



**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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EDUCATION PROGRAM (EFNEP)

2022 Philip R.  
Nader Legacy  
of Health  
Lectureship

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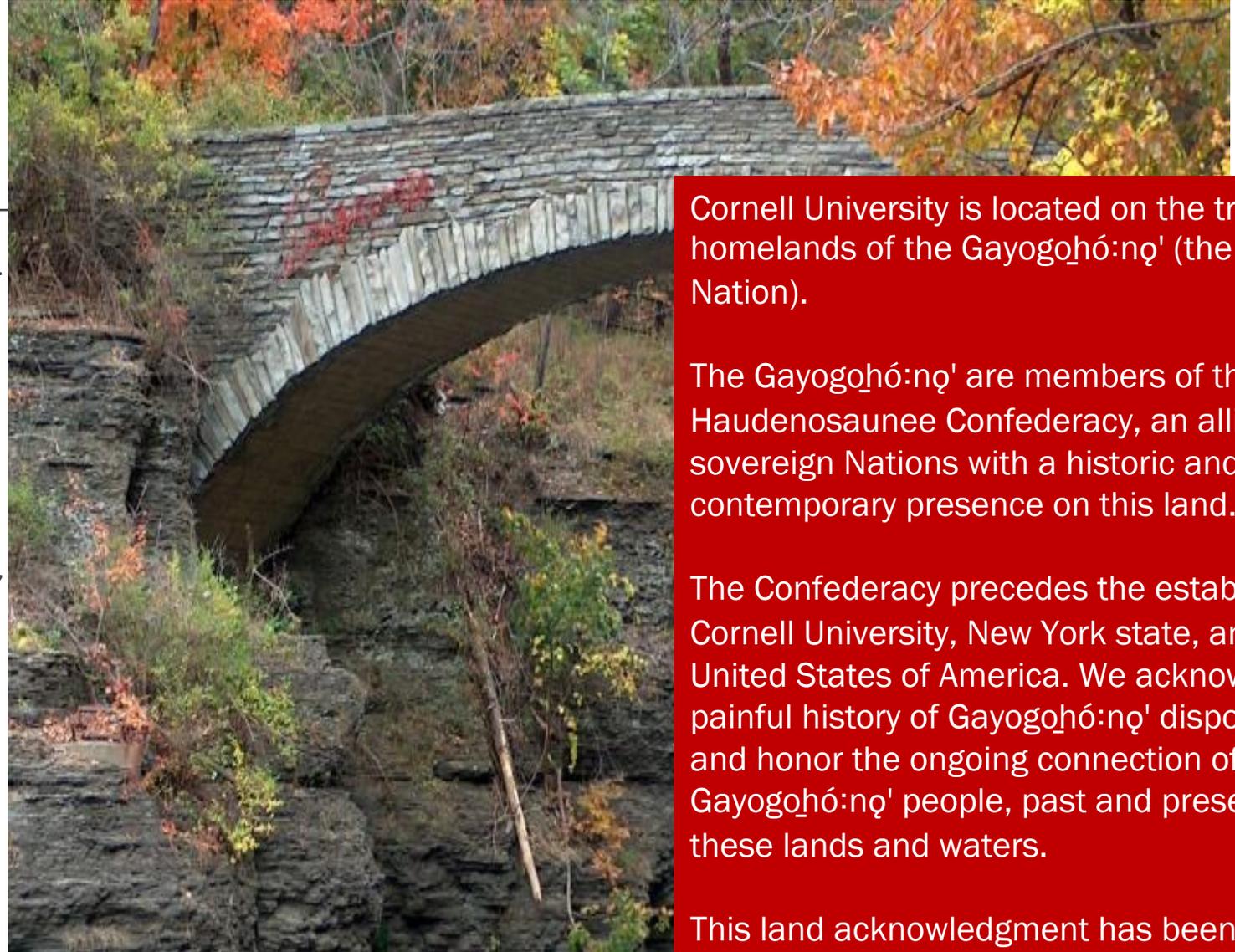


# Our Past Informs Our Present, And it informs our future

“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.



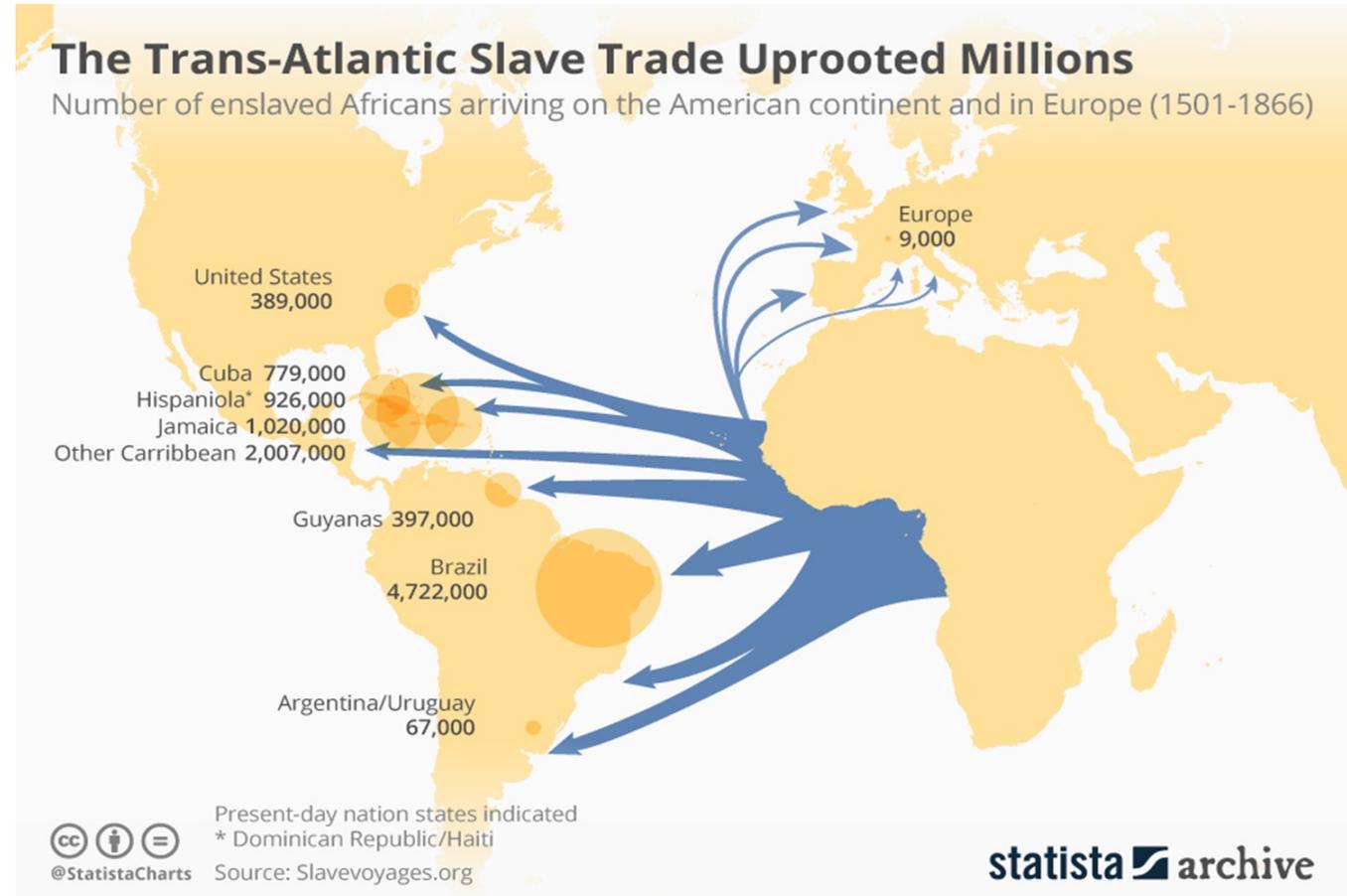
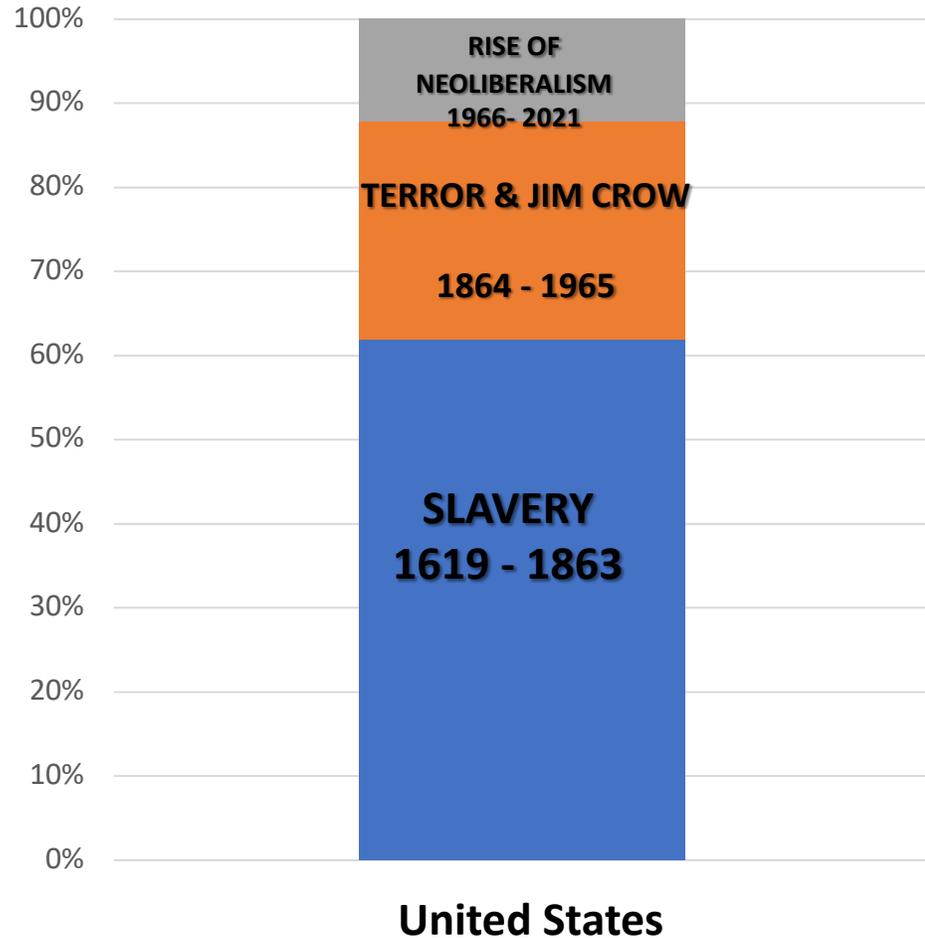
Cornell University is located on the traditional homelands of the Gayogoḥó:nq' (the Cayuga Nation).

The Gayogoḥó:nq' 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 Gayogoḥó:nq' dispossession, and honor the ongoing connection of Gayogoḥó:nq' people, past and present, to these lands and waters.

This land acknowledgment has been reviewed and approved by the traditional Gayogoḥó:nq' leadership.

