

More Blacks fight obesity with surgery

By Deborah Todd
Special to Sentinel-Voice

PITTSBURGH (NNPA) - Heart disease, various cancers, stroke and diabetes were the top four reasons Black Americans died in 2002, according to the Centers for Disease Control. Each disease is more likely to affect Blacks than any other ethnic group in the country, and all the diseases have root causes that can be traced back to obesity.

"The African-American population is particularly vulnerable to severe obesity, so they're a population in tremendous need," said Dr. Anita Courcoulas, Chief of the Section of Minimally Invasive Bariatric and General Surgery at the University of Pittsburgh.

Fortunately, Blacks have begun to step up and make the changes necessary to im-

prove their awareness and health outlook. According to doctors in attendance at the National Obesity Help Convention at Magee Women's Hospital last month, Blacks are seeking help to reduce obesity in greater numbers.

"I think it's wonderful that, now with more education and awareness, more people are becoming aware of the surgical option and are coming for help," said Courcoulas.

"Yes. In the African-American community we have a lot of people interested in surgery, we have a lot not interested in surgery," said Dr. Madelyn Fernstrom, founder and director of the UPMC Weight Management Center. "I think there's a lot more interest, sort of more hope, in general.

Many Black people hear statistics saying more than 64

percent of our population is obese, but have no idea whether they fall into that category or not. Fernstrom said learning a patient's Body Mass Index (BMI) is the first step in determining how to help them lose weight.

"When you're in that in the 30's, 30 to 35 is Class One Obesity; 35 to 39 is Class Two Obesity and 40 and above is Class Three, that's what we call severe obesity—that's the surgical people," said Fernstrom.

Although some patients with Class Two Obesity can be candidates for surgery because of medical problems, Fernstrom emphasizes the fact that surgery isn't a quick fix for obesity and may not be for everyone.

"Just because people think, 'I'm big enough for surgery — sign me up,' it doesn't work like that.

"All the insurance companies have a mandatory six-month lifestyle plan that you must complete with your doctor that will say that this person is demonstrating the ability not to lose weight, but to stick with a long-term program. Because (patients') lifestyles after surgery are way harder than before surgery." These challenges can be especially difficult for families who are used to eating less healthy foods because of cost, little access to healthy foods and cultural perceptions of how foods should be prepared.

Valerie Campbell, author of "Cooking with Soul, a bariatric cookbook," said "hot and heavy," used to be her mantra regarding food. However, after losing 120 pounds following her gastric bypass surgery, she has found ways to make her favorite

foods healthy and has incorporated those recipes into her soul-food catering company.

"If you're doing something like fried chicken, you can use low-fat breading mixes, low fat, low-carb pancake mixes instead of flour," she said. "Instead of using Crisco, you can use Canola or Olive Oil. Use something natural, so that your body can break it down."

Another, more difficult challenge, can be that patients have unrealistic perceptions of how surgery will change their appearance. While surgery patients are warned about scarring and excess skin left behind after surgery, some patients are disappointed by the fact that, in spite of their weight loss, they may never be classified as "skinny."

"If you look at someone that comes and has 100

pounds to lose, they can expect to lose 60 to 80 pounds with surgery — that's realistic," said Courcoulas. "Ideal weight is not a goal after surgery, but healthy weight is."

Pam Jennings, who underwent gastric bypass surgery in 2003, agrees with Dr. Courcoulas that success for the bariatric surgery patient cannot be determined by their weight or BMI number, but by their improved health.

"I like to look at it more of what other metrics I can look at," said Jennings. "Pre-surgery, I could barely walk with the group I was with and now I can run on a treadmill for two miles without stopping. I feel a lot more confident in putting myself where I want to be and think I need to be in my career," Jennings said.

Deborah Todd writes for the New Pittsburgh Courier.

Mental illness often ignored among Blacks

By Glenn Ellis
Special to Sentinel-Voice

One of the greatest and most under-treated, threats affecting Americans today is mental illness. Worldwide, at any time there are 450 million people affected by mental, neurological or behavioral problems.

In keeping with the prevalence of health disparities in practically every other area of health, the African-American community suffers disproportionately from both mental health and mental health treatment, or lack of treatment.

One in four patients visiting a health service has at least one mental, neurological or behavioral disorder, but most of these disorders are not diagnosed or treated.

African-Americans account for only 2 percent of psychiatrists, 2 percent of psychologists and 4 percent of social workers in the United States.

Compounding this disparity in mental health is the existence of a pervasive stigma that is held widely in the African-American community: "They might think I'm crazy."

The stigma that engulfs African-Americans on the issue of mental illness has its origins deep in the annals of slave history in America.

One scientific report went so far as to deliberately falsify the Black insanity rates from the 1840 U.S. census to show that the further North

Blacks lived, the higher their rates of lunacy; this was supposedly strong evidence, of course, that freedom drove Blacks crazy.

Today, 150 years after the 1840 census, there are still important gaps and paradoxes in our knowledge of the mental health status of the African-American population.

African-Americans are exposed disproportionately to social conditions considered important risk factors for physical and mental illness.

African-Americans frequently lack a usual source of healthcare as a focal point for treatment. For many African-Americans, the emergency room is generally the source of primary care treatment. As a result, mental health care occurs frequently in emergency rooms and psychiatric hospitals. These settings and limited treatment available there, undermine the delivery of high-quality mental healthcare.

Adaptive traditions have sustained African-Americans through long periods of hardship imposed by the larger society. There is a historical tendency to cope and adapt through a myriad of mechanisms. Among them are food, smoking, illicit drugs, violence and sex. For some, it is a total withdrawal from social interactions.

I recall a childhood friend, who had an "Uncle John," who sat in the same chair, by

the window, day in, day out, for as long as I can remember. I can still hear my friend's mother telling visitors to the house, "Oh, don't mind him. That's just Uncle John. He won't bother you, he's harmless."

Less than half of African-American adults with mental illness seek treatment for mental health problems, and less than one third of their children receive treatment.

The failure to receive treatment is due in part to the

stigma that surrounds mental disorders in the African-American community.

On the surface, the deep threat this issue poses to African-American health may not be apparent. However, mental illnesses affect — and are affected by — chronic conditions, such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behavior, patients' inability to comply with prescribed medical regi-

mens, diminished immune functioning, and poor prognosis.

If this major public health issue is to be addressed effectively in the African-American community, several things have to take place:

- More aggressive efforts in addressing health disparities as a community

- Educate and involve religious leaders in directing their members to seek mental health services along with seeking prayer

- Make mental health a part of dialogue in primary care settings

- Increase the availability of African-American mental health providers

- Encourage compliance and continuation of treatment by family and friends

Take good care of yourself and live the best life possible.

Glenn Ellis is a writer, radio host and lecturer on health issues, and he operates www.glennellis.com.



Happy 80th Birthday!!!
Willie C. Jones
June 8

The values you have taught
The care you have given

The wonderful love you have shown

Has enriched all of our lives in more ways than we can count
Thank you for the special touch you bring to all of our lives.

We appreciate all you have done and continue to do on a daily basis as a wife, mother, grandmother, great-grandmother, sister, aunt, friend, neighbor and most of all as a faithful servant of God.

May God bless you with health, happiness and many more to come
Love Your Family.