what do racism denial *and the* obesity epidemic *have in common?*

Camara Phyllis Jones, MD, MPH, PhD

Invited Speaker
"Exploring strategies for sustainable system-wide changes to reduce the prevalence of obesity: A Workshop Series"
Roundtable on Obesity Solutions
National Academies of Sciences, Engineering, and Medicine

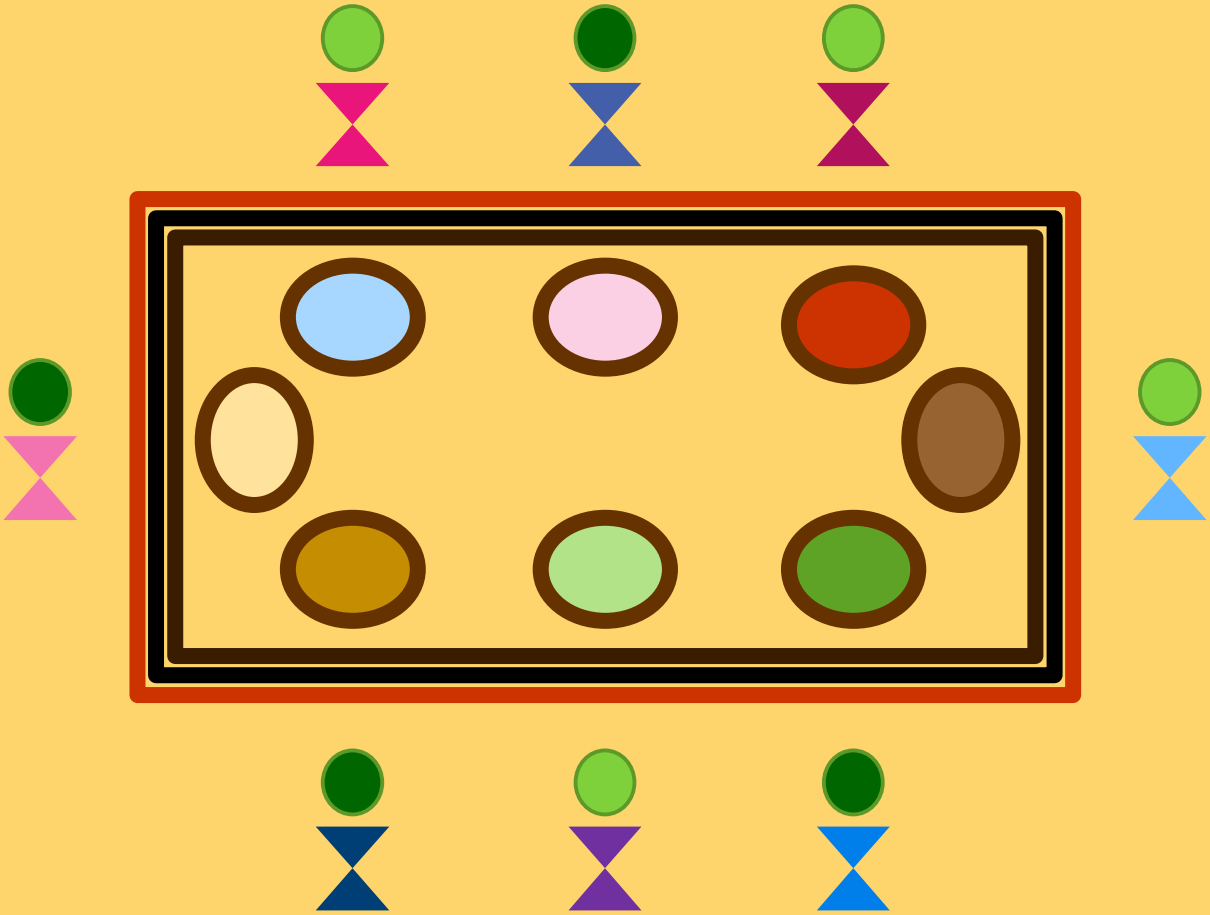
Via Zoom from Atlanta, Georgia
April 8, 2021

Our roadmap

- **Framing the work**
  - On racism: *Dual Reality: A Restaurant Saga*
  - On obesity: Widening our gaze
- **Moving to action**
  - *Levels of Health Intervention: A Cliff Analogy*
- **Braiding the strands**

Dual Reality: A restaurant saga

Jones CP. *The Nation's Health*, February 2016.



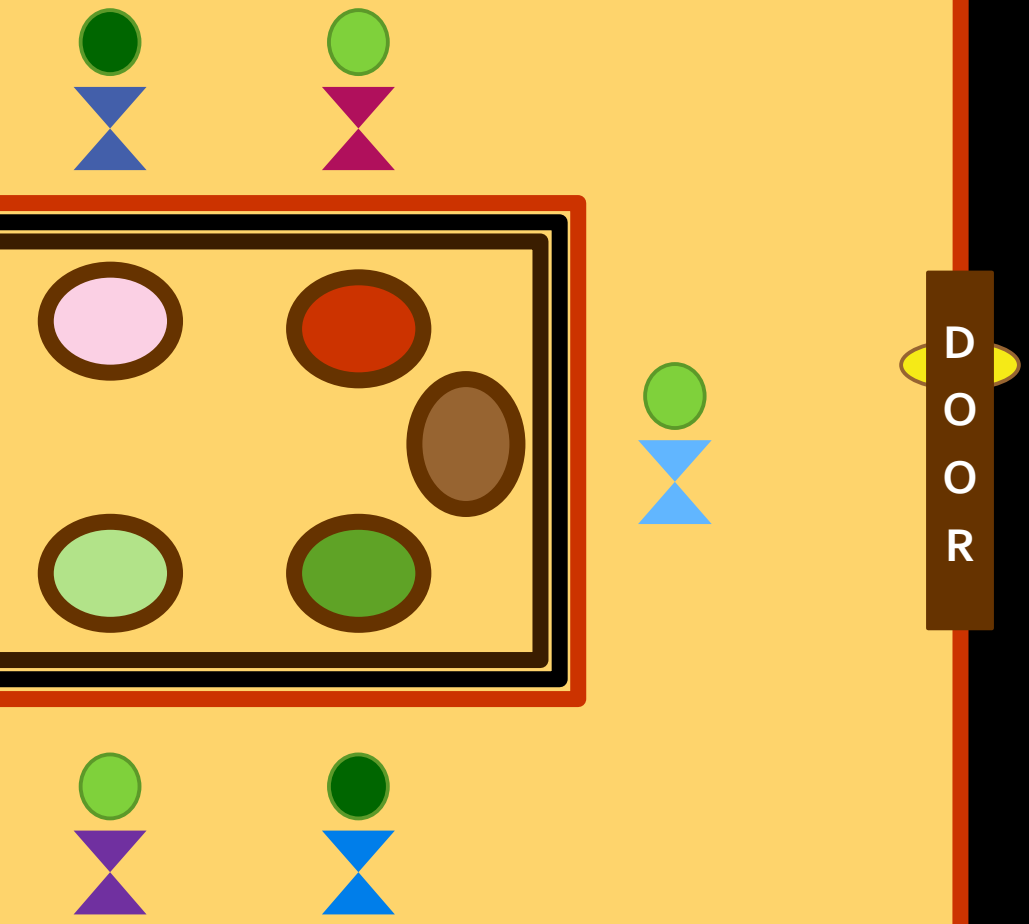
I looked up and noticed a sign . . .

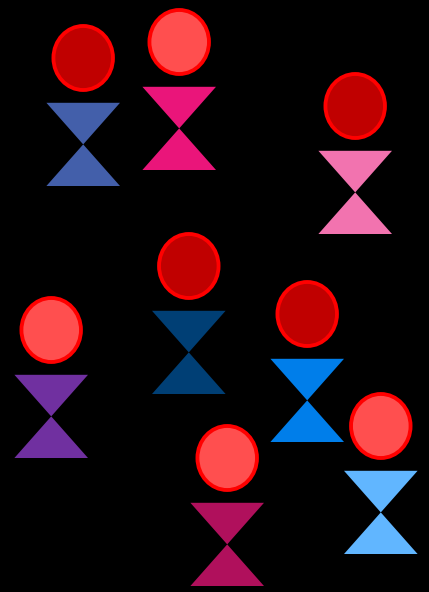
Jones CP. *The Nation's Health*, February 2016.

Jones CP. *The Nation's Health*, February 2016.

Racism structures "Open/Closed" signs in our society.

Jones CP: *The Nation's Health*, February 2016.

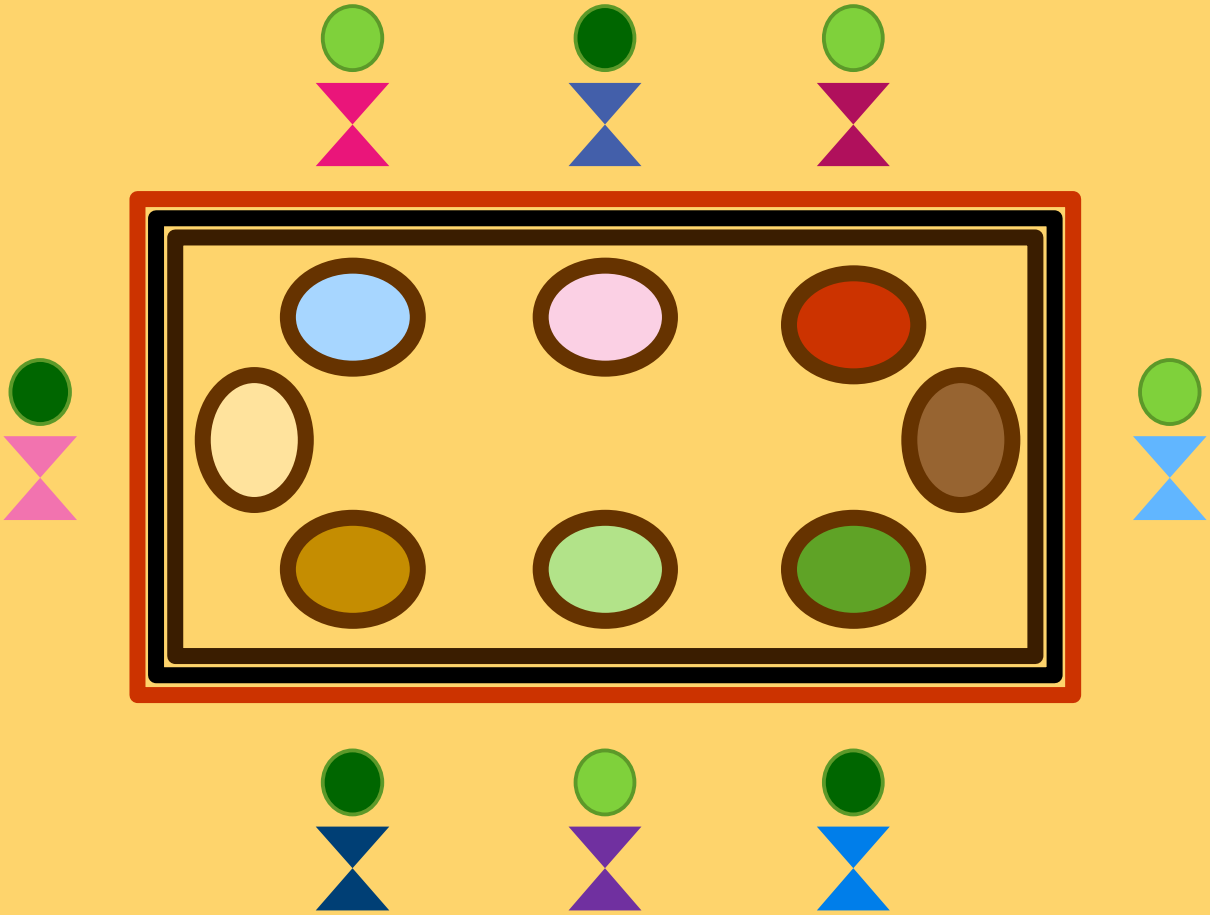




It is difficult
to recognize
a system of inequity
that privileges us.

Those on the outside
are very aware of the
two-sided nature
of the sign.

Jones CP. *The Nation's Health*, February 2016.



Is there really a two-sided sign?

Hard to know, when only see “Open”.
A privilege not to HAVE to know.
Once DO know, can choose to act.

Jones CP. *The Nation's Health*, February 2016.

What is racism?

A system

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is racism?

A system of structuring opportunity and assigning value

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race")

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that

- Unfairly disadvantages some individuals and communities

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call "race"), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

What is *[inequity]*?

A system of structuring opportunity and assigning value based on *[fill in the blank]*

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

What is *[inequity]*?

A system of structuring opportunity and assigning value based on *[fill in the blank],* that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

Many axes of inequity

- "Race"
- Gender
- Ethnicity, indigenous status, colonial history

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

Many axes of inequity

- "Race"
- Gender
- Ethnicity, indigenous status, colonial history
- Weight status
- Labor roles, social class markers
- Nationality, language, immigration status

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

Many axes of inequity

- "Race"
- Gender
- Ethnicity, indigenous status, colonial history
- Weight status
- Labor roles, social class markers
- Nationality, language, immigration status
- Sexual orientation, gender identity, gender expression
- Disability status
- Geography | age | religion | incarceration history

Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

Many axes of inequity

- "Race"
- Gender
- Ethnicity, indigenous status, colonial history
- Weight status
- Labor roles, social class markers
- Nationality, language, immigration status
- Sexual orientation, gender identity, gender expression
- Disability status
- Geography | age | religion | incarceration history

These are risk MARKERS

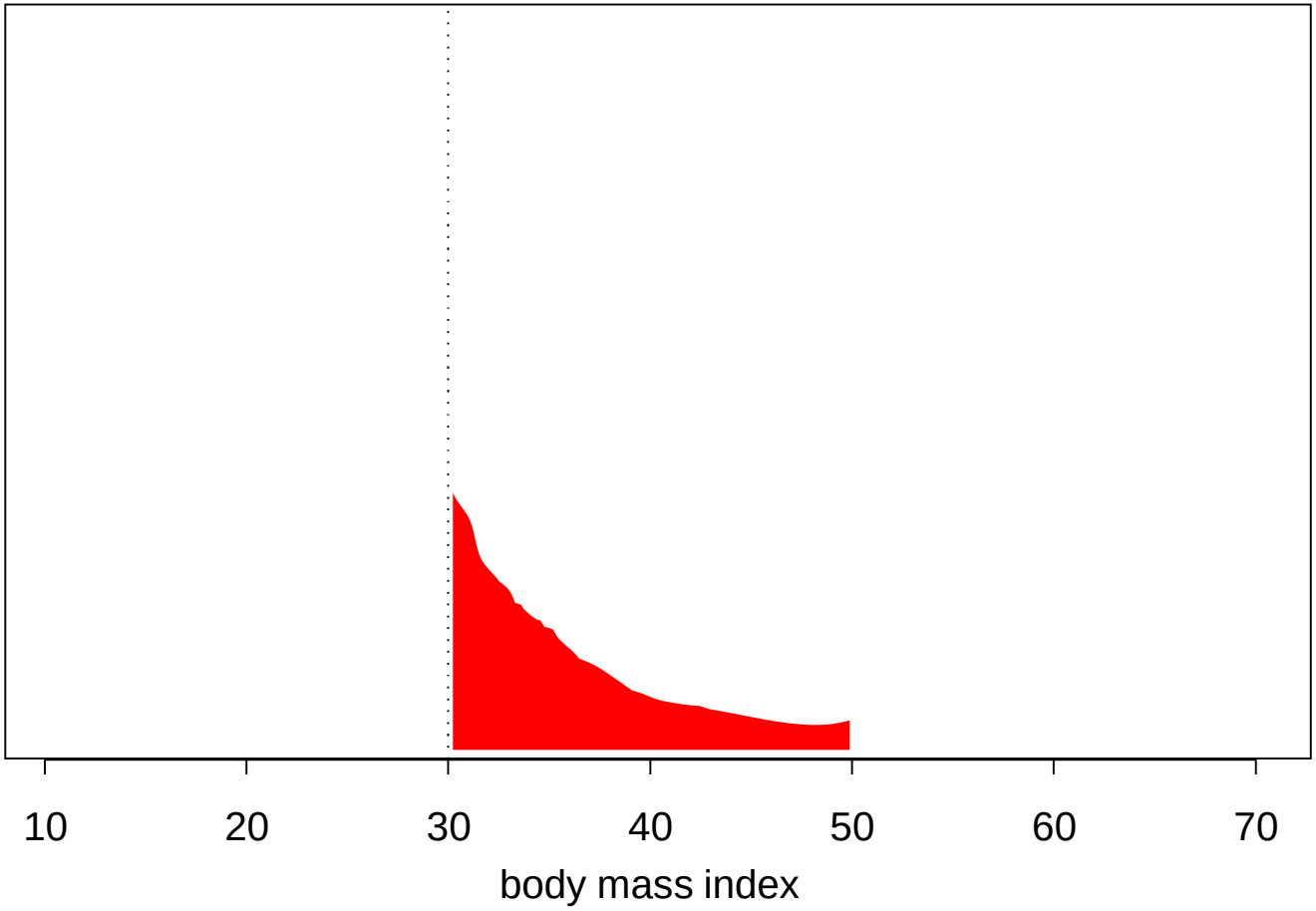
Jones CP. Systems of Power, Axes of Inequity: Parallels, Intersections, Braiding the Strands. *Medical Care* 2014;52(10 Suppl 3):S71-S75.

Thoughts on obesity and weight perception

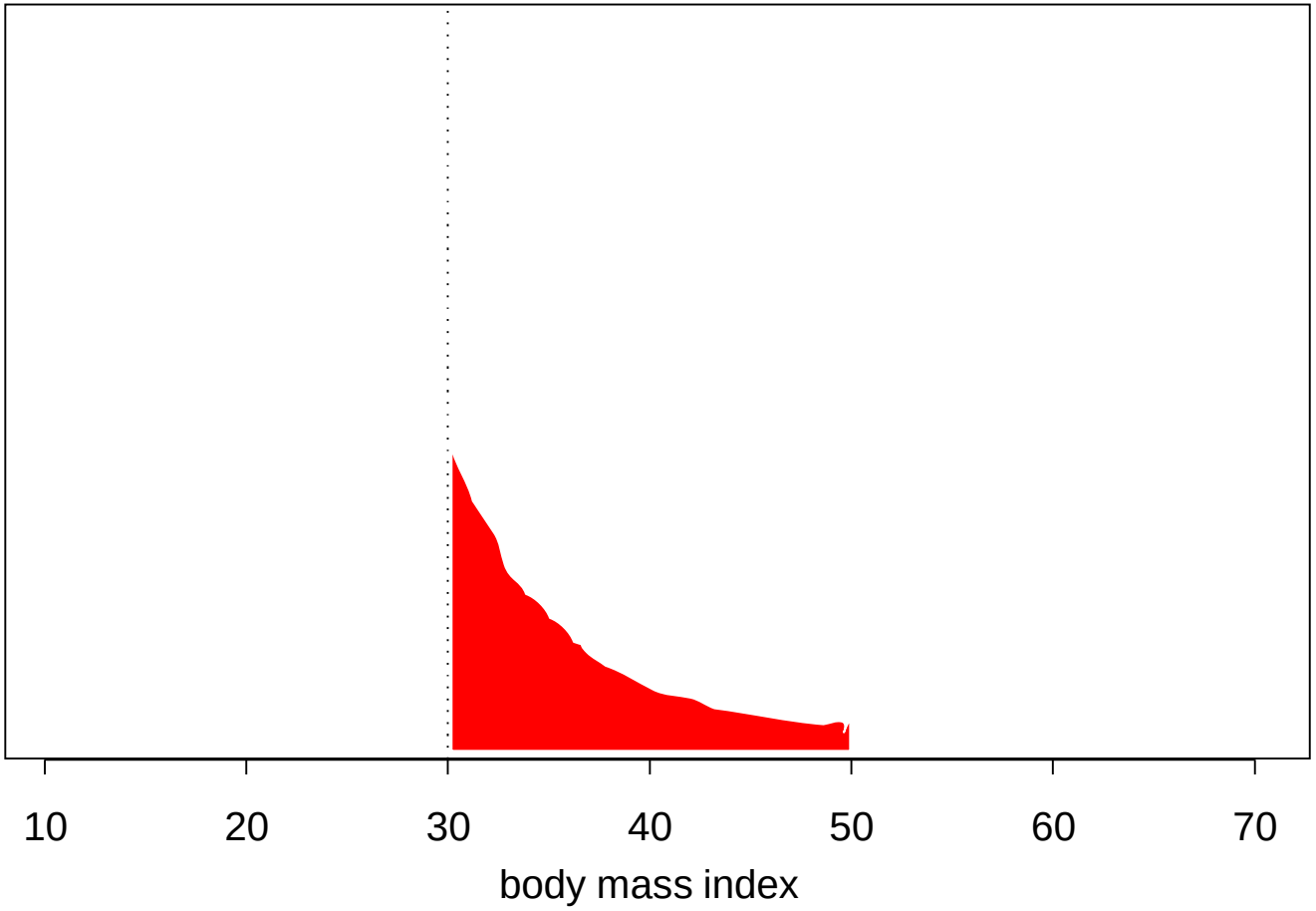
Camara Phyllis Jones, MD, MPH, PhD
Research Director on Social Determinants of Health and Equity

Emerging Investigations and Analytic Methods Branch
Division of Adult and Community Health
National Center for Chronic Disease Prevention and Health Promotion

