

Stuck in the Middle: What Belly Fat is Doing to Your Health

Applications from the [GSA KAER Toolkit for the Management of Obesity in Older Adults](#)

Momentum Discussions Podcast from the Gerontological Society of America

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Announcer:

The Gerontological Society of America, meaningful lives as we age.

Jen Pettis:

Welcome to this GSA Momentum Discussion podcast episode, addressing the National Caucus and Center on Black Aging, or NCBA, report [Stuck in the Middle: What Belly Fat is Doing to Your Health](#). Momentum Discussions highlight topics experiencing great momentum in the field of gerontology. We're grateful to Novo Nordisk for their support of the [GSA KAER Toolkit for the Management of Obesity in Older Adults](#) and today's podcast episode. My name is Jen Pettis, and I'm the Director of Strategic Alliances at the Gerontological Society of America (GSA). I'm delighted to serve as a host for today's Momentum Discussion.

Jen Pettis:

Joining me for today's podcast are Angie Bodie, Director of Health Programs for NCBA, and Deborah Mathis, a consultant for NCBA and researcher and author of this report. Angie and Deborah, I'm so glad that you could join me for today's discussion.

Deborah Mathis:

Thank you. We're looking forward to a robust chat.

Angie Bodie:

Thank you, Jen. Thank you for having us.

Jen Pettis:

My pleasure. Angie, I'd like to get started with you. What led NCBA to address obesity with this report?

Angie Bodie:

Thank you, Jen. As far as I can recall, NCBA has always worked to address obesity, and we've also worked to increase community awareness about health problems such as heart disease, diabetes, high blood pressure, high cholesterol, and others that may ensue due to having overweight or obesity. With *Stuck in the Middle*, we hope to continue to educate and raise awareness among older Black adults and the community at large about the disease of obesity.

Jen Pettis:

Right. You mentioned the report is titled *Stuck in the Middle*. Deborah, why is it named that?

Deborah Mathis:

An attempt to be clever, if not original. But it is also relevant because the problem that we're talking about is really in the middle of our bodies, for the most part. It is where the bad fat, the visceral fat, is stored and where it attempts to disable or destroy our internal organs and cause all other kinds of problems. Once that goes, the fat that we pinch all the time, our belly fat, our muffin tops, and love handles, goes away quickly. We need to disable, remove, and reduce the visceral fat. *Stuck in the Middle* identifies the location of our problem.

Jen Pettis:

As you said, it is original and certainly eye-catching for the report name. Angie, when we look at the obesity statistics for the US as a whole and compare them to the statistics for Black non-Hispanic Americans, the statistics are staggering. Tell me about them.

Angie Bodie:

Yes, Jen, you're right. The statistics are staggering. Black older adults have the highest rates of obesity of any race or ethnic group in the United States, followed by American Indians, Alaska Natives, and Hispanics. About four out of five Black women have overweight or obesity. Black or African American girls and women are disproportionately affected by the obesity epidemic, placing them at a higher risk for obesity-related morbidity and mortality. Lastly, African American women who have overweight or obesity, especially the most severe level of obesity are likely to experience health-related risks, including those I spoke of earlier, cardiovascular disease, diabetes, various types of cancer, sleep apnea, and osteoarthritis.

Jen Pettis:

Deborah, I would like to follow up with you. Looking at the African American population and considering with all that level of risk that Angie just shared with us, what are some cultural and heritage considerations that providers and others need to be aware of when they're helping African Americans to recognize and care for their condition?

Deborah Mathis:

It is nuanced. However, I have to say that almost all providers, insurers, and insurance underwriters, use the body mass index (BMI). You hear everybody talking about their BMI number. Recently, the American Medical Association urged physicians and other healthcare providers to stop using BMI and implement a more exact science, like a DEXA scan because what BMI does not do is distinguish between fat, muscle, and bone, which are the three components that make up BMI, other than water. We're 60% water. It doesn't narrow down what the composition is. In Black bodies, our bone mineral density is higher, so our bones will be heavier.

