SNEB 2021 George Briggs Lecture

ACCELERATING PROGRESS BY INCORPORATING EQUITY INTO OBESITY RESEARCH, POLICY, AND PRACTICE

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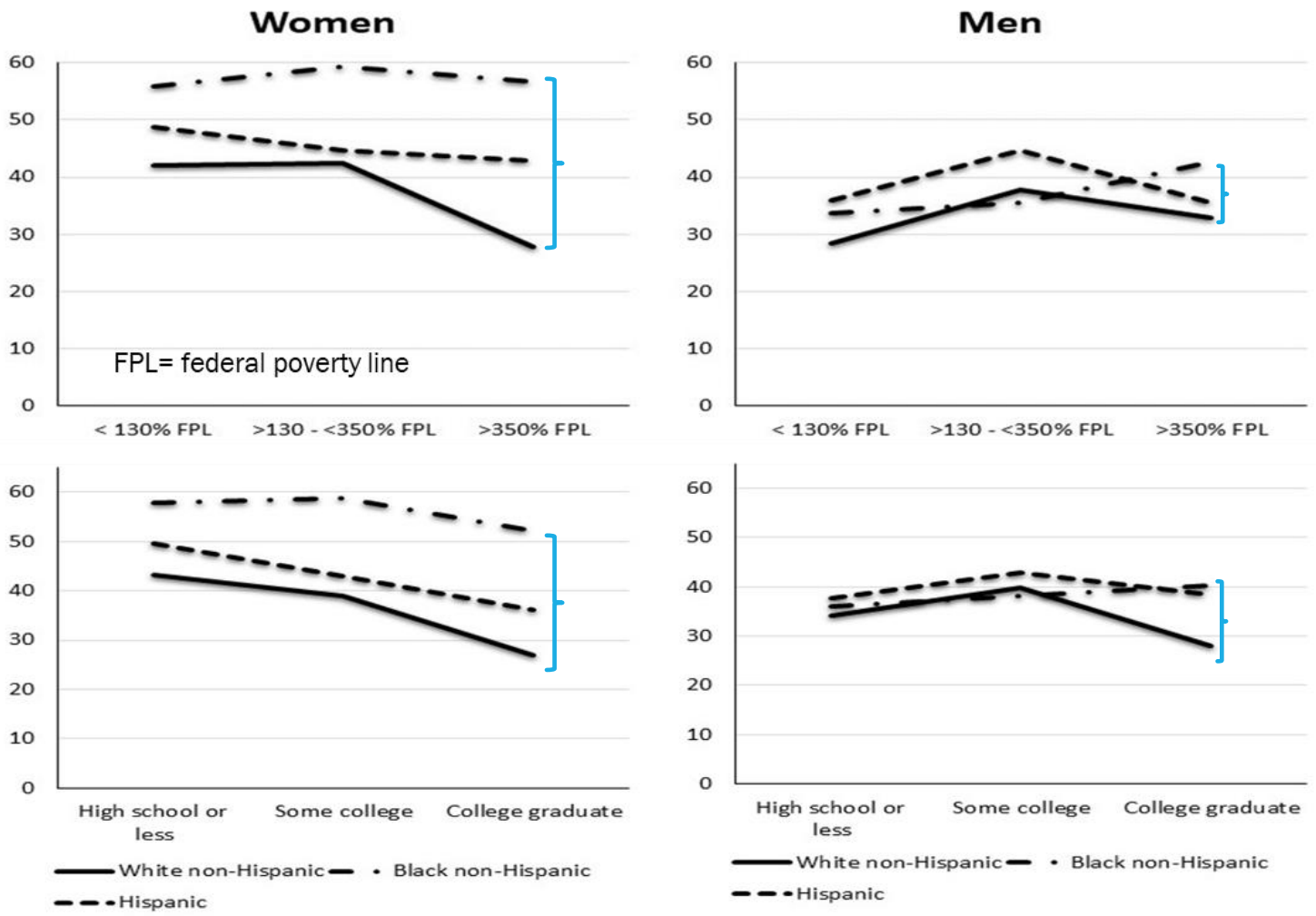
Center for Diabetes Translation Research

CBH Council On Black Health
Collaborate. Discover. Innovate.

OVERVIEW

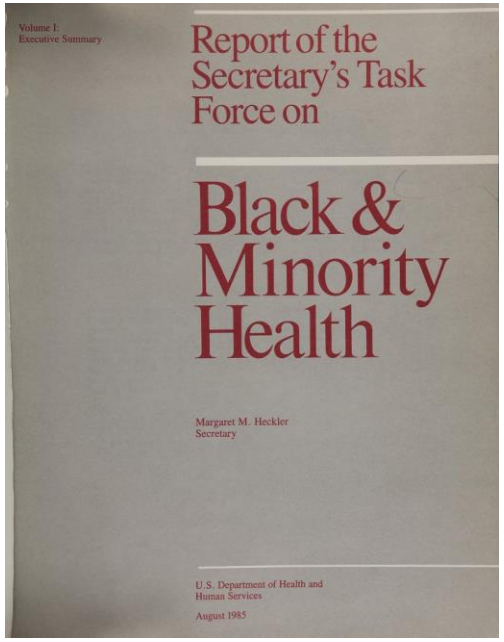
- Obesity as a health equity issue
- The Getting to Equity Framework
  - Underlying principles
  - Applications
  - Tools
- Summary



Black-White disparity is highest at ≥ 350% of poverty line (top) or among college education women and men (bottom)

. Source: Ogden et al Morbidity and Mortality Weekly Report, 2017 (reference 51)

Leading cause of death	"Modifiable" risk factors
CARDIOVASCULAR DISEASE	• Smoking • High blood pressure • High serum cholesterol • Obesity
CANCERS	• Smoking • Alcohol • Diet • Environmental hazards
HOMICIDE, SUICIDE, AND UNINTENTIONAL INJURIES	• Alcohol and drug misuse • Handgun availability
DIABETES	• **Obesity**
INFANT MORTALITY	• Low birth weight • Maternal smoking • Nutrition • Trimester of first care • Marital status, age
CIRRHOSIS OF LIVER	• Alcohol



1985

1985 Task Force

WHAT IS HEALTH EQUITY ? *

Health equity means that everyone has a **fair and just opportunity** to be as healthy as possible. This requires removing obstacles to health such as **poverty, discrimination, and their consequences**, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

For the purposes of measurement, health equity means reducing and ultimately **eliminating disparities in health and its determinants** that adversely affect excluded or marginalized groups.

Progress is assessed by measuring change over time relative to reference population as well as overall improvement in the health of the population experience disparities.

