

Understanding Our Society Will Help Us Understand Obesity

Q&A with Angela Odoms-Young, Ph.D.



Dr. Angela Odoms-Young is an associate professor in Nutritional Sciences at Cornell University.

TFAH: Much of your research is focused on diet and health outcomes, particularly in communities of color. What are the major take-aways from that research, and what do they tell us about obesity?

Odoms-Young: My interest is in social, cultural and environmental factors that influence diet and diet related health conditions. Most of my work is mid-stream and I have a growing interest in structural factors. What is meant by mid-stream? Poor food environments; stress and trauma; lack of economic development, including the lack of food retail; and lack of opportunity for active transportation and physical activity.

This work breaks out into three buckets. One is understanding how these factors influence dietary outcomes: what are the linkages between these factors and what happens at the individual level?

The second bucket focuses on what do you do about it? How do you partner with communities? What programs are there that can be co-designed with communities, particularly those communi-

ties that have been disproportionately impacted. Food-assistance programs are part of this bucket.

The third bucket focuses on cultural resilience. I'm interested in how reclaiming cultural traditions can help communities to be more resilient.

All three buckets relate to one another. We think about what's outside our community—oppression and racism. I also want to think about what's inside the community to foster resilience. We want racism and structural oppression to be gone overnight, but, unfortunately, they won't be gone overnight. So, we need to work alongside communities to build resilience.

TFAH: How do the environmental and structural factors you study impact rates of obesity in African American communities?

Odoms-Young: We need to think of obesity as an outcome. If you look at the conditions under which Black people live, those conditions over years have created what we see today.

The fact that people of color are disproportionately impacted makes perfect sense because generally society has restricted their access to resources.

I'm trained as a nutritionist, we think backwards. Nutrition-equity, food-equity, food justice— these are outcomes. We need to look at equity through an obesity lens, rather than looking at obesity through an equity lens. When you do that, obesity is just one of many outcomes that burden the Black community. When we look at equity, not health equity or food equity but equity, you need to look at historical and cultural oppression—these factors

contribute to what happens today including obesity and poor health. For example, the racial wealth gap. We know that wealth is generally associated with good health, people who have more income have better health outcomes. The historical extraction of wealth out of Black and Indigenous communities has played a role in poor health outcomes, including more obesity.

A second example is cultural dispossession. A lot of this work has been done with Indigenous communities but it's also true for African American communities. Cultural dispossession over time has led to a loss of traditions that were healthier, and, therefore, to more obesity.

I'm ultimately interested in overarching well-being within a community, and not just obesity. Within communities of color, we need to focus both on the structural and the internal. How can we help people accomplish their health goals within the context of the existing structural issues? How can we bring social and structural factors into individual-level interventions? We can't forget our cultural resilience because people are facing oppression. People in communities of color understand the impact of social and structural factors because it's in everything. That's true for obesity, it's also true for high school graduation rates, access to housing—for a whole host of things.

I'm a big supporter of the WIC [Special Supplemental Nutrition Program for Women, Infants, and Children] program and how the program incentivizes fruit and vegetable purchases through the cash-value benefit. We also need to recognize that very few people—including those who

can afford to—are meeting the five servings a day of fruit and vegetable guidelines. We need to learn more about how to incentivize fruit and vegetable intake even among higher income people. What’s baked into our society at every level? Understanding that will help us understand obesity.

TFAH: What are the typical assumptions about obesity that are wrong?

Odoms-Young: One assumption is that people think we need to do one thing when we need to do many things. We still have the assumption about individual behavior. We also have assumptions about communities that are disproportionately impacted. We get focused on community and structural factors or on individual factors; that leads to assumptions that we only need one thing. We need solutions from a systems standpoint and to also provide support for individuals. We need a holistic approach that is linked to health. I like first-person language, people with obesity because it puts the focus on people. When you put the focus on people, you are putting the focus on people’s needs.

TFAH: What are the right policy solutions?

Odoms-Young: There are several policy areas that should be explored to address systemic injustices (upstream) that all contribute to obesity and obesity-related behaviors (downstream). More research is needed to understand the pathways, but many of these policies have the potential to create racial equity overall which theoretically will reduce gaps in the inequitable burden of obesity.

The first thing we need to do is recognize that since we have such a high prevalence of obesity in all communities, it has to be in the societal structure. The way things are structured within society is how we got here. It’s the lack

of healthy structures within institutions that could be supportive and inclusive of people’s health. Obesity prevention needs to be more upstream. We need to focus not only on the lack of food access but also how to change it, how to develop or attract a grocery store, and build a community food system.

I support increasing the amount for SNAP and increasing the amount for WIC, and I’m for looking at community eligibility for school lunches. I like incentives rather than restrictions. I like holistic policies and policies that look at addressing structural disinvestment. We need overarching policies that look at the conditions that people need to be healthy. We need policies at all levels. Policies for everybody—if 42 percent of the population are people with obesity this is not an individual problem this is a societal structure problem.

Specifically, the policy areas we need to focus on are school meals, the food system, housing policies, city-planning, wealth-equity policies and transportation policies—they all have the potential to impact obesity.

If we look at midstream policy solutions, we need to look at prevention within the healthcare sector. For example, clinical guidelines that focus on health behaviors that link to obesity prevention. A second example is payment, like reimbursement for providers in all of our health channels so they can do obesity-prevention work.

In the context of all other structures—education, workplace, etc.—policies need to be in place to help people be healthier. People that work on a factory line are not experiencing a lot of health and wellness at work. Workplace supports for families, paid family leave, are also critical. I’m not only talking about a gym at work; I’m talking about policies within the design and structure of work

that help you lead a healthier lifestyle. Workplaces can be designed to ensure that people have the opportunity for exercise and access to healthy foods. Work hours are also part of the equation.

TFAH: Are there any COVID-19-related policy changes or lessons that we should continue to follow?

Odoms-Young: Yes, the policies put in place to help deal with COVID-19 have been helpful and should remain in place. Pandemic EBT [electronic benefits transfer] has been excellent, the increase in WIC waivers—those kinds of policies need to stay in place. Another take-away from COVID is the need to invest in disadvantaged communities for the long-term. We can’t just think we’re going to give people SNAP or WIC and all of our problems will be solved. We can’t think about the head of the pin anymore when we think about obesity, we have to think in a holistic perspective. Obesity is the result of all of a person’s burdens.

TFAH: Any final thoughts?

Odoms-Young: Obesity is a consequence of life and structures that we need to change. We need to think about overarching structures and equity within those structures. Create opportunities for everybody and then add additional supports for people who face extra barriers.

You can’t look ahead unless you look backwards to understand the historical factors. In order to intervene you have to understand how we got here. You need to understand the broader context of life. Ultimately, what conditions contribute to obesity? Everything. It’s the entire experience that contributes to people being in poor health, both historic and contemporary.