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Author: Joshua Clamp, ANutr
Edited by: Mayara de Paula ANutr, Shane McAuliffe RD ANutr & Prof Sumantra Ray RNutr

Supporting Health Behaviours in Men of African and Caribbean Heritage

Tailoring behaviour change interventions to accommodate the needs of participants is an essential ingredient for success. Doing so in an evidence-based fashion is important – yet a challenge when the evidence-base for a community is small, as is the case for interventions designed to support health behaviours, particularly in men of African and Caribbean heritage. With over 60% of this population in the UK having obesity or overweight, it is a community which represents one of the most at-risk groups for developing chronic health conditions like diabetes, hypertension and stroke.[1] Therefore, it is essential to develop effective strategies rooted in robust evidence to support healthy lifestyles for men of African and Caribbean heritage and eliminate rapidly growing health disparities.

Representation in research

The literature base for black African and Caribbean men is limited in breadth and quality. Numerous publications have identified a paucity of studies with comprehensive reporting of sample size and subgroup analysis by gender and ethnicity, and even fewer studies which solely focus on black men. In a systematic review of 17 interventions reporting weight loss,[2] diet or physical activity among black men, only four studies were designed specifically for black men, and only one intervention was a randomised controlled trial.

Reasons for under-representation of black men in research is attributable to a variety of factors.[3] Hesitancy to participate may be due to language challenges, low research awareness, or cultural beliefs about research. Mistrust in research is also a particularly important factor, and has been correlated with delayed or non-performance of preventative health behaviours.[4] Problems of low inclusion rates may also lie with the inaccessibility created in the participant recruitment strategy. Such issues are unlikely to arise as a product of intentional discrimination and are more likely to be related to financial, time or capacity constraints – highlighting entrenched structural inequalities in research architecture and funding. These factors lead to a range of outcomes from non-participation to exclusion.[3] Ensuring research is culturally and linguistically accessible requires the commitment and resources of researchers throughout the process, and a greater consideration of the associated costs. Enhanced reporting of ethnic differences and subgroup analysis will support a broader evidence base for black males.

Supporting engagement

There is limited rigorous evidence on how to support intervention engagement for black men. However, research using less traditional but more culturally relevant avenues for recruitment have proved effective. For example, work exploring the role of the church in black communities has provided a valuable pathway for facilitating engagement and behaviour. Churches are ideal settings for the delivery of spiritually sensitive, culturally relevant and gender-specific services to address the mental health and wellbeing of black males.[5] Similarly, recruitment of men through black barbershops has shown to be a valuable platform for intervention, engagement, and delivery.[6] Examples like these illustrate the importance of understanding cultural norms and being able to modify approaches accordingly.

Other collaborative efforts have produced resources such as toolkits that help researchers to engage, inform, and recruit black and ethnic minority (BAME) participants.[3] Recommendations include using researchers representative of the audience, who are familiar with relevant culture and languages and collaboration with community organisations to develop engagement strategies.

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Supporting health

Help-seeking behaviours

The avoidance of help-seeking behaviour is a problematic yet common trend among men, and is often attributable to masculine norms. Thus, understanding constructs around masculinity and its role in identity and behaviour, which is shaped by a unique set of social circumstances in Black African and Caribbean men, is important in facilitating help-seeking behaviour. However, whilst men's tendency to delay help-seeking is largely attributed to masculinity, these unique social circumstances of Black African and Caribbean men bring with them additional race-related barriers. For example, past experiences or persisting cultural attitudes towards healthcare and research may give rise to negative outcome expectations, and may further increase mistrust and limit engagement.[4] Focusing on strategies to overcome mistrust may therefore prove particularly valuable.

Diabetes and obesity

Similarly, black men are less likely to seek treatment for obesity-related conditions, compared with both white men and black women.[7] Gender differences in dietary and physical activity patterns are well documented, and highlight the importance of gender as a determinant of health behaviour. For example, some evidence suggests men may consider healthy foods to be bland and less filling than unhealthy foods, to prioritise meat intake, to not consider nutritional needs when evaluating diet quality, and to consider health-promoting dietary modifications to be unnecessary until the onset of health problems.[2] Condition management also appears to vary between black men and women. In the context of diabetes management, for example, lack of time at work, lack of family support, and lack of knowledge were barriers for men but not women, and men expressed less stigma associated with having diabetes. Additionally, women used more emotion-focused and less problem-focused methods for diabetes self-management than men.[8] Utilising gender-specific approaches to support condition management in black men may therefore prove effective.

Prostate cancer

Black men continue to be disproportionately affected by prostate cancer (CaP), possessing the highest morbidity and mortality rates. CaP outcomes are influenced by behavioural factors and, therefore, addressing CaP-related health and cultural beliefs is important in addressing the disparity.[9] One study found men with low socioeconomic status and men less than 50 years old reported low confidence in their ability to reduce their risk of getting CaP. This information can be used to inform educational interventions, such as a focus on teaching them how to eat healthy to prevent CaP and support informed decision-making regarding CaP screening.

Acknowledging environmental factors

Associations exist between ethnicity, health, and socioeconomic status, meaning work focused on with overweight black men may involve higher proportions of men with lower socioeconomic status. Therefore, it is critical that intervention design and behavioural guidance be 'economically' relevant and consider the barriers associated with a lower socioeconomic status. For example, it is critical to consider environmental factors – e.g. distance to supermarkets, money to spend on food, medicines, and access to sports facilities. Hence, it is important to use evidence-based behavioural frameworks such as the COM-B approach, as used in the HEAL-D study.[10] For this intervention, researchers used this framework to consider the capability, opportunity and motivation of black men and women to adopt and perform health behaviours.

Future work

It is clear that a wider body of research on how to support healthy behaviours in black men is needed. For this reason, the UK's National Institute for Health Research initiated the Innovations in Clinical Trial Design and Delivery for underserved groups (INCLUDE) project in 2018 to widen inclusion of many underserved groups, including BAME groups, in research.[3]

Furthermore, greater representation of black men across all health professions is needed, such that the ethnicity of those in positions of leadership reflects that of the population, especially in research.[11] More broadly stakeholders in the UK must collectively commit to change their structures, systems, and processes to reflect the diversity of the population, optimise innovation, and inform inclusive decision making.

Combating baseline health and nutrition inequity as well as inequalities in service provision is a key focus for NNEdPro and drives much of the collaborative work undertaken by its members worldwide as exemplified by the Health Research Inclusivity Model.[11] Within the area of 'diversity and inclusivity in nutrition and health' it is also important to consider linguistic and sociocultural adaptation of health information and the Language of Communicating Nutrition and Impact (LOCNI)[12] initiative explores this theme via our regional networks. Finally, the NNEdPro Diversity and Inclusivity Forum is currently looking at the literature base on health inequities surrounding minoritised ethnicities in the UK, with the view to working in partnership with organisations, such as the Diverse Nutrition Association, to take these learnings and apply them through education and training in the real world.

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