Using a Community-Centered View of Influences on Eating, Activity, and Body Weight

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Welcome

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Webinar Learning Objectives:

1. Identify the three categories of community-centered influences on eating, activity, and body weight
2. Describe how community-level factors influence eating, activity, and body weight
3. Describe how community-level factors influence resources available to address health problems.
4. Explain how to translate community-centered influences into sustainable obesity prevention and treatment strategies
5. List examples of how to integrate community priorities and values that are broader than food, activity, or weight into obesity prevention and treatment strategies
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AACORN

- National research network formed in 2002 to improve quality, quantity and effective translation of research on nutrition, physical activity, and weight related issues of black Americans

- Researchers (majority) and community research partners; primarily African Americans; several different disciplines and interest areas

- 60+ active members in ~20 states

- National office based in the Department of Community Health & Prevention, Drexel University Dornsife School of Public Health, Philadelphia, PA
Overview

- Changing context for obesity treatment
- Evolution of the AACORN expanded paradigm – academic and community-centered frameworks
- How this framework can be useful for research and practice
- Summary and conclusions
FACTORS
INTERNATIONAL
Globalization of markets
Development
Media programs & advertising
NATIONAL/REGIONAL
Transport
Urbanization
Health
Social Security
Media & Culture
Education
Food & Nutrition
COMMUNITY/LOCALITY
Public Transport
Public Safety
Health Care
Sanitation
Manufactured/Imported Food
Agriculture/Gardens/Local markets
WORK/SCHOOL/HOME
Leisure Activity/Facilities
Labour
Infections
Worksite Food & Activity
Family & Home
School Food & Activity
INDIVIDUAL
POPULATION
Energy Expenditure
% OBESE OR UNDERWT
Food intake: Nutrient density
National perspective
National perspective

Source: International Obesity Task Force [www.iotf.org]
see Kumanyika S et al International Journal of Obesity 2002;26:425-36
‘New’ research directions: 2003-2004

Increased awareness of the need for societal approaches involving environmental and policy changes

Increased awareness of need for solutions applicable to ethnic minority and other high risk populations
OBESITY PREVALENCE TRENDS IN THREE ETHNIC GROUPS, BY GENDER (BMI > 30): ADULTS

Source: CDC, NHES and NHANES data age-adjusted; Health United States, 2013
OBESITY PREVALENCE TRENDS
CHILDREN AGES 6-11 IN THREE ETHNIC GROUPS (BMI > 95th percentile); boys

Source: CDC, National Center for Health Statistics. Health United States, 2014, table 65
OBESITY PREVALENCE TRENDS
CHILDREN AGES 6-11 IN THREE ETHNIC GROUPS
(BMI ≥ 95th percentile); girls

Source: CDC, National Center for Health Statistics, Health United States, 2014, table 65
Black Americans

- High and increasing prevalence and severity of obesity
- Obesity-related disease burden
- Especially limited evidence about effective solutions applicable to black Americans
- Evidence that treatment approaches less effective in black Americans
- Competing paradigms
Determine influences of environmental and social factors...

Determine socially and culturally acceptable ways to minimize effects on children...

Using CBPR, conduct large-scale market research in diverse communities of the acceptability of environmental and societal changes...

AFRICAN AMERICAN COLLABORATIVE OBESITY RESEARCH NETWORK

Second Annual Scientific Meeting & Workshop

Achieving Healthy Weight in African American Communities: Interdisciplinary Research Directions

Sponsored by the Division of Nutrition and Physical Activity Centers for Disease Control and Prevention

August 9 – 10, 2004
Wyndham Hotel Downtown
Traditional View

Too many calories in and not enough calories out

Interventions on eating, physical activity, and weight in African Americans

Traditional View

Too many calories in and not enough calories out

Interventions on eating, physical activity, and weight in African Americans

Looking at people through the lens of the problem

Expanding the paradigm:

- Insights from several “non-traditional” disciplines*
- Eating and activity behaviors are embedded in core social processes
- Need to understand people and their daily life contexts
- Contexts are complex systems
- Interdisciplinary perspectives
- Create solutions with communities

*e.g., family sociology, economics, philosophy, literature, transcultural psychology, marketing

Traditional View

*Focus of traditional obesity research*

Expanded knowledge domains
Integrating Insights from Multiple Disciplines and Perspectives

- Historical legacy
- Social processes in families and heterogeneity in communities