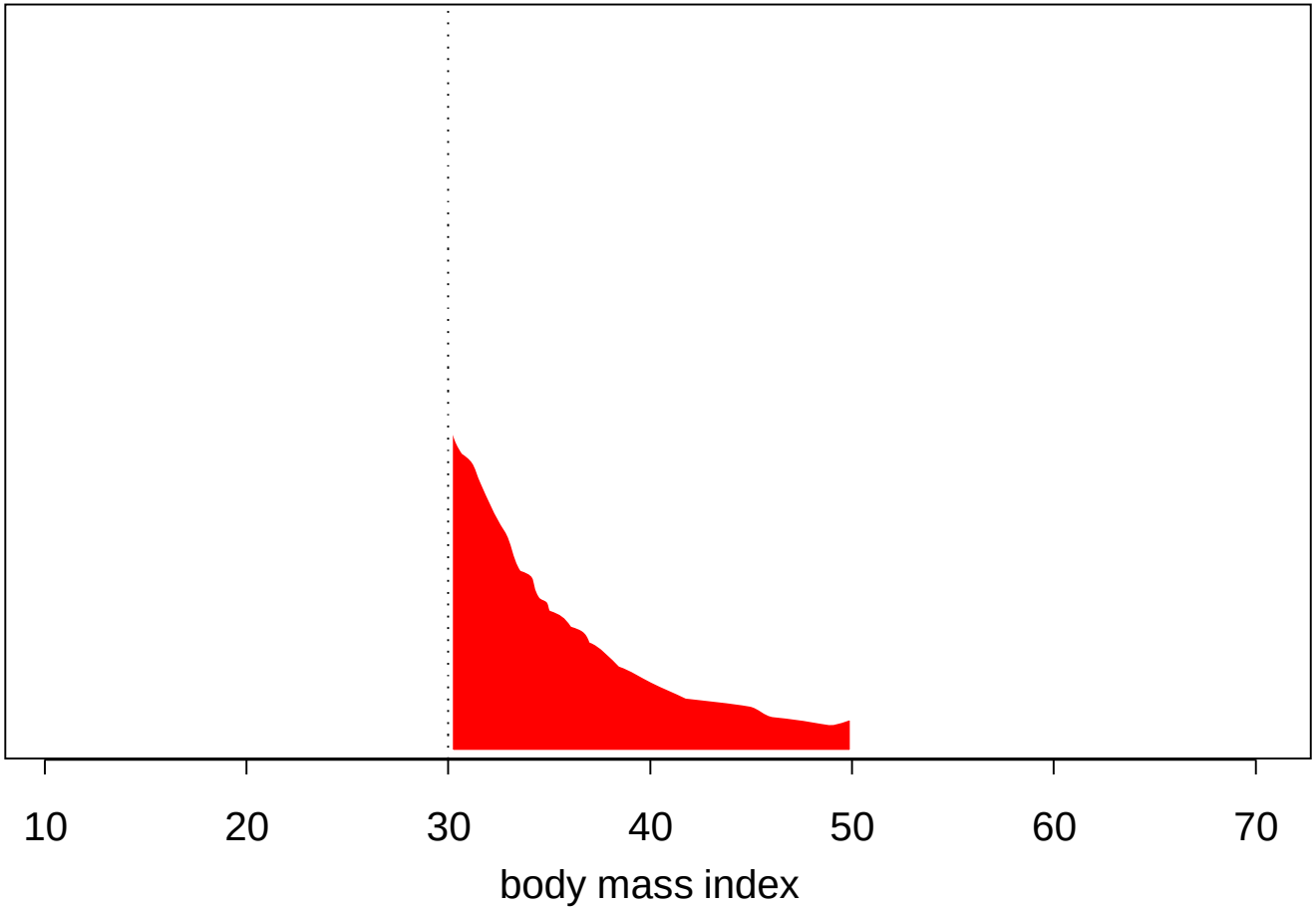
Obesity epidemic



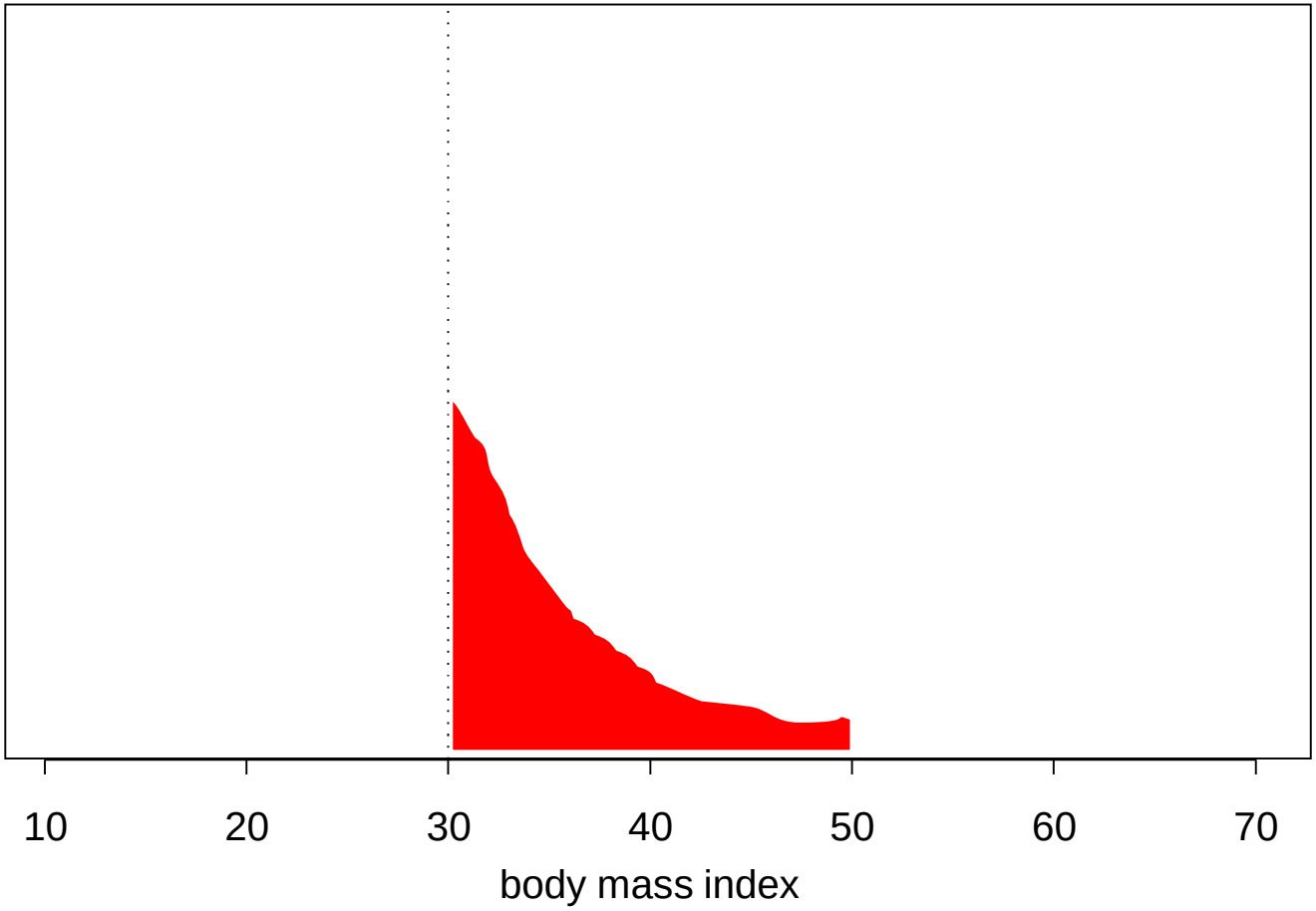
Obesity epidemic



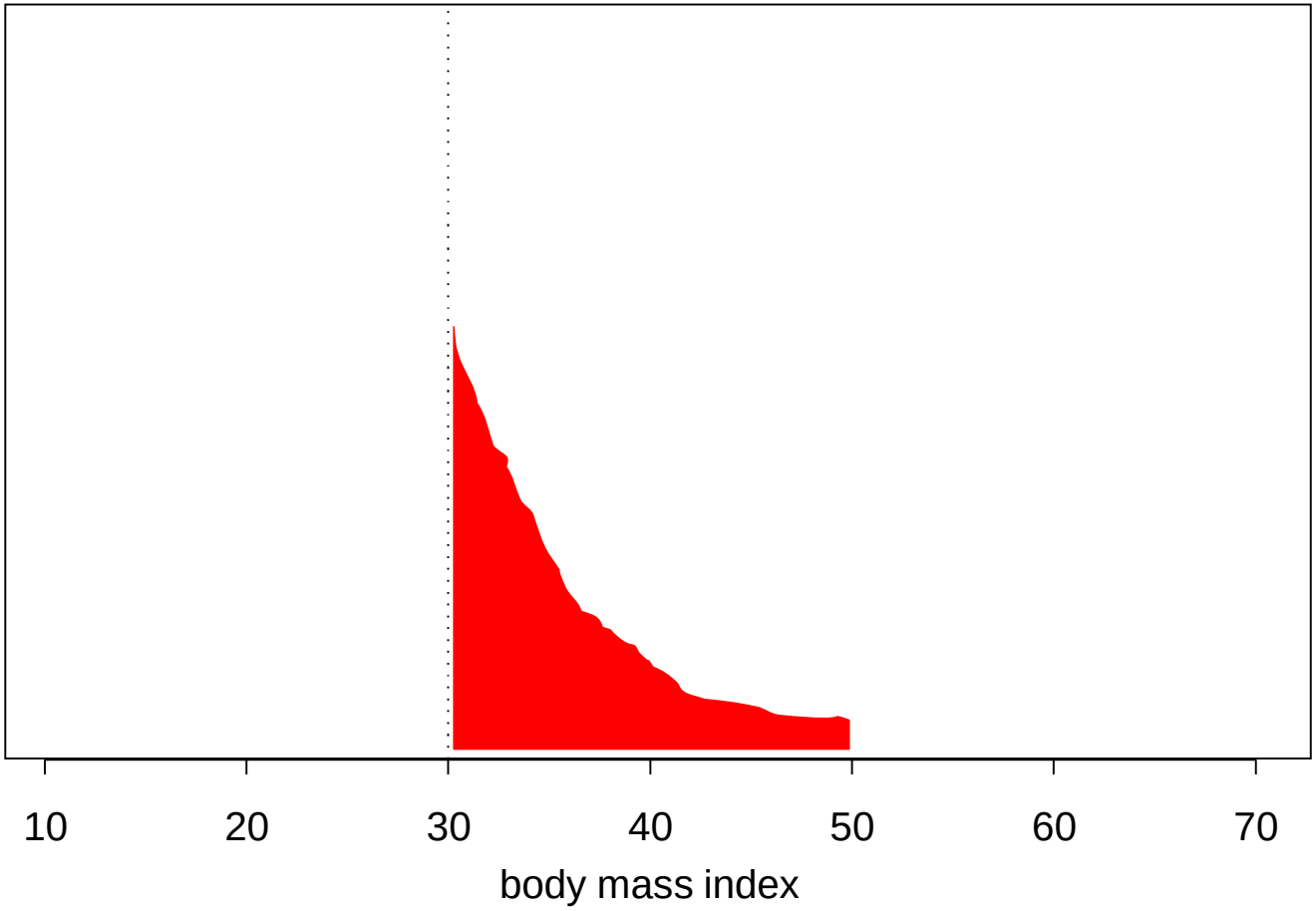
Obesity epidemic



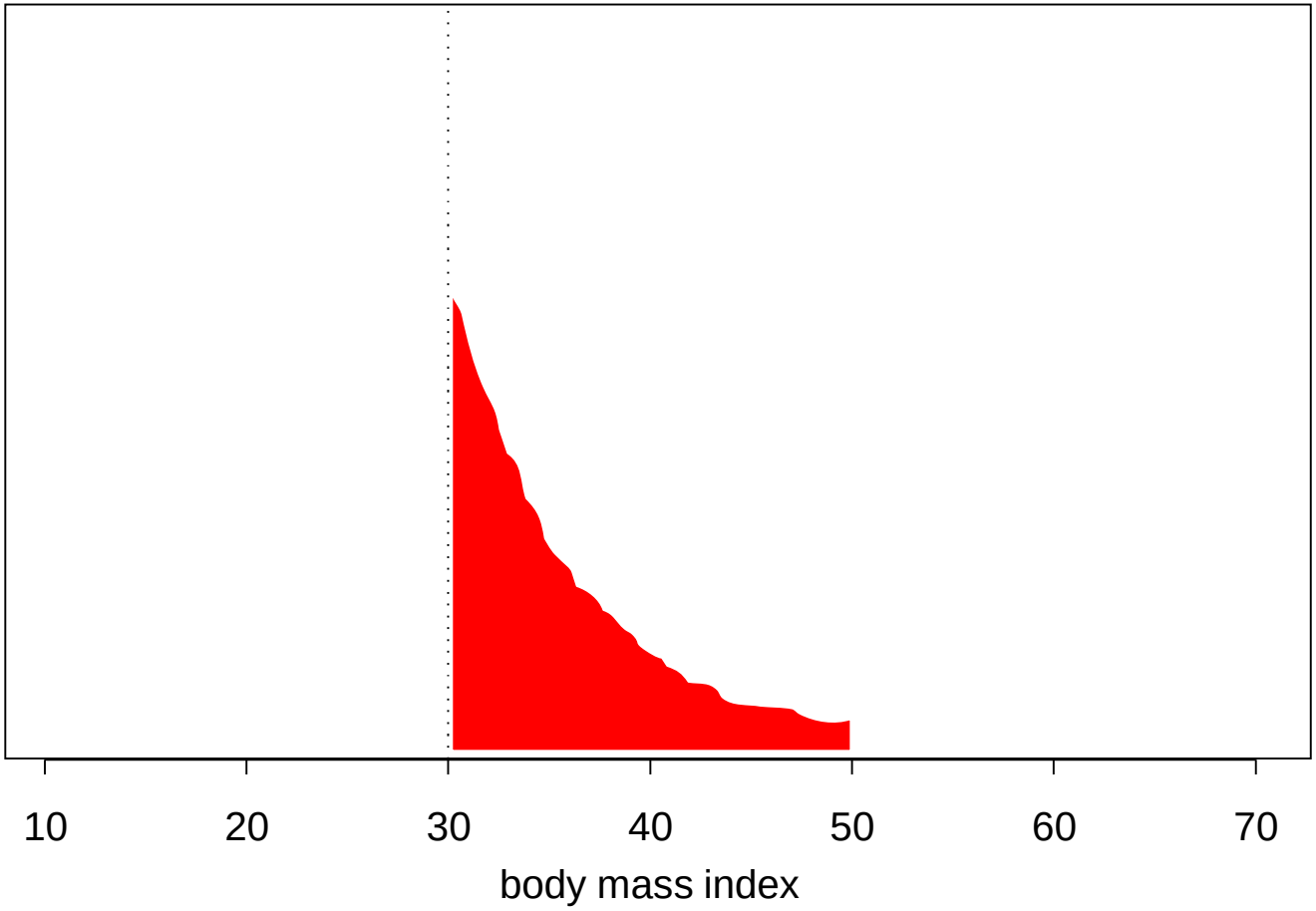
Obesity epidemic



Obesity epidemic

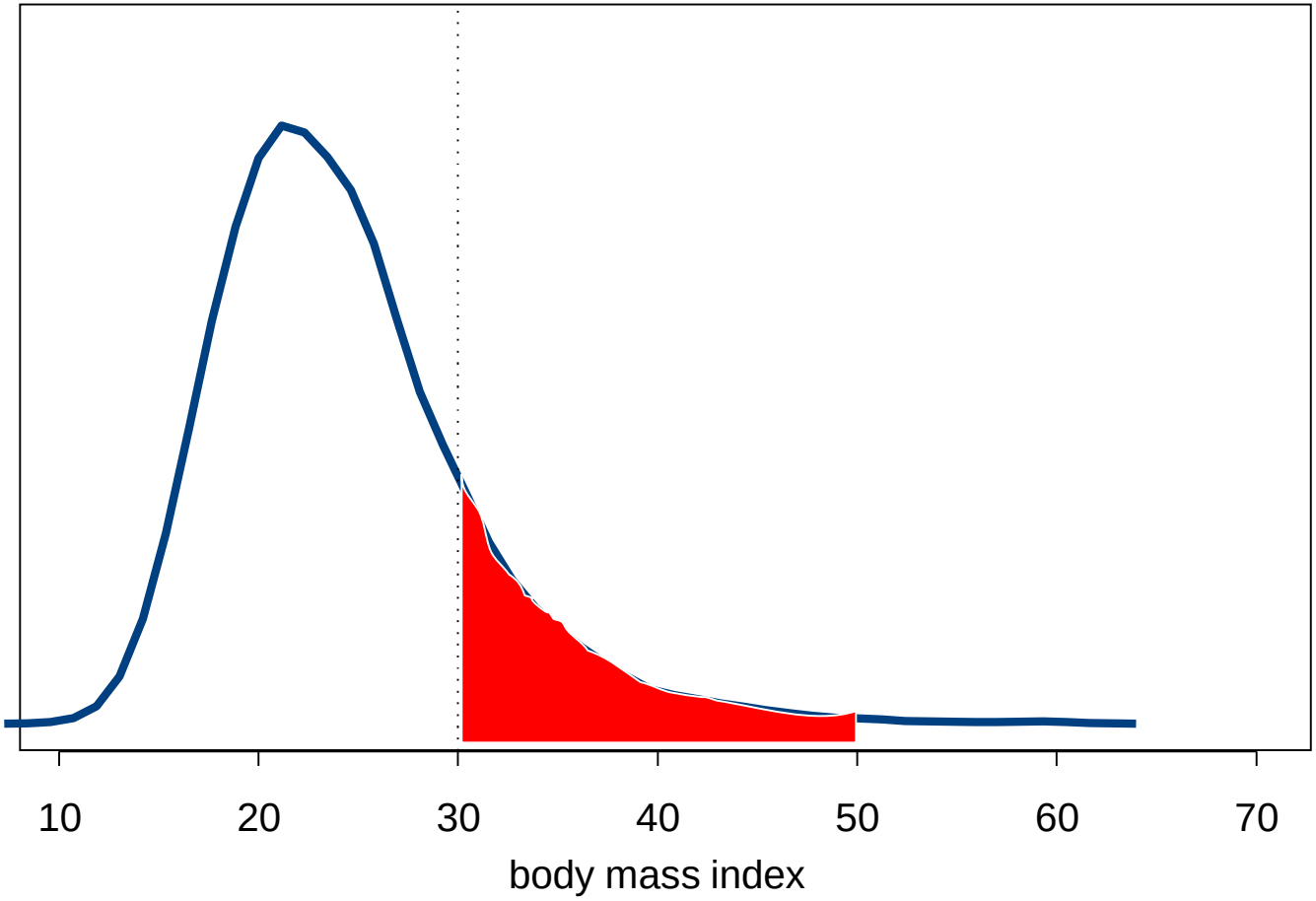


Obesity epidemic

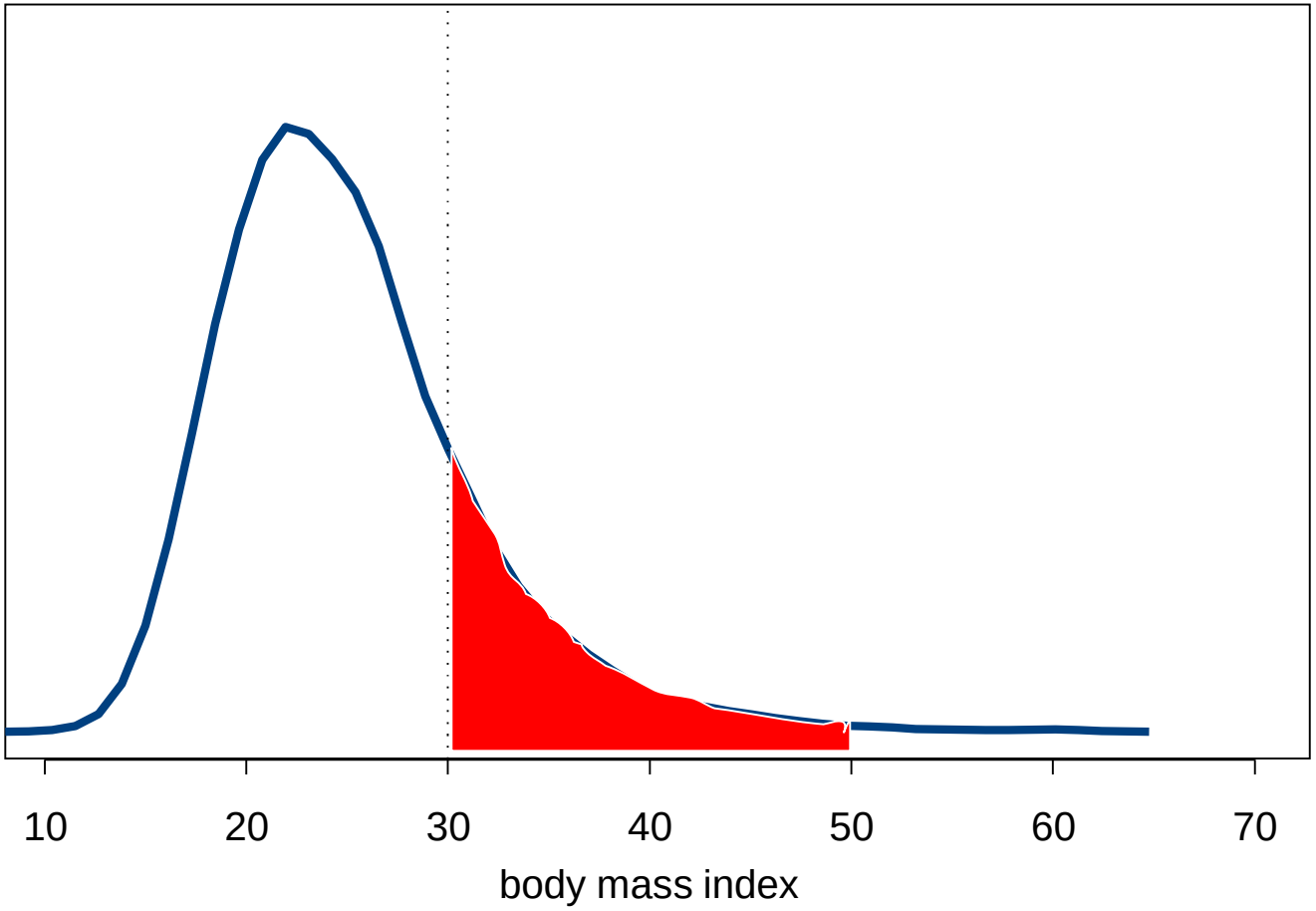


What is driving the “obesity epidemic”?

