Applying a Liberation Nutrition Research Lens to Address Racial and Ethnic Disparities in Dietary Behaviors and Related Health Outcomes: Implications for Research, Practice, and Training

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Our Past Informs Our Present, And it informs our future

“It is important to understand the history of the lands we occupy, and our places within that history. Colonialism is not a thing of the past but an ongoing process and one that many people around the world continue to participate in and be subjected to.

The United States is the product of settler colonialism, whereby people move permanently into a place and develop a new and distinct culture, but only through the intentional displacement, and sometimes eradication, of Indigenous peoples and cultures.”

~The Art Institute land acknowledgment ceremony on September 27, 2019.

Cornell University is located on the traditional homelands of the Gayogohóꞏno' (the Cayuga Nation).

The Gayogohóꞏno' are members of the Haudenosaunee Confederacy, an alliance of six sovereign Nations with a historic and contemporary presence on this land.

The Confederacy precedes the establishment of Cornell University, New York state, and the United States of America. We acknowledge the painful history of Gayogohóꞏno' dispossession, and honor the ongoing connection of Gayogohóꞏno' people, past and present, to these lands and waters.

This land acknowledgment has been reviewed and approved by the traditional Gayogohóꞏno' leadership.
"The slave trade had devastating effects in Africa. Economic incentives for warlords and tribes to engage in the trade of enslaved people promoted an atmosphere of lawlessness and violence. Depopulation and a continuing fear of captivity made economic and agricultural development almost impossible throughout much of western Africa. A large percentage of the people taken captive were women in their childbearing years and young men who normally would have been starting families.” Source: *The Editors of Encyclopaedia Britannica*
Overview

- Background
- Example: Obesity and Food Insecurity
- Reframing the Problem
- Applying a Liberation Lens
- Example: Imani Village
- Next Steps
Background

• For decades, Indigenous Populations and People of African Descent (African American, Afro-Caribbean, Afro-Latinx, Black Canadian) have continued to disproportionately bear the burden of ill dietary health globally.

Source: Batal et al., 2021; Public Health Agency of Canada, 2020
• Black, Latinx, and Native Americans are experiencing disproportionate burdens of infections, hospitalizations, and deaths from Covid-19 (CDC, 2020)

• Long-standing systemic health and social inequities groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.

• Race and ethnicity are risk markers for other underlying conditions that impact health — including socioeconomic status, access to health care, and increased exposure to the virus due to occupation (e.g., frontline, essential, and critical infrastructure workers).
Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations

Trends in life expectancy at birth by race and ethnicity: 1980–2020

Theresa Andrasfay, and Noreen Goldman PNAS 2021;118:5:e2014746118
Background: State of Diet and Health in Black Americans

- Blacks have higher death rates from heart disease than other ethnic groups and are disproportionately affected with its risk factors (Van Dyke et al., 2018).
- More than 40% of Black men and women are diagnosed with hypertension (AHA, 2019).
- 80% of Black women are classified as either overweight or obese based on having a body mass index (BMI) of 25 or greater (AHA, 2019; OMH 2021).
- Black Americans have the highest mortality rate of any racial and ethnic group for all cancers combined and for most major cancers (OMH, 2021).
- Non-Hispanic blacks/African Americans have 2.3 times the infant mortality rate as non-Hispanic whites (OMH, 2021).
- Non-Hispanic black/African American infants are four times as likely to die from complications related to low birthweight as compared to non-Hispanic white infants (OMH 2021).
Obesity as an Example
CDC-Sept 27, 2022: COVID-19: Obesity May Increase Risk for Severe Illness; Racial and Ethnic Disparities Persist
Prevalence of Self-Reported Obesity Among U.S. Adults by State, Territory, Race/Hispanic origin BRFSS, 2021

*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.
Prevalence\(^1\) of Self-Reported Obesity Among U.S. Adults by State, Territory, Race/Hispanic origin