# Maafa: Trans-Atlantic Slave Trade

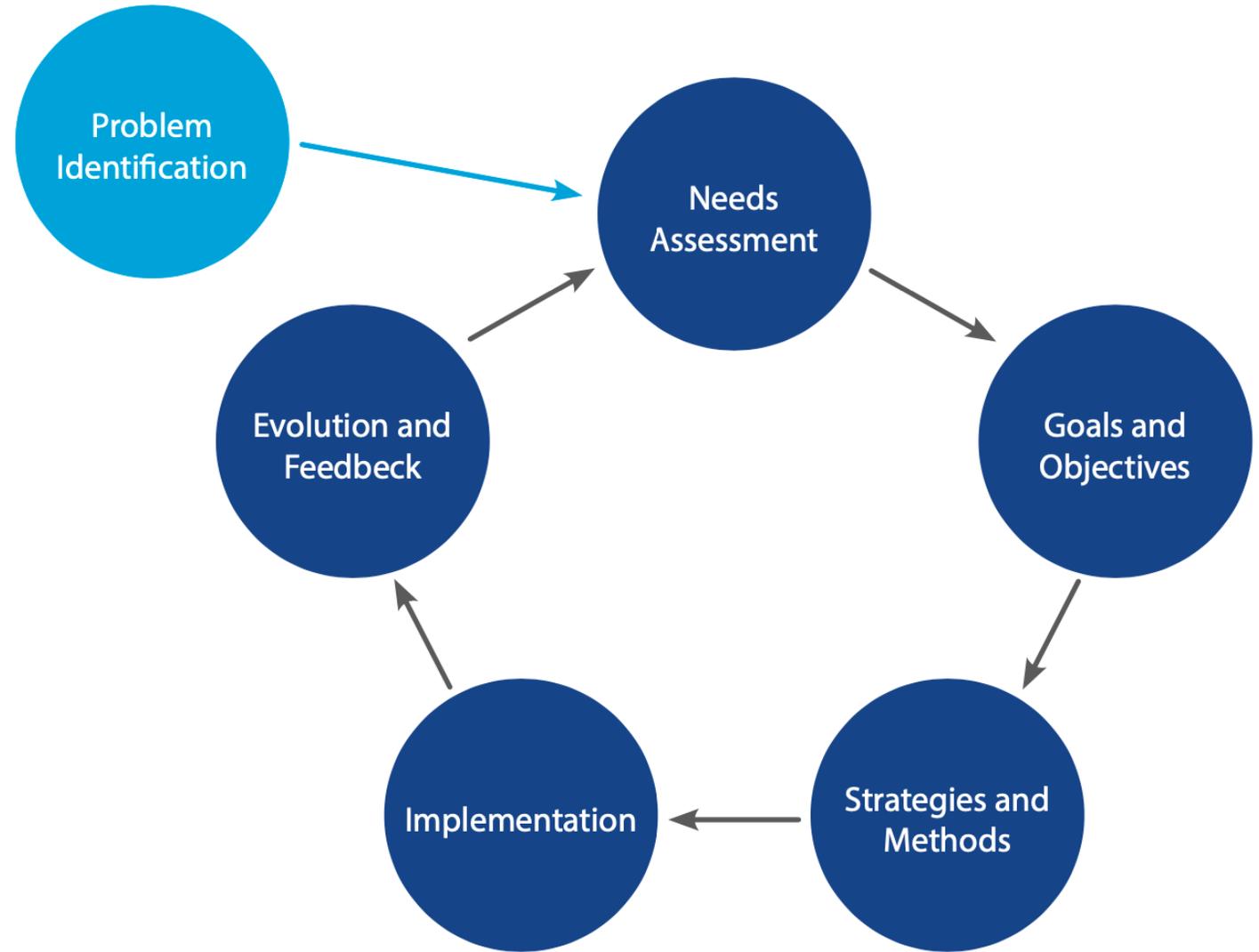


"The slave trade had devastating effects in Africa. Economic incentives for warlords and tribes to engage in the trade of enslaved people promoted an atmosphere of lawlessness and violence. Depopulation and a continuing fear of captivity made economic and agricultural development almost impossible throughout 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

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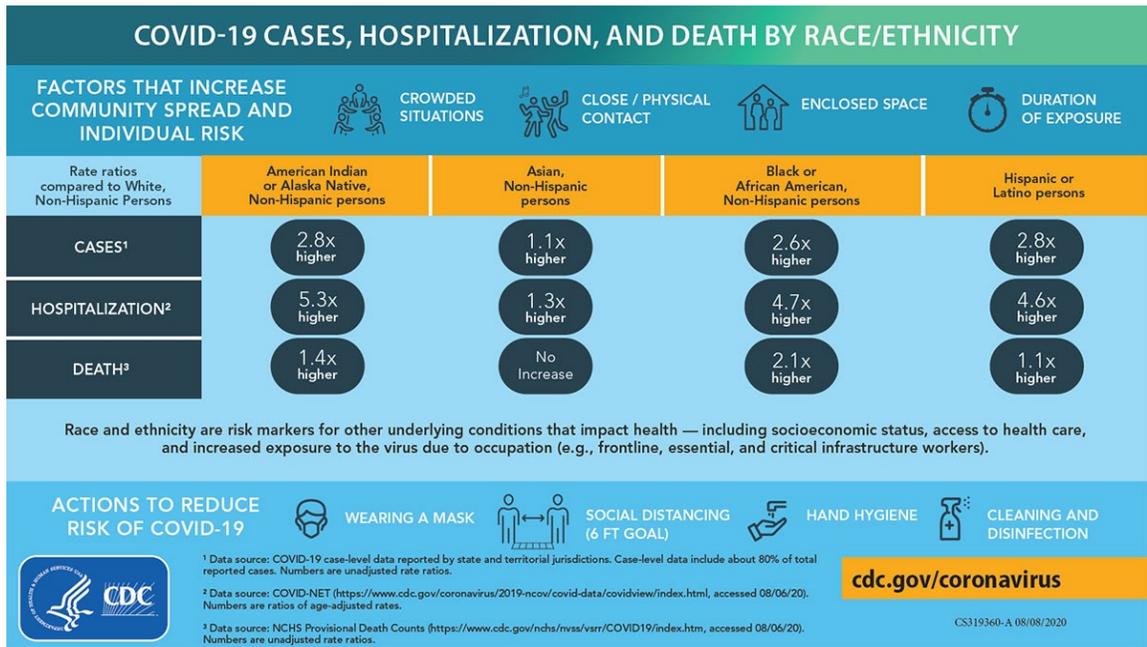
- Background
- Example: Obesity and Food Insecurity
- Reframing the Problem
- Applying a Liberation Lens
- Example: Imani Village
- Next Steps



# Background

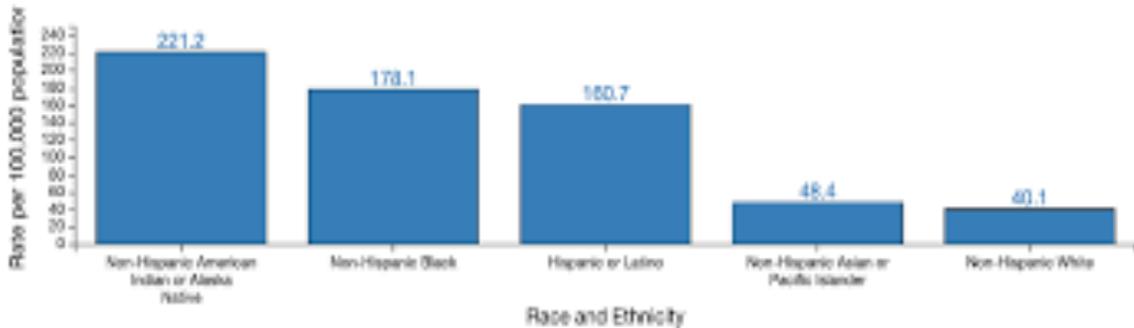
- For decades, Indigenous Populations and People of African Descent (**African American, Afro-Caribbean, Afro-Latinx, Black Canadian**) have continued to disproportionately bear the burden of ill dietary health globally.

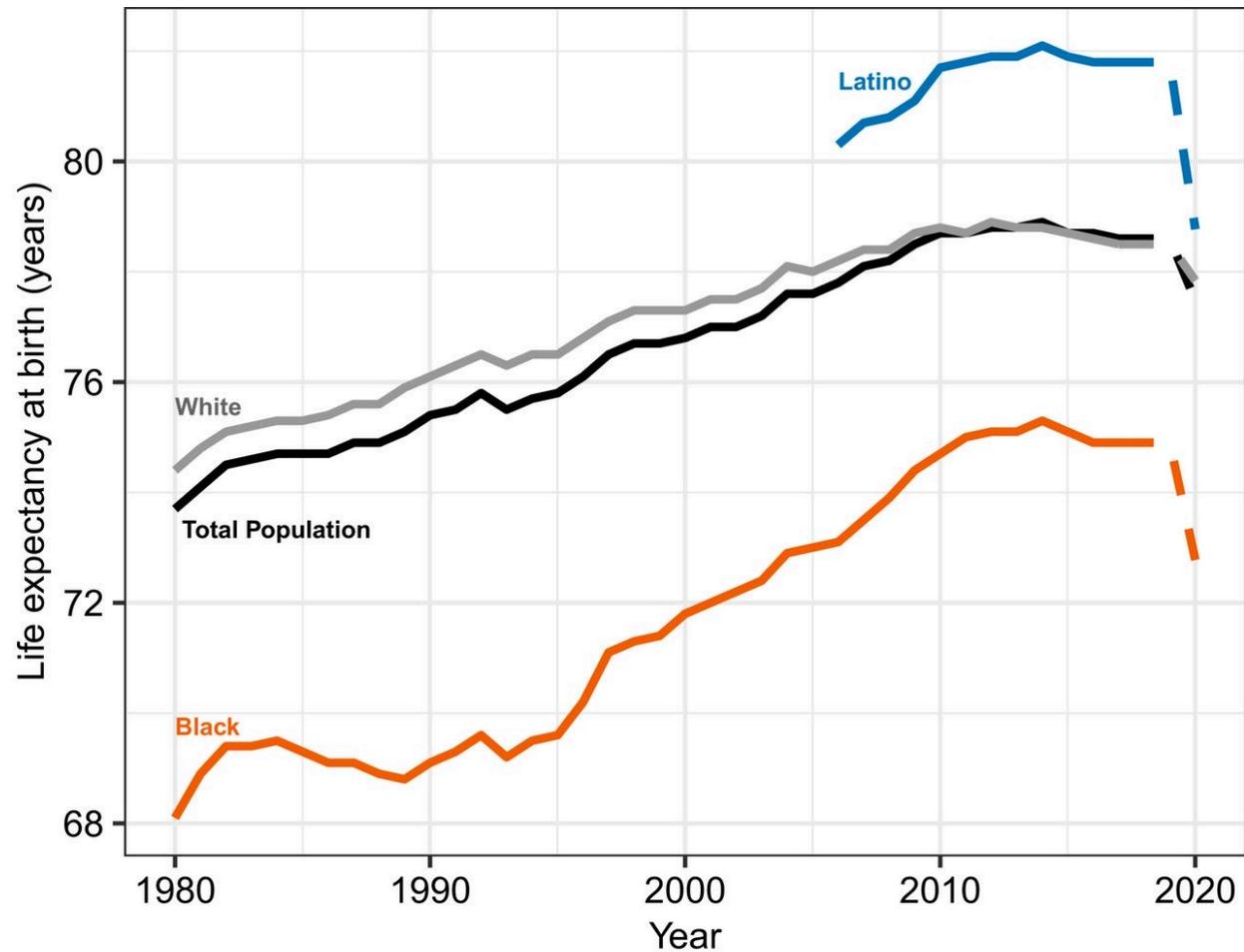




- Black, Latinx, and Native Americans are experiencing disproportionate burdens of infections, hospitalizations, and deaths from Covid-19 (CDC, 2020)
- Long-standing systemic health and social inequities groups at increased risk of getting COVID-19 or experiencing severe illness, regardless of age.
- 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).

Age-adjusted COVID-19-associated hospitalization rates by race and ethnicity, COVID-NET, March – June 13, 2020

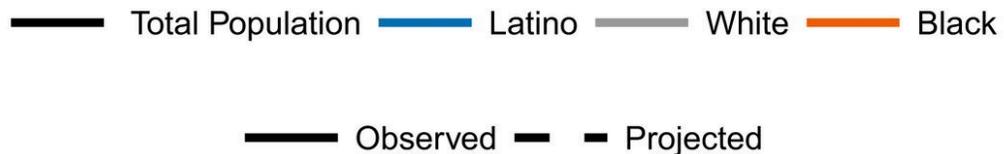




Reductions in 2020 US life expectancy due to COVID-19 and the disproportionate impact on the Black and Latino populations

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 deaths 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).

**BLACK LIVES  
MATTER.  
BLACK HEALTH  
MATTERS.**

# Obesity as an Example

## CDC-Sept 27, 2022: COVID-19: Obesity May Increase Risk for Severe Illness; Racial and Ethnic Disparities Persist

THE CENTER FOR THE STUDY OF TOBACCO AND SOCIETY

MONDAY, APRIL 2, 1990 - USA TODAY

★★★ A CALL FOR ACTION ★★★

# Obesity is a national health crisis.

Cover story: There are 34 million adult Americans in this land of liberty who are obese. One in every four adults. That means they eat too much or too much of the wrong thing. Their body weight is 20 percent above what medical authorities consider healthy.

Cover story: There are 34 million Americans who are at risk for serious illness linked to overweight: coronary heart disease, high blood pressure, diabetes, and even some types of cancer.

Chronic can also cause hypertension, and increase the risk of diabetes. The cause of ill health, low back pain, gout, arthritis, and respiratory problems often can become people are overweight.

Because these elements are interdependent and mutually supportive, a program that incorporates all three is more likely to lead to long-term weight control," the AMA concludes.

### National Weight Loss Month

The U.S. Navy's "Nutri-System" Weight Loss Centers make these efforts to inform the American public of the dangers of obesity and to apply the 60 million adults who are currently waging their own personal "War on Obesity" by actively attempting to lose weight and control their weight.

### Surgeon General's Report

"The Report on Nutrition and Health," released by the U.S. Surgeon General, cites that as leading cause of disease that should be reduced to meet people's demand. Over consumption of fat and certain other foods, it concludes, is a major national health problem.

