barriers to Obesity Management

- **Access to care**
- **Bias**
- **Lack of time causing ineffective communication**
- **Inconsistent evaluation of comorbid conditions**
- **Low referral rates for education support**
- **Limited follow-up**





Community Strengths

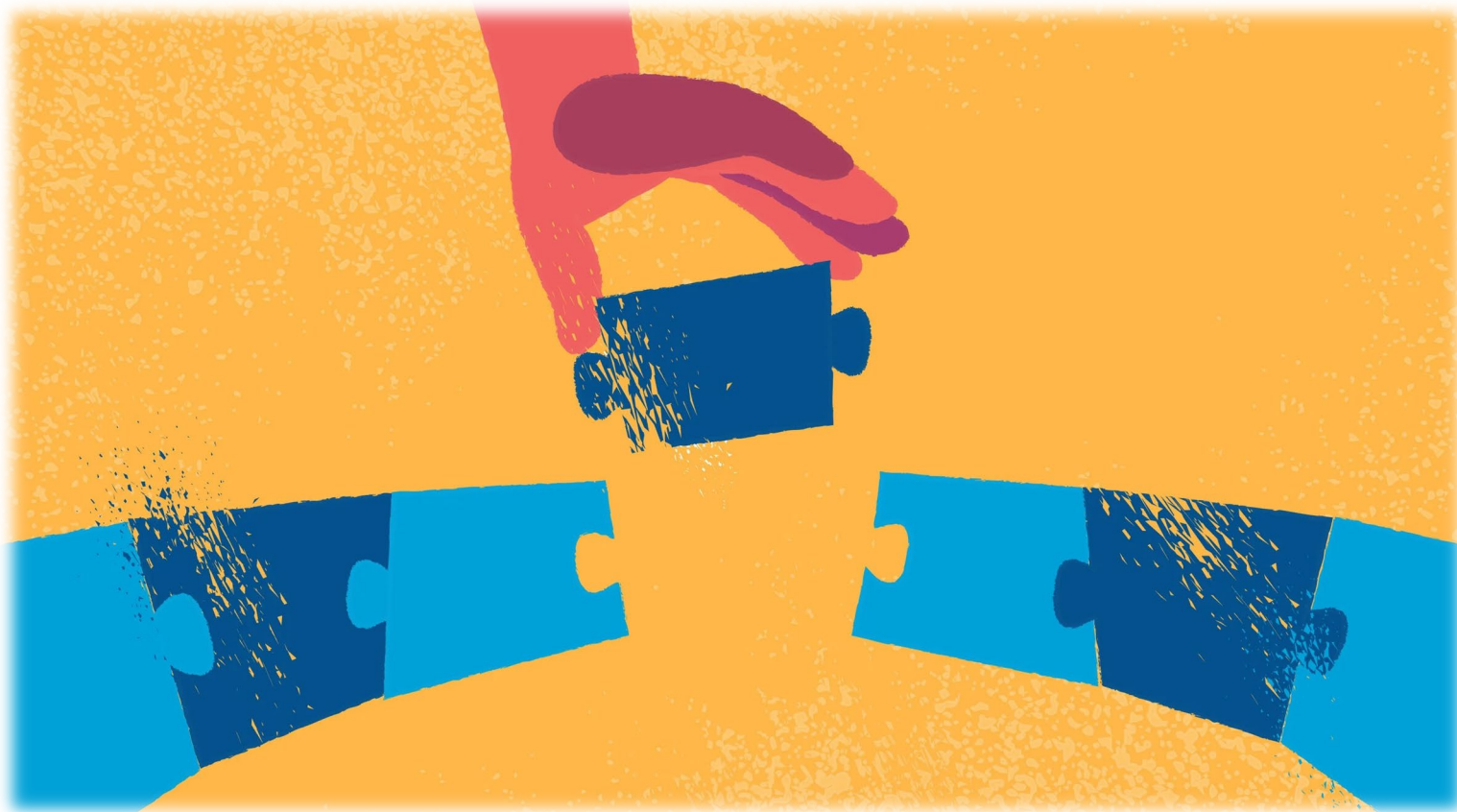
- **Social networks**
- **Traditional practices**
- **Resilience**
- **Connection to land and traditional foods**
- **Holistic health focus**
- **Tribal health support**
 - **Special Diabetes Program for Indians (SDPI)**





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Native American Cancer Prevention



The mission is to alleviate the unequal burden of cancer among Native Americans of the Southwest through research, training, and community outreach programs in collaboration with the communities we serve.