\(^1\) Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.
The 2021 maps show that obesity impacts some groups more than others. There are notable differences by race and ethnicity, as shown by combined data from 2019–2021:

- 0 states among 37 states and territories with sufficient data had an obesity prevalence of 35 percent or higher among non-Hispanic Asian adults.
- 10 states among 48 states and territories with sufficient data had an obesity prevalence of 35 percent or higher among non-Hispanic White adults.
- 27 states and Guam among 48 states and territories with sufficient data had an obesity prevalence of 35 percent or higher among Hispanic adults.
- 31 states among 47 states with sufficient data had an obesity prevalence of 35 percent or higher among non-Hispanic American Indian or Alaska Native adults.
- 36 states and the District of Columbia among 47 states and territories with sufficient data had an obesity prevalence of 35 percent or higher among non-Hispanic Black adults.

Source: CDC, 2022
Prevalence of adults aged 20 and over with obesity, by race/Hispanic origin and sex (binary): United States, 2017–March 2020 (Pre-Pandemic)

<table>
<thead>
<tr>
<th>Race/Hispanic origin</th>
<th>BOTH SEXES</th>
<th>MALES (OB)</th>
<th>FEMALE (OB)</th>
<th>BOTH SEXES (SOB)</th>
<th>MALES (SOB)</th>
<th>FEMALES (SOB)</th>
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<td>40.4</td>
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<td>FEMALE (OB)</td>
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<td>BOTH SEXES (SOB)</td>
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<td>FEMALES (SOB)</td>
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<td>1.1</td>
<td>2.4</td>
<td>1.1</td>
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</tbody>
</table>

Source: CDC NHANES, 2021
Age-adjusted prevalence of obesity, defined as body mass index $\geq 30$, in seven populations of the African diaspora by sex (binary); men are represented by solid bars, women by hatched bars.

Reframing the Problem: Choice or Chance?
“Not everything that is faced can be changed, but nothing can be changed until it is faced.”

- James Baldwin
LOOKING FOR Causes in all the WRONG PLACES

POVERTY
ACCESS TO CARE
ENVIRONMENTAL EXPOSURE
RACISM

WHY IS HE LOOKING AT RISK FACTORS AND BEHAVIORS WHEN THE KEY LIES IN SOCIAL DETERMINANTS?

LOOKING IN A DIFFERENT PLACE FOR THE KEY
A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES
BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE

UPSTREAM
SOCIAL INEQUITIES
- Class
- Race/Ethnicity
- Immigration Status
- Gender
- Sexual Orientation

INSTITUTIONAL INEQUITIES
- Corporations & Businesses
- Government Agencies
- Schools
- Laws & Regulations
- Not-for-Profit Organizations

LIVING CONDITIONS
- Physical Environment
  - Land Use
  - Transportation
  - Housing
  - Residential Segregation
  - Exposure to Toxins
- Economic & Work Environment
  - Employment
  - Income
  - Retail Businesses
  - Occupational Hazards

RISK BEHAVIORS
- Smoking
- Poor Nutrition
- Low Physical Activity
- Violence
- Alcohol & Other Drugs
- Sexual Behavior

DISEASE & INJURY
- Communicable Disease
- Chronic Disease
- Injury (Intentional & Unintentional)

MORTALITY
- Infant Mortality
- Life Expectancy

DOWNSTREAM

Emerging Public Health Practice

Current Public Health Practice

PRESPECIFIC

Emerging Public Health Practice

Current Public Health Practice

POLICY

Community Capacity Building
Community Organizing
Civic Engagement

Source: Bay Area Regional Health Inequities Initiative, 2015
Food and Nutrition Security as Violence

“The intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation.”

- WORLD REPORT ON VIOLENCE AND HEALTH
  WORLD HEALTH ORGANIZATION
Structural violence is today a well-known and widely used concept (Ramsbotham, Woodhouse and Miall 2011).