### Obesity: Major Risk for Americans

It is now under the U.S. Department of Health and Human Services considers obesity a major killer of Americans. Health authorities say dietary fat—distributed in deep-frozen fries, ice cream, and other common foods—accounts for at least 75 percent of the calorie intake of most Americans.

The relation to long-term weight loss and maintenance, according to an extensive study published by the Council on Scientific Affairs of the American Medical Association, has three simple elements:

1. Nutritionally balanced diet
2. Behavior modification
3. Exercise

found off and begin a healthy new life confident of permanent weight control.

### "War on Obesity"

If you are concerned with your health—and the health of your family—join in the national effort to recognize obesity as the number one public health threat it is.

What can you do?

1. Make sure you are not part of the problem. See your family physician and determine if you are overweight among the 60 million overweight Americans.
2. Take control of your own life. If you are overweight, actively begin to help through a comprehensive program for weight loss and weight control.
3. Enlist others in the "War on Obesity." Talk to your family, friends, and neighbors about the important national problem and join the thousands of Americans who will observe National Weight Loss Month during April.
4. Call for a national health policy on obesity to build on the U.S. Surgeon General's report, "War on Obesity" and let's lock the national health threat.

Obesity is having an enormous impact on health care.

**nutri-system**

# THE WORLD NEWS

YOUR NUMBER ONE SOURCE FOR HEADLINES

APRIL 1985 \$1.00

# OBESITY CRISIS

### "A WEIGHTY ISSUE" AS PHYSICIANS MEET ON THE PROBLEM

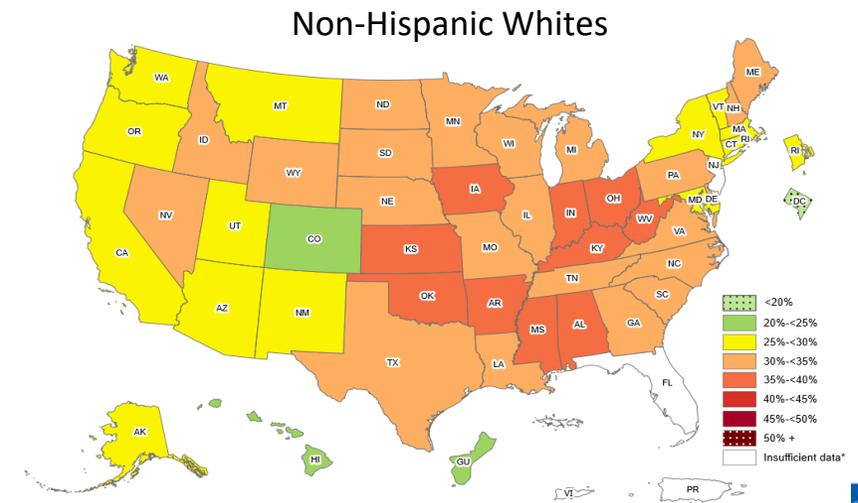
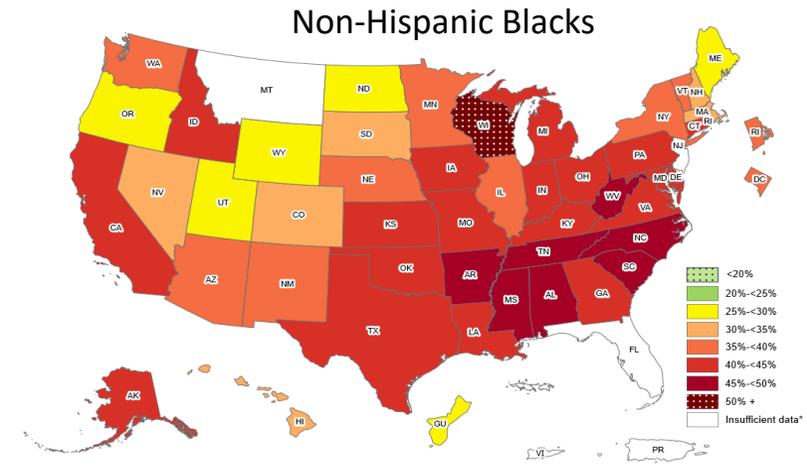
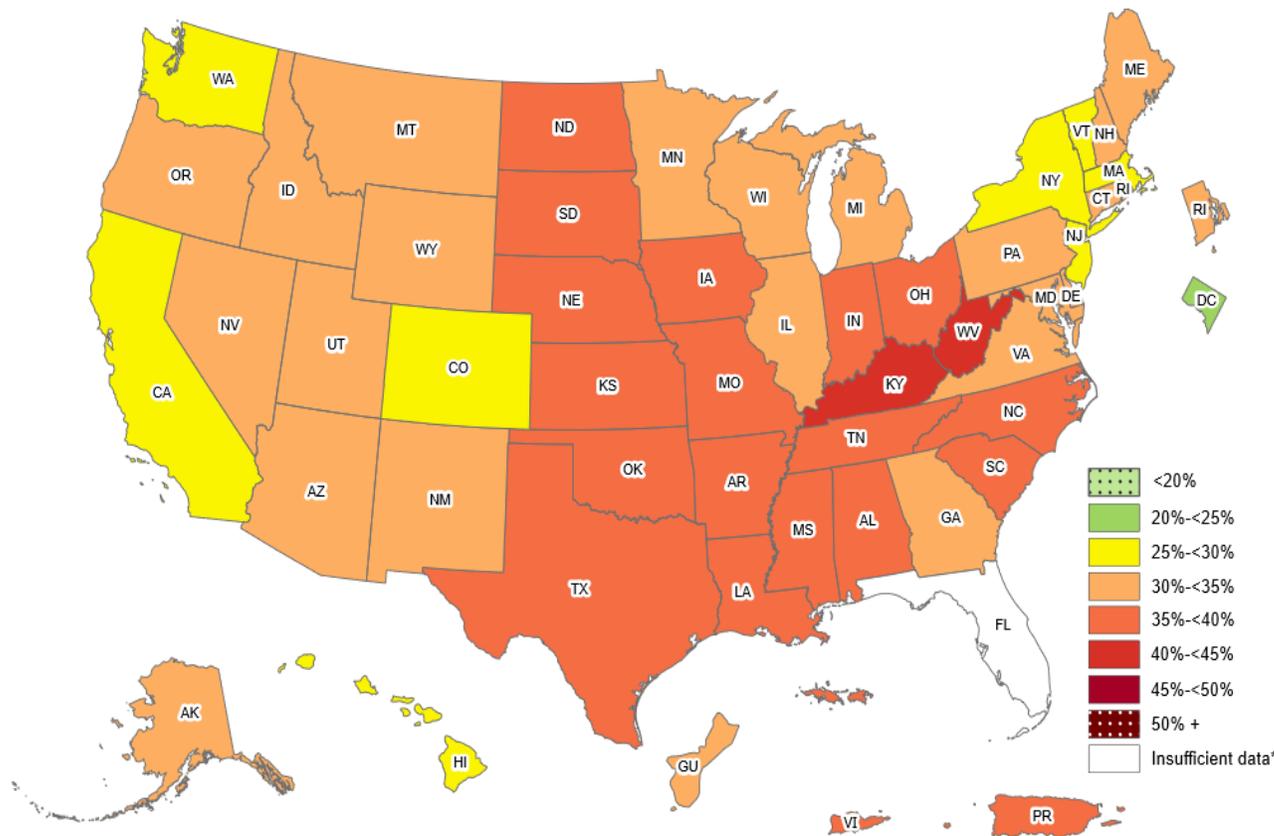
### COST AND IMPACT OF OBESITY REACHING TWELFTHS OF DOLLARS

### OBESITY HAVING AN ENORMOUS IMPACT ON HEALTH CARE

**nutri-system**

# Prevalence<sup>†</sup> of Self-Reported Obesity Among U.S. Adults by State, Territory, Race/Hispanic origin BRFSS, 2021

<sup>†</sup> Prevalence estimates reflect BRFSS methodological changes started in 2011. These estimates should not be compared to prevalence estimates before 2011.

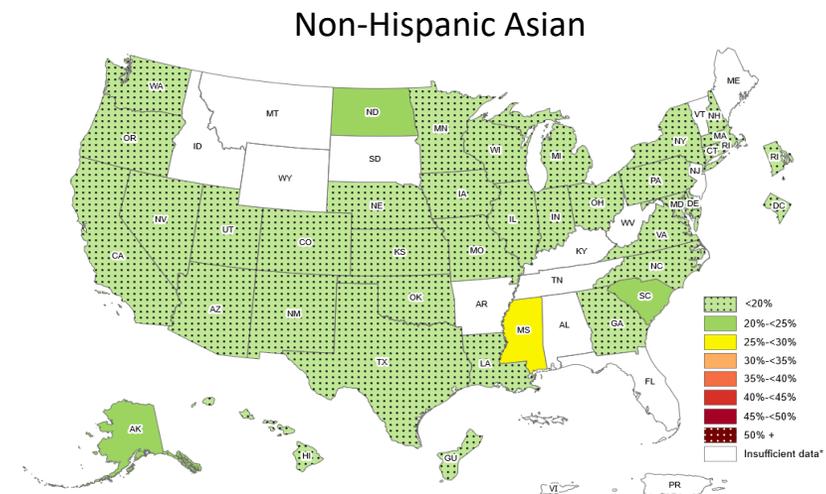
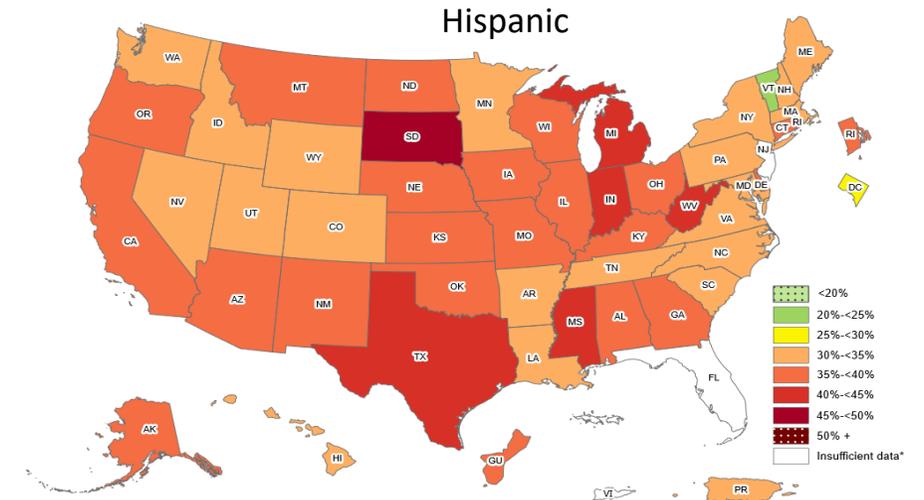
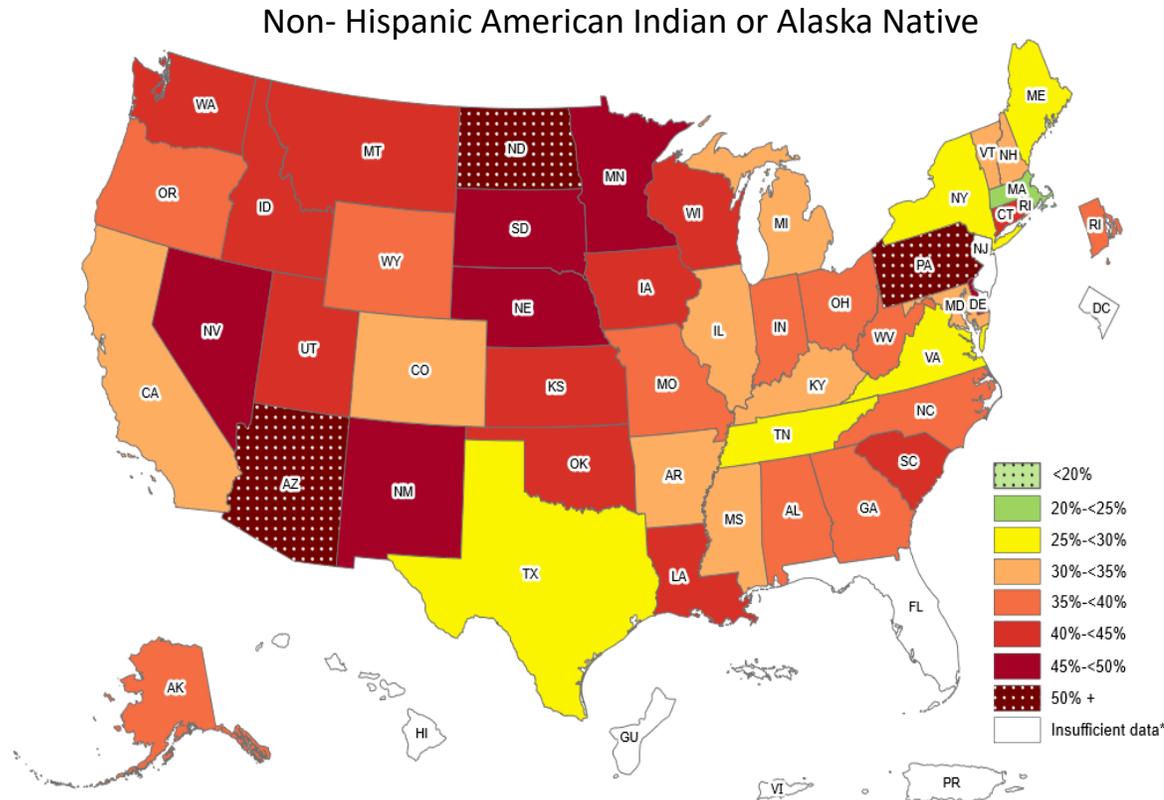


\*Sample size <50, the relative standard error (dividing the standard error by the prevalence) ≥30%, or no data in a specific year.