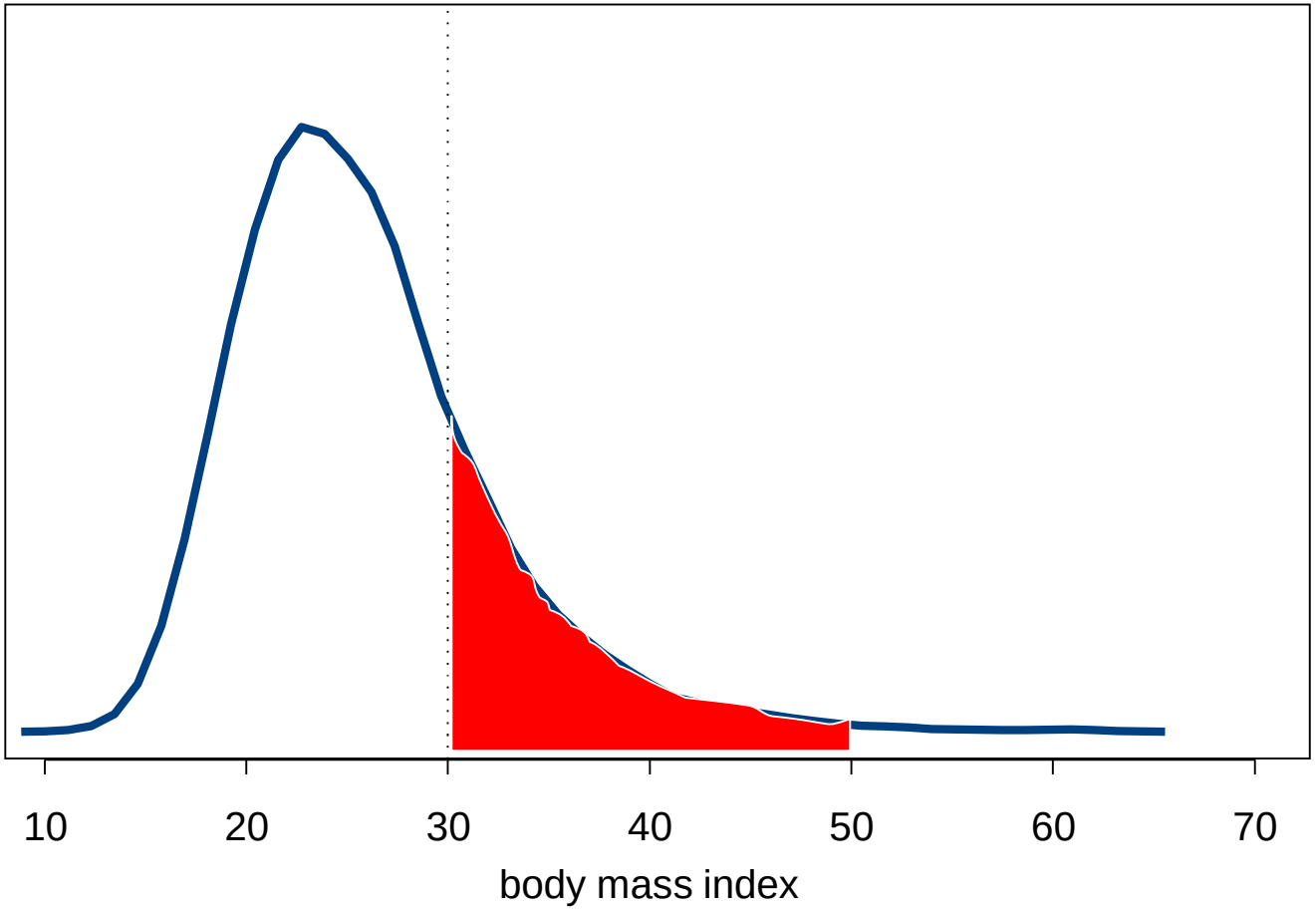
Shifts in the population distribution



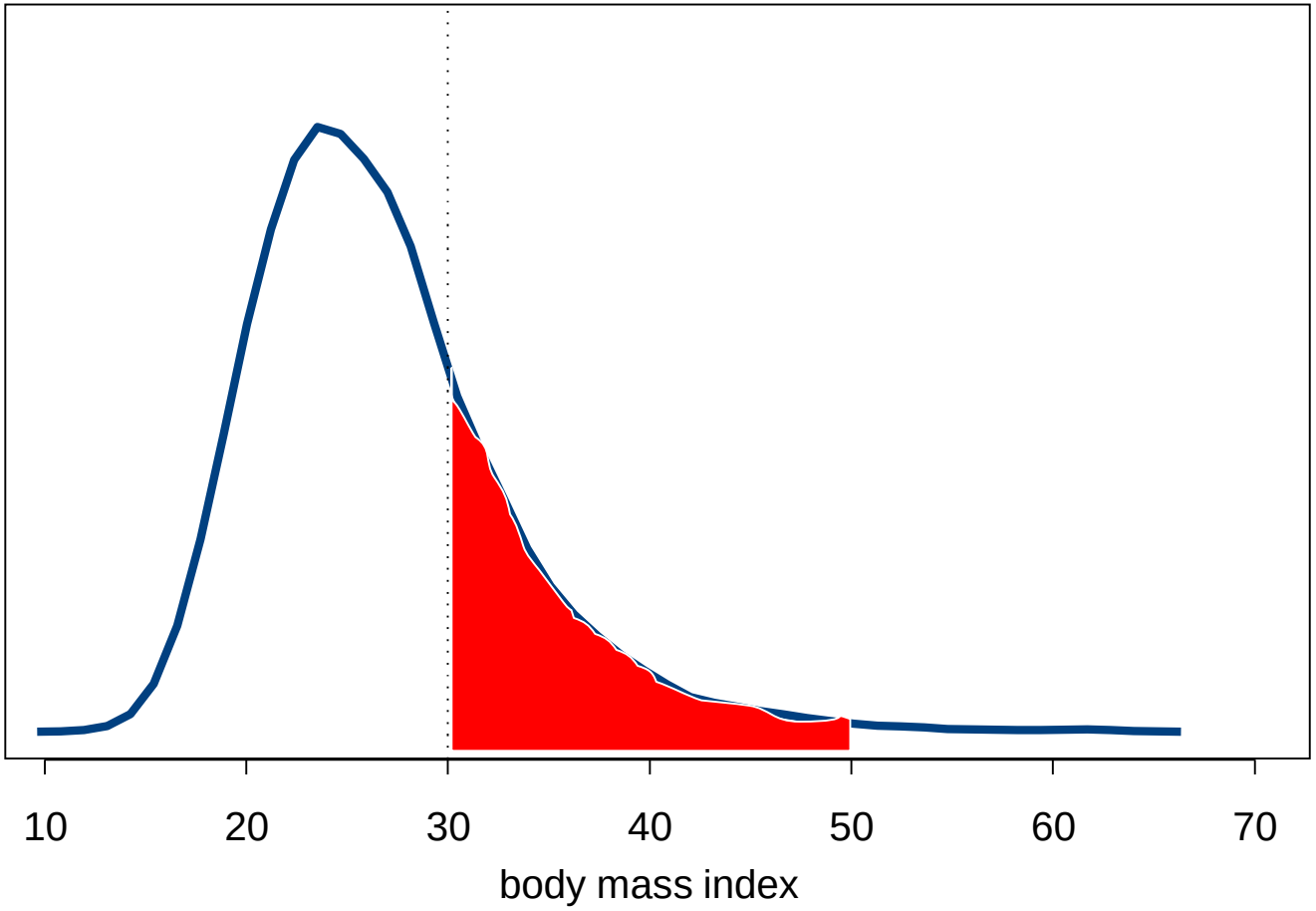
Shifts in the population distribution



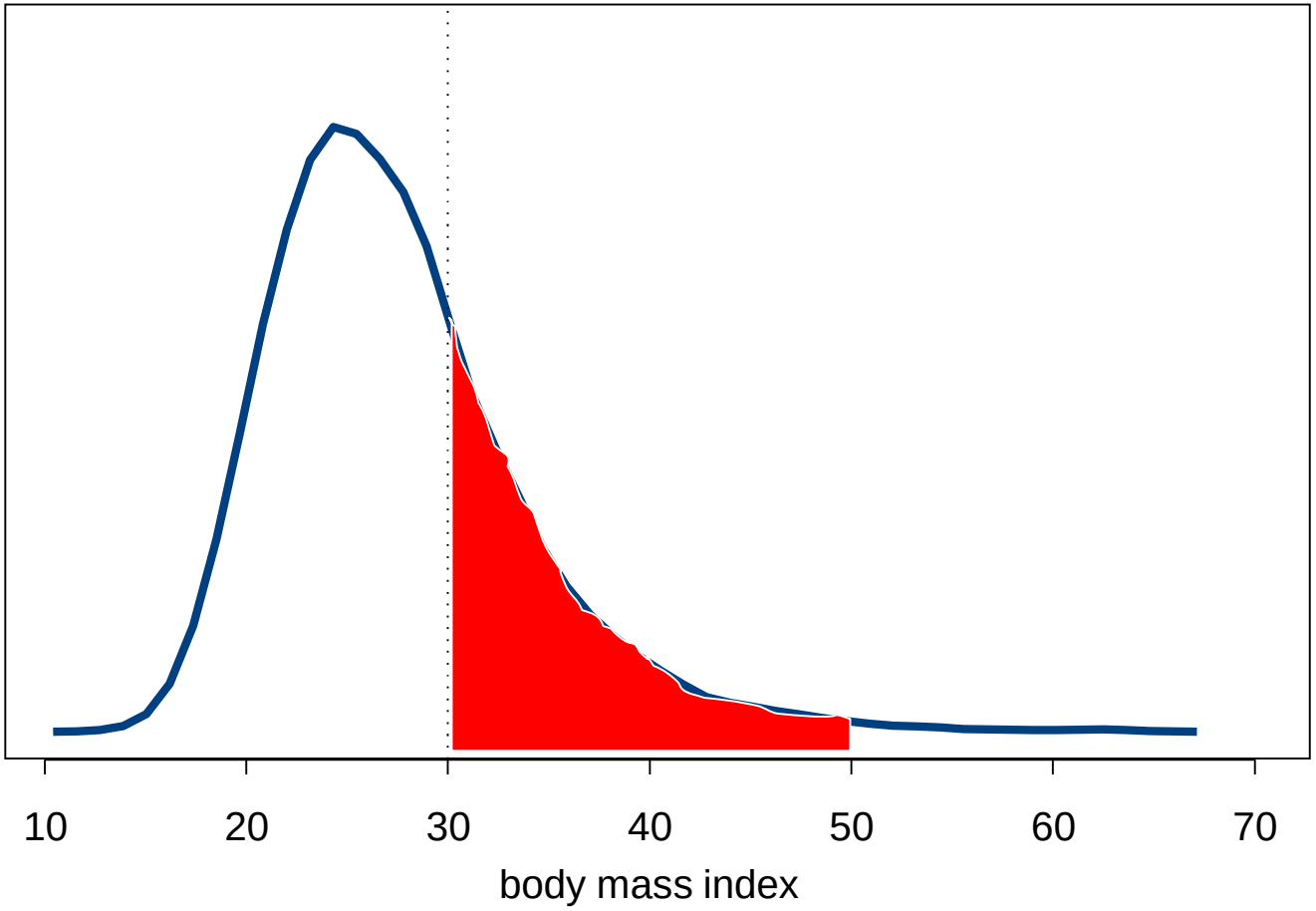
Shifts in the population distribution



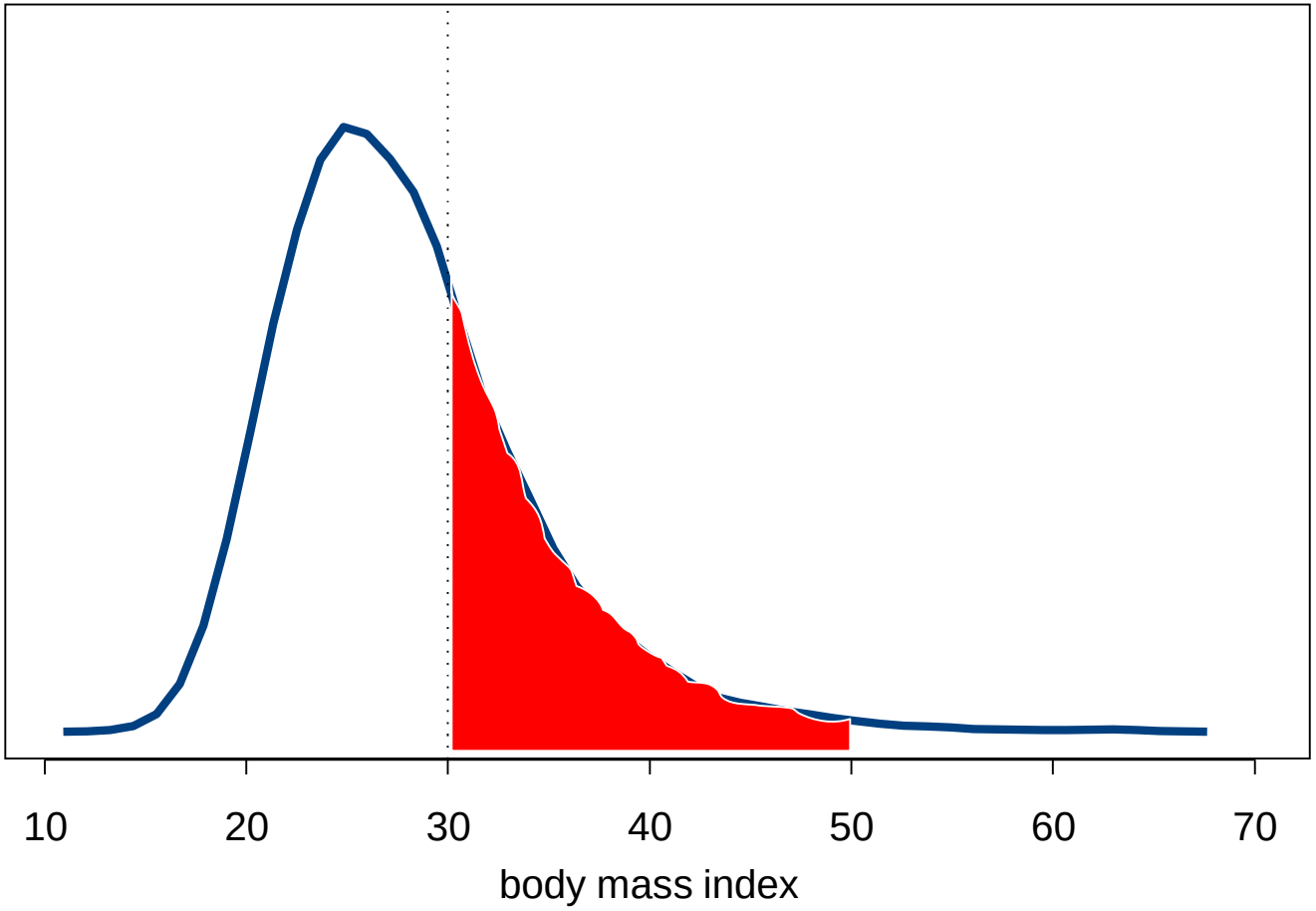
Shifts in the population distribution



Shifts in the population distribution



Shifts in the population distribution



Insights

- Overweight and obesity are considered characteristics of “high risk” individuals
- Distributions of body mass are characteristics of populations

A different perspective

- View the phenomenon NOT as an epidemic of obesity (a yes/no attribute) but RATHER as a shift in population distributions of body mass
- Such a shift in perspectives has implications for intervention strategies

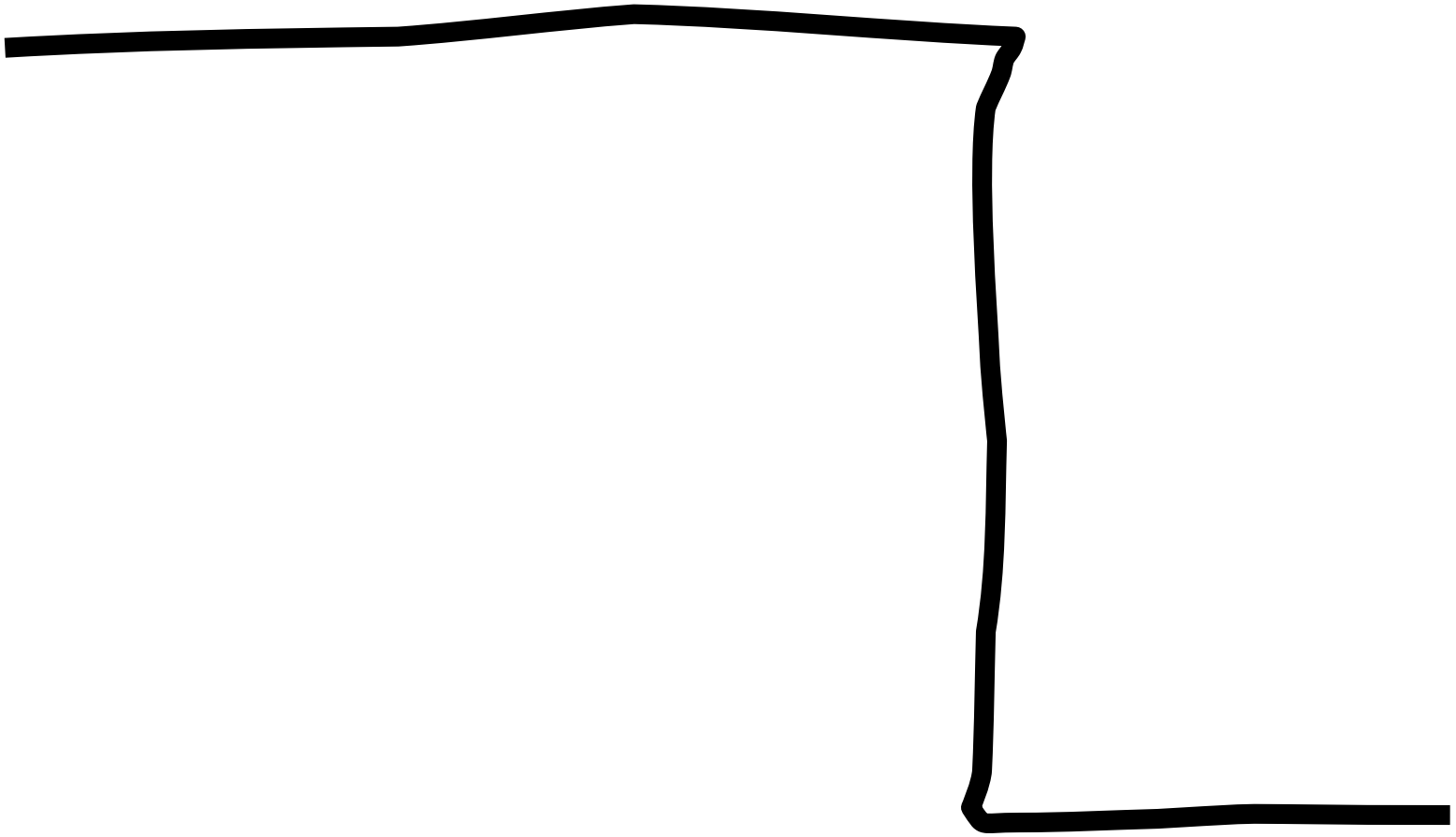
“High risk” strategies

- Efforts by individuals to avoid weight gain (if affected by overweight) or to lose weight (if affected by obesity)
  - Personal diets
  - Personal exercise
- Depend on perceptions of weight
- Depend on motivation
- Depend on availability of healthful resources