Galtung’s violence triangle includes three types of violence, direct, structural and cultural.

These are defined as physical or psychological violence that works on the body (direct); harmful discriminatory societal structures (structural); and culture working to legitimize direct and structural violence (cultural) (Galtung and Fischer 2013).

Structural violence “highlights the negative consequences of the uneven distribution of power and resources and to understand these as largely avoidable, highly destructive social processes” (MacNeil, 2017).

Critique of Galtung’s triangle no explicit pathways to redistribute power and resources (Barnett, 2008)

MacNeil modified the model based on research with indigenous communities to replace direct violence with extractive violence (MacNeil, 2017).

Paul Farmer defined structural violence occurs when "large scale social forces crystalize into sharp, hard surfaces of individual suffering"
STRUCTURAL VIOLENCE: A FORM OF VIOLENCE WHEREIN SOME SOCIAL STRUCTURE OR SOCIAL INSTITUTION MAY HARM PEOPLE BY PREVENTING THEM FROM MEETING THEIR BASIC NEEDS.
**BACKGROUND: DEFINITION**

**DIRECT VIOLENCE VS. STRUCTURAL VIOLENCE**

<table>
<thead>
<tr>
<th>Direct Violence</th>
<th>Structural Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognized at the individual level</td>
<td>Recognized at the collective-level</td>
</tr>
<tr>
<td>Targeted against individuals</td>
<td>Targeted against social groups</td>
</tr>
<tr>
<td>Easily identifiable</td>
<td>Difficult to identify</td>
</tr>
<tr>
<td>Intentional Violence</td>
<td>Violence independent to intent</td>
</tr>
<tr>
<td>Manifests as a product of criminality (a few bad actors)</td>
<td>Manifests as: Economic: Exploitation Political: Repression</td>
</tr>
<tr>
<td>Event [earthquake example]</td>
<td>Process</td>
</tr>
<tr>
<td>Person(s) to person(s)</td>
<td>Faceless</td>
</tr>
<tr>
<td>Unacceptable Violence</td>
<td>Normalized (Acceptable) Violence</td>
</tr>
</tbody>
</table>

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4. Ibid
Direct Violence and Extraction Violence
- Poor Nutrition and Diet-related Health Outcomes
- Food Insecurity
- Physical and Mental Suffering
- Death and Disability
- Individual and Family Trauma
- Negative Aesthetic and Low Food Resource Communities

Cultural Violence
- Narratives of Ignorance and Inferiority
- Anti-Blackness

Structural Violence
- Racism and Discrimination (including racial segregation)
- Income Inequality and wealth gap (including poverty)
Definition of Structural Oppression

Systemic and structural oppression are forms of oppression that are pervasively and deeply embedded in systems, laws, written or unwritten policies, and entrenched practices and beliefs that produce, condone, and perpetuate widespread unfair treatment and oppression of people of color, with adverse health consequences.

Examples include systemic racism include residential segregation, unfair lending practices and other barriers to home ownership and accumulating wealth, schools’ dependence on local property taxes, environmental injustice, biased policing and sentencing of men and boys of color, and voter suppression policies.

Source: Braveman et al., 2022
Levels of Racism

**Internalized racism** lies within individuals. This type of racism comprises our private beliefs and biases about race and racism, influenced by our culture. This can take many different forms including prejudice towards others of a different race; internalized oppression—the negative beliefs about oneself by people of color; or internalized privilege—beliefs about superiority or entitlement by white people.

**Interpersonal racism** (personally mediated) occurs between individuals. This is the bias that occurs when individuals interact with others and their personal racial beliefs affect their public interactions.

**Institutional racism** occurs within institutions and systems of power. This refers to the unfair policies and discriminatory practices of particular institutions (schools, workplaces, etc.) that routinely produce racially inequitable outcomes for people of color and advantages for white people. Individuals within institutions take on the power of the institution when they reinforce racial inequities.