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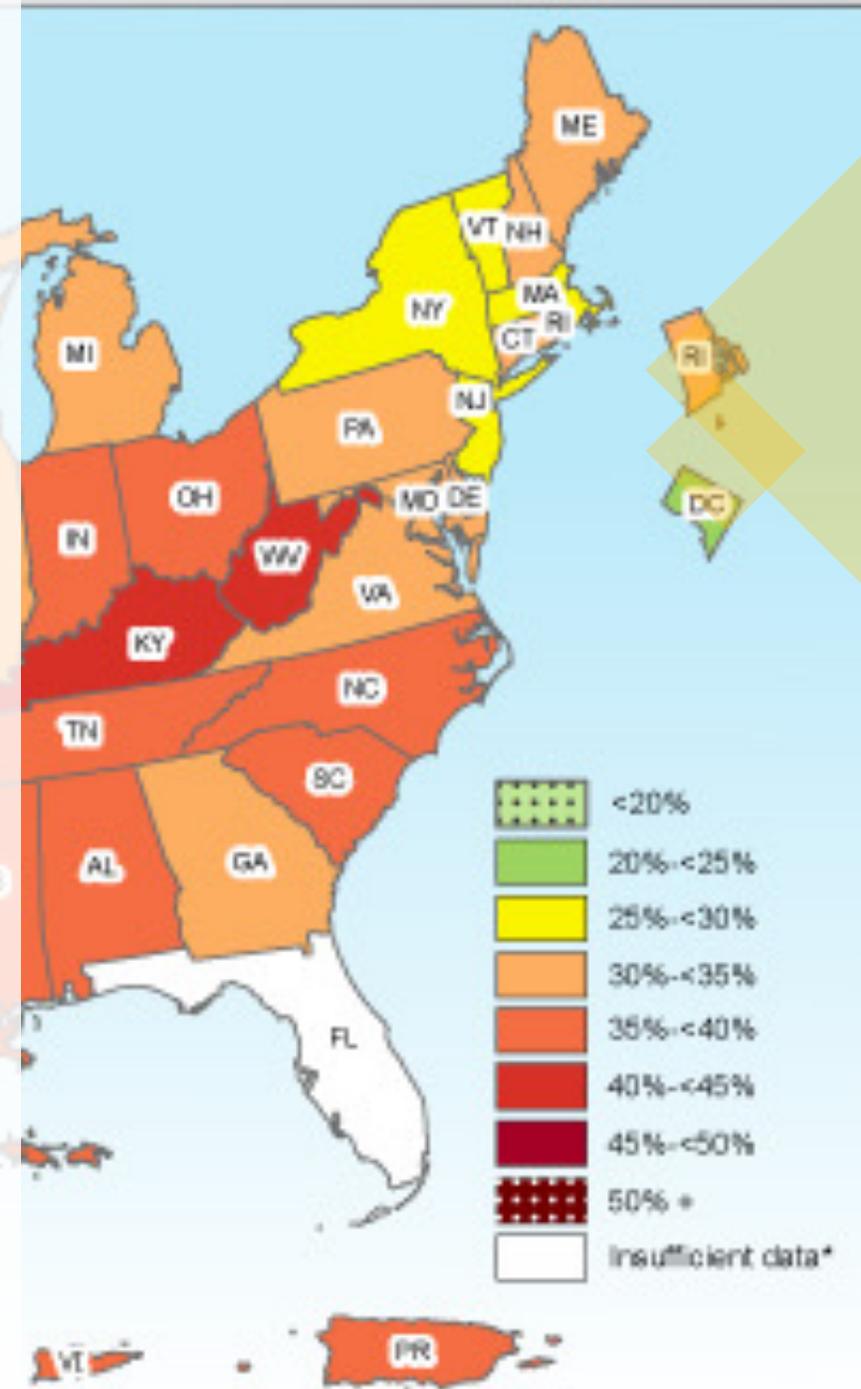


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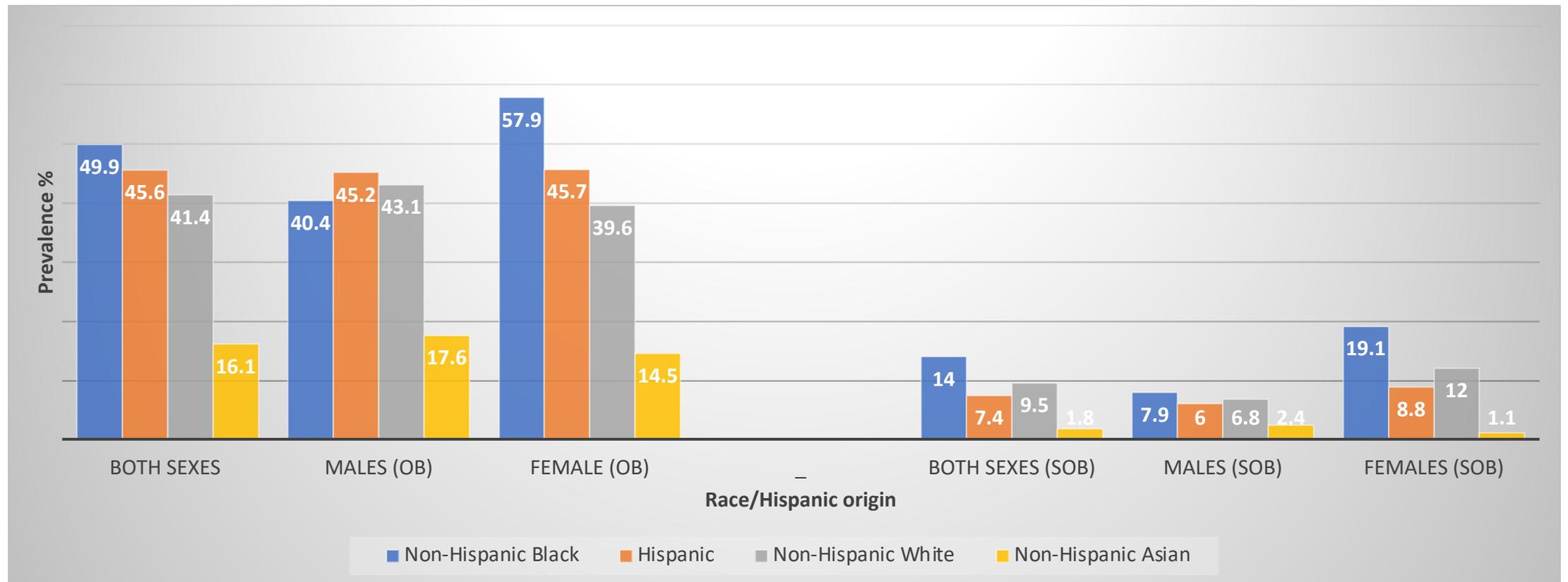
The 2021 maps show that obesity impacts some groups more than others. There are notable differences by race and ethnicity, as shown by combined data from 2019–2021:

- 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

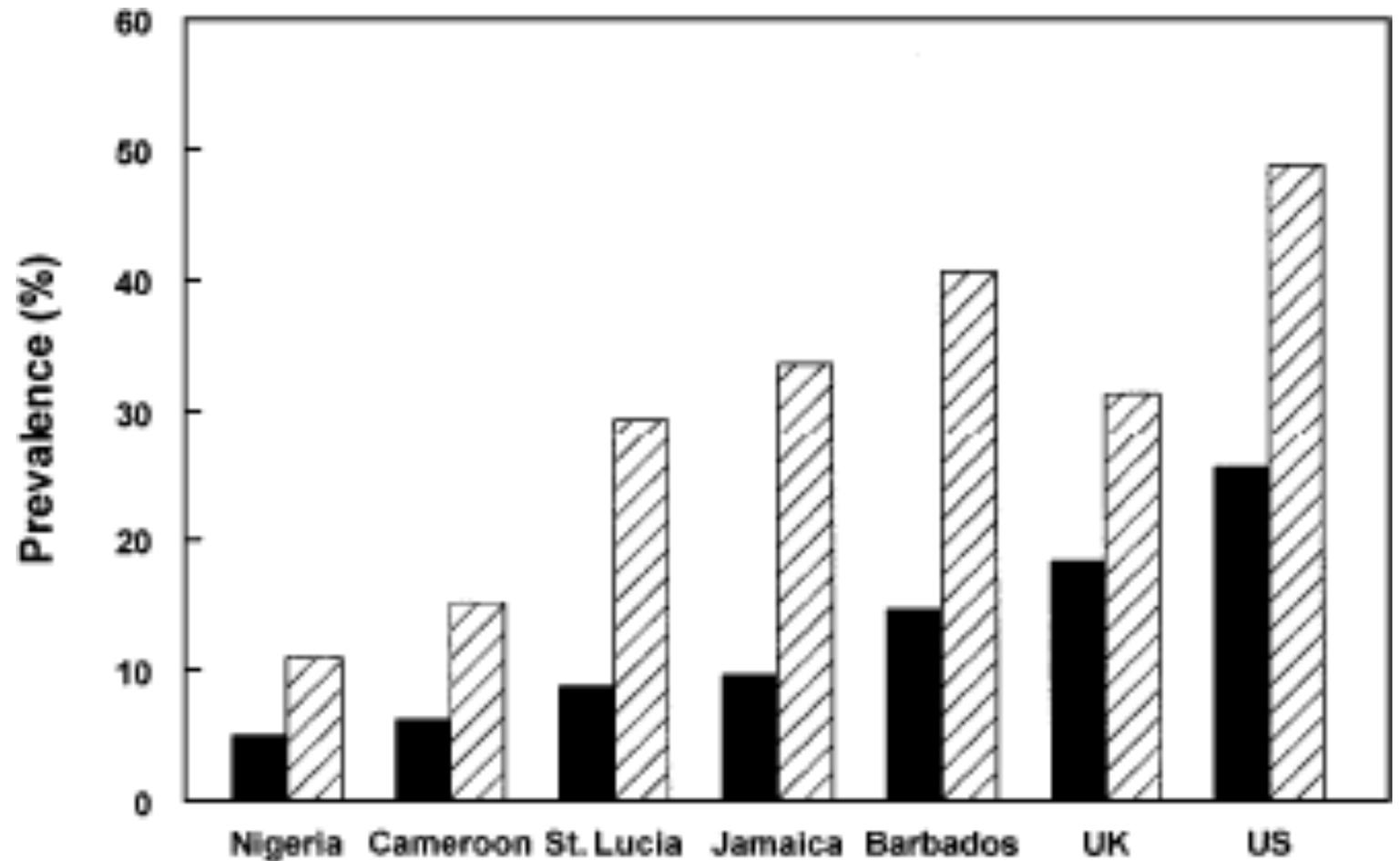


# Prevalence of adults aged 20 and over with obesity, by race/Hispanic origin and sex (binary): United States, 2017–March 2020 (Pre-Pandemic)