*Source: Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

POLICIES

- Main drivers of inequities
- Legacies of historical discriminatory policies – not fully addressed – related to human rights and civil rights
- Subsequent policies that overlook issues related to populations in disadvantaged social circumstances
- Policies that favor people with social advantages
- Food and built environment policies that fail to incorporate equity
- Misconceptions of free market policies as “unbiased”

ENVIRONMENTAL INFLUENCES ON OBESITY RISK

Type of Environment	Food	Physical Activity
Physical	• Fewer quality supermarkets • More fast-food restaurants • Targeted marketing of unhealthy foods • Less private transportation	• Availability or condition of parks • Few or low quality recreation centers • Neighborhood safety issues • Limited access to appealing playgrounds
Economic	• Low incomes or unstable employment • Financial sponsorships from food and beverage industry • Cost of supervised childcare	• Poorly equipped school facilities • Staffing and supervision for PE in and recess in schools • Cost of fitness facilities • Limited investment in parks/recreational facilities
Sociocultural	• Traditional cuisine • Concerns about food insecurity • Body size norms • Prevalent obesity • Women's food-related roles	• Attitudes re physical activity and rest • Activity lifestyles • Preference for cars • Over-reliance on TV • Gender norms about appropriate PA

Kumanyika SK, Whitt-Glover MC, Haire-Joshu D. What works for obesity prevention and treatment in black Americans? Research directions. Obes Rev. 2014 Oct;15 Suppl 4:204-12.

TARGETED BEHAVIORS

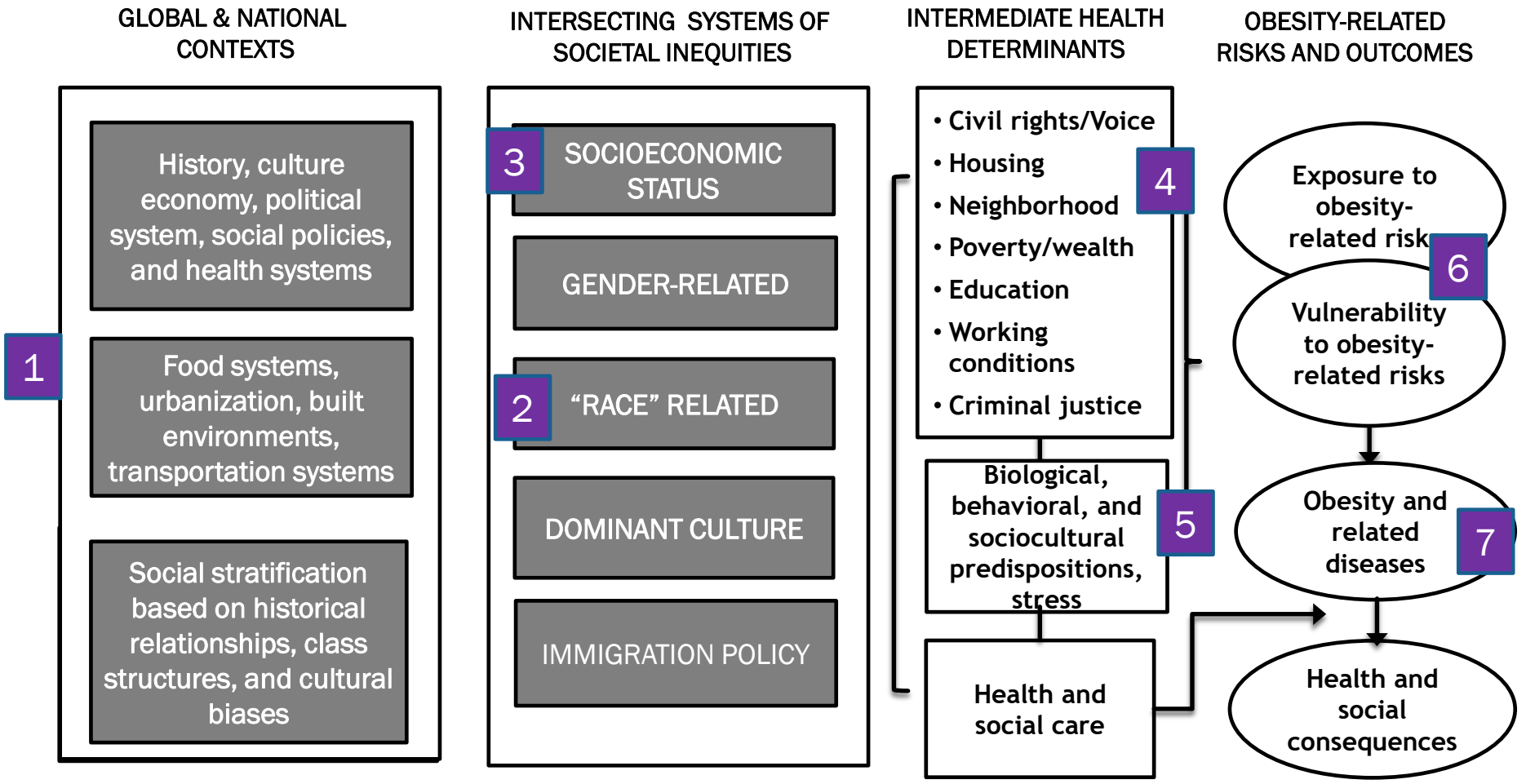
Adults

- Food intake (Calories in)
- Sugary beverage consumption
- Fast foods
- Fruits and vegetables
- Physical activity (Calories out)
- Sedentary behavior
- Weight management
- Sleep health

Children and Adolescents

- Infant feeding
- Sugary beverage consumption
- Snack foods
- Fast foods
- Fruits and vegetables
- Physical activity
- Screen time
- Sleep health

HEALTH INEQUITIES ARE EMBEDDED IN SOCIETAL INEQUITIES



SOURCE: Adapted from Kumanyika S. Common threads in obesity risk among racial/ ethnic and migrant minority populations. In:. Current status and response to the global obesity pandemic: proceedings of a workshop. Washington, DC: The National Academies Press; 2019; informed by World Health Organization framework on social determinants of health

REFERENCES RELATED TO RACISM AND SOCIOECONOMIC FACTORS

- Hahn RA. What is a social determinant of health? Back to basics. J Public Health Res. 2021 Jun 23. doi: 10.4081/jphr.2021.2324.
- **Obesity and inequities: Guidance for addressing inequities in overweight and obesity.** Authors: Belinda Loring and Aileen Roberston. WHO Regional Office for Europe. ISBN 978 92 890 5048 7. World Health Organization 2014. English version. Available at: obesity-090514 (who.int)
- Bailey ZD, Krieger N, Agénor M, Graves J, Linos N, Bassett MT. **Structural racism and health inequities in the USA: evidence and interventions.** Lancet. 2017 Apr 8;389(10077):1453-1463. doi: 10.1016/S0140-6736(17)30569-X.
- Williams DR, Lawrence JA, Davis BA. **Racism and Health: Evidence and Needed Research**. Annu Rev Public Health. 2019 Apr 1;40:105-125. doi: 10.1146/annurev- publhealth-040218-043750. Epub 2019 Feb 2.
- Bailey ZD, Feldman JM, Bassett MT. **How Structural Racism Works – Racist Policies as a Root Cause of U.S. Racial Health Inequities**. N Engl J Med. 2021 Feb 25;384(8):768-773.

GETTING TO EQUITY IN OBESITY PREVENTION

A Framework for Increasing Equity Impact in Obesity Prevention (“Getting to Equity Framework”)

Supplemental file a: **Excerpts from the Centers for Disease Control and Prevention Practitioner’s Guide to Advancing Health Equity**

Supplemental file b: **Potential tool for rating research proposals on sensitivity to health equity issues**

Free access at:
https://ajph.aphapublications.org/doi/10.2105/AJPH.2019.305221

ANALYTIC ESSAYS

A Framework for Increasing Equity Impact in Obesity Prevention

Shiriki K. Kumanyika, PhD, MPH

One of the most pressing unmet challenges for preventing and controlling epidemic obesity is ensuring that socially disadvantaged populations benefit from relevant public health interventions. Obesity levels are disproportionately high in ethnic minority, low-income, and other socially marginalized US population groups. Current policy, systems, and environmental change interventions target obesity-promoting aspects of physical, economic, social, and information environments but do not necessarily account for inequities in environmental contexts and, therefore, may perpetuate disparities.