Our lean muscle mass is higher, so our muscles will be heavier. To assume that some of that is fat is off the mark. You can see why they say we've got to find a better way to measure this. But it's the old way that's been around for centuries. We need some improvement in that area, but let's say that it's close enough for government work, as we used to say, it does pinpoint that there is something to be concerned about. In the Black community, and again, this is very generalized; I'm not stereotyping here, but I think most people would agree that we tend to like a curvier, more voluptuous body type for women particularly. Not so much voluptuous for men, but for women, we like that body type.

The term on the street that you hear is "thick." "Oh boy, she's thick." That means she's got some meat on her bones. We tend to stay away from the kind of skinny prototype that you see a lot in fashion houses. Among all the television stars, who, to me, many times look like their heads are just two times too big for their bodies because their bodies have shrunk so much, but okay, to each their own. There is conflict a lot of times. A lot of Black women say, "I don't want to be skinny." This is not talking about being skinny. This is talking about being healthy. Those cultural differences go back to Africa where the people with the most weight on them were the prosperous, fertile, and well-off ones. They had food to eat; they weren't starving, you, see?

That has carried on, plus our preferred food types. Boy, has this changed greatly, but I grew up in the South with soul food cooking, lots of good gravy and biscuits, and lots of butter and all of that. That's so yummy. But it is a killer. It is not that you can't have it, but you shouldn't have it all the time and you shouldn't have a lot of it. That's for sure. Those are cultural and some pop cultural differences that we must address.

Jen Pettis:

As you mentioned, all in moderation, right? All the delicious biscuits and all that, but in moderation. I think that's an important message, though. I think when you talk about messages for providers, we can't just say, don't ever have those things, right? But how can we make them either in moderation or how can we make them a little bit healthier while still being very culturally appropriate and things like that? I think that's an important message as well as respecting the cultural heritage, why helping to make better choices is valuable.

Jen Pettis:

You both have mentioned conditions like heart disease and diabetes. Deborah, how is obesity inextricably linked to conditions like diabetes, heart disease, and cancer, and what are some unique challenges for African Americans related to these diseases that all too often, obesity is the root cause of?

Deborah Mathis:

We talked about the belly fat that we all can pinch is subcutaneous fat. That is just under-the-skin fat. Visceral fat lives behind the abdominal muscles and abdominal wall, so you can't pinch it, see it, or get to it. It surrounds all your internal organs: your pancreas, liver, gallbladder, kidneys, and intestines. It is just filling in all the holes, kind of like water seeks its level. It's filling in all the spaces there, but it's also kind of growing and choking off or inhibiting those organs so that they can't function properly. In my mind, visceral fat even acts like an organ of its own because it produces enzymes, fatty acids, and toxins.

The visceral fat is not just sitting there; it is having negative effects on the body. The pancreas starts shutting down, and the liver gets too fat and starts shutting down. All those things happen, and you end up with diabetes, coronary heart disease, gallbladder disease, high blood pressure, and certainly high cholesterol, all of which African Americans have higher rates of than White Americans. Now, is that a coincidence, or does that have something to do with those statistics that Angie spoke of earlier? Is it a coincidence that we also have the highest rates of obesity and these highest rates of things that are caused or aggravated by obesity? I think not. No one is telling you not to look fine, not to be thick, and not to adhere to your preferences or your culture, but we're saying get that visceral fat down. Get it down and watch how much better you feel, how much better you look, how much more energy you have, and how all these bad indicators, like blood pressure and everything will improve. It is fat. No matter what the BMI number may be, you can forget about that. Just look at what benefits you will draw from reducing visceral fat.

Jen Pettis:

I think what you said brings me to my next question, which is where in the report you address the weight loss payoff. What exactly, Deborah, is that weight loss payoff?

Deborah Mathis:

I was astonished to learn that wherever your weight is today if you lose 5% or 10% of that weight, things start improving immediately. If you weighed 300 pounds, you would only need to lose 15-30 pounds, and you would start seeing your A1C level decrease. The A1C measures your blood glucose. An A1C over 6.5 indicates diabetes. Insulin resistance, which keeps you from processing glucose properly, will be reduced. Insulin is what makes everything move into the cell to turn into glucose. When your body is resistant to insulin it starts burning carbohydrates instead of fat as it's designed to do. You don't want to have insulin resistance. Weight loss causes insulin resistance to go down tremendously.