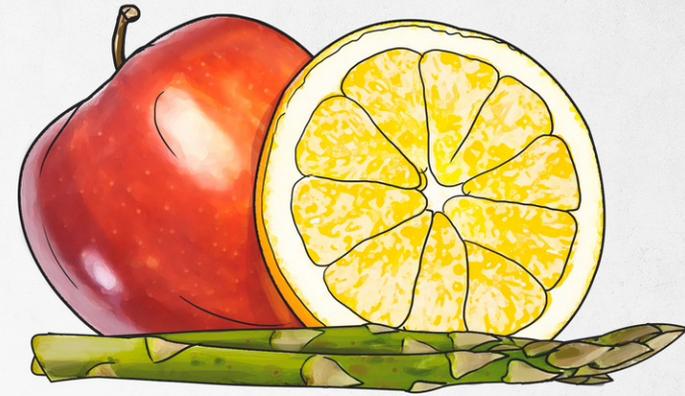
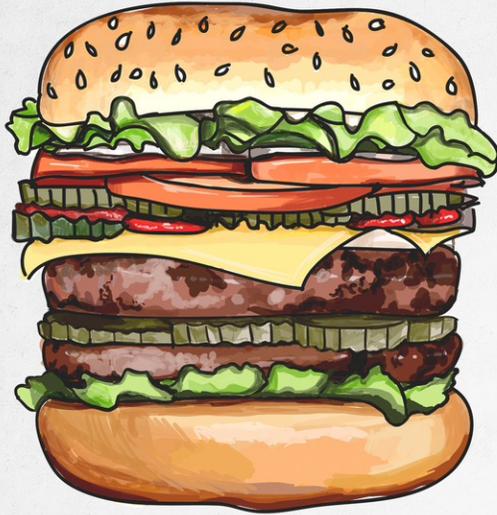
Source: CDC NHANES, 2021

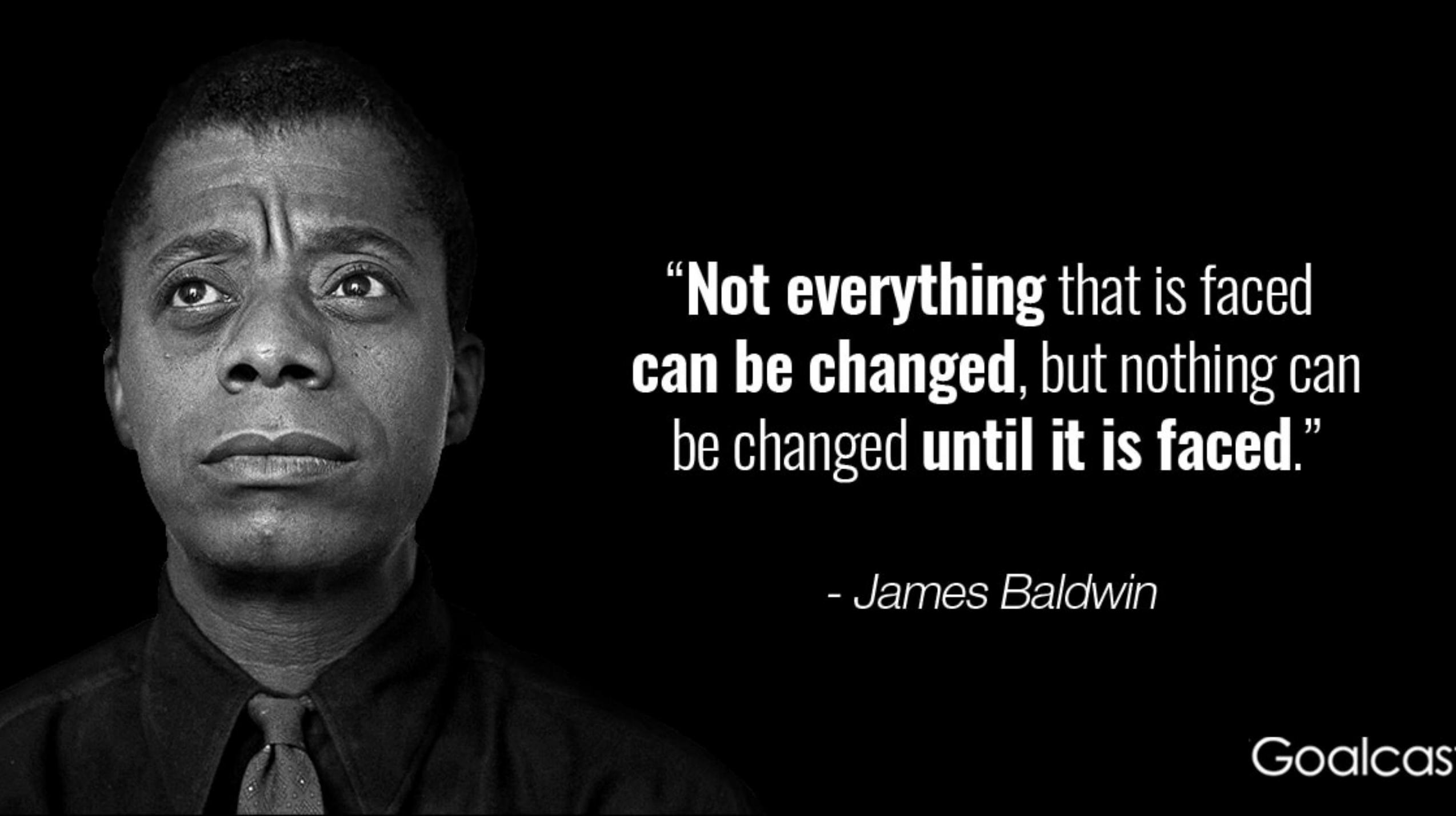
Age-adjusted prevalence of obesity, defined as body mass index  $\geq 30$ , in seven populations of the African diaspora by sex (binary); men are represented by solid bars, women by hatched bars.



Source: Rotimi CN, Cooper RS, Ataman SL, Os-otimehin B, Kadiri S, et al. 1995. Distribution of anthropometric variables and the prevalence of obesity in populations of West African origin: the International Collaborative Study on Hypertension in Blacks. *Obes. Res.* 3:95–105 and Luke A, Cooper RS, Prewitt TE, Adeyemo AA, Forrester TE. Nutritional consequences of the African diaspora. *Annu Rev Nutr.* 2001;21:47-71.

# Reframing the Problem: Choice or Chance?



A black and white portrait of James Baldwin, looking upwards and to the left with a thoughtful expression. He is wearing a dark suit jacket, a white shirt, and a dark tie. The background is dark.

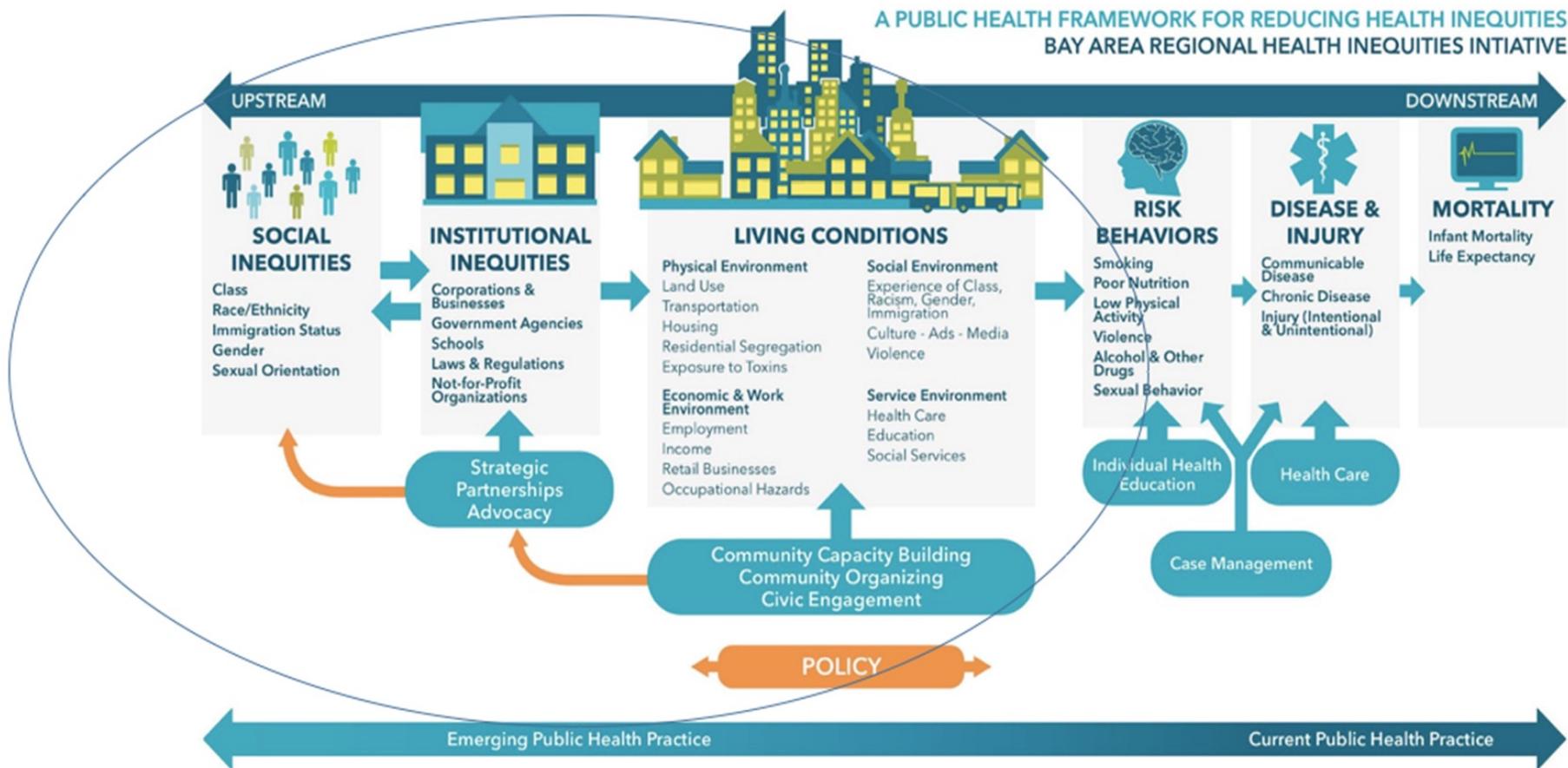
**“Not everything** that is faced  
**can be changed**, but nothing can  
be changed **until it is faced.**”

*- James Baldwin*

Goalcas

LOOKING FOR **Causes** *in all the* **WRONG PLACES**





Source: Bay Area Regional Health Inequities Initiative, 2015

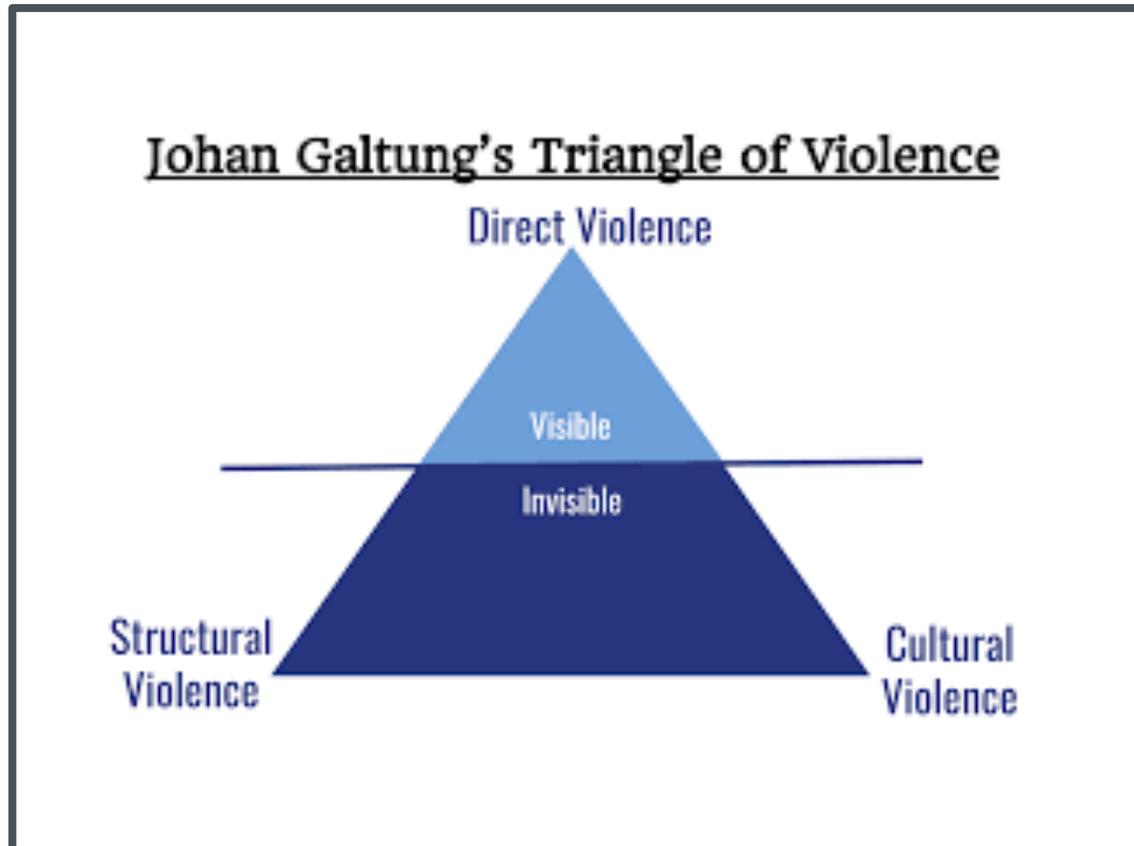
# *Food and Nutrition Security as Violence*