I propose a framework to guide practitioners and researchers in public health and other fields that contribute to obesity prevention in identifying ways to give greater priority to equity issues when undertaking policy, systems, and environmental change strategies. My core argument is that these approaches to improving options for healthy eating and physical activity should be linked to strategies that account for or directly address social determinants of health.

I describe the framework rationale and elements and provide research and practice examples of its use in the US context. The approach may also apply to other health problems and in countries where similar inequities are observed. (*Am J Public Health*. Published online ahead of print August 15, 2019: e1–e8. doi:10.2105/AJPH.2019.305221)

Forty percent of US adults and nearly 20% of US youths aged 2 to 19 years have obesity, with increasing trends in adults and stable prevalence in youths.[1] Obesity is epidemic globally, which is untenable because obesity has high health, social, economic, and personal costs.[2] The causal narrative has become familiar: (1) population-wide obesity is linked to eating and physical activity patterns that are abnormal physiologically, yet have become normative; and (2) communities are laden with obesity-promoting influences, which overwhelm individuals’ efforts to control weight in a healthy range—a plethora of heavily marketed high-calorie, nutrient-poor foods and beverages combined with daily routines lacking in opportunities to be physically active.[2] Changing these conditions requires comprehensive policy, systems, and environmental (PSE) changes to shift the range and balance of behavioral options toward an obesity-protective direction—no small feat and a long-term proposition.[2–4]

Patterns of obesity prevalence include marked disparities by race/ethnicity. For example, prevalence is significantly higher in non-Hispanic Black (55%) and Hispanic (51%) than non-Hispanic White women (38%), and in Hispanic (43%, but not non-Hispanic Black [37%]), than non-Hispanic White (38%) men.[1] Prevalence in 2- to 19-year-old youths is significantly higher in non-Hispanic Black (22%) and Hispanic (26%) than non-Hispanic White (14%) youths.[1] Socioeconomic status effects are complex and differ by race/ethnicity; lowest risk is not always observed in the highest socioeconomic status strata of income or education.[5]

These disparities are neither surprising nor coincidental. Risks of having obesity and related health problems are conditioned by adverse social circumstances, part of a deeper problem of systemic structural dynamics that curtail opportunities for advancement.[6] Social disadvantage means a greater likelihood of living in poor-quality housing and in neighborhoods with fewer services and limited options for healthy eating and physical activity.[7] Thus, even when progress is observed (e.g., declines in child obesity prevalence in some states and localities), detailed data may reveal widening gaps attributable to greater progress in White and higher-income than in ethnic minority and low-income youths.[8,9]

Assuming that any observed progress can be attributed to PSE initiatives implemented over the past 10 to 15 years, persistent or widening disparities suggest a lack of reach to or effectiveness with those who need them the most. Differences in uptake or benefit from PSE approaches were suggested by findings from a large observational study of childhood obesity prevention policies and programs in 130 US communities.[10] Positive associations were reported for the comprehensiveness and intensity of these policies and programs with children’s weight status and diet or physical activity behaviors in White, high-income children and communities but not in children from low-income families or Black or Hispanic children.

Ensuring that populations affected disproportionately by obesity benefit from preventive strategies is among the most pressing unmet challenges in policy and practice. Marked racial/ethnic and income disparities were clearly evident in the 1980s, predating recognition of epidemic obesity in the US population at large.[11] However, documenting disparities does not necessarily trigger deliberate or effective action to address them.

I propose an equity-oriented obesity prevention framework to guide practitioners and researchers in public health and other fields that contribute to

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This article was accepted June 4, 2019.

doi: 10.2105/AJPH.2019.305221

Also see: Kumanyika, S. 2017. Getting to equity in obesity prevention: A new framework. *NAM perspectives.* Discussion paper, national academy of medicine, Washington, DC. Https://doi.Org/10.31478/201701c

Settings perspective

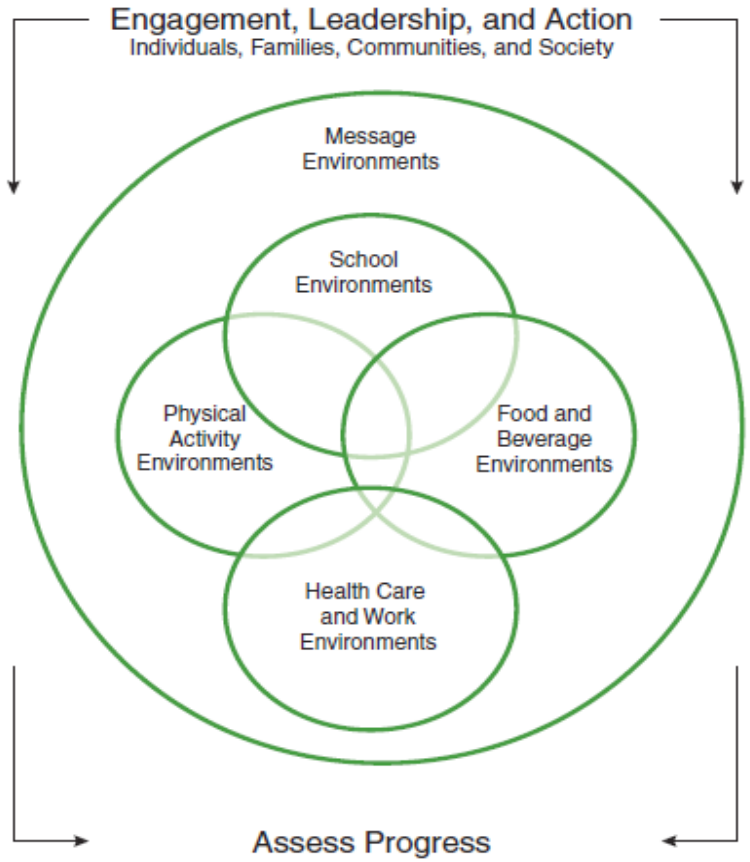
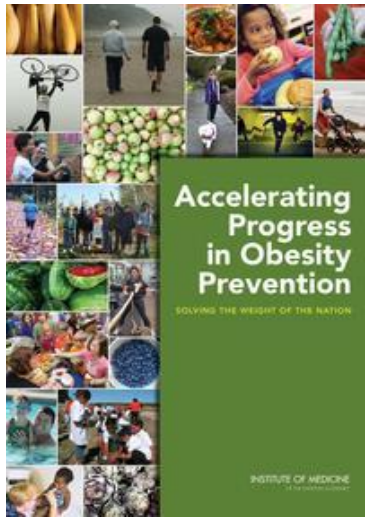


FIGURE S-1 Comprehensive approach of the Committee on Accelerating Progress in Obesity Prevention.