*Focus of traditional obesity research
Expanded knowledge domains
Integrating Insights from Multiple Disciplines and Perspectives

- Aesthetic, moral, religious, and social values
- Collective psychology
- Literary expressions

*Focus of traditional obesity research*

Expanded knowledge domains
Integrating Insights from Multiple Disciplines and Perspectives

Cultural & Psychosocial Processes
- Media and marketing
- Built environment

Physical & Economic Environments

Historical & Social Contexts

*Focus of traditional obesity research*

African Americans in communities

Research Lenses

African American researchers

Researchers in general and research sponsors

Focus of traditional obesity research

Progression toward more effective research to improve weight and quality of life in African American communities

Interactions on eating, physical activity, and weight in African Americans

Research Focus

Energy balance

Cultural and psychosocial processes

Physical and economic environments

Historical and social contexts

Expanded Knowledge Domains

Research Content and Methods

• Community and family life (content)
• Historical legacy and core values (content)
• Ethnographic and literary content analysis (methods)
• Engaging communities (methods)
• Leveraging insider status (methods)

## Environmental Influences on Obesity Risk

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

Implications

- Argues against the use of purely 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 these 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.
Implications

• 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
Community-centered approaches

- Utilize community assets, community capacity and research to develop effective interventions
- Strengthen communities from the inside-out
- Address the impact on the community as a whole, not just on an individual
- Require integration and collaboration from many sectors (e.g., education, government, business, faith-based, public health, etc.) and the interest of providers in various areas

What are the issues on average that tend to be the most common?

1. How do eating, physical activity, and weight reflect the opportunities, constraints, and issues in people’s everyday lives?

2. What aspects of people’s everyday lives and circumstances must be considered in order to develop appropriate, effective, and sustainable intervention approaches?

What are our social values? What do we believe in? What gives us pleasure? What gives comfort? How do we cope with stresses? What is fair treatment? Who earns our trust and our loyalty?

What is our history? How does it affect the way we live now? What kinds of social institutions do we have? How do our faith communities support us? What are our families like? What are our community strengths? What is our collective strength for taking action?

Do we have money to buy the things we need? What are our neighborhoods like? What type of food is available? How much does it cost? Where are opportunities for recreation and outdoor activities? Who sponsors community events? What messages do we get from TV, radio, outdoor ads, the web?

Eating Habits
Physical Activity
Body Weight

A Community-centered View of Influences on Eating, Activity, and Body Weight

Health and wellness
High quality of life
Long life
Environments to Navigate

Poverty
Jobs
Stability of incomes
Housing costs
Transportation
Safety net programs

Housing quality
Schools
Physical safety

Services
Businesses
Environmental hazards

Sense of cohesion
Aesthetics

Rec centers
Parks
Gyms
Walkability
Community events

Grocery stores
Farmer’s markets
Corner stores
Restaurants

Sponsorships
Outdoor ads
Radio ads
Targeted marketing

Church facilities
Access to spaces

Do we have money to buy the things we need?

What are our neighborhoods like?

What type of food is available? How much does it cost?

Where are opportunities for recreation and outdoor activities?

Who sponsors community events?

What messages do we get from TV, radio, outdoor ads, the web?
Influences of Culture and Mindset

What are our social values?
What do we believe in?
What gives us pleasure?
What gives comfort?
How do we cope with stresses?
What is fair treatment?
Who earns our trust and our loyalty?

Value of family
Parenting styles
Mother-daughter relationships
Nurturing
Music
Dance
Media Use

Value of sports
Value of rest
Perceptions of racism and discrimination
Desire for respect
Desire for power

Goals and aspirations
Value of community
Friendships
Collectivism
Individualism
Food values
Brand and product loyalty

Spirituality
Masculinity
Strength
Robustness
Appearance
Hair
Historical and Social Factors

Slavery
Forced labor
Low status jobs

Discrimination
“High visibility”
Segregation

Civil rights

Migration

Ethnic traditions and cultural practices

What is our history? How does it affect the way we live now?

What kinds of social institutions do we have?

How do our faith communities support us?

What are our families like?

What are our community strengths?

What is our collective strength for taking action?

