



DISTRICT OF COLUMBIA ACADEMY OF FAMILY PHYSICIANS



The DC Chapter would like to thank the American Academy of Family Physicians (AAFP) for providing a National Officer to attend our 2018 Annual Meeting.

Dr. Russell Kohl, AAFP Vice Speaker installed our officers and provided the keynote address.





The meeting was held at Hotel Monaco in NW, Washington, DC.

AAFP Vice Speaker and DCAFP Leadership at the 2018 DCAFP Annual Meeting and Installation of Officers.

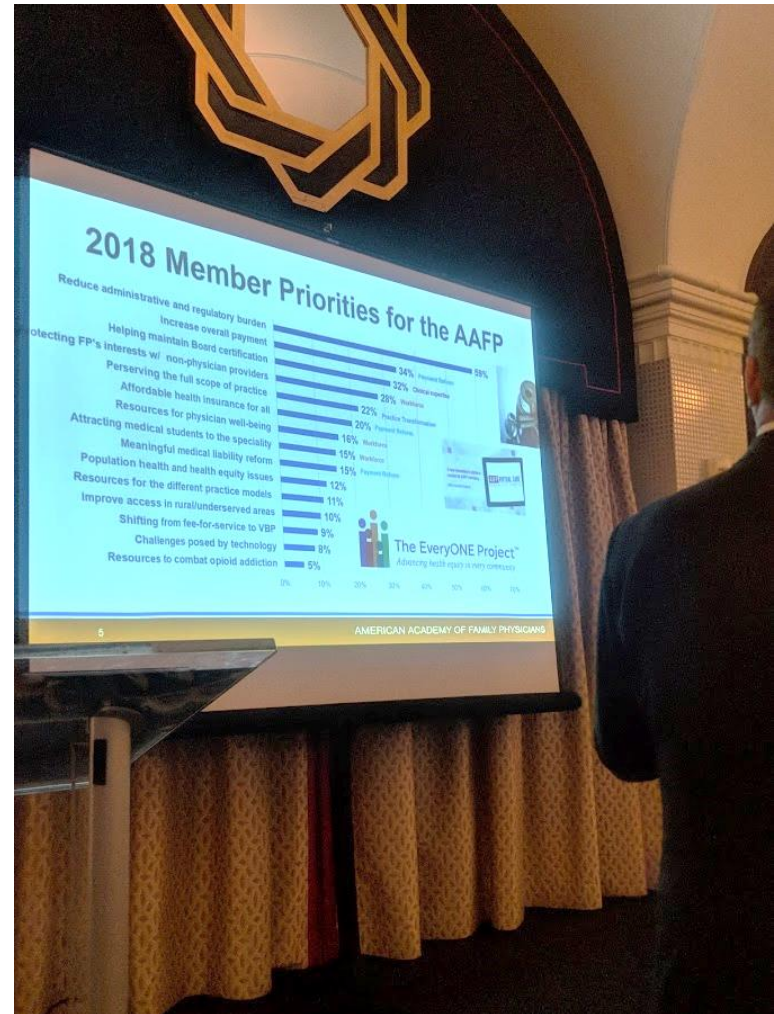
(L-R) Dr. Kandie Tate, DCAFP Immediate Past President, Dr. Russell Kohl, AAFP Vice Speaker, and Dr. Oladunni Filani, DCAFP President





The DCAFP Annual Meeting was well attended and the keynote address, “AAFP Update” was well received by our members.

Keynote Address









Dr. Kohl officiated the installation of officers.