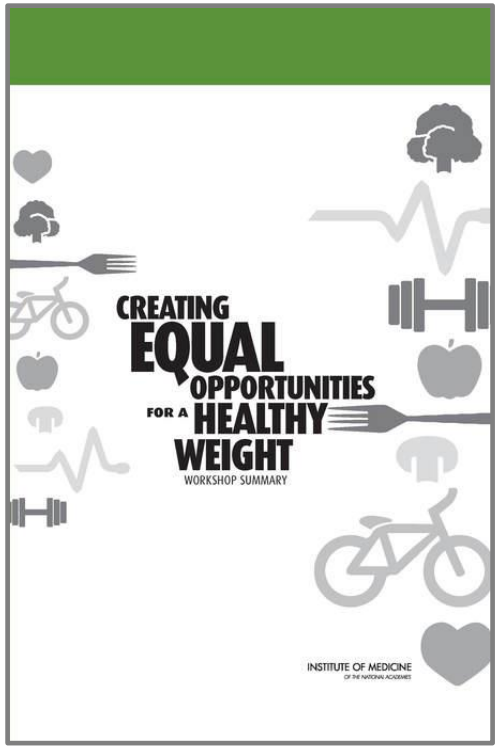
Source: Institute of Medicine. Accelerating Progress in Obesity Prevention, 2012



Inequitable opportunities and environments

Evidence of widening gaps

BUT - lack of evidence for equity-focused solutions and recommendations



Source: Institute of Medicine. Workshop Summary. 2013

Settings perspective on behavior change

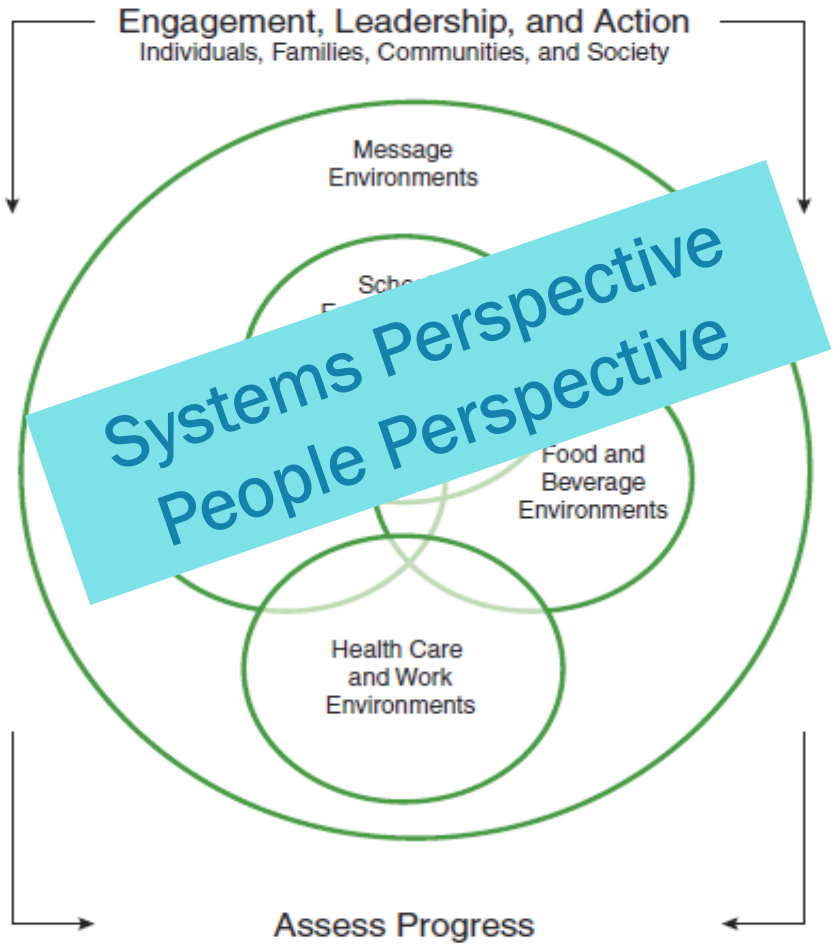


FIGURE S-1 Comprehensive approach of the Committee on Accelerating Progress in Obesity Prevention.

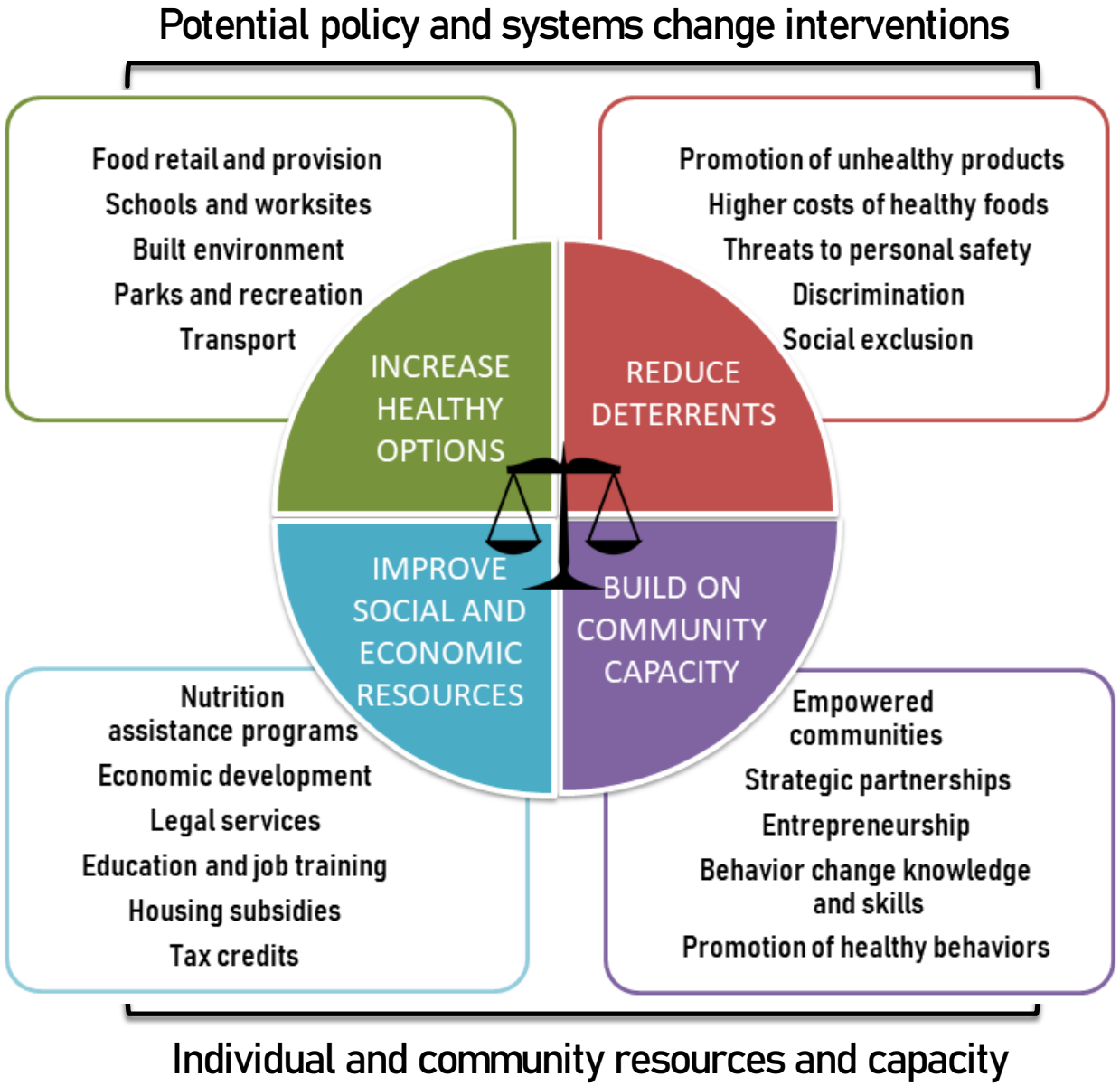
Source: Institute of Medicine. Accelerating Progress in Obesity Prevention, 2012

Equity Impact-What are we trying to accomplish?