*“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

# BACKGROUND: DEFINITION

## GALTUNG AND STRUCTURAL VIOLENCE



- 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

Direct Violence	Structural Violence
Recognized at the individual level	Recognized at the collective-level
Targeted against individuals	Targeted against social groups
Easily identifiable	Difficult to identify
Intentional Violence	Violence independent to intent
Manifests as a product of criminality (a few bad actors)	Manifests as: Economic: Exploitation Political: Repression
Event [earthquake example]	Process
Person(s) to person(s) <sup>5</sup>	Faceless <sup>6</sup>
[Generally] Death through direct force	[Generally] Death through deprivation
Unacceptable Violence	Normalized (Acceptable) Violence

Adapted from: Jason Campbell

<sup>3</sup>Johan Galtung, "Violence, Peace, and Peace Research," *Journal of Peace Research*, Vol. 6, No. 3. (1969), pp. 167-

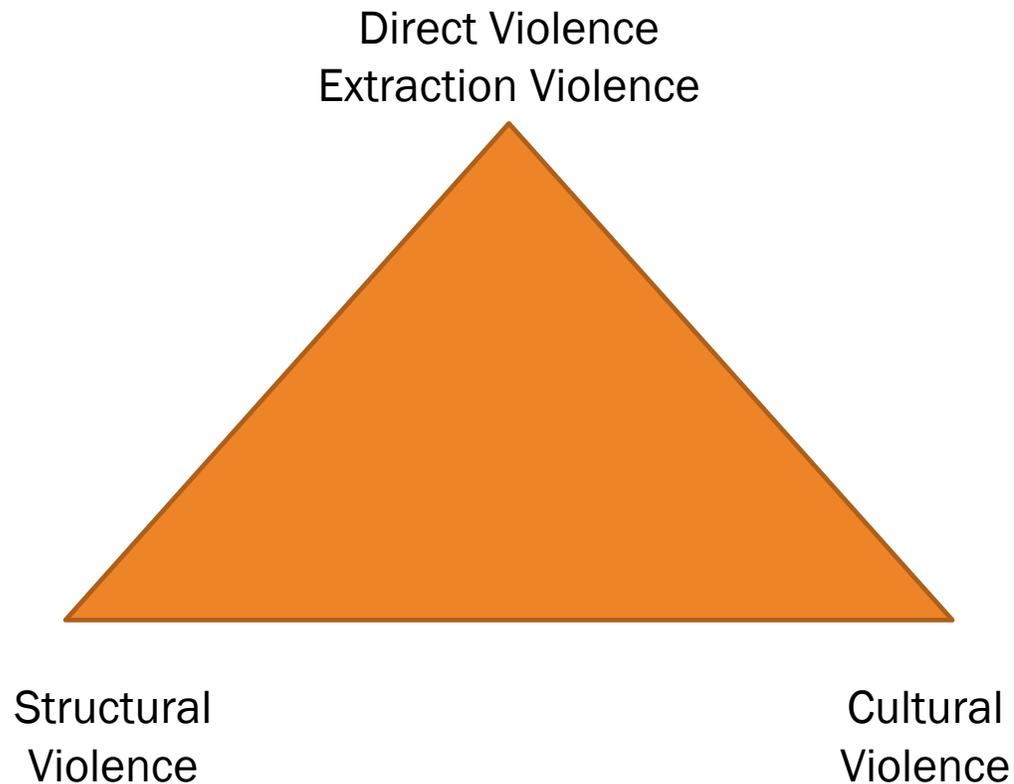
191. Galtung, Johan. *Peace by Peaceful Means: Peace and Conflict Development and Civilization*, London, United Kingdom: SAGE Publications, 1996.

<sup>4</sup>Høivik, T. (1977). "The Demography of Structural Violence." *Journal of Peace Research* 14(1): 59-73.

<sup>5</sup>Felipe E. MacGregor, M. R. (1994). Rejoinder to the Theory of Structural Violence. *The Culture of Violence*. K.R. a. M. Rubio. New York, United Nations University.

<sup>6</sup>Ibid

# PROPOSED APPLICATION OF STRUCTURAL VIOLENCE TO DIET/NUTRITION



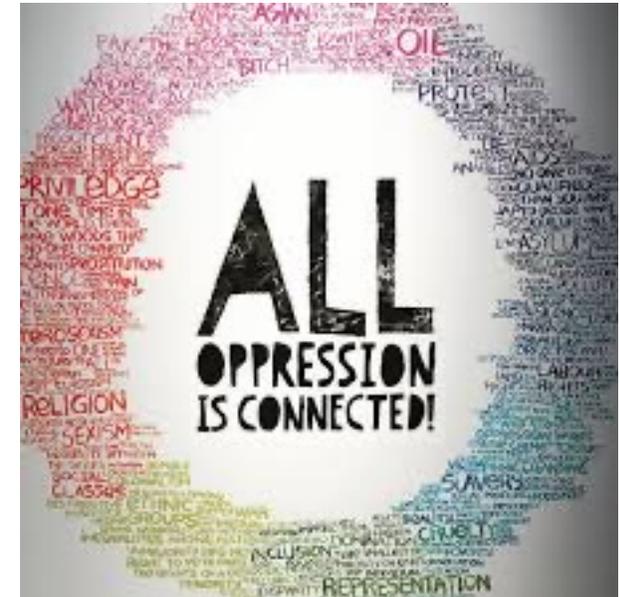
- Direct Violence and Extraction Violence
  - Poor Nutrition and Diet-related Health Outcomes
  - Food Insecurity
  - Physical and Mental Suffering
  - Death and Disability
  - Individual and Family Trauma
  - Negative Aesthetic and Low Food Resource Communities
- Cultural Violence
  - Narratives of Ignorance and Inferiority
  - Anti-Blackness
- Structural Violence
  - Racism and Discrimination (including racial segregation)
  - Income Inequality and wealth gap (including poverty)

# Definition of Structural Oppression

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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.



# 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.



# PATHWAYS

- 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).



National Academy of Sciences, 2017

# To Understand the Relationship between Structural Oppression, Diet, and Health...Think More than Nutrients

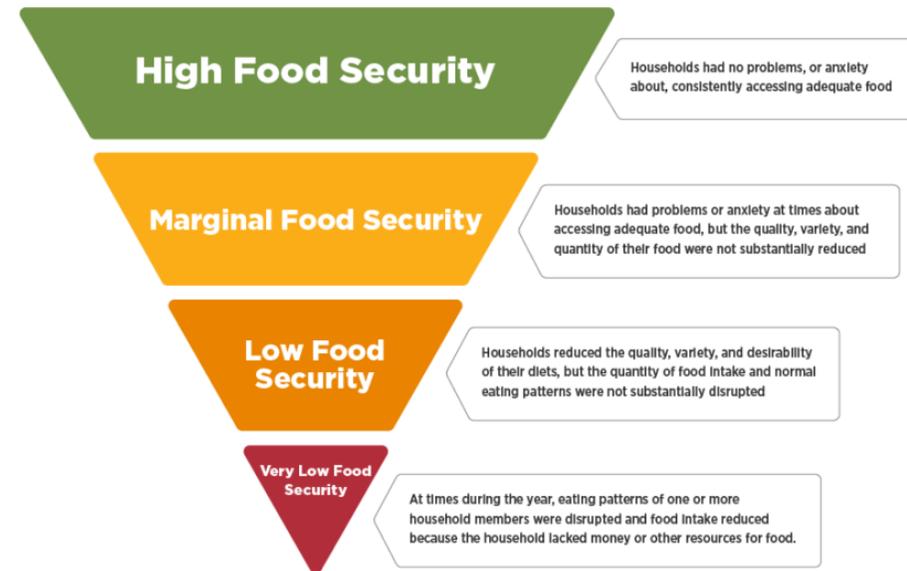
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- Dietary practices/Food Consumption Behaviors happen in bodies that have been impacted by oppression and trauma.
- The historical, social, physical, and marketing contexts in which people access/acquire food and the economic costs associated with 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

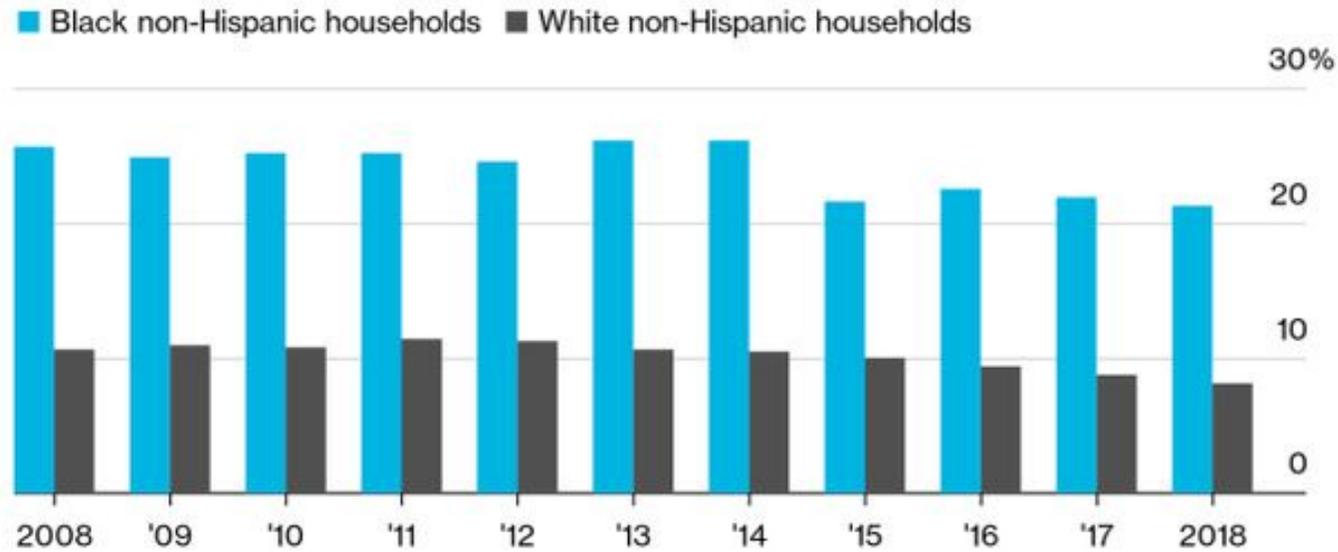
## Physiological

- 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.



