their weight (±3 percent), they still have some health improvements in total cholesterol, LDL cholesterol and diastolic blood pressure, regardless of weight status.”

Truesdale also found that people who lose a significant amount of weight (≥5 percent) reap long-term benefits associated with their lighter physique. “We wondered, if you had been heavier in the past, do you pay the consequences of that for the rest of your life?” she asks. The answer, based on some important criteria, was no.

“People who were heavier in the past – their blood pressure, lipids and glucose levels were slightly better or about the same as someone who always had been the lighter weight,” Truesdale says, noting that she didn’t look at hard outcomes like heart attacks.

Carmen Samuel-Hodge, PhD, another nutrition research assistant professor, is testing a weight-loss intervention program targeted to low-income women who, as a group, have the highest rates of being overweight or obese.

The intervention focuses on helping participants gain awareness of how their behavior contributes to weight gain. “Once they know what they are doing, they can start figuring out how to change,” Samuel-Hodge says. “A lot of the sessions were about problem solving.

The participants were the ones who solved their own problems.” (For more on Samuel-Hodge’s study, see page 22.)

— Susan Shackelford

Is perceived racism a risk factor for obesity?

Does perceived racism contribute to higher rates of obesity among African-Americans? The question is complicated.

“Right now, the literature is not at all consistent on the question of whether exposure to racism increases obesity risk,” says Anissa I. Vines, PhD, epidemiology research assistant professor at UNC Gillings School of Global Public Health.

Vines co-authored a study published in American Journal of Epidemiology (March 2008), which found that higher levels of perceived racial discrimination might be protective against hypertension. She also was lead author for a study that found a relationship between a larger waist-to-hip ratio and daily life stress and passive emotional responses to racism but could not support the hypothesis that racism, a chronic stressor, was associated with increased abdominal fat (American Journal of Public Health, March 2007). “Other researchers have shown a positive association between racism-related variables and obesity,” Vines says.

Vines continues to explore some of these associations with the help of a questionnaire – the telephone-administered perceived racism scale – which she developed in collaboration with clinical psychologist Maya McNeilly, who designed the original perceived racism scale.

“I am beginning to explore what it really means when an African-American person reports limited or no experiences of racism,” Vines says. “Maybe being able to acknowledge and report racism provides a protective psychological effect.”

Vines also is examining early life exposures to stress and perceived racism. “We don’t know very much about how perceived racism acts as a stressor,” Vines says. “Multiple stressors can be in play at any given time. How one perceives those stressors, and how those stressors interact with other social and environmental factors, are important to explore.”

— Angela Spivey