Ultimately, objectives relate to changes in key obesity risk behaviors and obesity

What questions should we be asking about a proposed PSE intervention*

- ✓ What type of intervention is this?
- ✓ How is it relevant?
- ✓ What is the mechanism?
- ✓ What discipline(s) inform this work?
- ✓ What resources does effectiveness require that may be missing in this situation?
- ✓ What assets can be leveraged or enhanced in this situation?



Targeting and Tailoring

What intervention approaches or characteristics can be modified to increase effectiveness with a given population group or context?

Targeted Universalism, or “twin approach”

Sources: Kumanyika, National Academy of Medicine, 2017; Kumanyika, Am J Public Health October 2019)

HOW WE CAN INCREASE THE EQUITY IMPACT OF RESEARCH?

- Acknowledge historical oppression and structural racism as underlying drivers of inequities.
- Identify inequities related to intervention settings.
- Identify people's life circumstances, hopes, needs, and realities related to topic of the PSE intervention in these contexts.
- Think about intervention elements and how they are assumed to work and examine validity of assumptions.
- Consider threats to effectiveness and look for ways to address them by increasing individual and community resources and capacity
- Combine interventions for synergy within and across policy and people/community domains.

Kumanyika AJPH Oct 2019

UNDERLYING FRAMEWORK PRINCIPLES

- Intentionality (equity lens)
- Analysis of settings
- Analysis of interventions
- Analysis of contextual influences on interventions (people-centered)
- Targeting and tailoring to meet social needs
- Building on community capacity

USE CASES

POTENTIAL USES: PROSPECTIVE OR RETROSPECTIVE

Policy and systems change

Behavior change

Policy Design /Program planning

Policy Analysis/Program evaluation

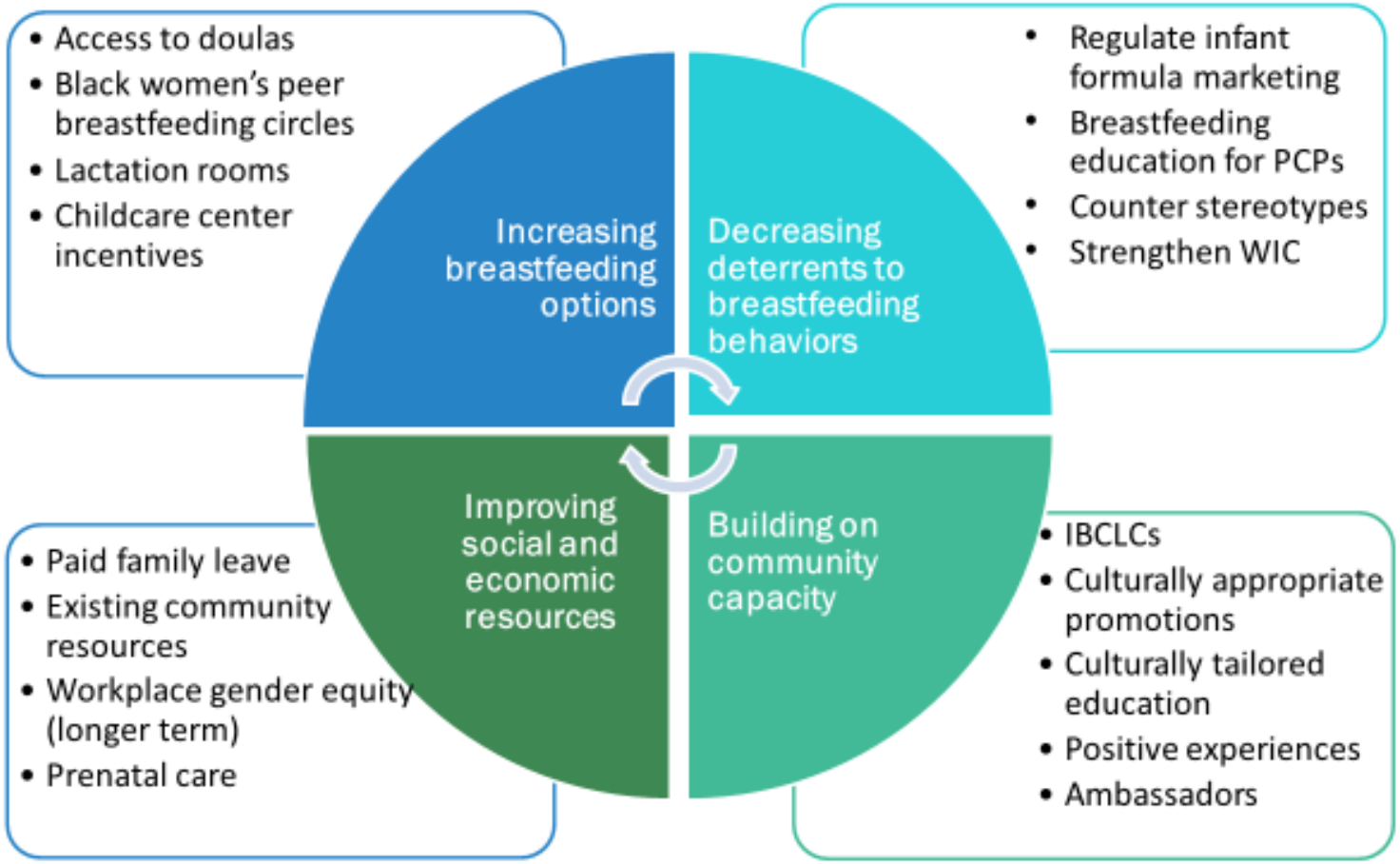
Policy/Program Implementation

Qualitative data analysis

Research Design/Analysis and Evaluation

COORDINATED STRATEGIES TO INCREASE BREASTFEEDING AFFECTING BLACK WOMEN

PLANNING



PCP = primary care provider IBCLCs = International Board-Certified Lactation Consultants

Kumanyika, unpublished

POLICY ANALYSIS

Nutrition Science ↔ Policy

National nutrition policy in high-income countries: is health equity on the agenda?