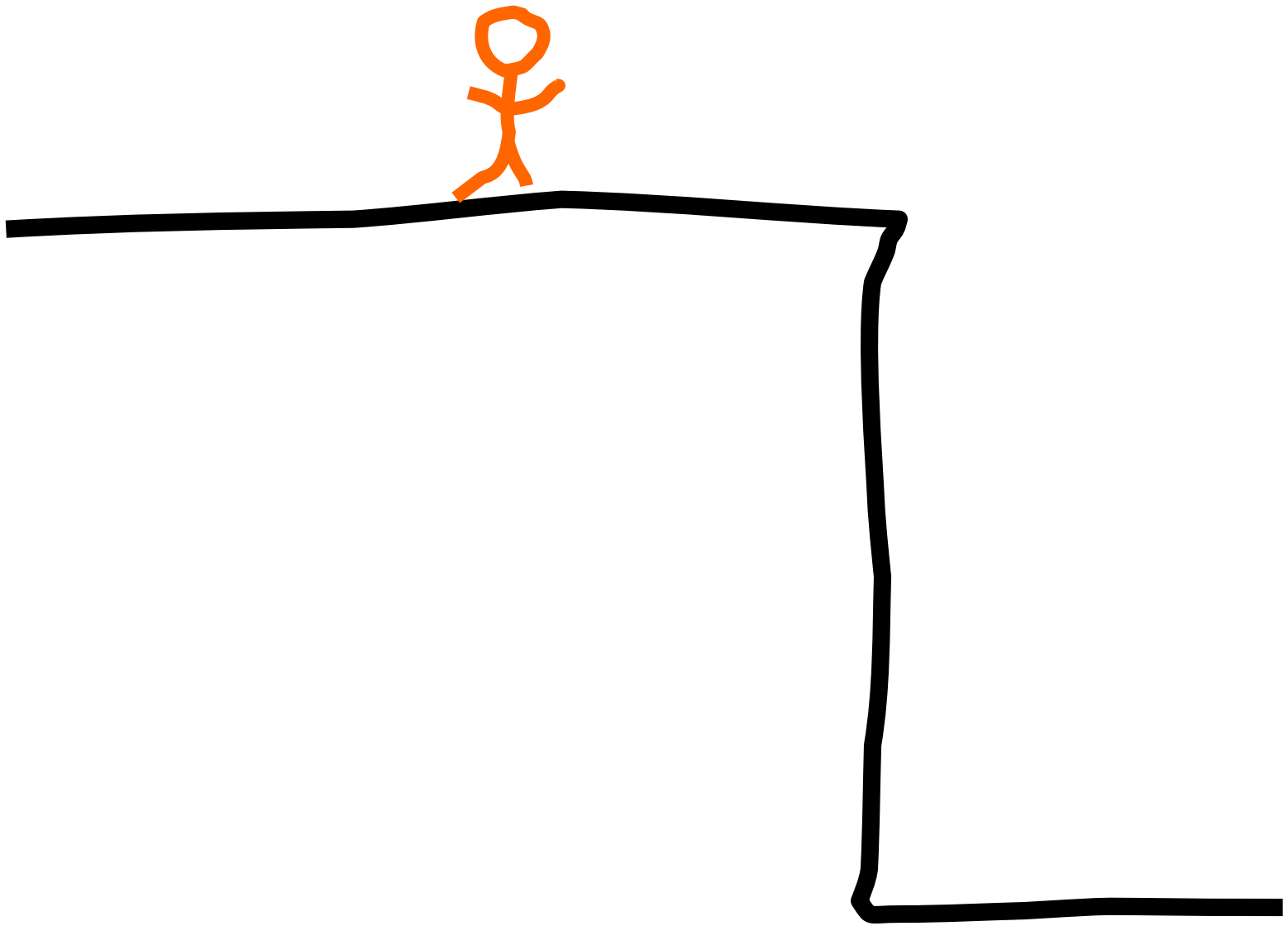
Population-based strategies

- Efforts to shift the distribution through social policy and environmental change
  - Neighborhoods (nutritious food, safe recreation)
  - Schools (snacks, school lunch, physical education)
  - Workplaces (stress reduction, physical activity)
  - Restaurants (caloric labeling, limits on trans fats)
  - Farms (agricultural subsidies)
  - Transportation (sidewalks, bicycle lanes, mass transit)
- Depend on leadership and political will

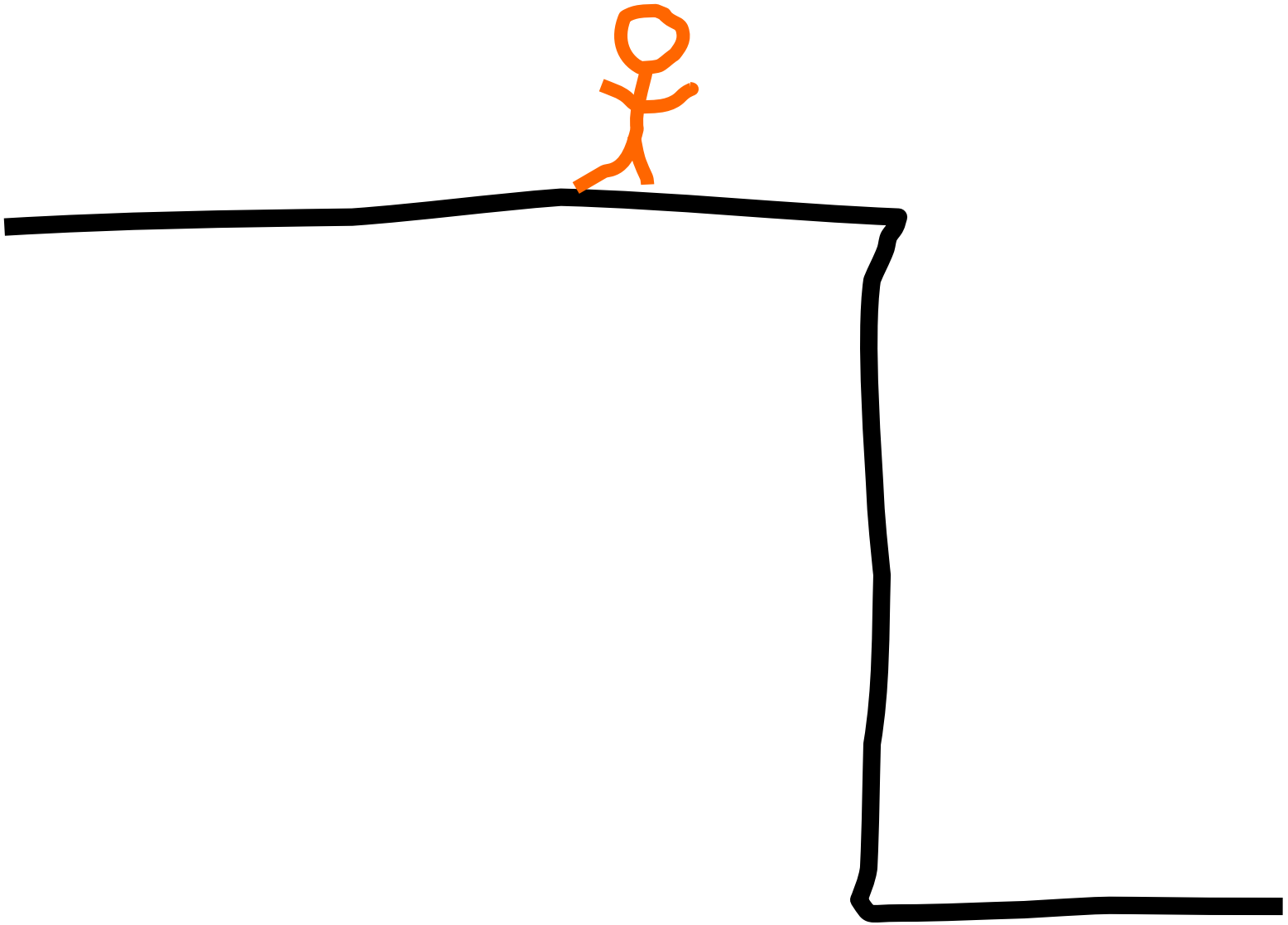
Levels of health intervention



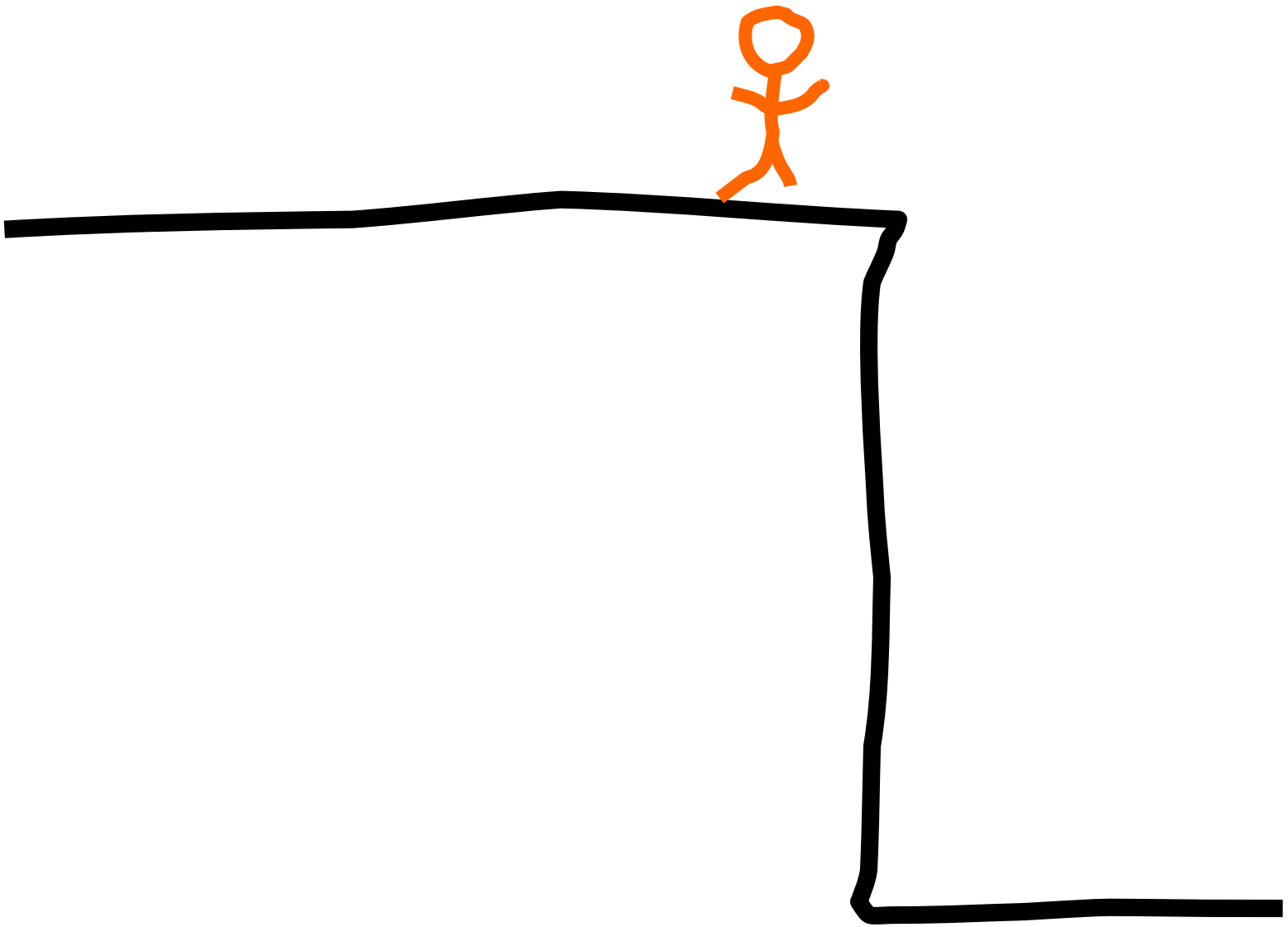
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



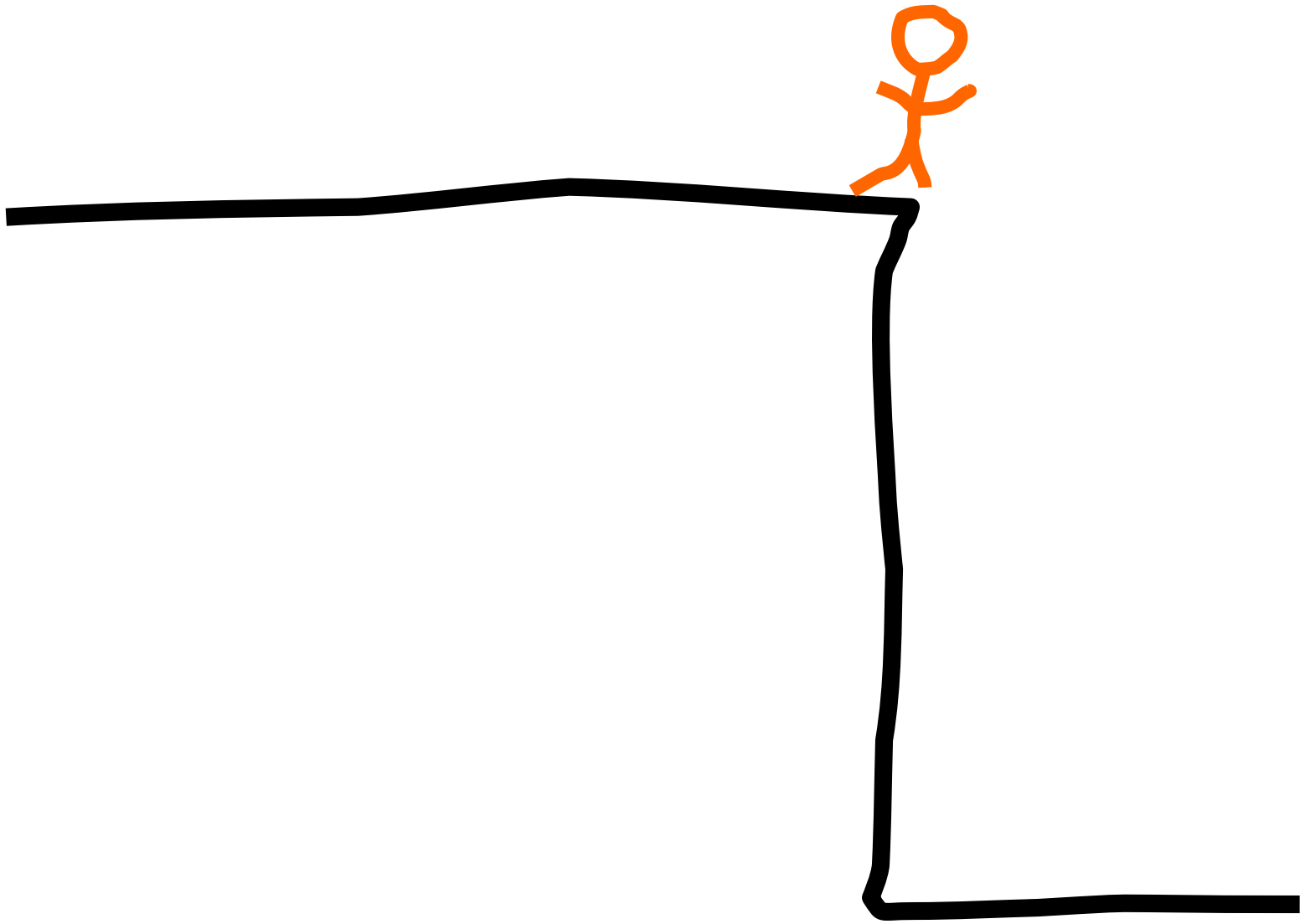
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



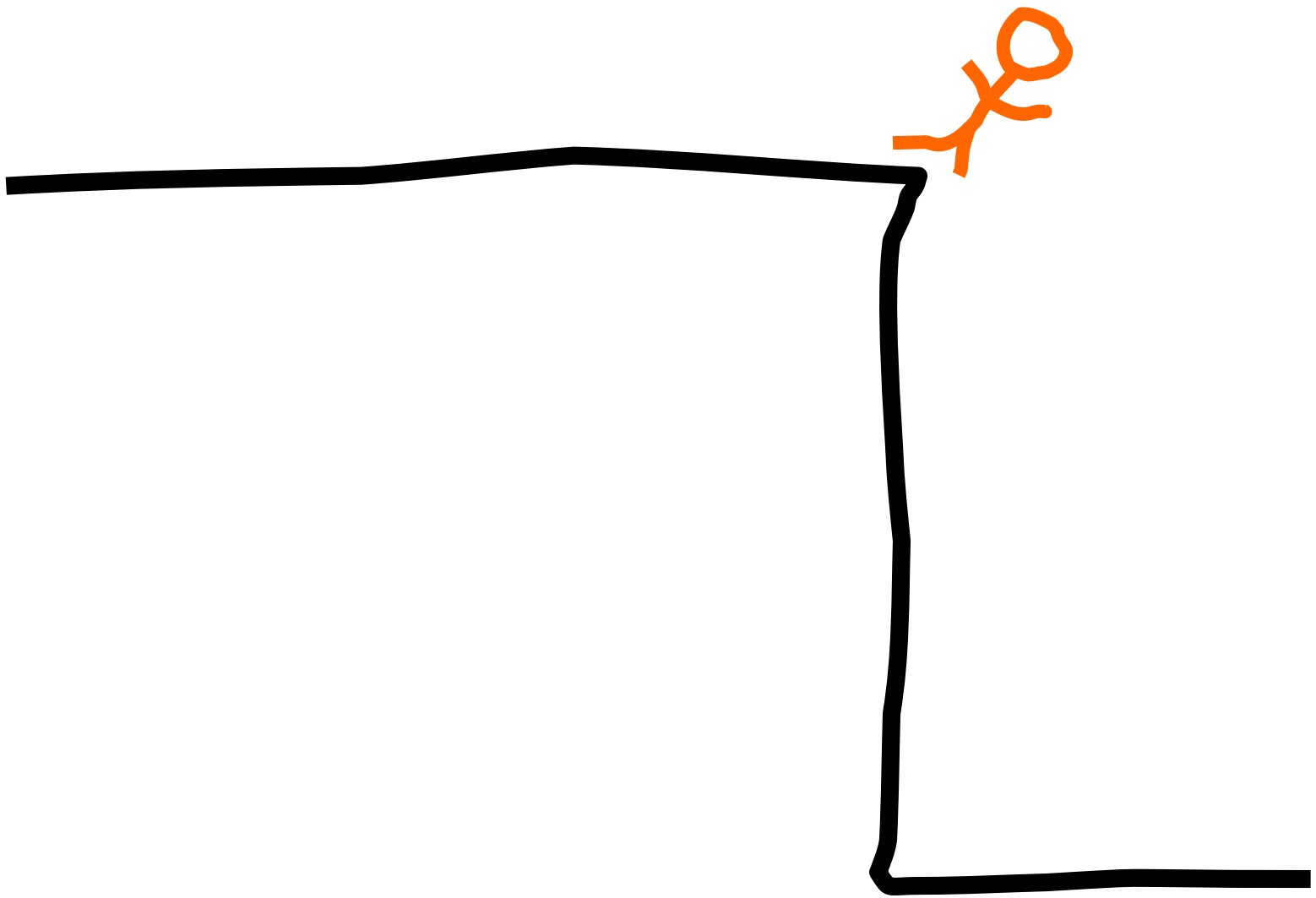
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



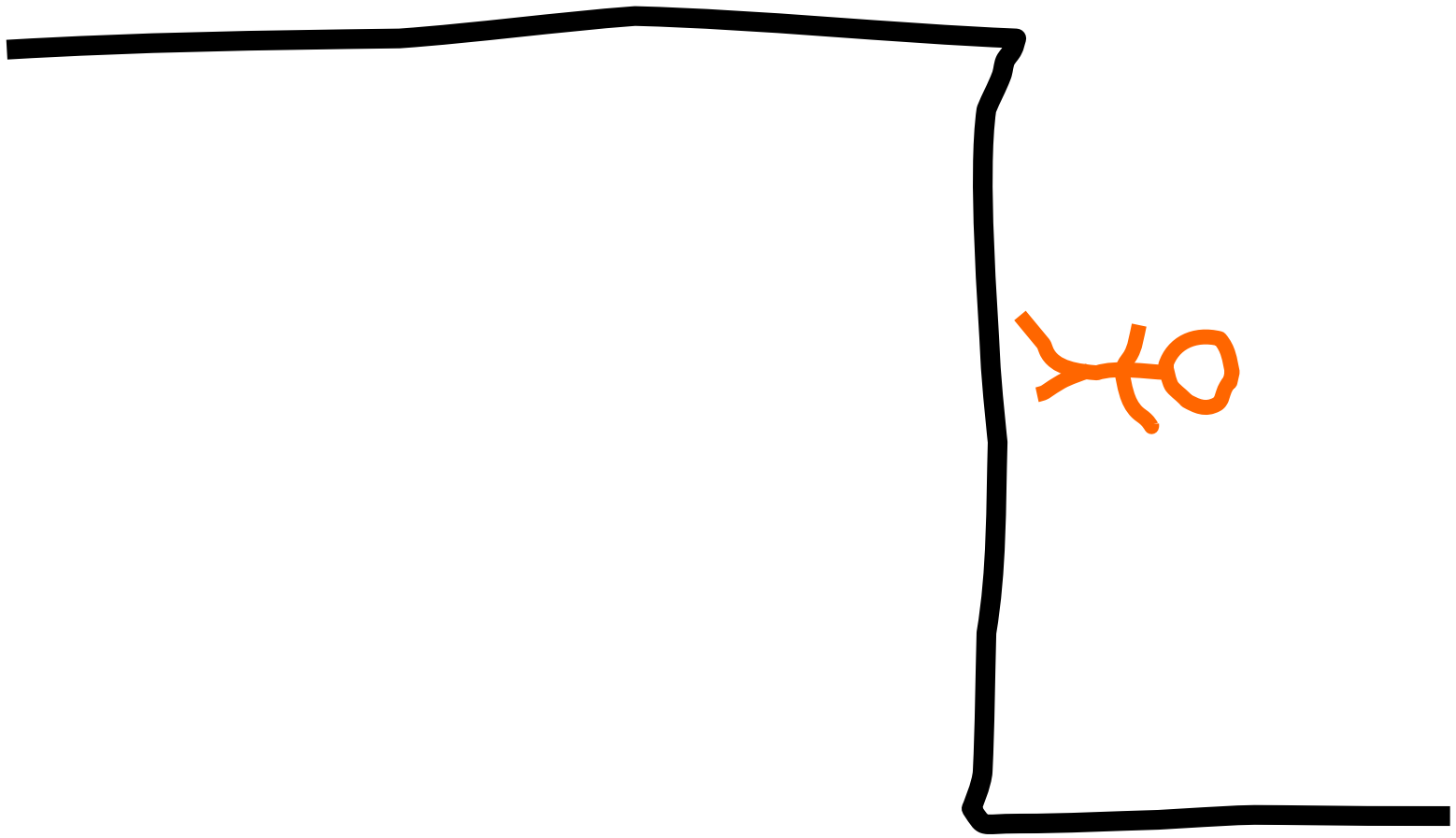
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