**Structural racism** is racial bias among institutions and across society. This involves the cumulative and compounding effects of an array of societal factors, including the history, culture, ideology and interactions of institutions and policies that systematically privilege white people and disadvantage people of color.

Source: Jones, 2000; Race Forward
Racial discrimination includes 2 components:

1. “Differential treatment on the basis of race that disadvantages a racial group” (disparate treatment)
   - “Disparate treatment,” studies have shown that racial discrimination limits people of color’s access to educational and employment opportunities, housing, and other resources, resulting in social and economic consequences.

2. “treatment on the basis of inadequately justified factors other than race that disadvantages a racial group” (disparate impact).
   - “Disparate impact,” also has implications for creating racial/ethnic disparities (e.g. income inequity).
To Understand the Relationship between Structural Oppression, Diet, and Health….Think More than Nutrients

- Dietary practices/Food Consumption Behaviors happen in bodies that have been impacted by oppression and trauma.
- The historical, social, physical, and marketing contexts in which people access/acquire food and the economic costs associated with that acquisition
- Individual and community capacity and economic, and social resources available including money, education, knowledge, and skills
- Food identity, culture, and culinary/agricultural traditions that impact food production, preservation, preparation, and presentation
**BACKGROUND: FOOD INSECURITY AND NUTRITION SECURITY**

- **Food insecurity** - a household-level economic and social condition of limited or uncertain access to adequate food. **Hunger** is an individual-level physiological condition that may result from food insecurity. (USDA, 2020)

- **Food security** - means access by all people at all times to enough food for an active, healthy life. (USDA, 2020)

- **Nutrition security** - “a situation that exists when all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their dietary needs and food preferences for an active and healthy life.”

Source: Adapted from the USDA Economic Research Service.
STUDY EXAMPLES: FOOD INSECURITY: MULTI-DIMENSIONAL CONCEPT

Psychological
- Food Anxiety
- Feelings of deprivation or lack of choice
- Perceptions that food is inadequate in quality or quantity
- Experience of running out of food without money to buy more

Social
- Deviation from social norms
- Social exclusion
- Powerlessness, guilt, and shame

Managed Process
- Engaging in strategies to obtain food or money for food in the context of severe resource constraints
  - the use of food assistance programs,
  - delayed bill payments
  - sending children to a friend's or relative's home for meals
  - selling or pawning possessions

Physiological
- Adjustments to normal food use
- Reduced food intake
- Physical sensation of hunger
- Weight loss/Weight gain
- Nutritionally inadequate
The Hunger Gap
Since 2008, the rate of food insecurity for Black households has been more than double that of White households.

Source: Department of Agriculture

ACCESS AND CONSUMPTION OF FOOD IS RACIALIZED AND ROOTED IN HISTORIC AND SOCIAL OPPRESSION
FIGURE 3
More experiences of discrimination are related to higher levels of household and child food insecurity.

Source: "Report of Food Insecurity and Systemic Inequality" from Children’s Health Watch and Drexel University’s Center for Hunger-Free Communities, August 2018
“Ghetto Groceries”

1960’s to late 1970’s Marketing Literature

- Example
  - Sexton (1971) “Comparing the cost of food to Blacks and Whites—A survey”
  - Sexton (1971) “Groceries in the Ghetto”
  - Studivant (1968) “Better deal for ghetto shoppers”

A store owner and a Los Angeles Police Department officer look at the damage caused by looters on April 1992, in Los Angeles.
“On April 4, 1968, the country was still reeling from racial tensions that had sparked deadly riots the year before in Detroit and Newark. But the capital city was said to be special. Some whites called it “the colored man’s paradise.” For thousands of blacks, there was a darker side to paradise, one where humiliation, poverty, segregation and discrimination had accumulated for a century.