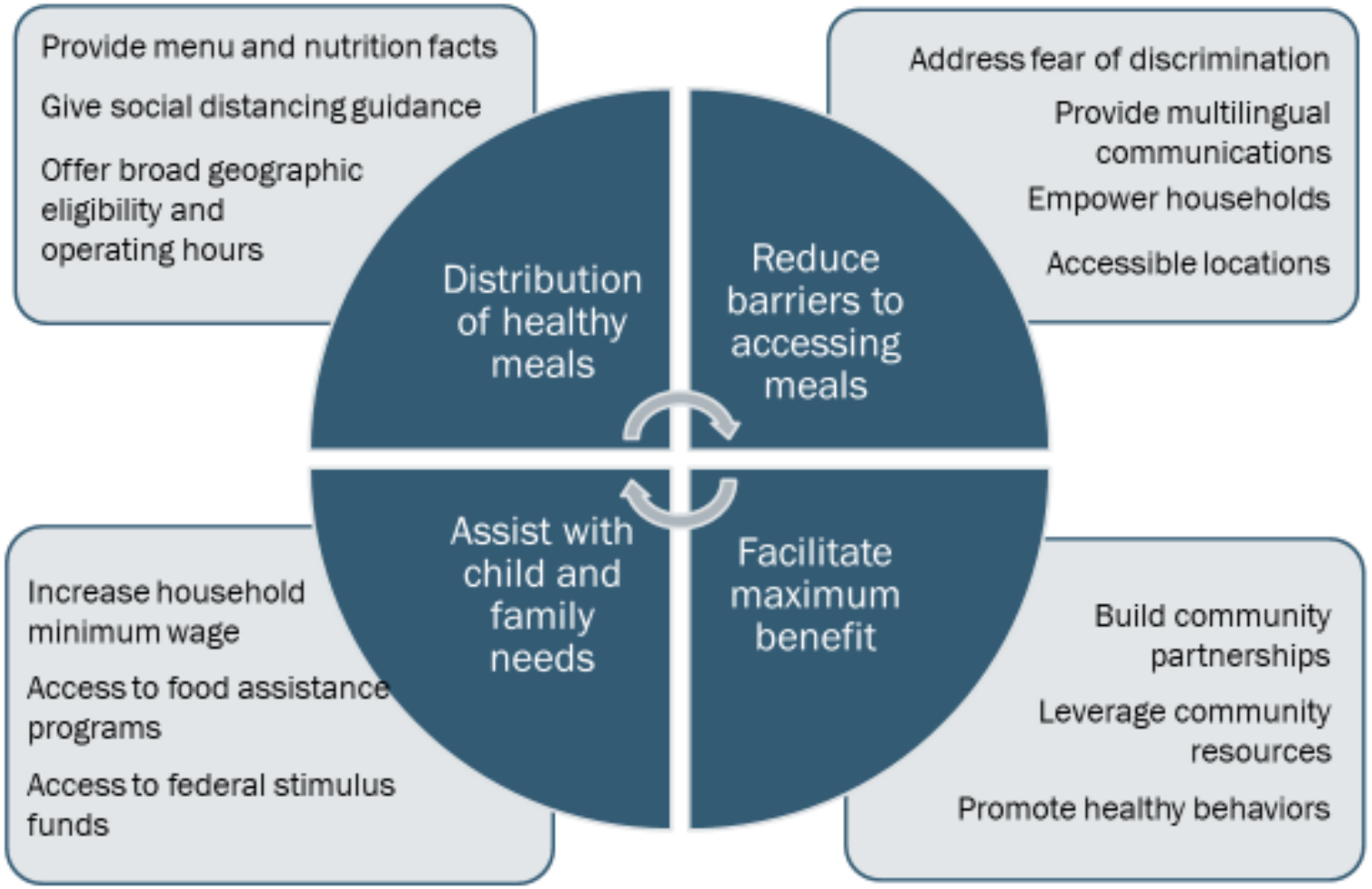
Christina Zorbas, Jennifer Browne, Alexandra Chung, Phillip Baker, Claire Palermo, Erica Reeve, Anna Peeters, and Kathryn Backholer

Analyzed a sample of government nutrition policy documents from high income nations to see how equity and socioeconomic inequalities are represented in the way population nutrition problems are framed

Used the GTE as one of five frameworks to guide the prioritization of equity in the design of policy, system, and environment interventions to address obesity

doi: 10.1093/nutrit/nuaa120 Nutrition Reviews Vol. 00(0):1–14

EVALUATIVE CASE STUDY AND GUIDELINES



EQUITY ASSESSMENT OF SCHOOL MEAL SERVICE DURING THE COVID-19 PANDEMIC

McLoughlin, G.M., McCarthy, J.A., McGuirt, J.T. *et al.* Addressing Food Insecurity through a Health Equity Lens: a Case Study of Large Urban School Districts during the COVID-19 Pandemic. *J Urban Health* **97,** 759–775 (2020). https://doi.org/10.1007/s11524-020-00476-0

HEALTHY FOOD FINANCING INITIATIVES: NEW SUPERMARKETS

Increasing healthy options

- Locate supermarket conveniently in underserved area
- Work with retailer on store format and services
- As an anchor store, attract desirable businesses
- Require for a minimum percent of healthy retail?
- Provide culturally appropriate, relevant customer service

Improving social and economic resources

- Facilitate participation in nutrition assistance programs
- Provide job training and hire community members
- Co-locate with social, housing, and legal services

* Community Development Corporation"

Kumanyika, unpublished 2021

Decreasing deterrents

- Advertise and promote new store
- Attend to safety issues
- Provide transportation, delivery service, parking
- Limit density of fast-food outlets
- Limit discounts on sugary beverages?
- SSB taxes

Building on community capacity

- Engage in strategic partnerships (CDCs*; health dept; city or land use planners; unemployment office)
- Provide community-meeting space
- Provide in-store food demonstrates and health promotion
- Partner with minority-owned vendors or companies

IMPROVING FOOD BANK EQUITY IMPACT

QUALITATIVE ANALYSIS AND GUIDANCE

Increasing healthy options

- Build support and capacity for distribution of healthy foods
- Written nutrition policies
- Inventory tracking

Improving social and economic resources

- Facilitate access to TEFAP or state equivalents, SNAP incentives, and SNAP-Ed and expand state-level TEFAP equivalents
- Tailor advertising and marketing materials for accessibility and cultural appropriateness
- Remedy information gaps and trust issues with historically marginalized communities

Decreasing deterrents

- No soda, no candy policy
- Hiring staff who are demographically representative of the clients
- *Anti-discrimination training to assess and dismantle unconscious bias*

Building on community capacity

- Address clients' desire for more nutritious products
- Give clients more voice in decision making
- Expand research and advocacy partnerships such as Witnesses to Hunger
- Enhance other strategic partnerships, including with other food banks and with schools; health care systems and civic organizations

Cooksey Stowers K, Marfo NYA, Gurganus EA, Gans KM, Kumanyika SK, Schwartz MB. The hunger-obesity paradox: Exploring food banking system characteristics and obesity inequities among food-insecure pantry clients. PLoS One. 2020 Oct 21;15(10):e0239778.