Faith organizations
Fraternal organizations
Social clubs

Youth organizations
Communication channels

Extended families
Community organizations
Community events
Eliciting community views of food marketing environments

- Responses of black consumers to:
  - Targeted marketing approaches
  - Food prices – regular and buying on sale

- Why black women shop where they do

- Attitudes of policy makers serving black communities about targeted marketing

- Attitudes of retailers in black communities about targeted marketing and prices of healthy foods

Tailoring of behavioral weight management programs


Qualitative inquiry to inform design of an afterschool program

Integration of AACORN’s paradigm with a CBPR approach

The Built Environment Assessment Tool Manual

This manual explains the importance of understanding and measuring the built environment and provides a tool for doing so.

What is the Built Environment?

The built environment includes the physical makeup of where we live, learn, work, and play—our homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. The built environment can influence overall community health and individual behaviors such as physical activity and healthy eating.

Metrics for Healthy Communities

Building a culture of health through better measurement.

What is Metrics for Healthy Communities?

Designed with cross-sector collaboration in mind, Metrics for Healthy Communities is a site to get you started in planning for and measuring the impact of initiatives funded and developed to improve community health and well-being.

This site can help you evaluate community health improvement initiatives, especially cross-sector initiatives. You'll find tools to help define goals, identify appropriate measures to inform progress over time, and use available data. This site can serve as a resource for measuring the impacts of community development and health initiatives.
ESHE is a tool for scoring food environments in terms of support for healthy eating.

- Quantifies status of food environments by combining several county or state level indicators
- Standardized scoring tools can be used nationally
- Stimulates positive actions and interactions about changing food access and food policy landscapes to improve dietary quality
- Toolkit for use with community members

ESHE Hub name on CommunityCommons.org –

“ESHE Index: Healthy Food Matters”
Taking Action to Build Capacity for Urban Agriculture

The Neighborhood Gardens Trust leverages data and resources to protect gardens that support community.

THE ISSUE

COMMUNITY GARDENS SERVE AN IMPORTANT ROLE in maintaining the quality of life in Philadelphia, PA communities. These open spaces provide numerous benefits, including: supporting community building; access to green spaces; intergenerational educational opportunities; and providing fresh fruits and vegetables for community members. Many gardens have been developed in low- to moderate-income areas and have been documented to offer significant public health benefits. Jenny Greenberg, Executive Director of The Neighborhood Gardens Trust (NGT), notes that "recently, many community residents have realized the importance of these gardens and are going beyond emergency requests for food to residents creating long-term solutions by determining how they can obtain land access to grow produce for their families.

Adapting "On the Ground" Indicators in a Rural Context

The Granville-Vance District Health Department assesses indicators for healthy food access and food quality.

THE ISSUE

VANCE COUNTY IS A RURAL COUNTY located in north-central North Carolina on the Virginia border. Spanning 288 square miles, Vance County has a total population of about 93,000. Vance residents live with high rates of poverty (50% of the county population with incomes below the poverty level), and a median household income much lower than that of the state (57.5% compared to 41.5%). The county seat in Vance is the city of Henderson.

In summer 2017, the Granville-Vance District Health Department (GVHDH) conducted a comprehensive Community Health Needs Assessment (CHNA) for both Granville and Vance Counties. The CHNA serves as a reference for prioritizing strategic issues and describes the health status of the population, identifies areas for health improvement and determines assets and resources that can be mobilized to address public health improvement. Research has shown that in rural areas, a lack of transportation is a barrier that can make it more difficult for residents to access healthy food. County and sub-county level data previously collected by GVHDH provided information about food retail density. However, data were not available in terms of the quality of food available, nor for residents' access to healthy food retail outlets in Vance County.

THE QUESTIONS

- What are the barriers to ensuring access to healthy food in rural areas?
- How do these barriers impact residents' ability to access healthy food?
- What policies or interventions are needed to improve food access in rural areas?
- How can the community support local food producers and create opportunities for residents to access fresh, healthy food?
Community-Centered View: Summary and Conclusions (1)

- Sees people first and then analyzes the problem
- Reminds of the big picture and the intersections
- Helps to organize inquiry, guide analysis, and point to key leverage points for intervention design and evaluation
- Reiterates the need for endogenous, community-driven solutions that are congruent with community perspectives and preferences
Community Centered View: Summary and Conclusions (2)

- Positive!
- Highlights importance of structural changes
- Complementary to other approaches
- Potentially broad application → diverse communities in different settings among different age groups
Question and Answers?

- Ask a question by entering it in the chat box on the bottom left of your screen.

- The slides and the archived webinar will be available at the end of today's presentation.