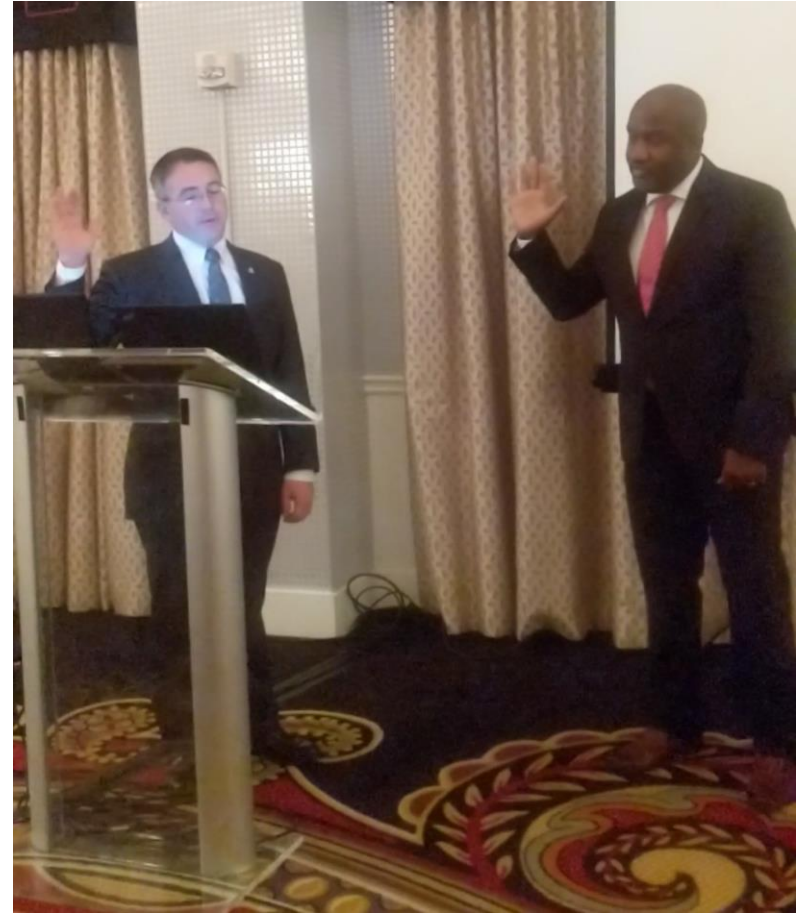
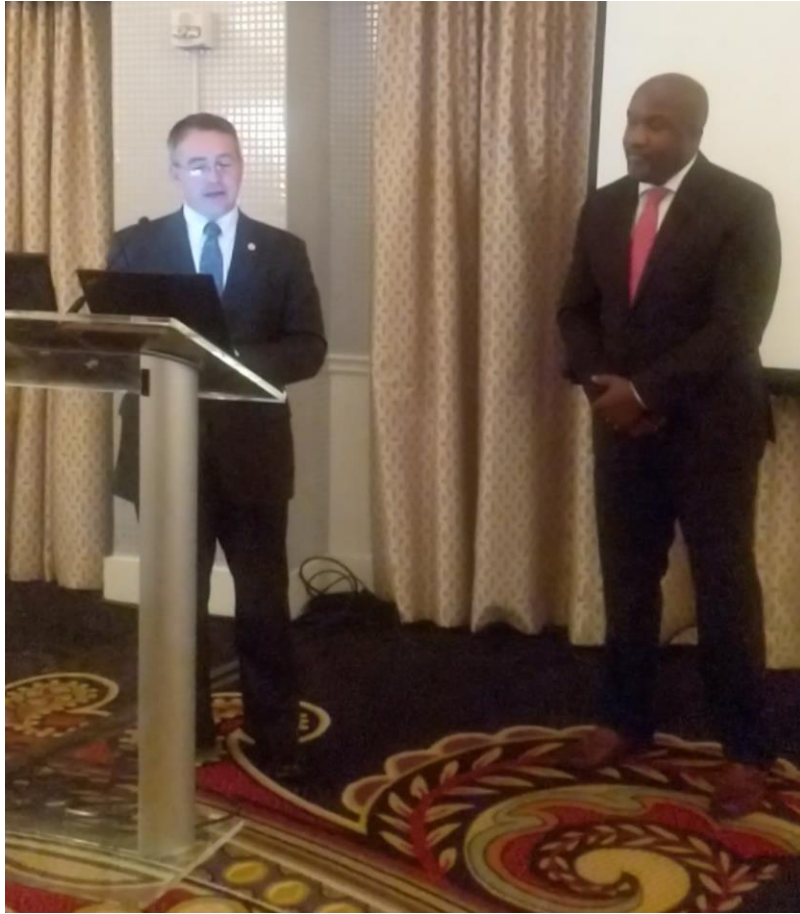
Voting for DCAFP President Elect



Congratulations Dr. Krishnan Narasimhan, DCAFP President Elect



DCAFP Newly Installed Officers



Dr. Russell Kohl, AAFP Vice Speaker installs Dr. Oladunni Filani as DCAFP President

Immediate Past President Remarks



Cross-National Ethnographic Study Comparing the Food Cultures of Lower Income Families in Washington, D.C. and Dakar, Senegal.

Melissa V. See, MD, MPA; Paul Lachelier, PhD; Kim Bullock, MD
MedStar Georgetown University Hospital, Washington, D.C.

Background

As incomes rise across the world, more people are embracing a Western diet of packaged, processed food, and moving away from long-standing indigenous food traditions. This trend, combined with food product advertising and reduced daily activity have contributed to rising rates of chronic diseases (Popkin 2009, 2012, Khoury et al. 2014). Despite these troubling macro-trends, there exists considerable variation at micro-levels that can inform health policy and clinical practice. A large body of research justly focuses on food culture, that is people's shopping, cooking and eating practices, and the beliefs they attach to these practices (e.g., Brass et al. 2007, Visser, Hutter & Haisma 2016, Larson et al. 2017). However, fewer studies examine food culture cross-nationally. This study takes an ethnographic look at the food culture of six lower-income families in Washington, D.C. and Dakar, Senegal as part of a nonprofit's long-term efforts to improve health education among lower-income families participating in an international exchange program.