WHOLE COMMUNITY STRATEGIES TO REDUCE CHILD OBESITY PREVALENCE AND DISPARITIES: PHILADELPHIA

Increase healthy options for healthy eating

- Healthy Corner Store Initiative
- Fresh Food Financing Initiative (new supermarkets)
- Comprehensive district-wide school wellness policies
- City Harvest—Philadelphia Horticultural Society gets food and gives to food banks
- Nutrition programs in early childcare environments
- Pennsylvania Farm to School initiative
- Infrastructure to increase potable water in schools

Decrease deterrents to healthy eating

- Ban on sugary drinks in schools
- Social-marketing campaign to decrease sugar-sweetened beverage consumption
- Comprehensive district-wide school wellness policies

See Table in Kumanyika, Am J Public Health October 2019
also see NCCOR website: https://www.nccor.org/projects/obesity-declines/

WHOLE COMMUNITY STRATEGIES TO REDUCE CHILD OBESITY PREVALENCE AND DISPARITIES (PHILADELPHIA)

Increase resources to address social needs

- Universal eligibility for school meals pilot
- Philly Food Bucks—Supplemental Nutrition Assistance Program incentive programs for fresh fruit and vegetable purchases

Build on community capacity (continued)

- Pennsylvania STARS—Parent guide to quality childcare
- Philadelphia Urban Food and Fitness Alliance
- Healthy Corner Store Initiative
- Comprehensive district-wide school wellness policies
- New farmers markets in 10 low-income areas

Build on community capacity

- SNAP-Ed funding for nutrition education in schools
- Campaign to build community support for a tax on sugar-sweetened beverages
- Restaurant menu labeling—2010
- Healthy Kids, Healthy Communities out-of-school-time program
- Healthy You. Positive Energy program
- Pediatric obesity treatment
- Healthy farms and healthy schools grant program
- Breastfeeding Education, Support, and Training Program

See Table in Kumanyika, Am J Public Health October 2019) also see NCCOR website: https://www.nccor.org/projects/obesity-declines/

DEVELOPMENT AND IMPLEMENTATION OF INTERVENTION TO REDUCE SSB CONSUMPTION AMONG YOUTH

Applying a health equity lens –

- ✓ Intentional design to acknowledge the context, resources, and constraints
- ✓ Promoted a low cost, low-burden strategy for lower-income and racial/ethnic minority families

Identifying context specific design and implementation issues

- ✓ Co-designed in collaboration with community partners for integration into their program
- ✓ Pre-tested program to identify implementation issues and inform tailoring activities to enhance intervention engagement, fidelity, and acceptability

Understanding people and their circumstances

- ✓ Recognized that behavior change motivations vary across individuals and families
- ✓ Guided youth to develop their own stories of lived experiences
- ✓ Tailored intervention materials to include more youth-led and peer learning strategies

Wang ML. Relevance and Uses of the Getting to Equity in Obesity Prevention Framework. Am J Public Health. 2019 Oct;109(10):1321-1322.

TOOLS AND RESOURCES

RESEARCH DEVELOPMENT

POTENTIAL TOOL FOR RATING RESEARCH PROPOSALS ON SENSITIVITY TO HEALTH EQUITY ISSUES

Series of questions that prompt for evaluation of how well equity issues have been considered in terms of the population context, study rationale, intervention design, sample design, data collection and analysis plan, evidence of community engagement, and team composition.

Based on concepts in the Getting to Equity Framework.

Underlying rationale and principles in an Appendix to the tool

Developed for potential use in the RWJF Healthy Eating Research program
https://healthyeatingresearch.org/

Supplemental File B, for American Journal of Public Health Article "A Framework for Increasing Equity Impact in Obesity Prevention," by Shiriki Kumanyika (kumanyika@drexel.edu). DOI: 10.2105/AJPH.2019.305221

HOW DOES ONE DEVELOP AN EQUITY LENS? SOME IDEAS

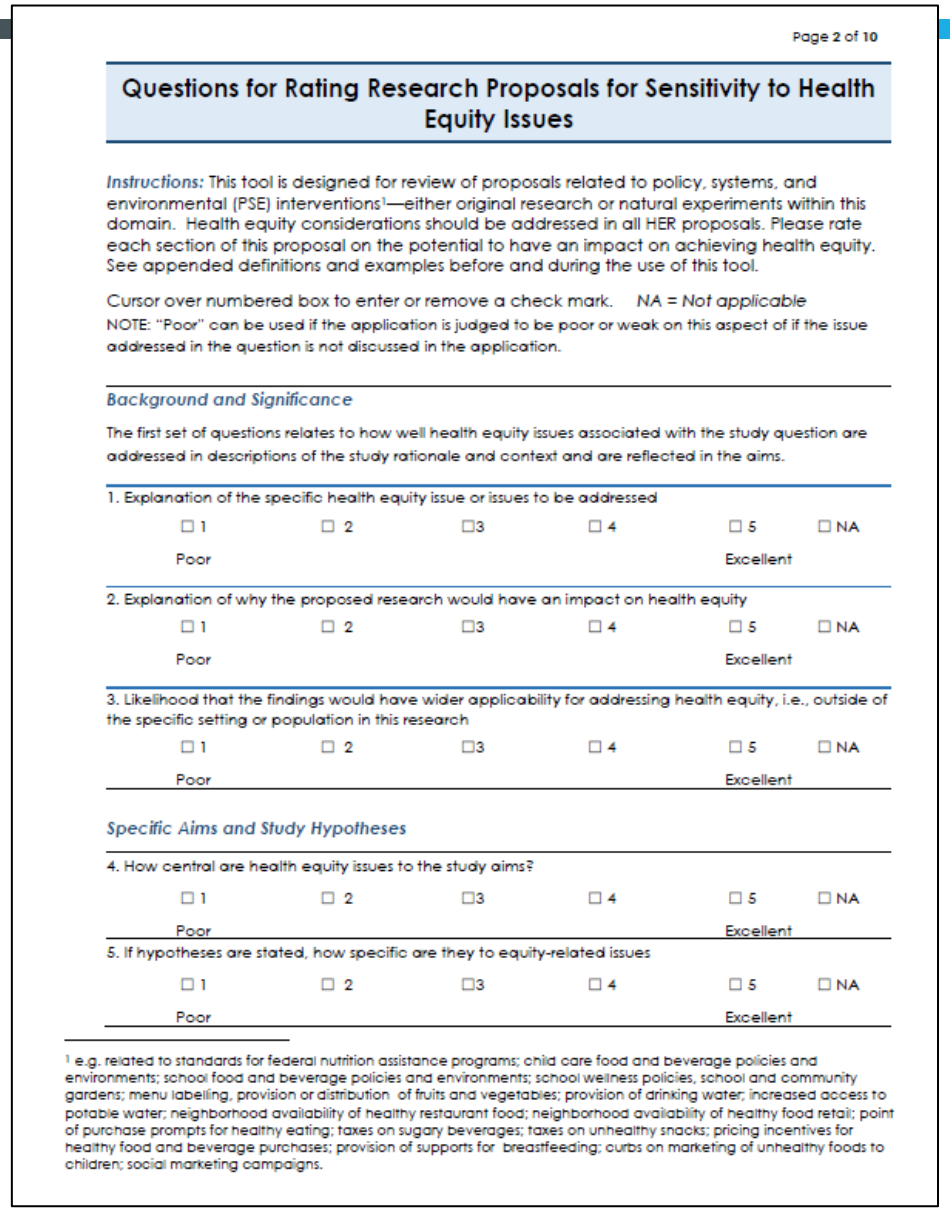
Step 1. Acknowledge that unfairness exists, whether or not intentional

Step 2: Reject biases and stereotypes that blame people for circumstances beyond their control”

Step 3: Learn more about how current inequities have arisen, e.g., read up on the history and derivatives of current policies related to education, housing, labor practices, voting districts, and who benefits from discriminatory policies

Step 4: Ongoing effort to recognize overt and subtle injustices at work

TOOL



Questions for Rating Research Proposals for Sensitivity to Health Equity Issues

Instructions: This tool is designed for review of proposals related to policy, systems, and environmental (PSE) interventions[1]—either original research or natural experiments within this domain. Health equity considerations should be addressed in all HER proposals. Please rate each section of this proposal on the potential to have an impact on achieving health equity. See appended definitions and examples before and during the use of this tool.