“The city did eventually recover from the destruction of 1968. Most of the riot corridors now brim with prosperity. But in many places, including the block where Kennedy picked his way through debris, redevelopment took more than 30 years. In the end, many black Washingtonians found that the rejuvenation did not include them.”

Washington Post, 2018
Complex Relationships: Corner Store, Customers, and Community

Mahmoud Abumayyaleh, the Palestinian-American owner of Cup Foods, the grocery store, was away when a 17-year-old worker made the call.

A statement from the store referred to a “state policy that requires stores” to notify the police about counterfeit bills and Mr. Abumayyaleh described the practice as “standard protocol” for businesses. He vowed that his store will no longer do so “until the police stop killing innocent people.”
EXAMPLES OF RACISM’S LINK TO CAUSES AND CONTRIBUTORS TO OBESITY

Causes: Inequitable exposure to environmental chemical
- Racial/ethnic inequalities in beauty product–related chemical exposures, industrial pollution (air/water/soil), agriculture exposures

Contributors: Factors influencing energy intake and expenditure
- Gendered racism is associated with higher poorer mental health which includes higher levels of anxiety and depression.
- Social stress has an impact on dietary preference, food consumption, sleep, and regional distribution of adipose tissue
- Chronically elevated glucocorticoids can lead to chronically stimulated eating behavior and excessive weight gain.
- Emerging research related to stress and the gut microbiome.
Black women report higher levels of psychological stress than White women and carry a disproportionate burden of chronic conditions associated with psychological stress, including obesity.

Gut microbiota gradient can be differentially regulated by factors such as obesity and chronic stress. In particular, a high fat diet influences the gut microbial composition. It was also found that chronic stress may cause the development of obesity and thus change the organization of the intestinal barrier. Dubinski et al., 2021

Environmental Exposures and Obesity

Review by Mohanto et al., 2021 revealed the consistent obesogenic roles of bisphenol A (BPA), dichlorodiphenyldichloroethylene (DDE) and perfluorooctanoic acid (PFOA), but inconsistent roles of phthalate metabolites and other persistent organic pollutants.

Analysis of NHANES data by Nguyen et al, 199 found that compared to non-Hispanic White women, the highest disparities are observed for non-Hispanic Black, Mexican American, Other Hispanic, and Other Race/Multi-Racial women with higher levels of pesticides and their metabolites, including 2,5-dichlorophenol, o,p'-DDE, beta-hexachlorocyclohexane, and 2,4-dichlorophenol, along with personal care and consumer product compounds, including parabens and monoethyl phthalate, as well as several metals, such as mercury and arsenic.

Draws from other liberation approaches and methodologies

1. Moving beyond the belief that science is objective and neutral—knowledge construction is rooted in privilege and hierarchy and influenced by researcher positionality.

2. Acknowledge our role in the trauma

3. Acknowledging race is a social construct that was historically perceived as a biological construct rooted in biological racism.

4. Embracing intersectionality and multi-dimensional representations—oppressive social forces produce interlocking effects and social identities (e.g., race, gender, gender identity, etc.)

5. Avoid a Reductionist Approach

6. Understanding and target social and structural determinants drive behavioral determinants—systems of power has preserved the interests of dominant group members.

7. Rejecting a deficient lens—building on the strengths and resources of the community.

8. Facilitating a collaborative, equitable leadership and relationship (partnership) in all phases of research—Using an empowering and power-sharing process that attends to social inequalities within teams.

9. Understanding local experiences and individual studies inform national conversations—reflect on how your findings can and will be used to impact society.

10. Understanding that oppression is intergenerational and has transgenerational effects—can you move the needle in one generation?

11. Viewing the outcome as liberation and peace—are you beginning with the end?

Acknowledge our Role in the Trauma

Acknowledge and avoid more structural and cultural violence: recognition is required for reconciliation.