Methods

Study Design: Ethnographic study employing participant observation, interviews with photo and video footage to capture participating families' shopping, cooking and eating practices, and the beliefs they attach to those practices.

Settings: Neighborhood food markets and stores, as well as participating family homes in Ward 8 of Washington, D.C., USA, and Commune Golf Sud, Guediawaye Department, Dakar, Senegal

Participants: Three African-American families in Washington D.C., and three Senegalese families in Dakar.



Dissimilarities

Less Safe, More Whole Foods vs. Safer, More Processed Foods: The Senegalese families shop at outdoor markets and merchant stands that offer a lot of whole or minimally processed foods yet have little to no refrigeration or food safety standards. In the U.S. context, dominated far more by large food companies, our American families shop at indoor supermarkets that offer a lot of packaged, processed foods and follow strict safety regulations. Additionally, there is the influence of marketing and selling products, especially to children.

Clear-Cut vs. Blurred Gender Norms: Mothers and daughters are mainly in charge of shopping and cooking in the Senegalese families, whereas the picture is quite varied and more egalitarian in the American families.

Similarities

Price Prevails: Most families conveyed that prices direct their food purchasing choices more than other factors (e.g., quality, nutritional value, tradition, ethical concerns).

Eating out Means Indulging: The Senegalese families eat out less than their American counterparts, but they share in common the sense that eating out means indulging in tasty, less healthy foods like pizza.

Skinny Means Healthy: Cultural notions connecting vitality and beauty with curvier bodies notwithstanding, the Senegalese and American families alike associated being skinny with being healthy. Accordingly, they assumed, thin family members need not worry about what they eat.



Conclusions

Meet Them Where They Are -- Culturally Competent Nutrition Education: Eating and health occur in family, school, and other cultural contexts that shape beliefs and practices. Hence, nutrition interventions should pay attention to the target population's actual food culture, including the foods people choose, the ways they prepare and consume that food, and the meanings they attach to these practices. Health researchers and educators should thus meet families and communities where they are rather than imposing homogenous nutrition programs and expecting participants to understand, let alone comply with nutritional recommendations that are unrealistic or irrelevant to their everyday lives.

Rediscover Food Traditions: The Senegalese families' penchant for home-cooked meals made with whole and minimally processed foods following healthier Senegalese food traditions may be worth preserving and promoting. The food industry makes more profits from people eating their processed products, and fewer profits from informed consumers who cook with whole foods. Yet policymakers and practitioners interested in promoting public health may find it worthwhile to invest in public re-discovery of tasty native or immigrant dishes made with whole foods, with potential returns not only to community health but small business development.

Implications and Next Steps

This ethnographic study of cross-national differences speaks to the importance of food culture in ways that can help inform public health efforts. Public health programming can and should take into account target populations' actual food contexts, practices, and beliefs. **Among other things, this means designing interventions targeted to the practices and beliefs of parents/guardians as central food gatekeepers.** Furthermore, programs that help families practice indigenous and/or foreign food cultures, particularly those rooted in whole foods, may help enhance public health.

References

1. Bray GS, Cummings B, Galloway J, Pateyan RT, Moore JE. *Worldwide and local diet-related development of obesity*. *Nature Reviews Endocrinology*. 2012;8(10):734-747.
2. Popkin BA, Robinson AS, Greenwell P, Spring J, Swartz J, Shaker A, D'Elia LM, and *et al.* *US and Global Trends in Obesity: Global Food Systems and Public Health*. *Journal of Nutrition*. 2012;142(10):1899-1908.
3. Larson N, Kimble RL, Story M, Nelson K, Larson D. *Marketing and promotion of energy-dense, ultra-processed snack food consumption*. *Appetite*. 2014;77:123-34.
4. Pothan BB. *Global Changes in Diet and Obesity Patterns as Drivers of the Global Burden of Diabetes*. *Diabetes Care*. 2012;35(11):2305-2311.
5. Pothan BB. *The Changing Pattern of Global Diet and Obesity*. *Food Security*. 2012;4(2):181-190.
6. Visser M, Verbeke J, Vermeulen L, van der Wal AC, van der Wal AC, van der Wal AC, *et al.* *Building a framework for identifying and addressing barriers to healthy eating*. *Appetite*. 2015;91:1-11.

Acknowledgements

The authors would like to thank the participating American and Senegalese families for allowing us into their homes and allowing us to break bread with their families. The authors would also like to thank Dr. Bullock for her guidance and support.



A cocktail reception featured research and scholarly activities presented by District Fellows and students.



DCAFP members enjoyed a wonderful evening of fellowship.

2018 DCAFP Annual Meeting