Cursor over numbered box to enter or remove a check mark. *NA = Not applicable*

NOTE: "Poor" can be used if the application is judged to be poor or weak on this aspect of if the issue addressed in the question is not discussed in the application.

Background and Significance

The first set of questions relates to how well health equity issues associated with the study question are addressed in descriptions of the study rationale and context and are reflected in the aims.

1. Explanation of the specific health equity issue or issues to be addressed

☐ 1 ☐ 2 ☐3 ☐ 4 ☐ 5 ☐ NA

Poor Excellent

2. Explanation of why the proposed research would have an impact on health equity

☐ 1 ☐ 2 ☐3 ☐ 4 ☐ 5 ☐ NA

Poor Excellent

3. Likelihood that the findings would have wider applicability for addressing health equity, i.e., outside of the specific setting or population in this research

☐ 1 ☐ 2 ☐3 ☐ 4 ☐ 5 ☐ NA

Poor Excellent

Specific Aims and Study Hypotheses

4. How central are health equity issues to the study aims?

☐ 1 ☐ 2 ☐3 ☐ 4 ☐ 5 ☐ NA

Poor Excellent

5. If hypotheses are stated, how specific are they to equity-related issues

☐ 1 ☐ 2 ☐3 ☐ 4 ☐ 5 ☐ NA

Poor Excellent

[1] e.g. related to standards for federal nutrition assistance programs; child care food and beverage policies and environments; school food and beverage policies and environments; school wellness policies, school and community gardens; menu labeling, provision or distribution of fruits and vegetables; provision of drinking water; increased access to potable water; neighborhood availability of healthy restaurant food; neighborhood availability of healthy food retail; point of purchase prompts for healthy eating; taxes on sugary beverages; taxes on unhealthy snacks; pricing incentives for healthy food and beverage purchases; provision of supports for breastfeeding; curbs on marketing of unhealthy foods to children; social marketing campaigns.

- ✓ Background and Significance
- ✓ Specific Aims and Study Hypothesis
- ✓ Research Design and Methods
  - Study Design
  - Populations and settings
  - Theoretical framework/conceptual model
  - Research methods and measures
  - Data analysis
- ✓ Potential limitations and challenges
- ✓ Deliverables and communications plan
- ✓ Project Team

See Kumanyika, AJPH , supp file b
Commissioned by HER

POTENTIAL FACTORS THAT INFLUENCE THE RELATIVE EFFECTIVENESS OF PSE STRATEGIES IN PRIORITY POPULATIONS

Different logic– The intervention has a different role or different leverage within the change pathway in the priority compared to the reference population and is, therefore, relatively more or less pivotal in driving the desired population behavior changes in the priority population.

Differential salience - The intervention is more or less relevant to the priority population needs and preferences. Cultural adaptations would be in this category, but contextual adaptations are also important.

Differential reach – Relatively more or fewer people in the priority population are exposed to the intervention.

continued)

Supplemental File B, for American Journal of Public Health Article "A Framework for Increasing Equity Impact in Obesity Prevention," by Shiriki Kumanyika (kumanyika@drexel.edu). DOI: 10.2105/AJPH.2019.305221

Differential intensity – A single intervention may not be strong enough to overcome competition from other, related but opposing features of the social or economic environment.
Differential feasibility – Uptake of the intervention is limited or sporadic because of feasibility issues.
Side effects – Access to or net benefit of the intervention is altered because of side-effects of the intervention, particularly unfavorable side effects.

Supplemental File B, for American Journal of Public Health Article "A Framework for Increasing Equity Impact in Obesity Prevention," by Shiriki Kumanyika (kumanyika@drexel.edu). DOI: 10.2105/AJPH.2019.305221

TOOLS AND RESOURCES

- Equity training
  - e.g. Race Forward; Common Health Action; other organizations
- Critical race praxis
  - Ford CL, Airhihenbuwa CO. The public health critical race methodology: praxis for antiracism research. Soc Sci Med. 2010 Oct;71(8):1390-8.
  - Ford CL, Airhihenbuwa CO. Critical Race Theory, race equity, and public health: toward antiracism praxis. Am J Public Health. 2010 Apr 1;100 Suppl 1(Suppl 1):S30-5.
- Typologies and Taxonomies (intervention classification systems)
  - Kumanyika SK. Learning More from What We Already Know About Childhood Obesity Prevention. Child Obes. 2020
- Implementation Science
  - Brownson RC, Kumanyika SK, Kreuter MW, Haire-Joshu D. Implementation science should give higher priority to health equity. Implement Sci. 2021 Mar 19;16(1):28.
  - Mazzucca S, Arredondo EM, Hoelscher DM, Haire-Joshu D, Tabak RG, Kumanyika SK, Brownson RC. Expanding Implementation Research to Prevent Chronic Diseases in Community Settings. Annu Rev Public Health. 2021 Apr 1;42:135-158.

OTHER TOOLS AND RESOURCES

- Guidelines for cultural/contextual adaptations
  - Davidson EM, Liu JJ, Bhopal R, White M, Johnson MR, Netto G, Wabnitz C, Sheikh A. Behavior change interventions to improve the health of racial and ethnic minority populations: a tool kit of adaptation approaches. Milbank Q. 2013 Dec;91(4):811-51.
- Systems science approaches
  - Front Matter | Using Systems Applications to Inform Obesity Solutions: Proceedings of a Workshop | The National Academies Press (nap.edu)
  - Front Matter | Integrating Systems and Sectors Toward Obesity Solutions: Proceedings of a Workshop | The National Academies Press (nap.edu)
- CDC Practitioner's Guide to Advancing Health Equity
  - https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/index.htm

IMPLICATIONS

- Argues against the use of cognitive-behavioral approaches that ignore the multifaceted nature of the key behaviors, and the fact that these behaviors are embedded in intersecting psychosocial, sociocultural and environmental contexts
- Calls for more emphasis on studying contexts and the various ways community members respond to them
- Calls for approaches that identify and leverage community assets, including ways that community members might have developed to cope with difficult economic and sociopolitical conditions
- Calls for considering the possibility that obesity-related interventions can be linked to interventions on other important outcomes
- Calls for explicit steps for creating opportunities for community members to discuss their perceptions of: health problems; what resources they have; and what priorities they set; and to determine their sense of what approaches have the potential to remedy problems.

SUMMARY

- A focus on health equity opens the door to deeper and more comprehensive consideration of possible intervention pathways
- Focus on health equity also opens the door to linking obesity efforts to the broader fields of health equity and health disparities research and policy/political science
- For populations of color, both race-related and SES factors are relevant to equity; disparities in obesity are larger in higher income and education strata
- The GTE framework is intended to guide thinking about design and implementation related to health equity but has broader implications for the field of obesity prevention and control
- Rethinking approaches that assume that people will fit themselves to the intervention rather than the reverse, i.e., increase focus on implementation issues and research

THANK YOU!