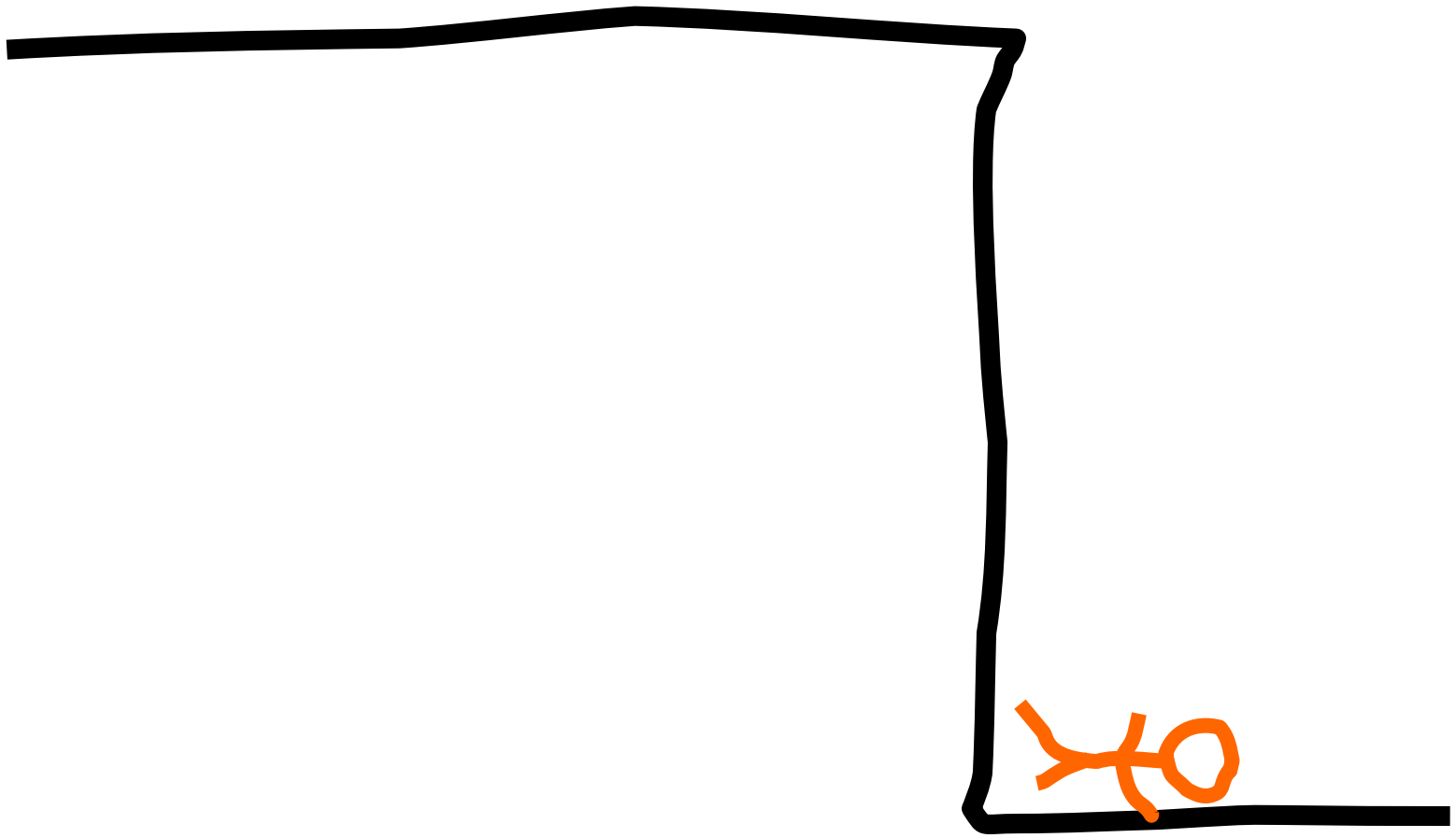
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



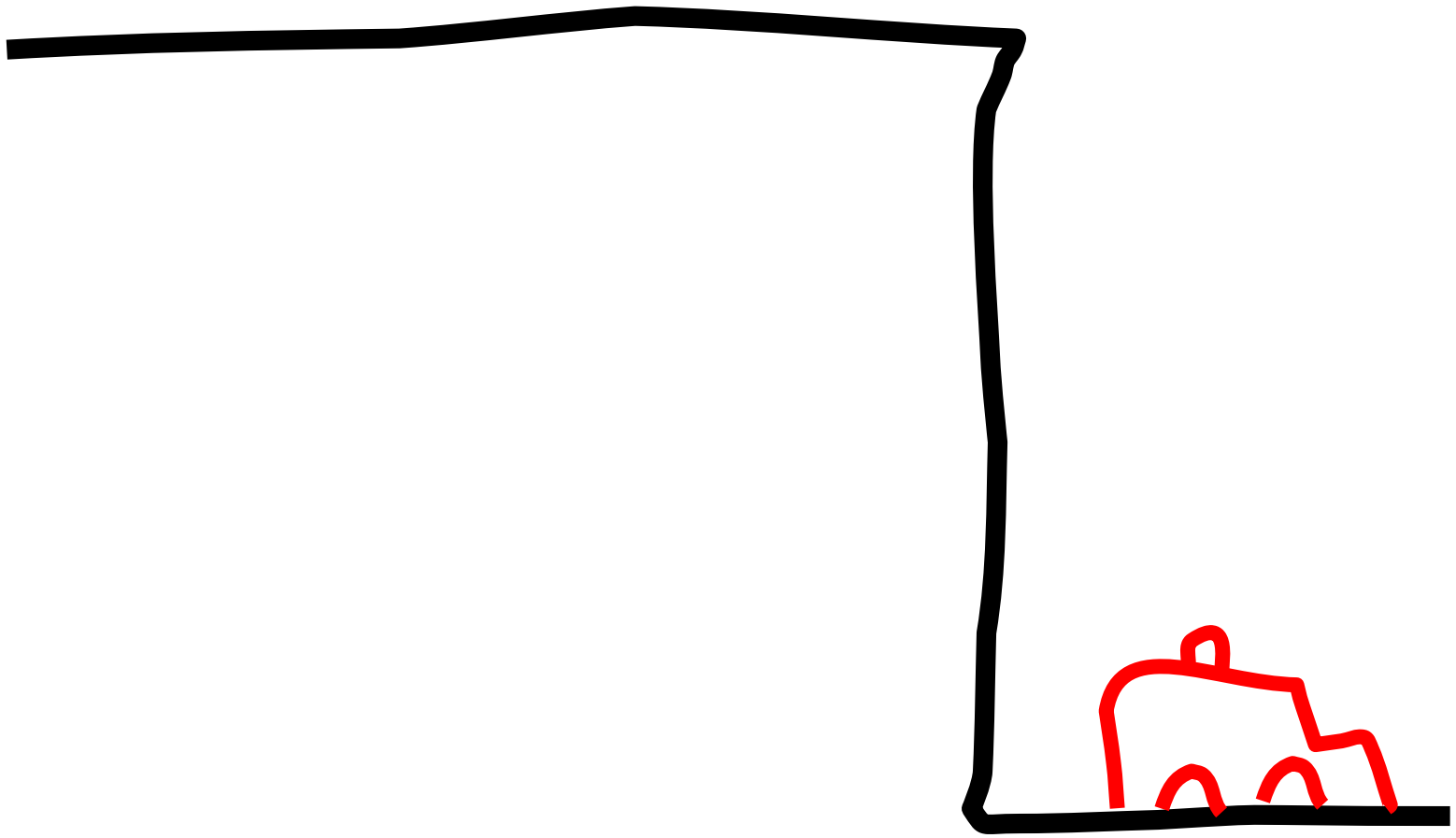
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



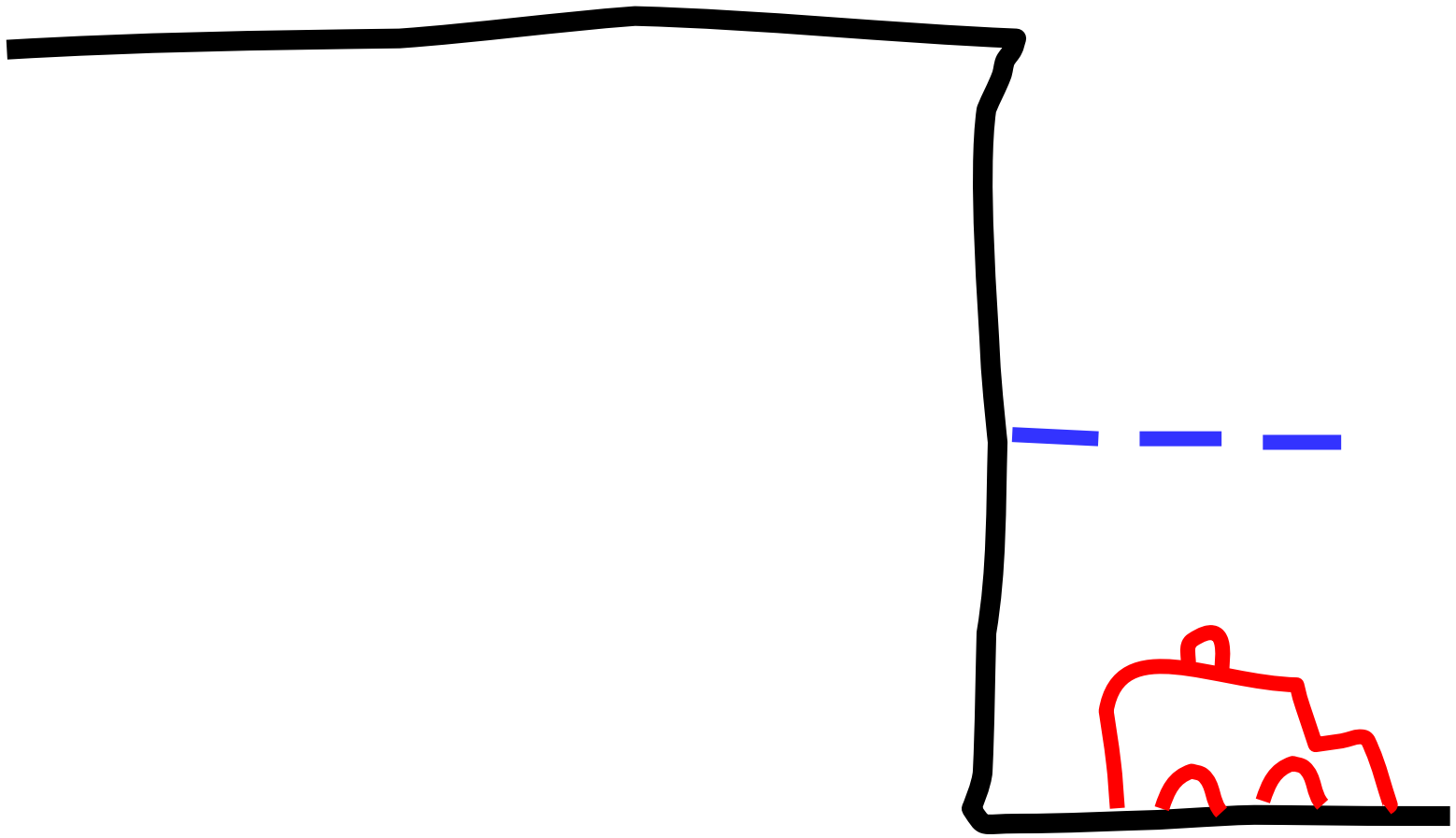
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



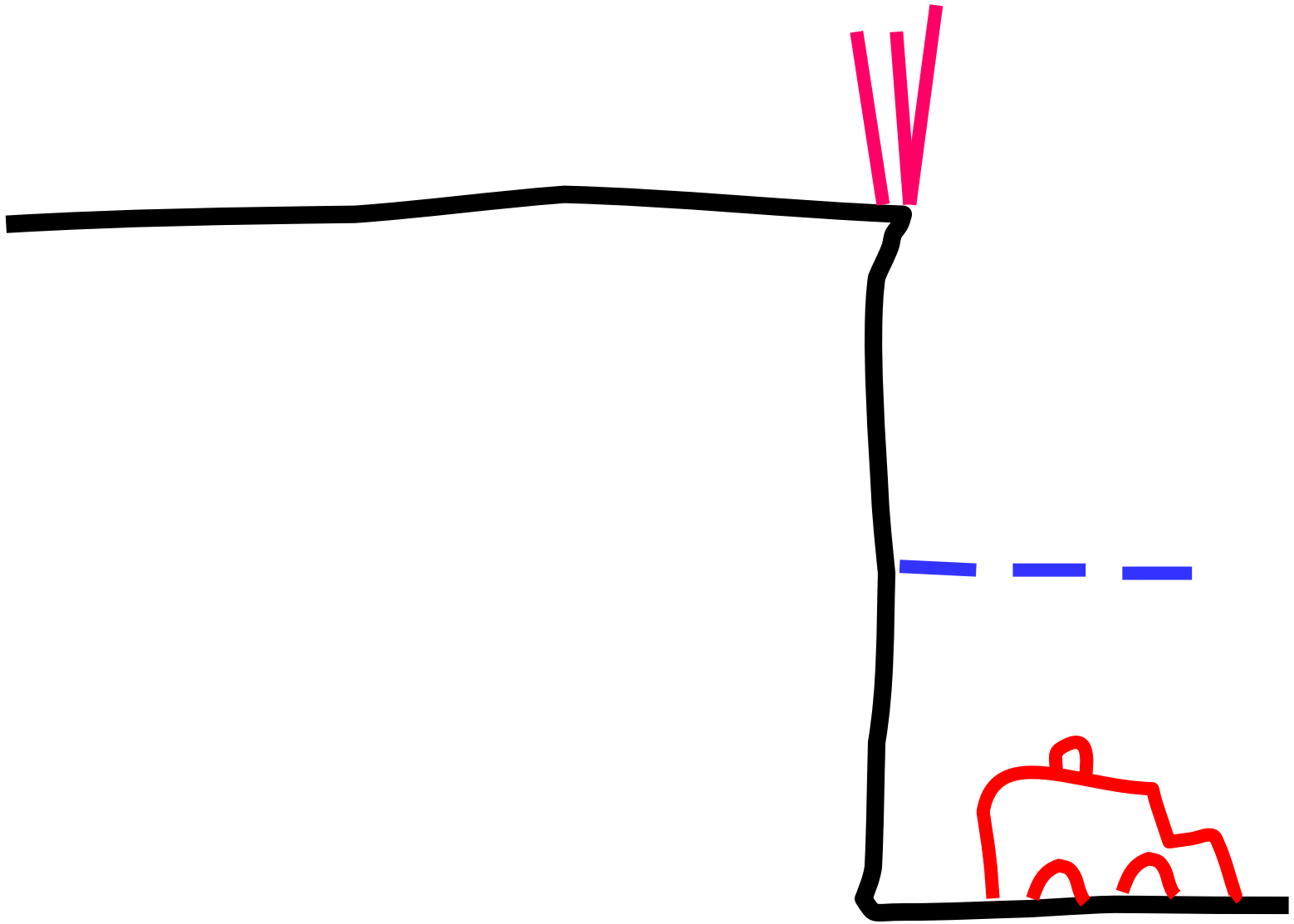
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



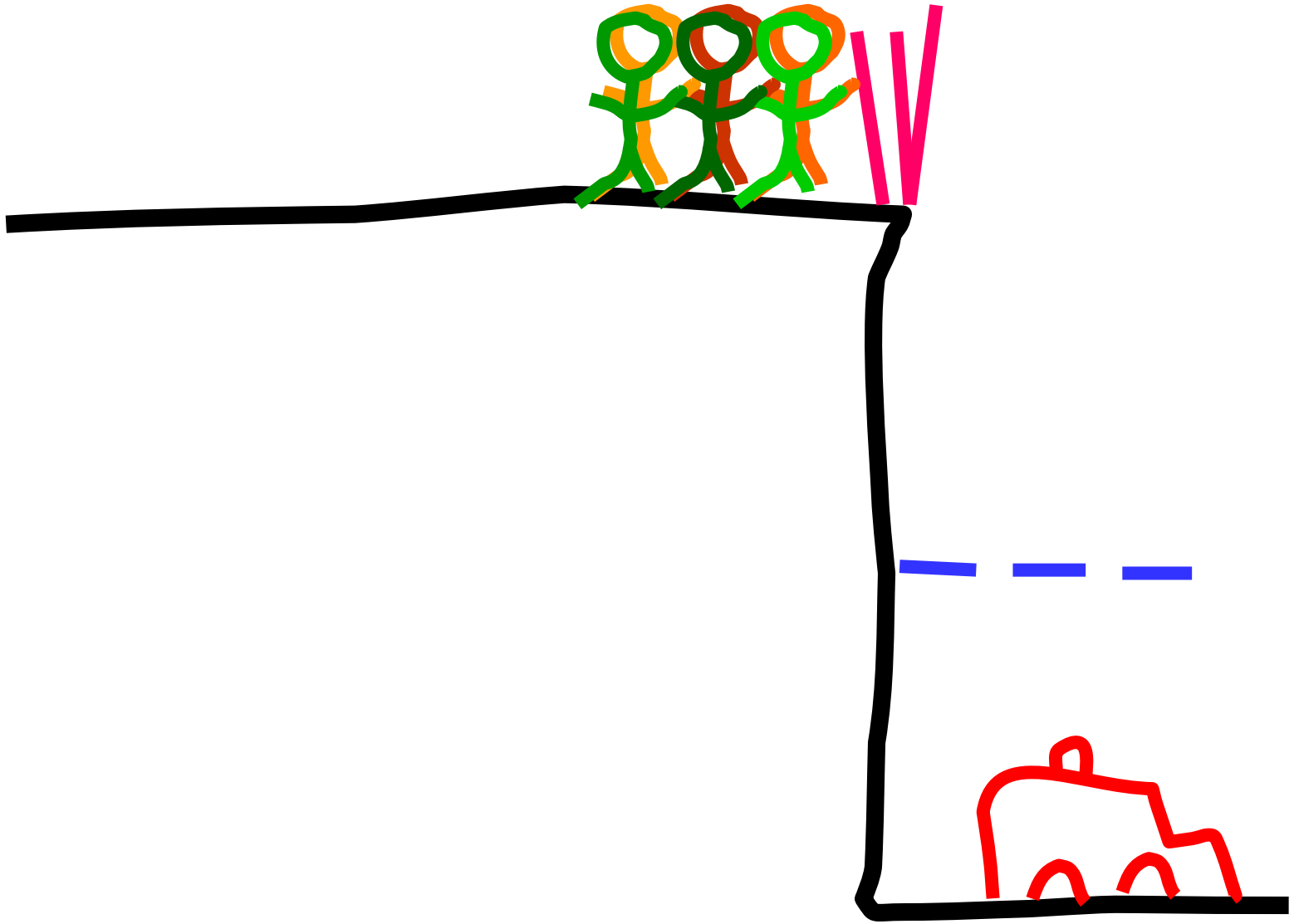
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