- Acknowledge how the problem
- Colonization disrupted traditional food systems
- Land dispossession
- Structurally violence policies

- Acknowledge the impact of years of oppression and intergenerational trauma.
- Industrial food system and ethnically targeted food marketing
- Think chances not choices to not further marginalize and disempower communities
- Examine history BIPOC traditions and culture
Who is Conducting the Research and for What Purpose?

Self-interested justifications for atrocities against and the oppression communities. However, racial hierarchy was invented based on “science”.

Racism in Research and Practice
Race as a Social Construct

“We argue that a careful examination of human microbiome science’s relationship with race and racism is necessary to foster equitable social and ecological relations in the field. We point to the origins and evolution of the problematic use of race in microbiome literature by demonstrating the increased usage of race both explicitly and implicitly in and beyond the human microbiome sciences.”

One size does not fit all

Intersectionality (Collins and Blige, 2016)
- A way of understanding and analyzing complexity in the world, in people, and in human experiences. The events and conditions of social and political life and the self can seldom be understood as shaped by one factor. They are shaped by many factors in diverse and mutually influencing ways. When it comes to social inequality, people’s lives and the organization of power in a given society are better understood as being shaped not by a single axis of social division, be it race or gender or class, but by many axes that work together and influence each other.

Intersectionality, Diet, and Health (López and Gadsden, 2016)
- Intersecting systems of oppression, including race/structural racism, class/capitalism, ethnicity/ethnocentrism, color/colorism, sex and gender/patriarchy, and sexual orientation/heterosexism, nationality and citizenship/nativism, disability/ableism and other systemic oppressions intersect and interact to produce major differences in embodied, lived race-gender that shape the social determinants of health.
Consider intersectionality:
Food Insecurity, LGBTQ and Intersectionality

- Black SMW were more than 200% as likely to report food insecurity.
- White SMW were 81–87% as likely to report food insecurity.
- SNAP use attenuated food insecurity disparities for multiply marginalized women.
Insecurity
1. uncertainty or anxiety about oneself; lack of confidence.
2. the state of being open to danger or threat; lack of protection.

Nutrition
1. the process of providing or obtaining the food necessary for health and growth.
2. food or nourishment.
Community is a complex adaptive systems (CAS) including social, biological, and ecological systems.

Communities encompass many CASs, including small-to large-scale systems (e.g., families, neighborhoods) and a variety of domain-specific systems (e.g., housing, employment, schools).

Communities are shaped by the characteristics of the local CAS including the multiple, diverse actors, emergent and self-organizing behavior, and nested and overlapping systems.

Systemic Inequality including racism is a threat to community health and well-being through displacement, exclusion, segregation, and exploitation.

Can’t change what we don’t understand.
RACISM: PREJUDICE, DISCRIMINATION, OR ANTAGONISM DIRECTED AGAINST A PERSON OR PEOPLE ON THE BASIS OF THEIR MEMBERSHIP IN A PARTICULAR RACIAL OR ETHNIC GROUP, TYPICALLY ONE THAT IS A MINORITY OR MARGINALIZED.

SEXISM: PREJUDICE, STEREOTYPING, OR DISCRIMINATION, TYPICALLY AGAINST WOMEN, ON THE BASIS OF SEX.

HETERONORMATIVITY: THE ASSUMPTION THAT EVERYONE IS HETEROSEXUAL, AND THAT HETEROSEXUALITY IS SUPERIOR TO ALL OTHER SEXUALITIES.

ABLEISM: DISCRIMINATION IN FAVOR OF ABLE-BODIED PEOPLE.

GENDER IDENTITY DISCRIMINATION: MEANS TREATING INDIVIDUALS DIFFERENTLY OR TAKING NEGATIVE ACTION AGAINST THEM BECAUSE OF THEIR GENDER IDENTITY OR GENDER EXPRESSION.