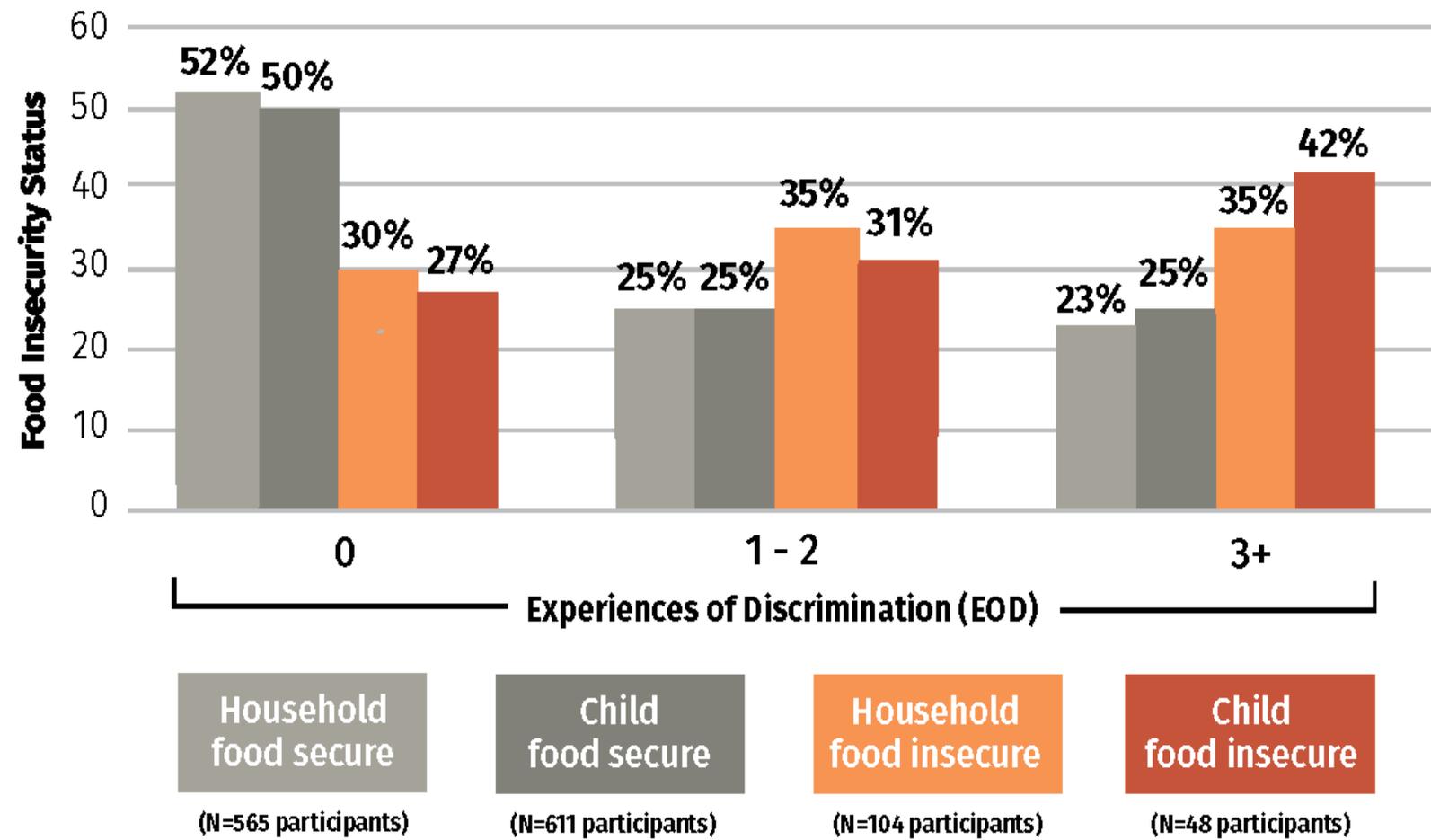
Source: Department of Agriculture

Bloomberg Government

**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”

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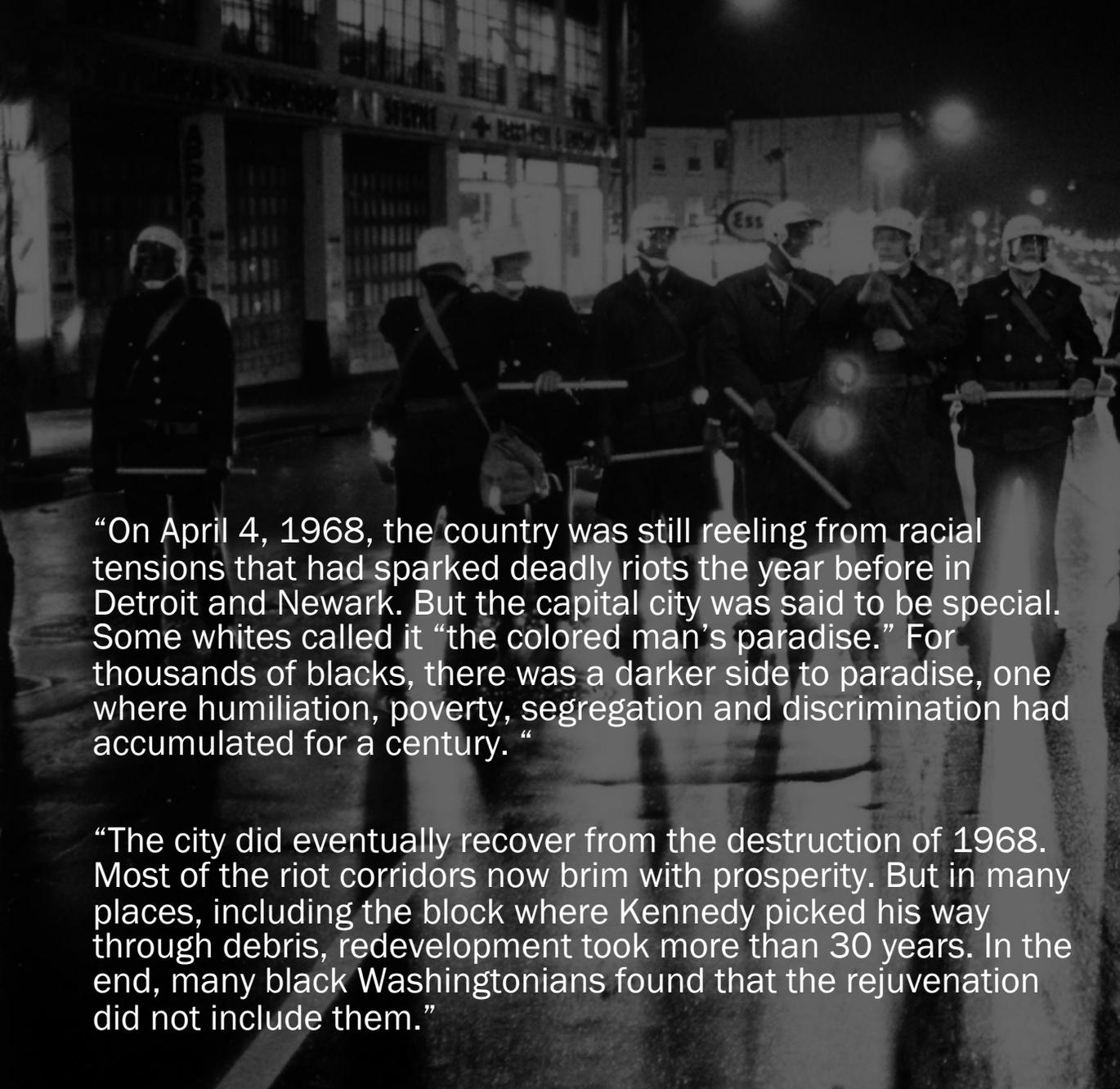
1960's to late 1970's Marketing Literature

- 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”*

United States. Congress. House. Committee on Government Operations. Special Studies Subcommittee.(1968) *“Consumer problems of the poor: Supermarket operations in low-income areas and the federal response: Hearings”*



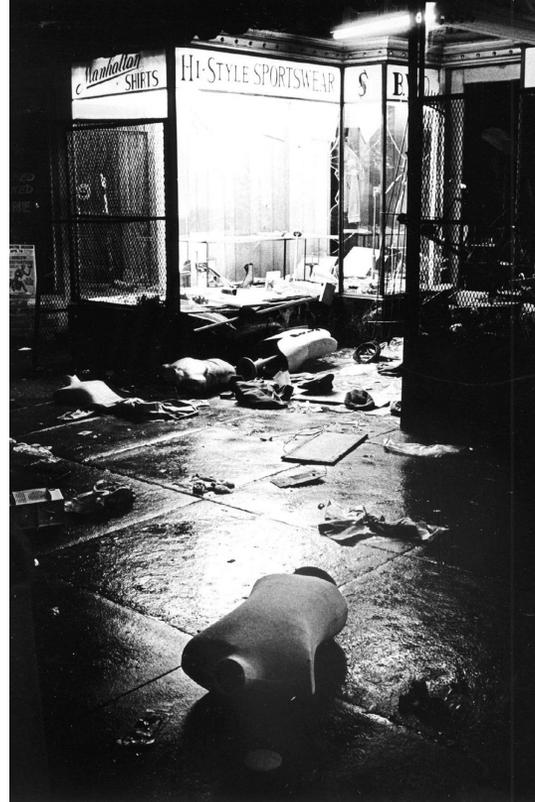
A store owner and a Los Angeles Police Department officer look at the damage caused by looters on April 1992, in Los Angeles



“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



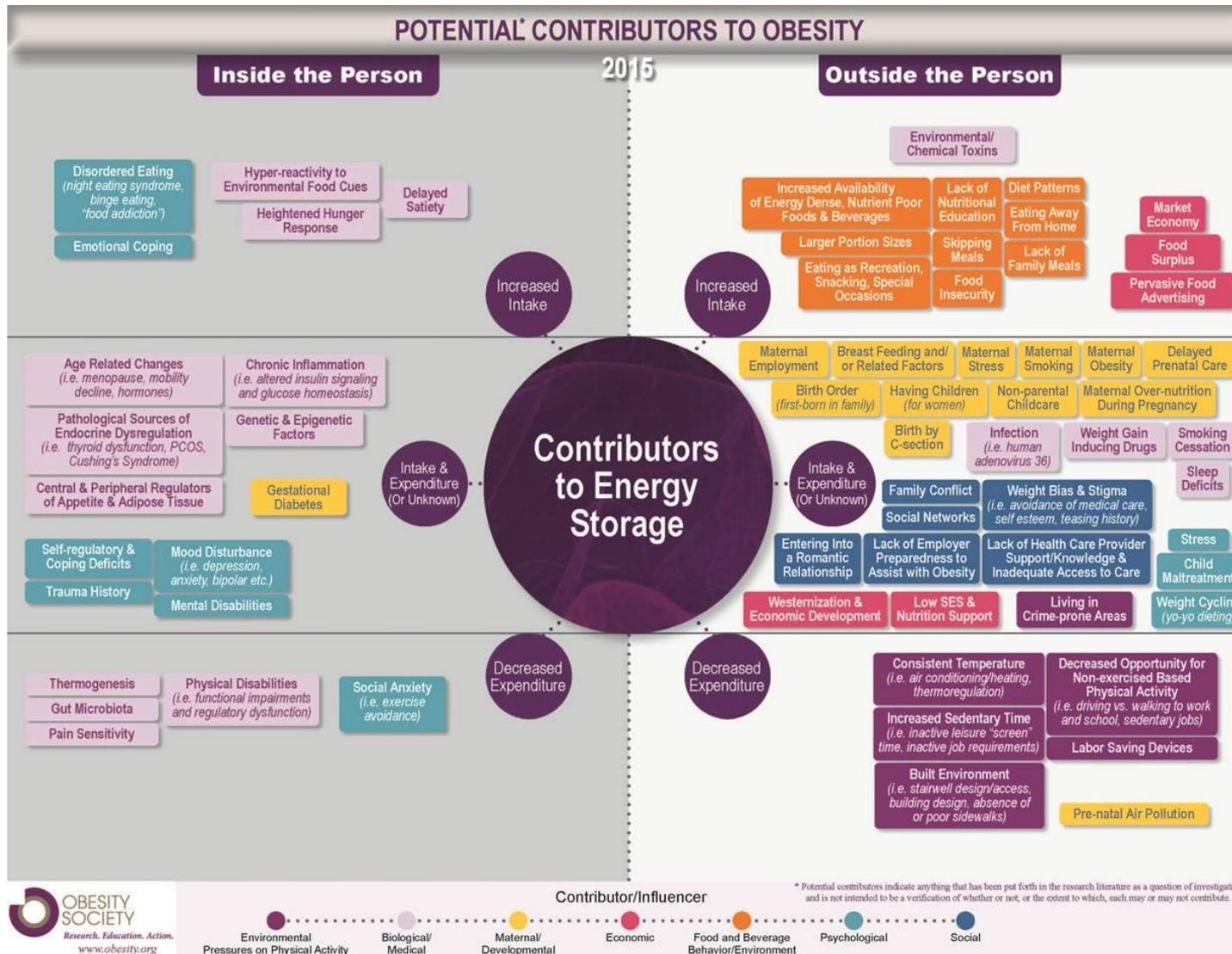
## Complex Relationships: Corner Store, Customers, and Community

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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.”