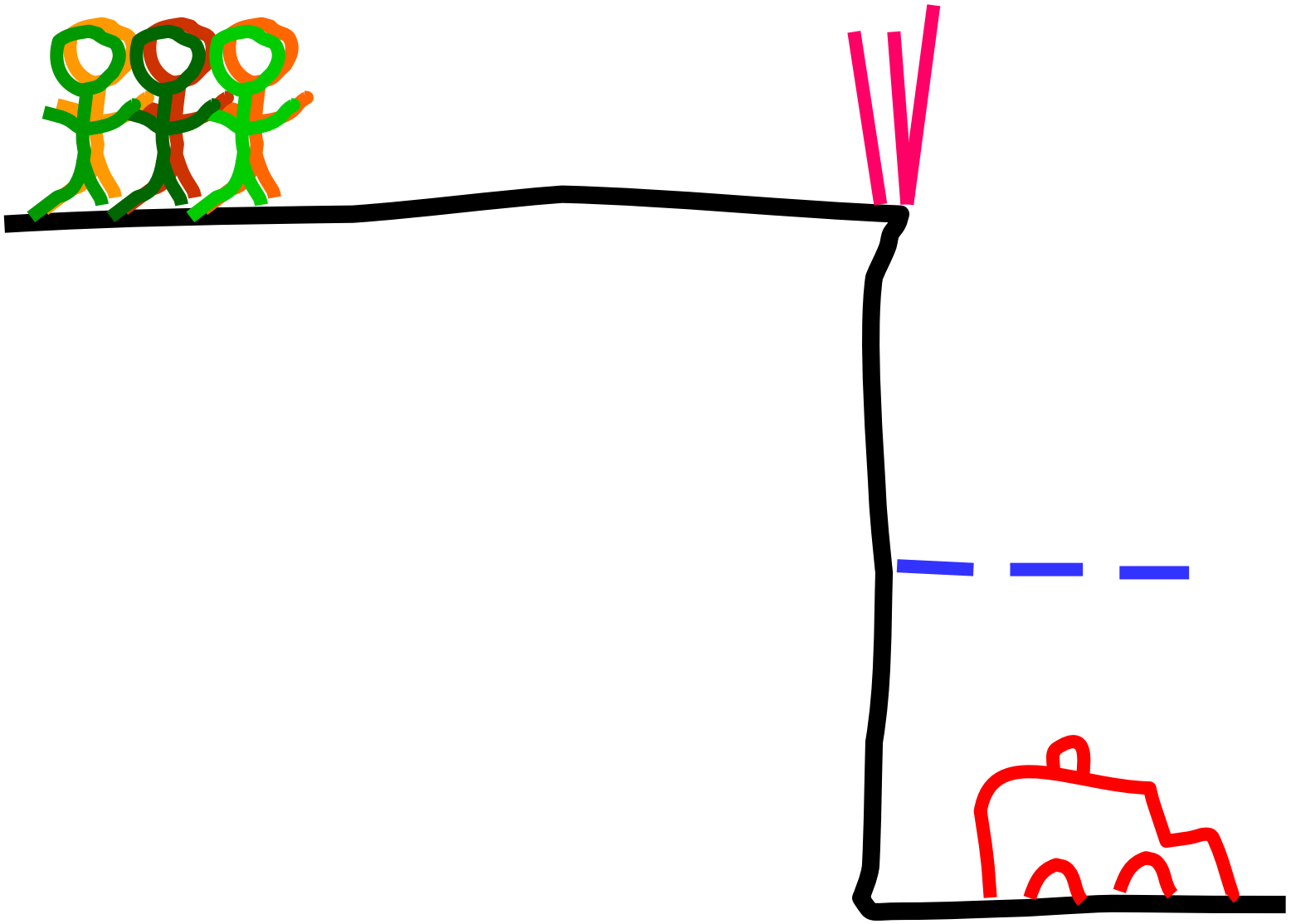
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



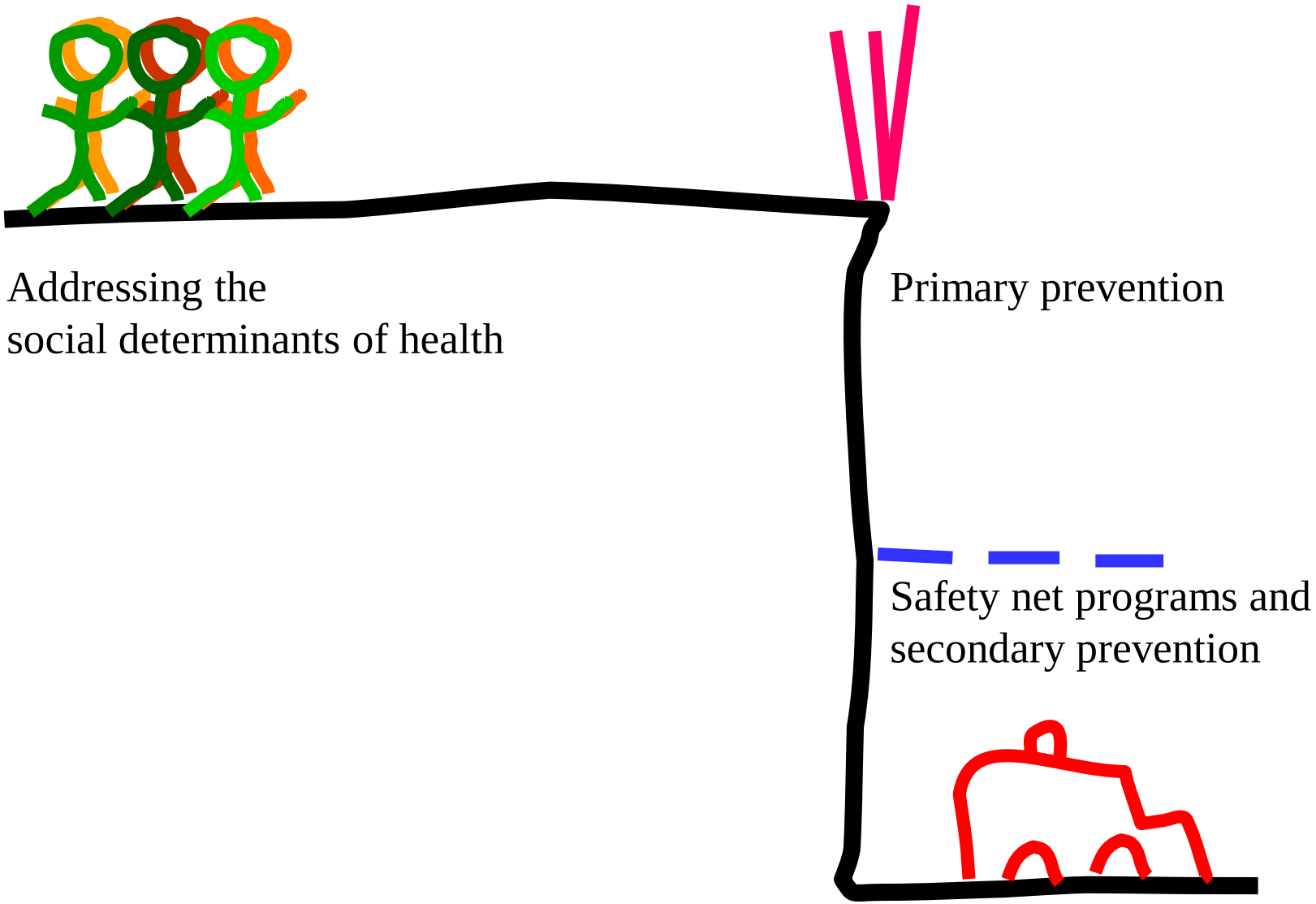
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

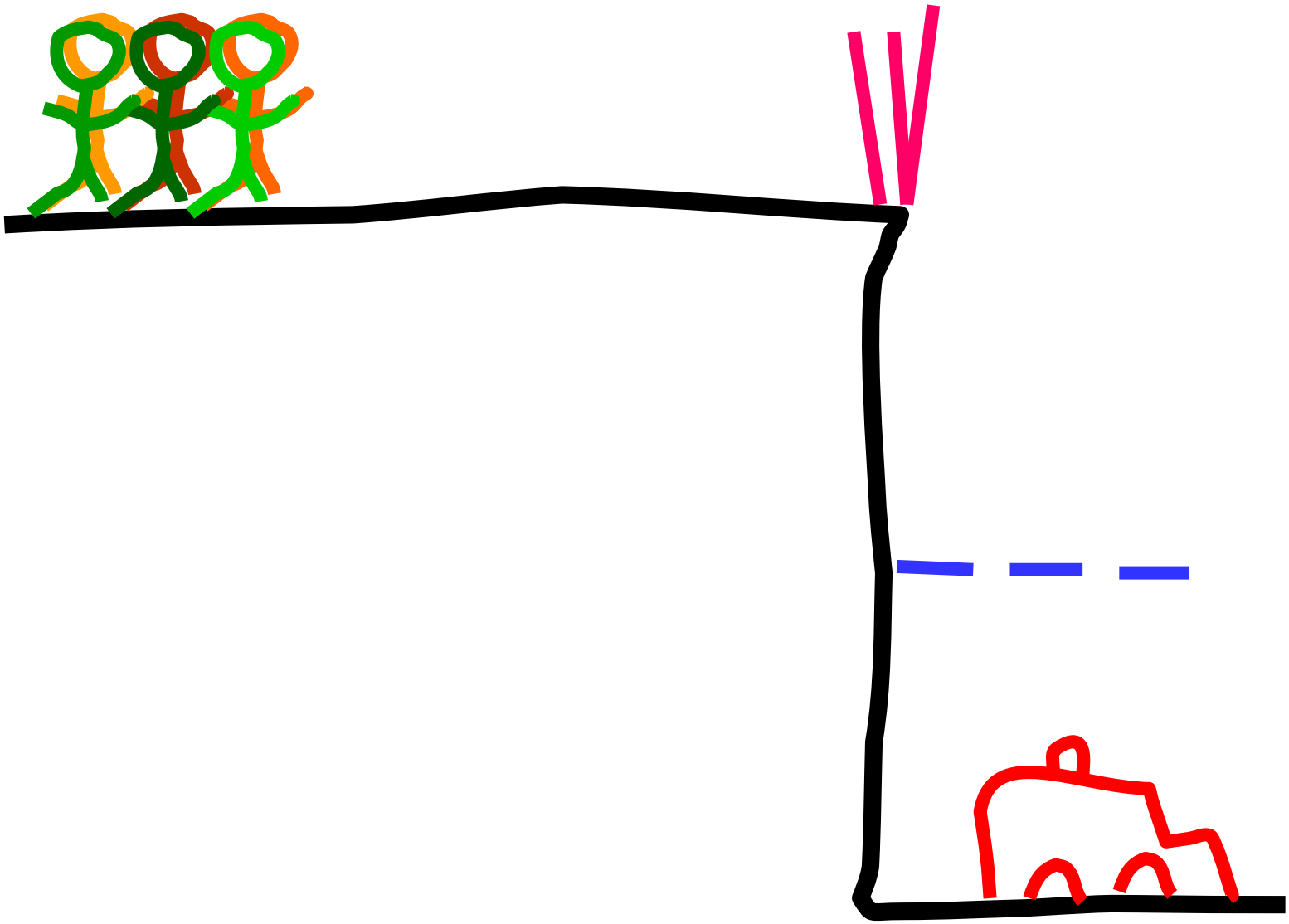
But how do disparities arise?

- Differences in the quality of care received within the health care system
- Differences in access to health care, including preventive and curative services
- Differences in life opportunities, exposures, and stresses that result in differences in underlying health status

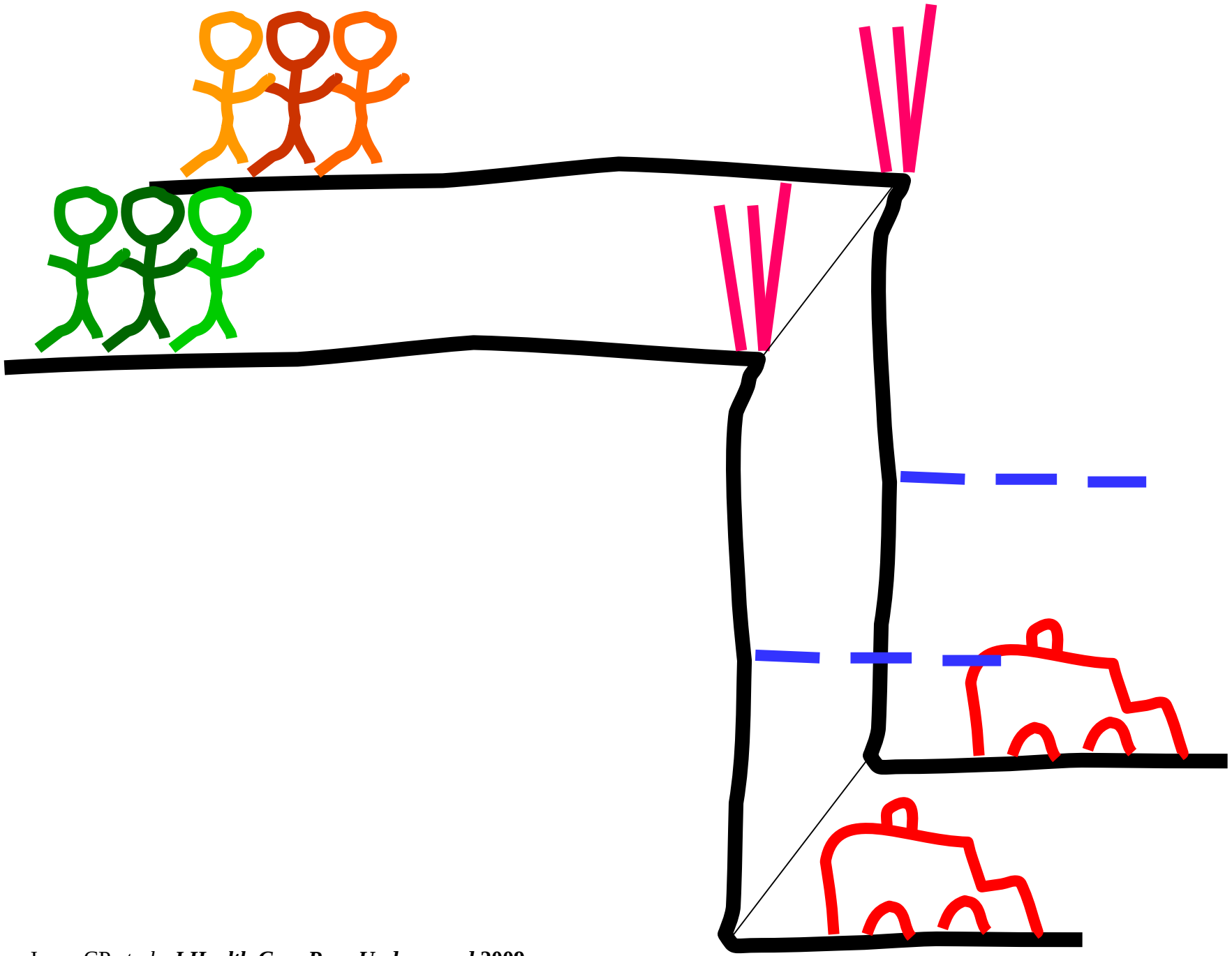
Phelan JC, Link BG, Tehranifar P. Social Conditions as Fundamental Causes of Health Inequalities. *J Health Soc Behav* 2010;51(S):S28-S40.

Byrd WM, Clayton LA. *An American Health Dilemma: Race, Medicine, and Health Care in the United States, 1900-2000.* New York, NY: Routledge, 2002.

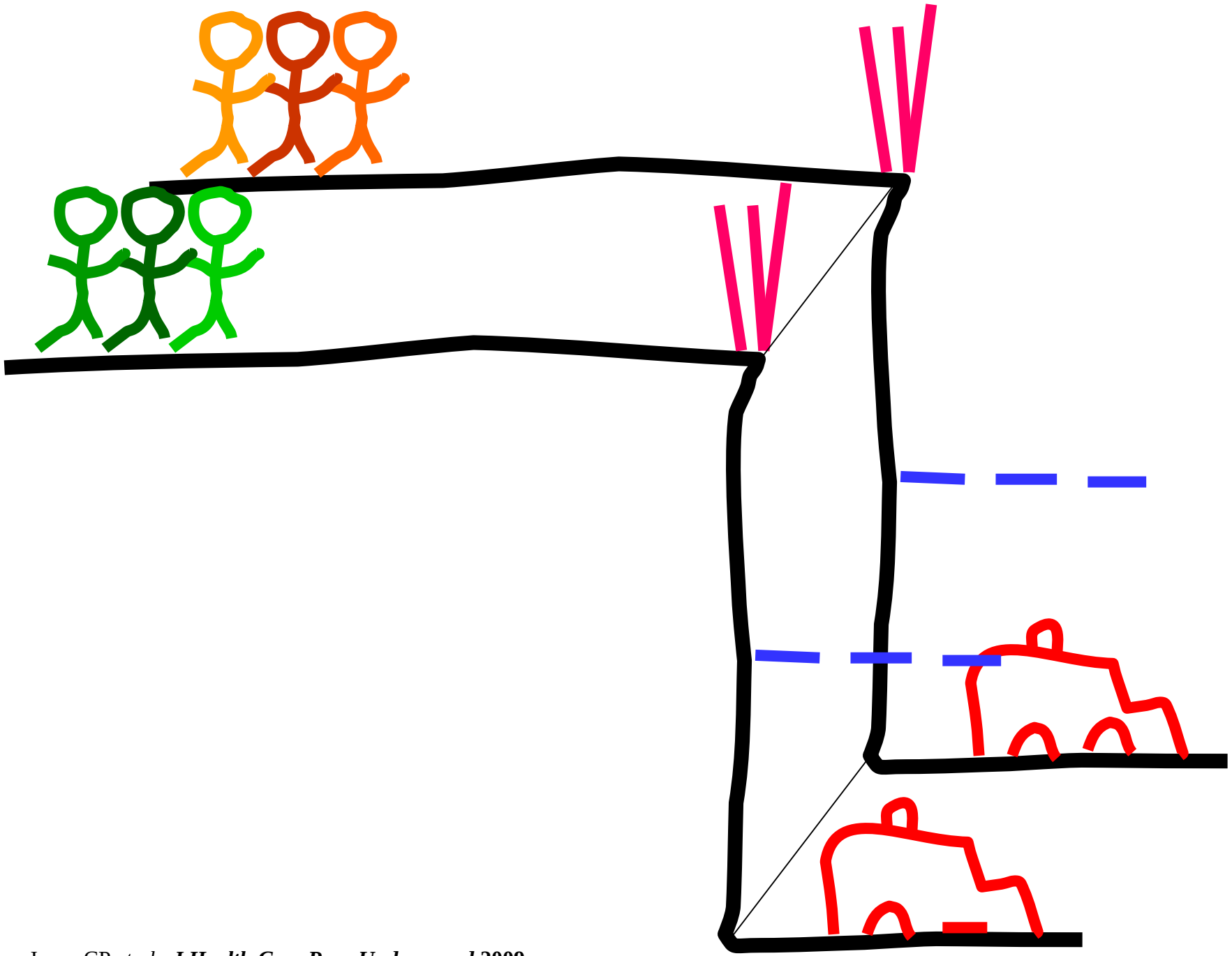
Smedley BD, Stith AY, Nelson AR (editors). *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care.* Washington, DC: The National Academies Press, 2002.



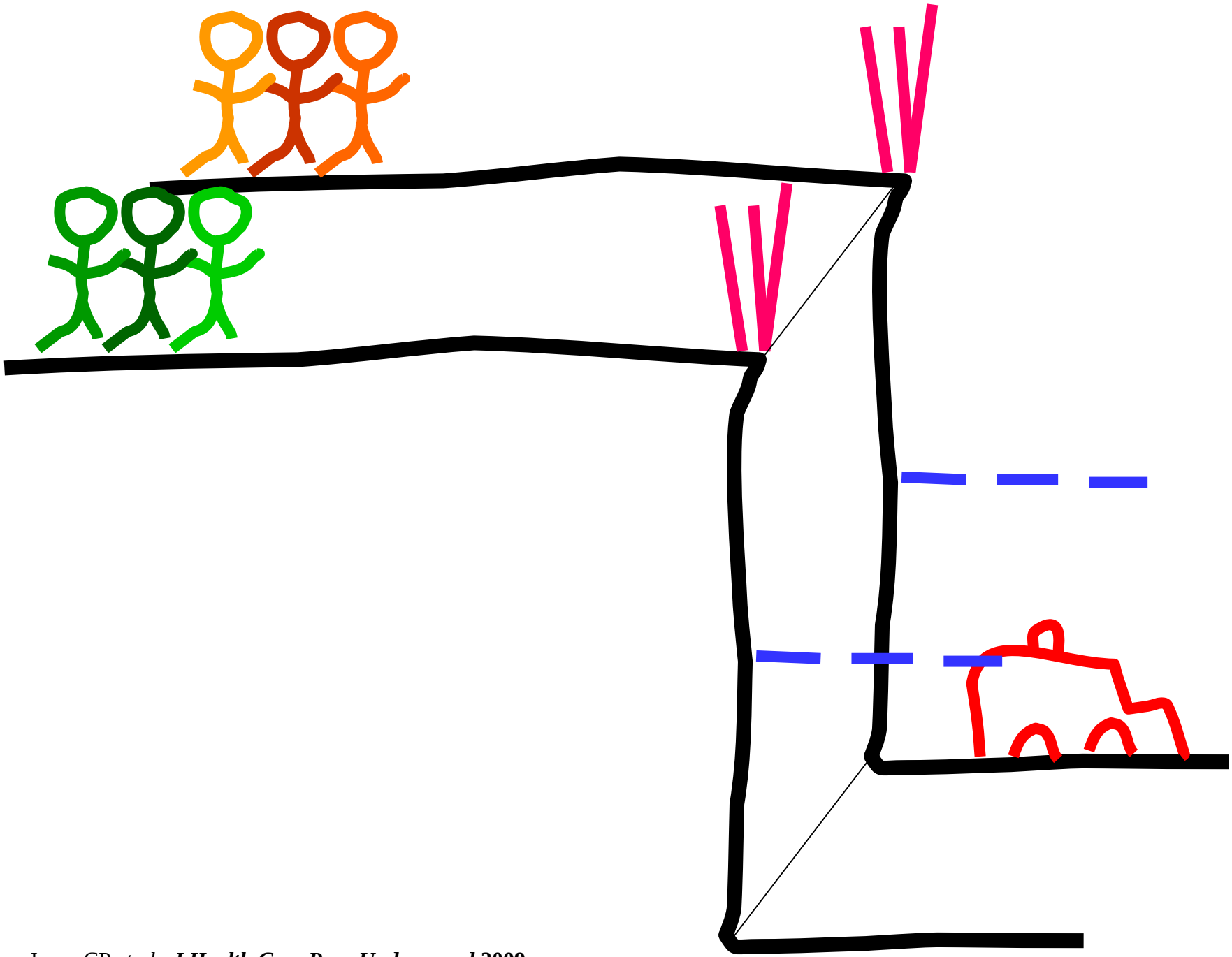
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