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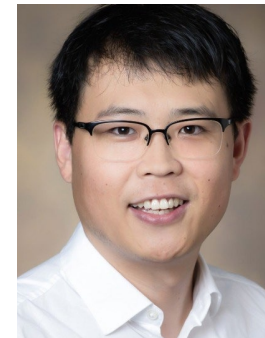
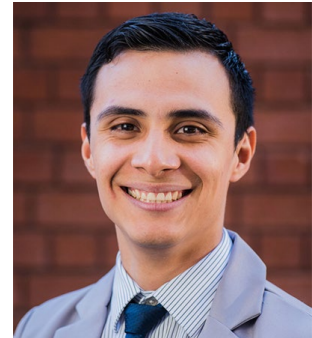


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Characteristics of Study Participants

Characteristic	No MASLD (n=83) (55.3)	MASLD (n=67) (44.7)	Overall (n=150)
Age, mean (SD), years	47.3 (17.4)	52.7 (13.3)	49.7 (15.9)
BMI, mean (SD), kg/m ²	29.4 (5.2)	32.1 (6.8)	30.6 (6.1)
Female, n (%)	59 (71.1)	39 (58.2)	98 (65.3)
American Indian, n (%)	83 (100.0)	67 (100.0)	100 (100.0)
Pre-conditions			
High blood pressure, n (%)	17 (20.5)	25 (37.3)	42 (28.0)
High cholesterol, n (%)	8 (9.6)	16 (23.9)	24 (16.0)
Liver problems, n (%)	0 (0.0)	0 (0.0)	0 (0.0)
Diabetes, n (%)	21 (25.3)	19 (28.4)	40 (26.7)
Drug/Alcohol Problems, n (%)	8 (9.6)	5 (7.5)	13 (8.7)
Regular exercise program, n (%)	35 (42.2)	25 (37.3)	60 (40.0)
Alcohol frequency, n (%)			
Never	55 (66.3)	46 (68.7)	101 (67.3)
Less than once/month	11 (13.3)	9 (13.4)	20 (13.3)
1-2 times/month	7 (8.4)	2 (3.0)	9 (6.0)
1 day/week	1 (1.2)	1 (1.5)	2 (1.3)
2 days/week	5 (6.0)	5 (7.5)	10 (6.7)
3 days/week	1 (1.2)	2 (3.0)	3 (2.0)
4 days/week	1 (1.2)	0 (0.0)	1 (0.7)
5 days/week	2 (2.4)	2 (3.0)	4 (2.7)

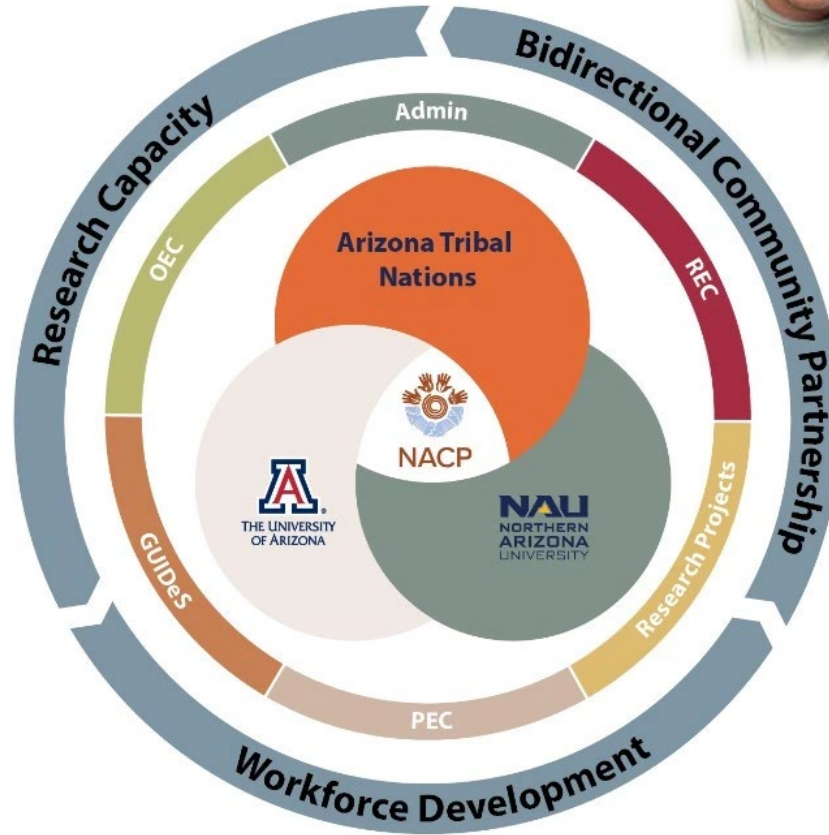


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One Size (or Type) Does Not Fit All





Anna Knight, MS, APRN, FNP-C



- **Tribal Project Officer/NP
Health Consultant**
- **Health
Promotion/Disease
Prevention Consultant**
- **Indian Health Service,
California Area**
- **U.S. Department of
Health and Human
Services**



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LET'S

TALK

ABOUT IT



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Calls to Action

- **Indigenous communities are not a monolith and languages, cultural practices and history impacts health**
- **Shift the paradigm...**
 - **Take a strengths-based approach vs. Deficit Based Approach**
 - **Build capacity in the community**
 - **Collaborative care model – we are a team!**





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Questions?