WEIGHT BIAS: NEGATIVE ATTITUDES, BELIEFS, ASSUMPTIONS AND JUDGMENTS TOWARD INDIVIDUALS BASED ON THEIR WEIGHT (MOST COMMONLY TOWARD PEOPLE WITH OVERWEIGHT AND OBESITY)

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**Social Power**: Access to resources that enhance one’s chances of getting what one needs in order to lead a comfortable, productive and safe life.

**Privilege**: Unearned social power accorded by the formal and informal institutions of society to ALL members of a dominant group (e.g., white privilege, male privilege, etc.). Privilege is usually invisible to those who have it because we’re taught not to see it, but nevertheless it puts them at an advantage over those who do not have it.

**Intersectionality**: the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
BUILDING COMMUNITY POWER

- Understanding community as a complex system specifically the interplay between the physical infrastructure systems and social systems (including household networks, public agency networks, and nonprofit organization networks) and their relationship to risk/prevention of obesity and related health outcomes.

- Understand how historic, contemporary, and recurring “shocks” both acute (e.g., natural disasters such earthquakes, hurricanes; racialized violence and trauma) and chronic stresses (e.g. disinvestment, racial segregation) that may be less severe in intensity but are more persistent and how they exacerbate obesity risk.

- Understand threats and opportunities to promote social justice

“Community power is the ability of communities most impacted by structural inequity to develop, sustain, and grow an organized base of people who act together through democratic structures to set agendas, shift public discourse, influence who makes decisions, and cultivate ongoing relationships of mutual accountability with decision makers that change systems and advance health equity.”

LEAD LOCAL DEFINITION OF COMMUNITY POWER

Pastor et al., 2020 USC Dornsife Equity Research Institute: A PRIMER ON COMMUNITY POWER, PLACE, AND STRUCTURAL CHANGE,
Seven inequities held in place by power, seven opportunities for change (Chicago Beyond, 2019)

1. Access: Could we be missing out on community wisdom because conversations about research are happening without community meaningfully present at the table?

2. Information: Can we effectively partner to get to the full truth if information about research options, methods, inputs, costs, benefits, and risks are not shared?

3. Validity: Could we be accepting partial truths as the full picture, because we are not valuing community organizations and community members as valid experts?

4. Ownership: Are we getting incomplete answers by valuing research processes that take from, rather than build up, community ownership?

5. Value: What value is generated, for whom, and at what cost?

6. Accountability: Are we holding funders and researchers accountable if research designs create harm or do not work?

7. Authorship: Whose voice is shaping the narrative and is the community fully represented?
KEY FOCUS IS ON BUILDING LADDERS VS. BENDING TREES

Inequality
Unequal access to opportunities

Equality?
Evenly distributed tools and assistance

Equity
Custom tools that identify and address inequality

Justice
Fixing the system to offer equal access to both tools and opportunities

Imani Village is a sustainable eco-friendly mixed use "green" intergenerational community with a village environment, committed to lifelong education, health and economic development.
Imani Village is a sustainable eco-friendly mixed use "green" intergenerational community with a village environment, committed to lifelong education, health and economic development.
WHAT IS IMANI VILLAGE?

- Project of Trinity 95th and Cottage Grove Planned Community Development Series, LLC
- Conceptualized and implemented by Trinity United Church of Christ
- Under the leadership of Rev. Dr. Otis Moss III, Pastor
- One of the largest congregations in the UCC denomination
- Over 8,000 members and 70 active ministries
- Social Justice/Equity framework
COMPONENTS OF IMANI VILLAGE

• Health Center: Advocate Medical Group
• Housing: Brinshore Housing, Chicago
• Education/Youth Mentoring/Technology Hub: The Endeleo Institute, Concerned Christian Men, Trinity Childcare Center, Chicago Boyz Acrobatic Team
• Urban Agriculture/Food Hub - Illinois Institute of Technology IPRO Program
• Workforce Development - The Nature Conservancy
• Sustainability/Conservation: The Nature Conservancy, Faith In Place
• Capacity Building: Chicago Community Loan fund