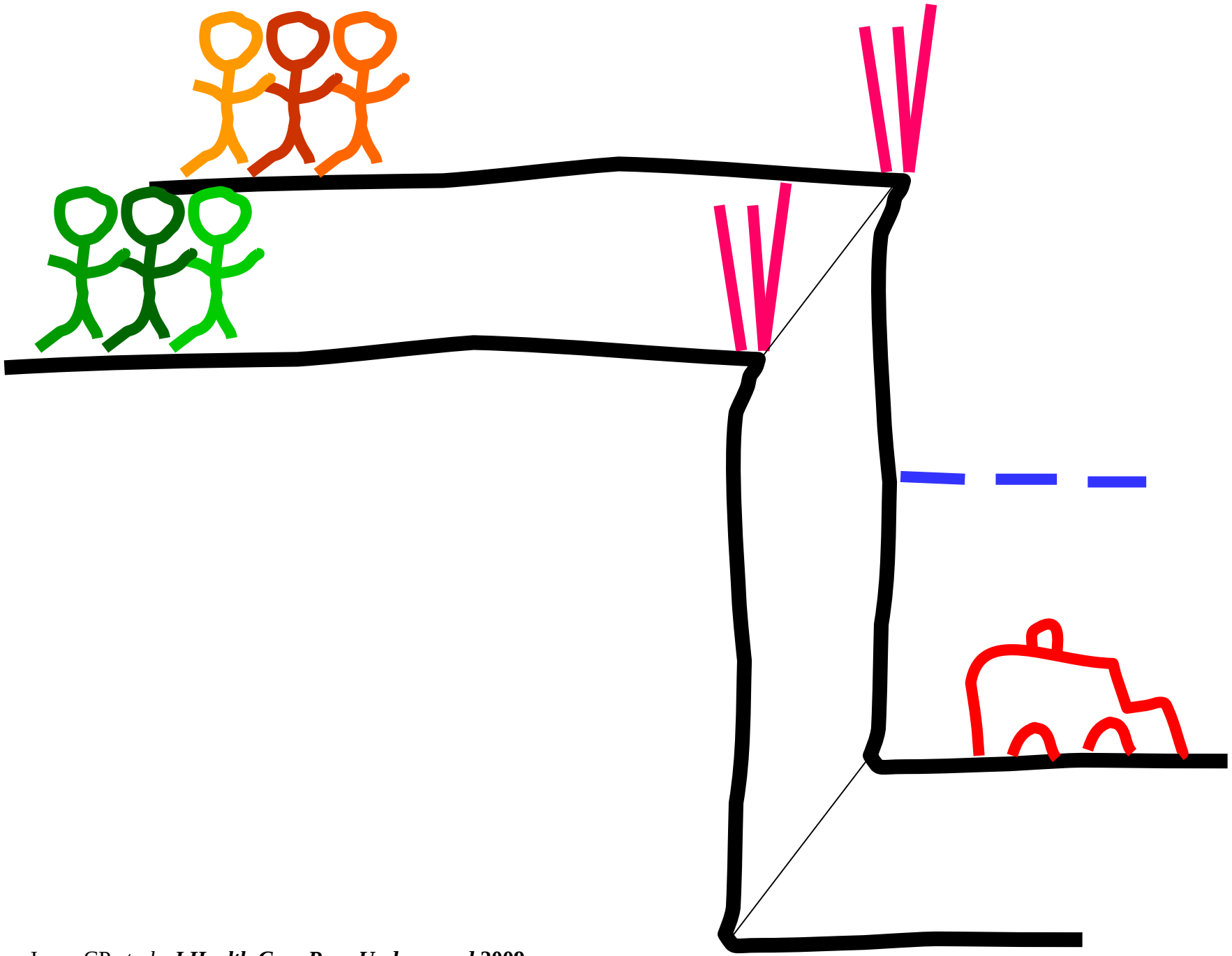
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



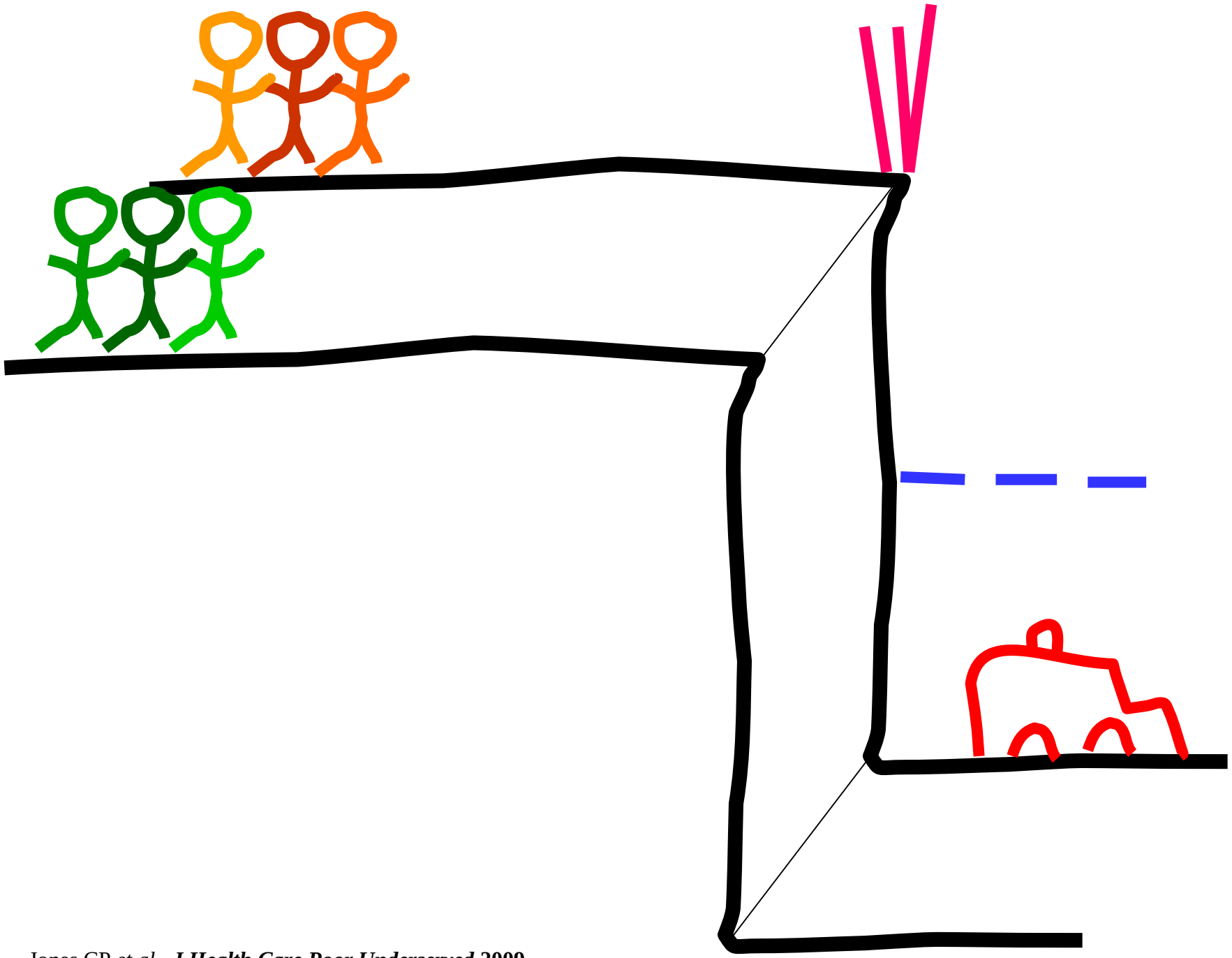
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



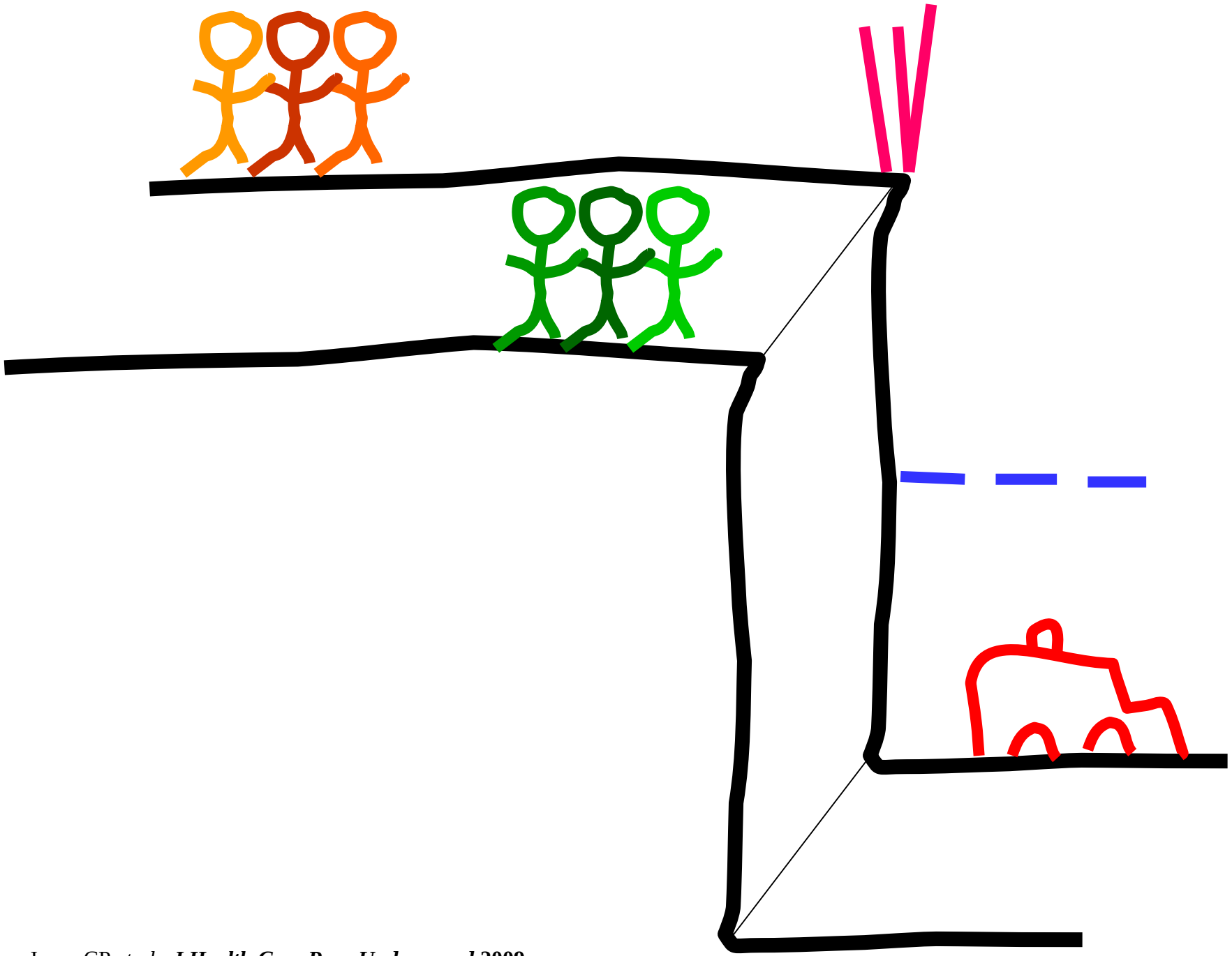
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



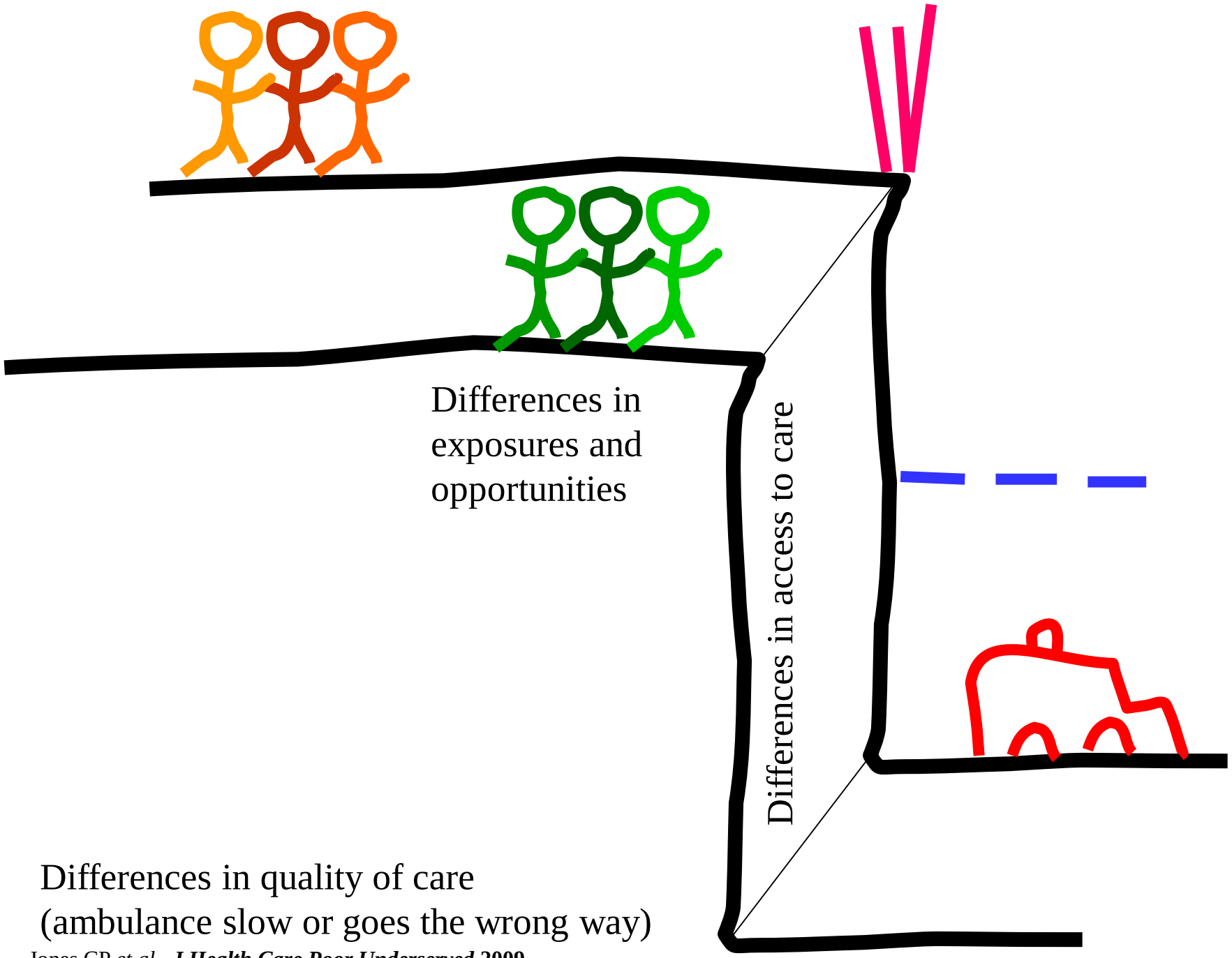
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



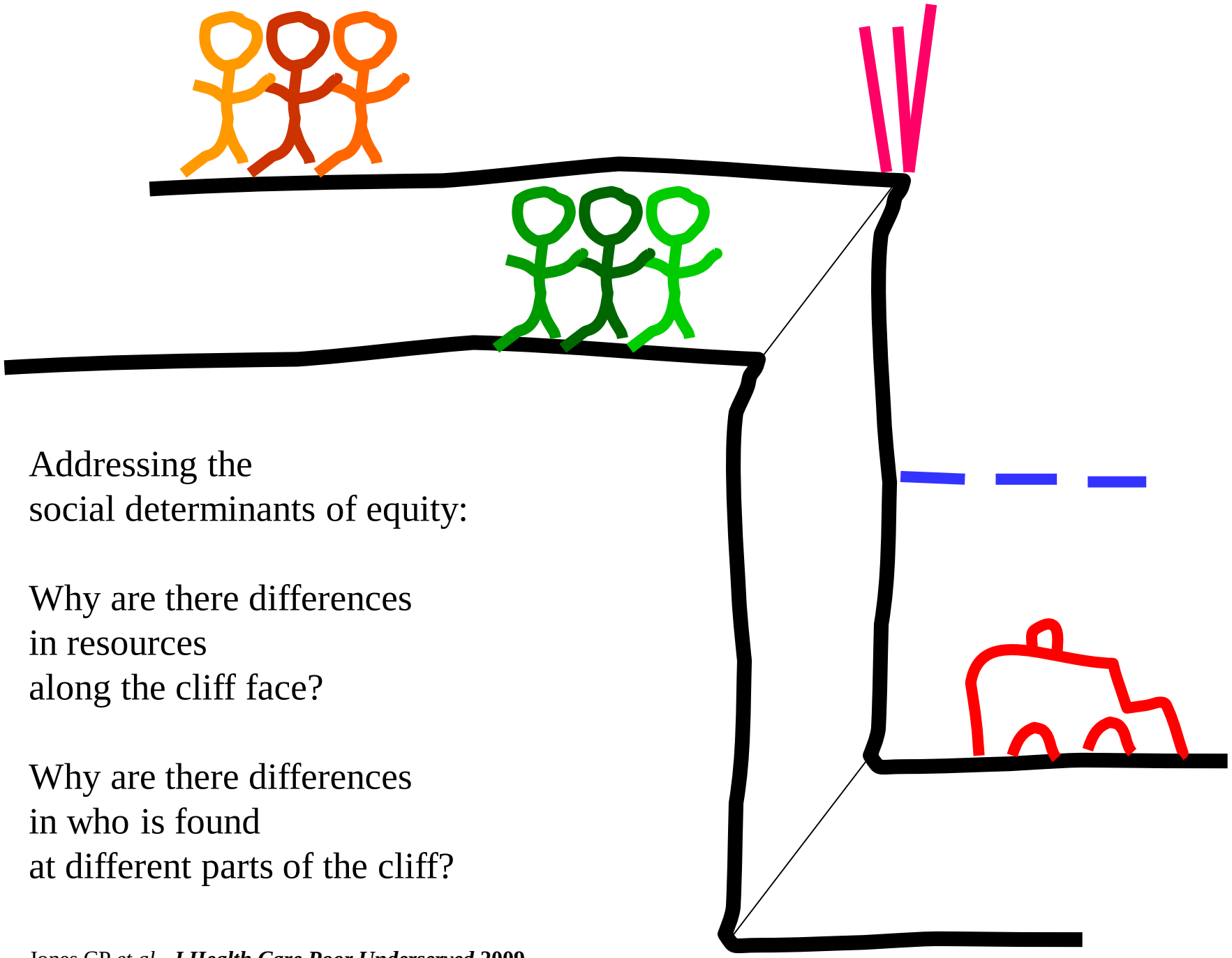
Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



Addressing the
social determinants of equity:

Why are there differences
in resources
along the cliff face?

Why are there differences
in who is found
at different parts of the cliff?