Triglycerides, the fat deposits in your blood, can clog up your arteries and cause stroke, heart attack, all kinds of inflammation of the pancreas, and other issues that are reduced with weight loss, as well as lowering bad cholesterol, high blood pressure, and inflammation. I think one day inflammation is probably going to be ruled as the number one cause of all diseases, is also reduced with weight loss.

Deborah Mathis:

Every time you hear any disease, various organs are inflamed. Inflammation is the real villain. Not to mention the difference in the weight scale, which is always the most joyous thing in the world to me. Years ago, I got on a reunion diet. I was going to my 20th class reunion, and I was determined not to show up looking like twice the woman I was. I went on a real regimen of exercise. I started brisk walking, watching what I ate and the portion sizes of what I ate, and drinking a lot of water. I was working on it for months until finally, one day I got on the scale, and I had dropped seven pounds. The next day I worked out and got right on the scale, but I was still at the same seven-pound loss. The next day, I worked out and dropped another two pounds. I'm seeing this, and it is so exciting; such a wonderful feeling to feel that way. That was for vanity's sake; this is for health and survival's sake. This is saying, you don't have to be sick all the time. You don't have to die early. You don't have to become disabled.

There are now studies showing there are some ties to dementia. My mother died of Alzheimer's, and it is a horrible thing to live through. I don't want anybody else to live through that. I don't want to go through it, and I don't want to see anybody go through it. I'm taking on this project because I want people to realize some things are in our control. Habits are difficult to change. I know that as well as anybody does. That's why Jen, I think it was important that you said doctors don't need to say, "Don't ever eat this again," or "Don't do that" because that triggers something in the brain where it seems like you crave that more than you ever have before.

The whole idea of depriving yourself of something forevermore makes you hostile toward the process. How are you going to keep up with something that you feel is your enemy or working against you or making you so unhappy? I hope that nutritionists, doctors, and other healthcare providers will be mindful of that. Don't say never when it comes to foods and beverages that we enjoy that are all perfectly legal and safe otherwise. The payoff is there though, and it comes soon.

Jen Pettis:

You mentioned things that doctors and nutritionists can do to help. Angie, I'd like to close with you. What can African Americans do for themselves? But then what if those things they're doing for themselves prove not enough? Then what do they do?

Angie Bodie:

African Americans can investigate the availability and cost of various methodologies that can accurately measure their body fat. If feasible, urge their doctors to use one of those tools rather than the BMI, so that they can get a better picture of their risk status. As Deborah said, you can eat as healthily as you can and get some type of exercise. Walking is free and you can do it when you want to. It is turning out to be one of the best forms of exercise. African Americans can also urge their US Representatives and Senators to support the [Treat and Reduce Obesity Act](#) mandating Medicare cover anti-obesity medications and other therapies that are otherwise cost-prohibitive. These options should be available to everyone.

Americans can advocate for healthier foods and physical education (P.E.) programs in their local schools. Many schools don't have P.E. I know that many schools are striving to have healthier lunches, but this should be a common theme amongst all schools. Next, they can pressure their local officials and business leaders to cure food deserts in communities so that every neighborhood has access to a variety of affordable, fresh, and healthy foods.

Angie Bodie:

Lastly, African Americans can go to our website at ncba-aging.org and download a copy of [Stuck in the Middle](#). It's free, and they can also share the report with their friends, family, colleagues, or anybody, even if they don't have obesity.

Jen Pettis:

That report will be available in the transcript of this podcast as well. We'll be sure to include that. Thank you. This was a terrific discussion, ladies. Thank you so much for taking the time out of your busy schedules to join me. Thank you also to those listening to the podcast. We hope you found it informative and enjoyable. Have a great day, ladies. Thanks again.

Announcer:

The Gerontological Society of America was founded in 1945 to cultivate excellence in interdisciplinary aging research and education to advance innovations in practice and policy. For more information about GSA, visit geron.org.