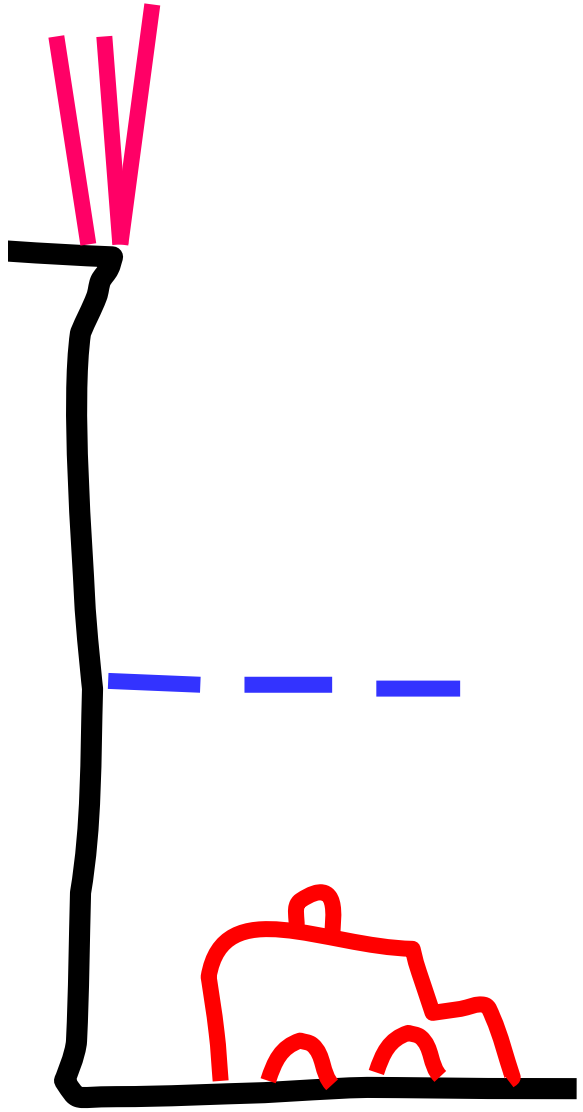
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**

3 dimensions of health intervention

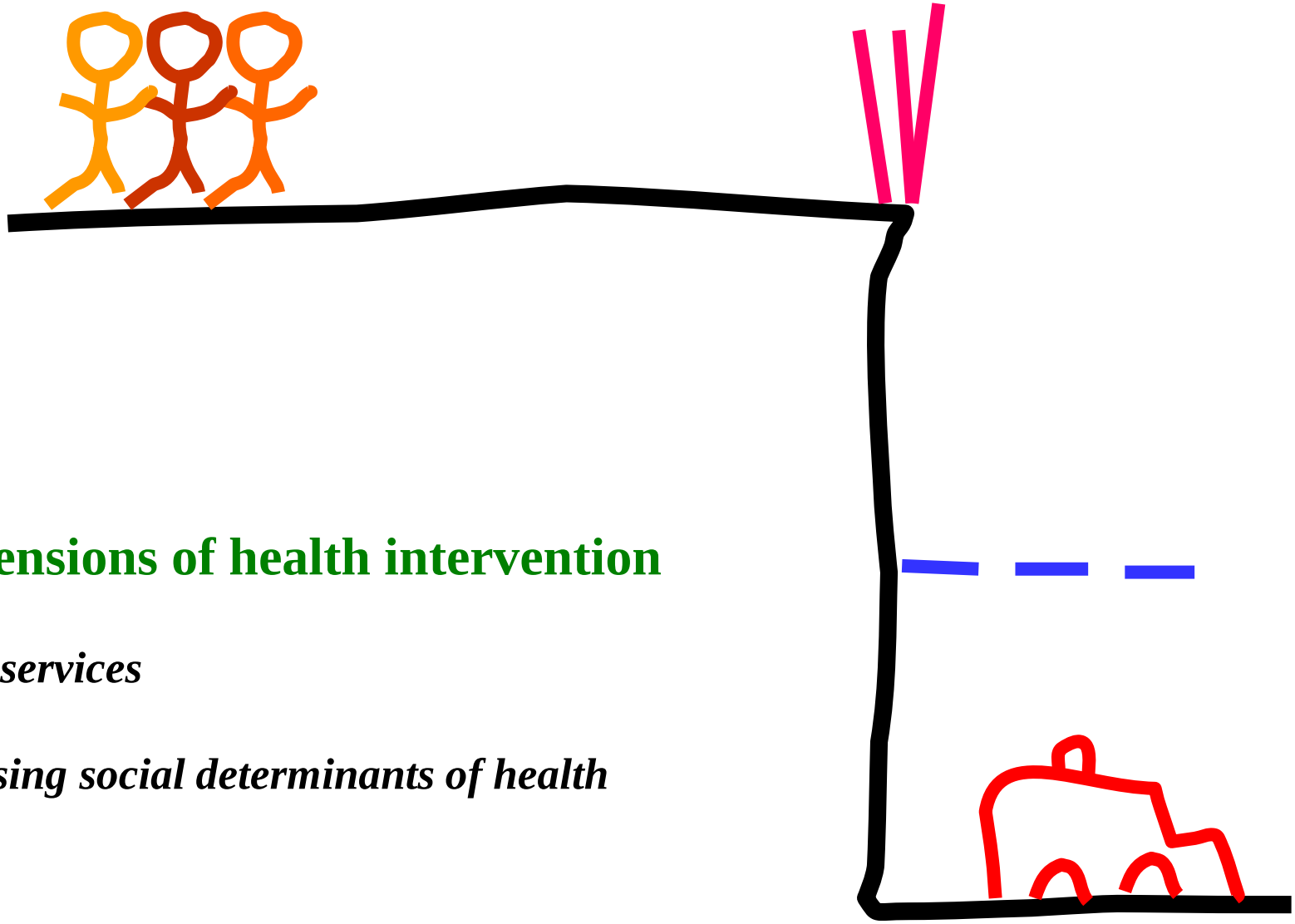
Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**

3 dimensions of health intervention

Health services



Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

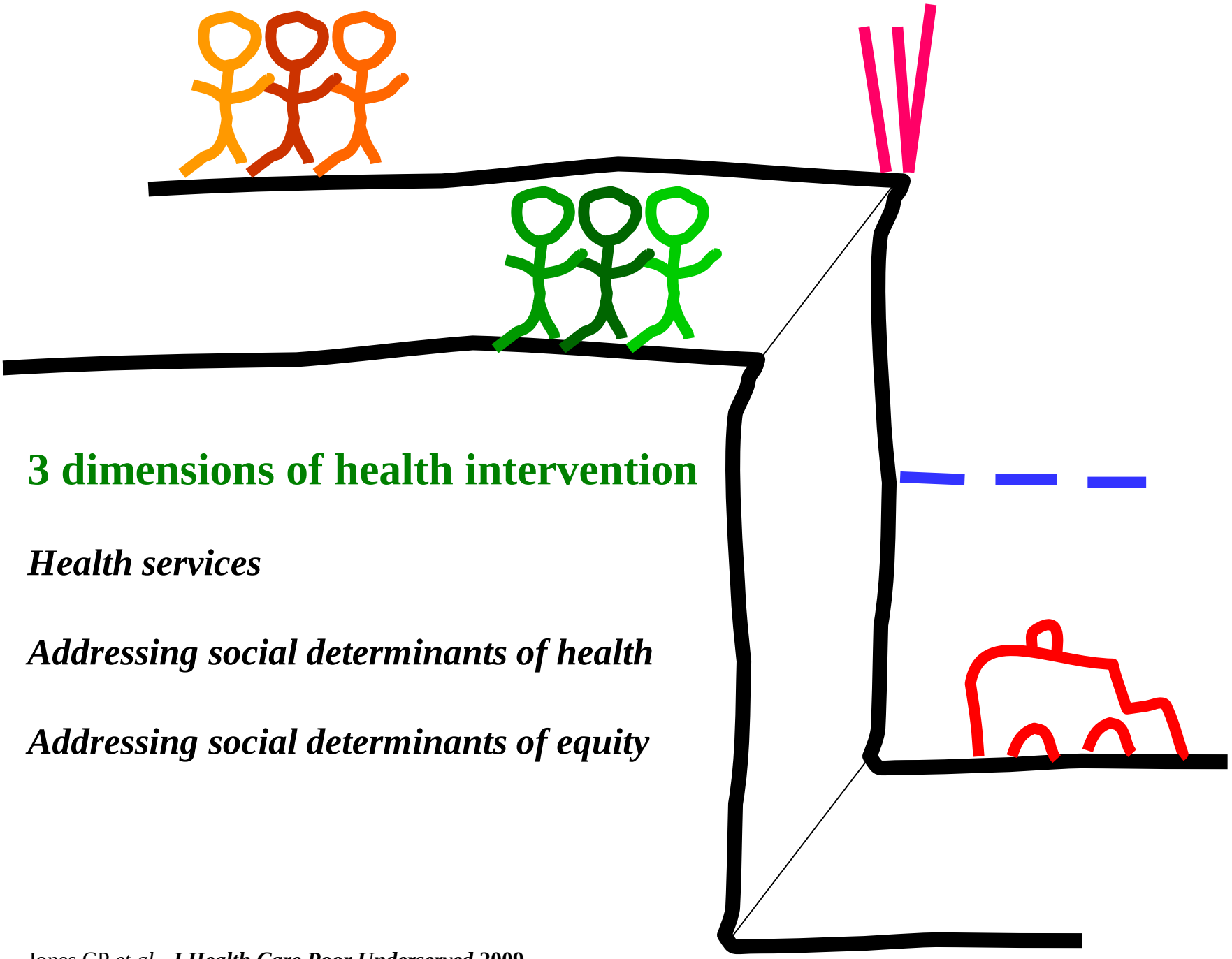


3 dimensions of health intervention

Health services

Addressing social determinants of health

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



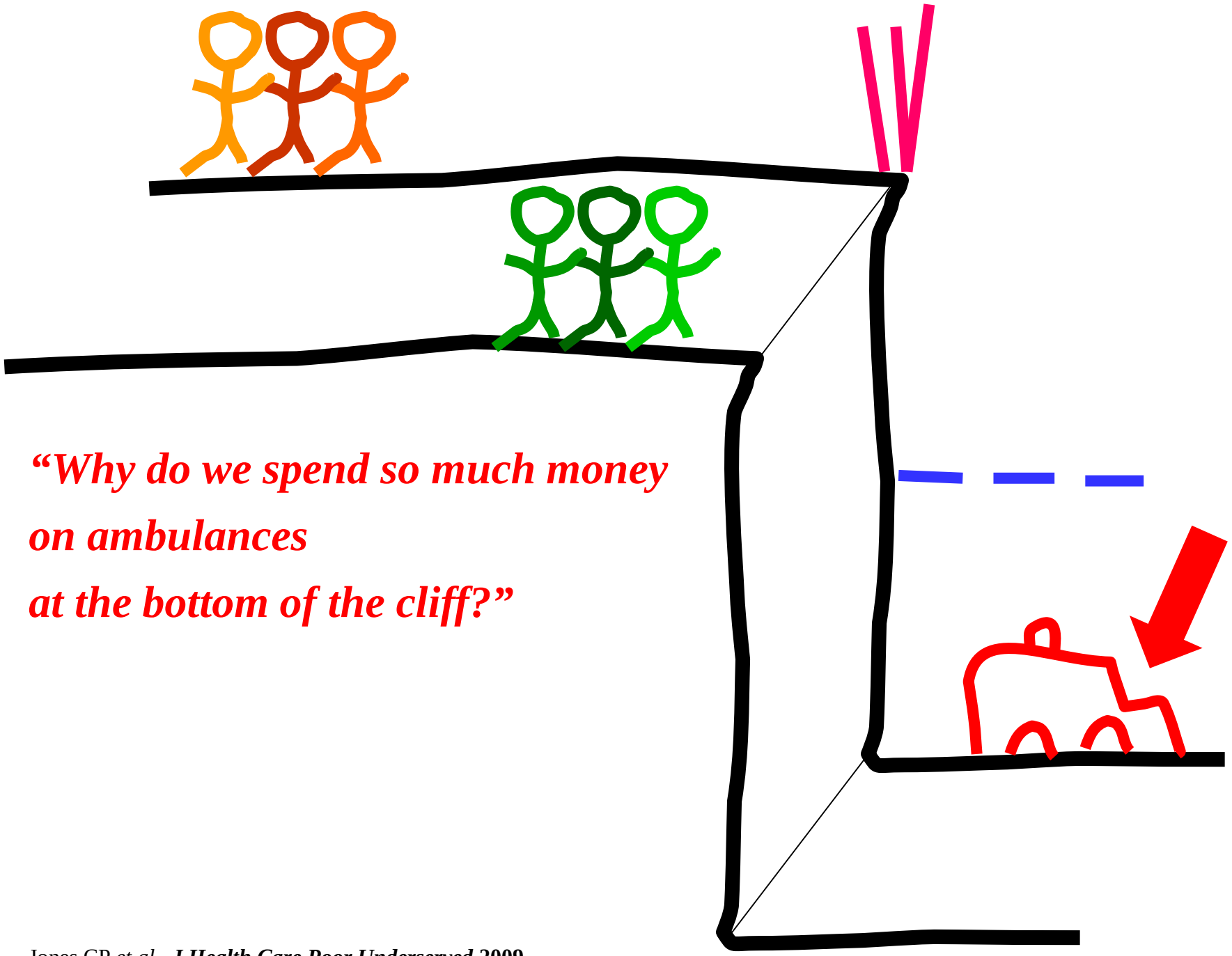
3 dimensions of health intervention

Health services

Addressing social determinants of health

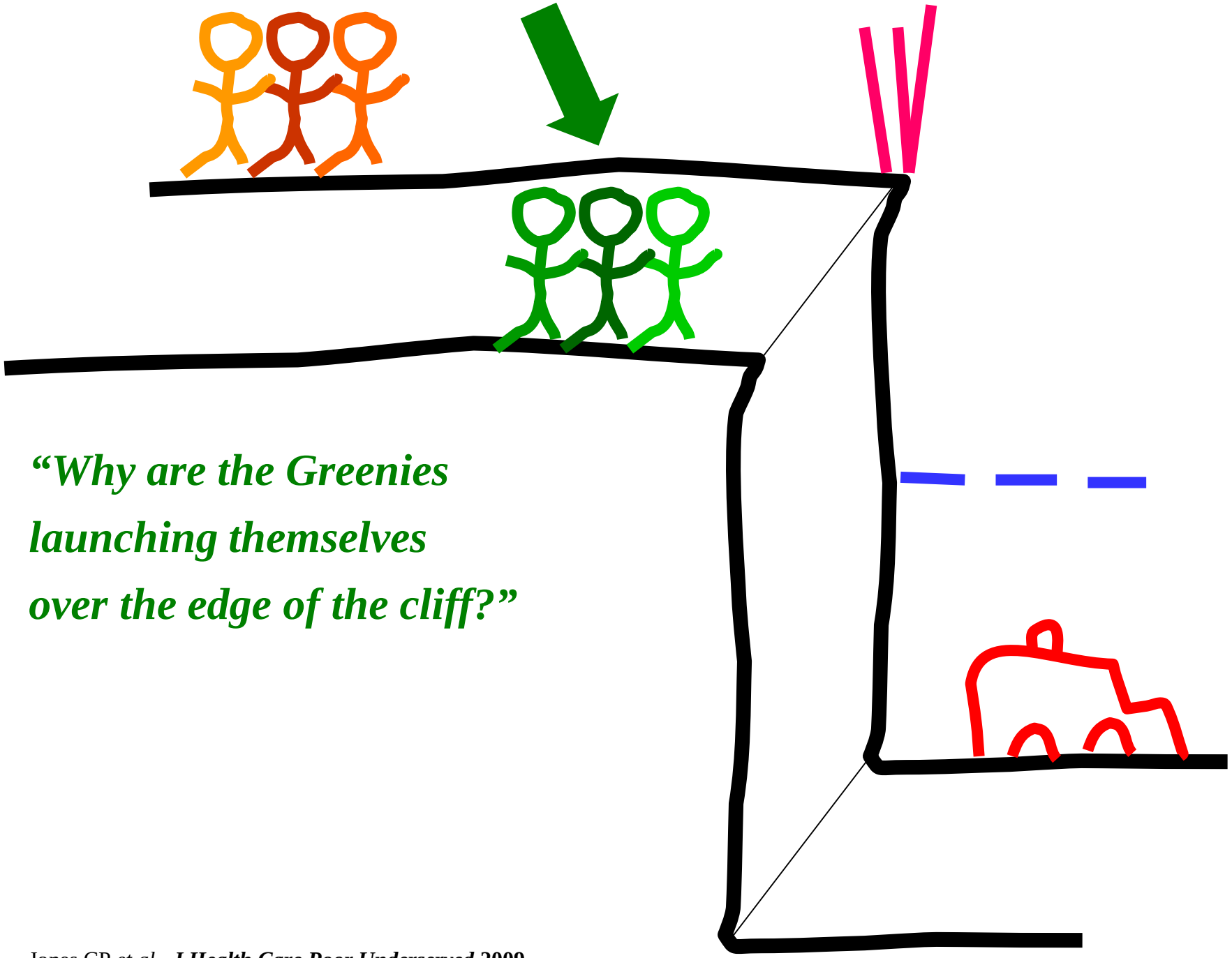
Addressing social determinants of equity

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



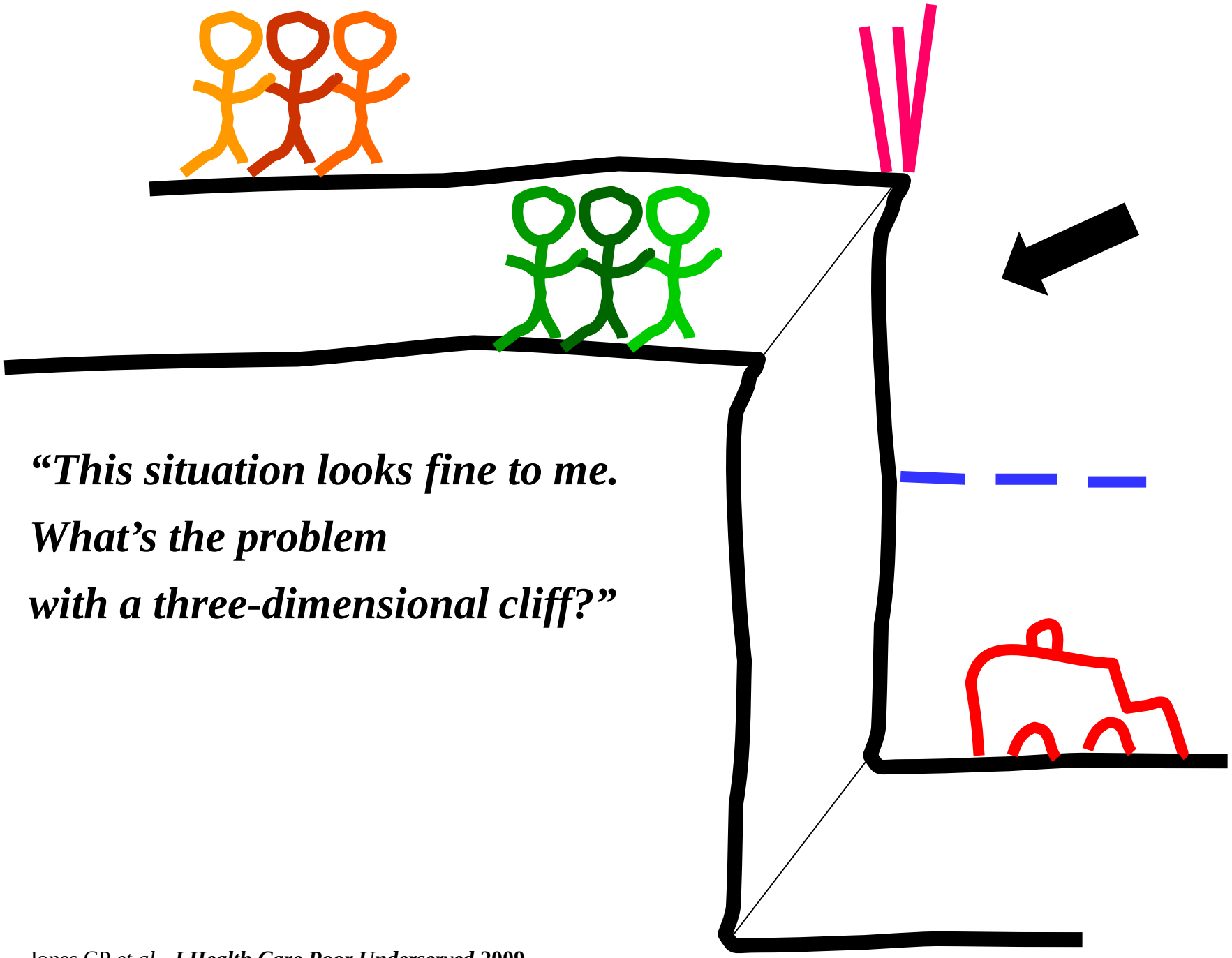
"Why do we spend so much money on ambulances at the bottom of the cliff?"

Jones CP *et al.* ***J Health Care Poor Underserved*** **2009.**



"Why are the Greenies launching themselves over the edge of the cliff?"

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**



"This situation looks fine to me. What's the problem with a three-dimensional cliff?"

Jones CP *et al.* ***J Health Care Poor Underserved* 2009.**

what do

racism denial

and the

obesity epidemic

have in common?

what do
racism denial
and the
obesity epidemic
have in common?

NARROW FOCUS ON THE INDIVIDUAL

ignoring systems and structures

invisibilizing solutions

indifference and inaction in the face of need

Camara Phyllis Jones, MD, MPH, PhD

Past President
American Public Health Association

2019-2020 Evelyn Green Davis Fellow
Radcliffe Institute for Advanced Study at Harvard University

Adjunct Professor
Rollins School of Public Health at Emory University
Senior Fellow and Adjunct Associate Professor
Morehouse School of Medicine

cpjones@msm.edu
(404) 374-3198 mobile
@CamaraJones

Barriers
to achieving health equity

- **Narrow focus on the individual**
  - Self-interest narrowly defined
  - Limited sense of interdependence
  - Limited sense of collective efficacy
  - Systems and structures as invisible or irrelevant
- **A-historical stance**
  - The present as disconnected from the past
  - Current distribution of advantage/disadvantage as happenstance
  - Systems and structures as givens and immutable
- **Myth of meritocracy**
  - "If you work hard you will make it"
  - Denial of racism
  - Two babies: Equal potential or equal opportunity?

Jones CP. Seeing the Water: Seven Values Targets for Anti-Racism Action. *Harvard Primary Care Blog* Aug 25, 2020.

Barriers
to achieving health equity

- **Myth of zero-sum game**
  - "If you gain, I lose"
  - Fosters competition over cooperation
  - Masks the costs of inequity
  - Hinders efforts to grow the pie
- **Limited future orientation**
  - Disregard for the children
    - No *"Seven generations"* perspective
    - No *"How are the children?"* focus
  - Usurious relationship with the planet
- **Myth of American exceptionalism**
  - Disinterest in learning from others
  - Sense of US entitlement

Jones CP. Seeing the Water: Seven Values Targets for Anti-Racism Action. *Harvard Primary Care Blog* Aug 25, 2020.

Barriers
to achieving health equity

- **White supremacist ideology**
  - Hierarchy in human valuation
  - "White" as the ideal and the norm
  - Sense of "White" entitlement
  - Dehumanization of people of color
  - Fear at the "browning" of America

Jones CP. Seeing the Water: Seven Values Targets for Anti-Racism Action. *Harvard Primary Care Blog* Aug 25, 2020.