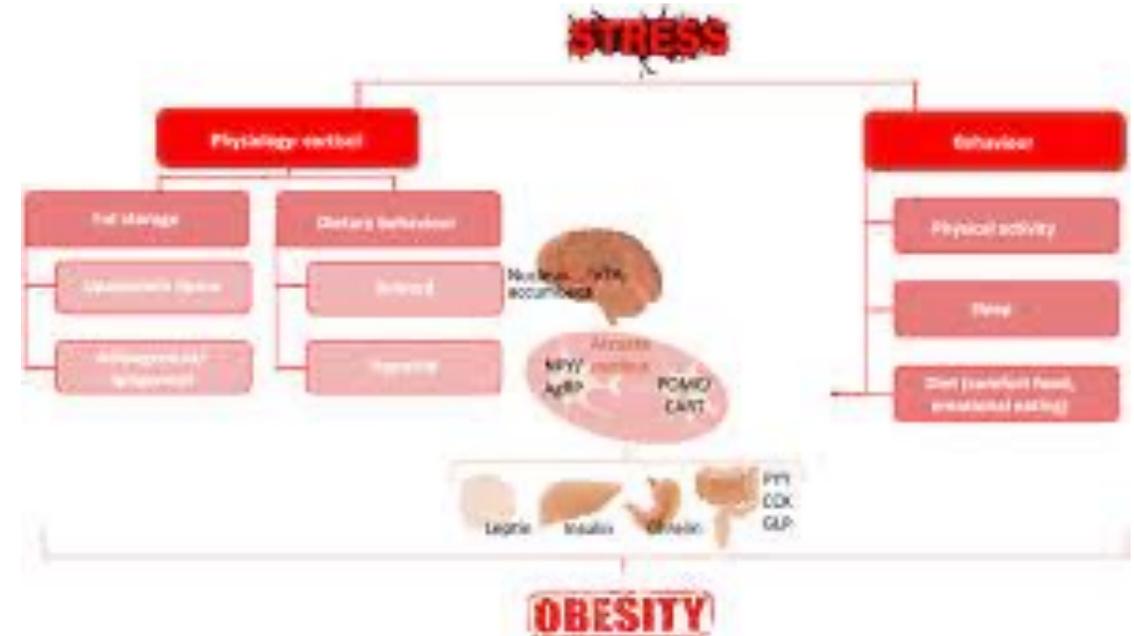
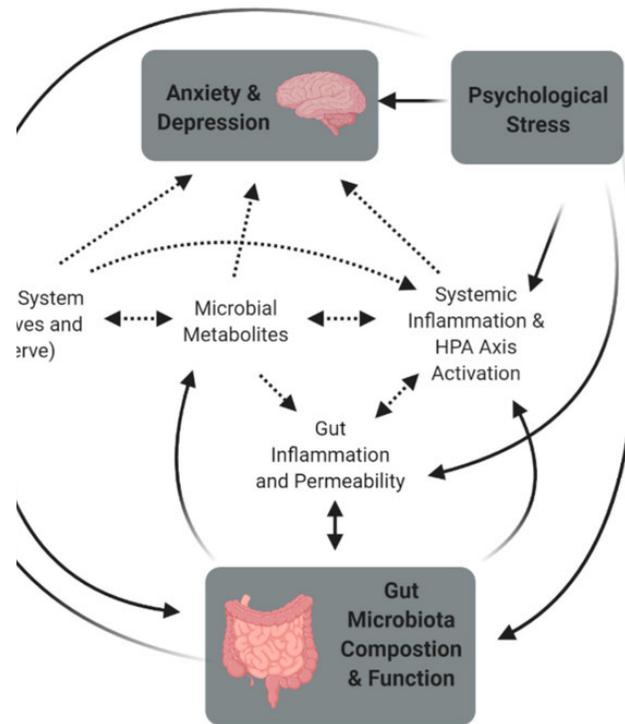




## EXAMPLES OF RACISM'S LINK TO CAUSES AND CONTRIBUTORS TO OBESITY

- 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

Sources: Bear T, Dalziel J, Coad J, Roy N, Butts C, Gopal P. The Microbiome-Gut-Brain Axis and Resilience to Developing Anxiety or Depression under Stress. *Microorganisms*. 2021 Mar 31;9(4):723; Michels N. Biological underpinnings from psychosocial stress towards appetite and obesity during youth: research implications towards metagenomics, epigenomics and metabolomics. *Nutr Res Rev*. 2019

# 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.

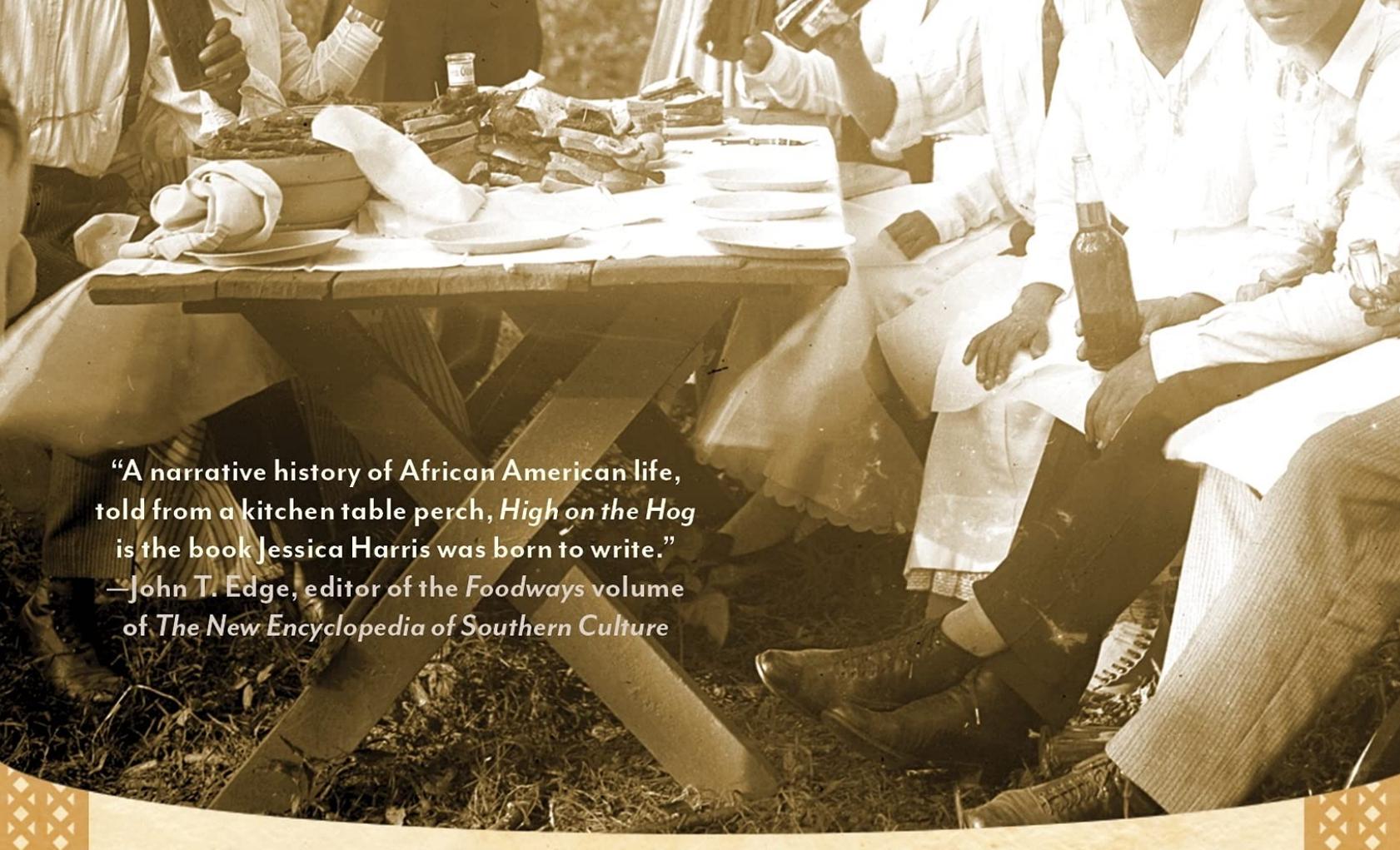


Source: Mohanto NC, Ito Y, Kato S, Kamijima M. Life-Time Environmental Chemical Exposure and Obesity: Review of Epidemiological Studies Using Human Biomonitoring Methods. *Front Endocrinol (Lausanne)*. 2021 Nov 11; and Nguyen VK, Kahana A, Heidt J, Polemi K, Kvasnicka J, Jolliet O, Colacino JA. A comprehensive analysis of racial disparities in chemical biomarker concentrations in United States women, 1999-2014. *Environ Int*. 2020 Apr;137:105496.

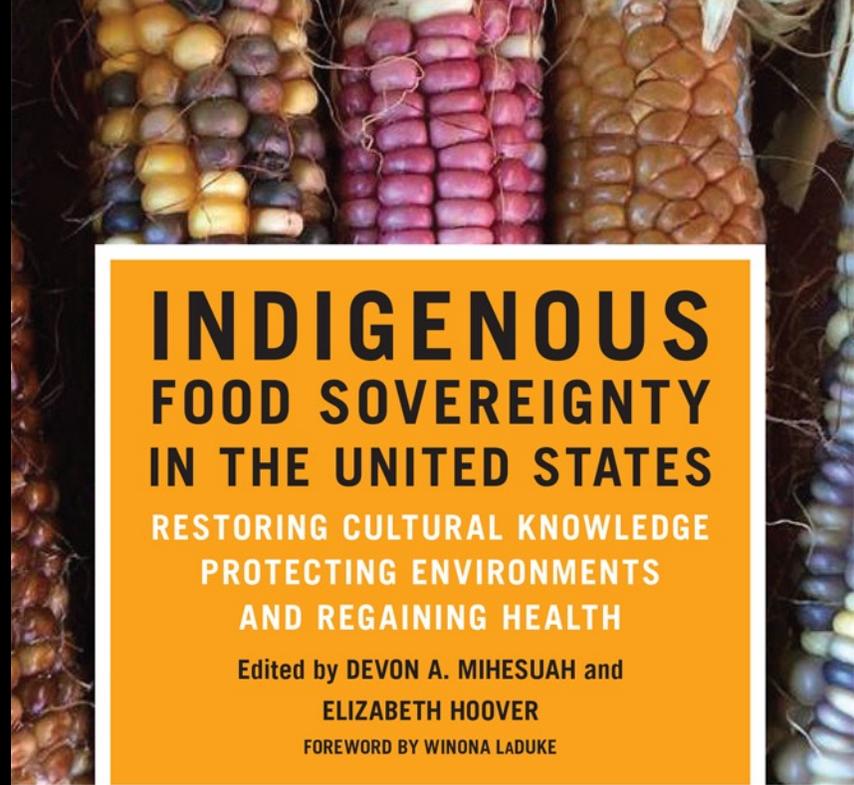
# Liberation Nutrition Research Lens

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?



“A narrative history of African American life, told from a kitchen table perch, *High on the Hog* is the book Jessica Harris was born to write.”  
 —John T. Edge, editor of the *Foodways* volume of *The New Encyclopedia of Southern Culture*



**INDIGENOUS  
 FOOD SOVEREIGNTY  
 IN THE UNITED STATES**  
 RESTORING CULTURAL KNOWLEDGE  
 PROTECTING ENVIRONMENTS  
 AND REGAINING HEALTH  
 Edited by DEVON A. MIHESUAH and  
 ELIZABETH HOOVER  
 FOREWORD BY WINONA LADUKE



Acknowledge our Role in the Trauma

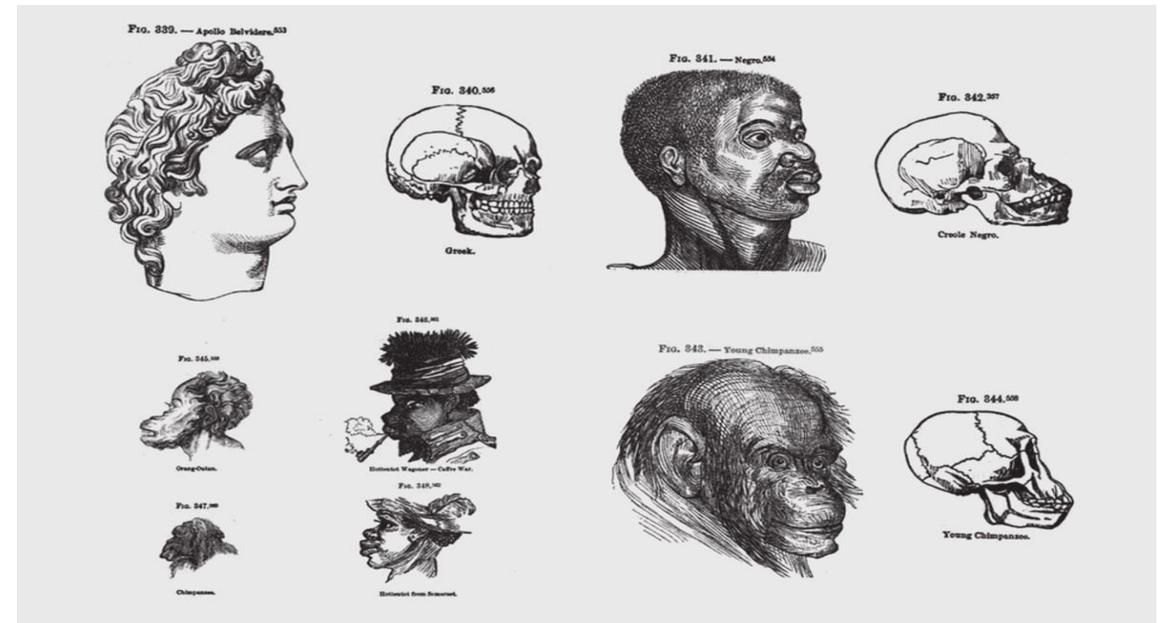
- Acknowledge and avoid more structural and cultural violence: recognition is required for reconciliation.
  - Acknowledge how the problem
  - Colonization disrupted traditional food systems
  - Land dispossession
  - Structurally violence policies
- Acknowledge the impact of years of oppression and 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?

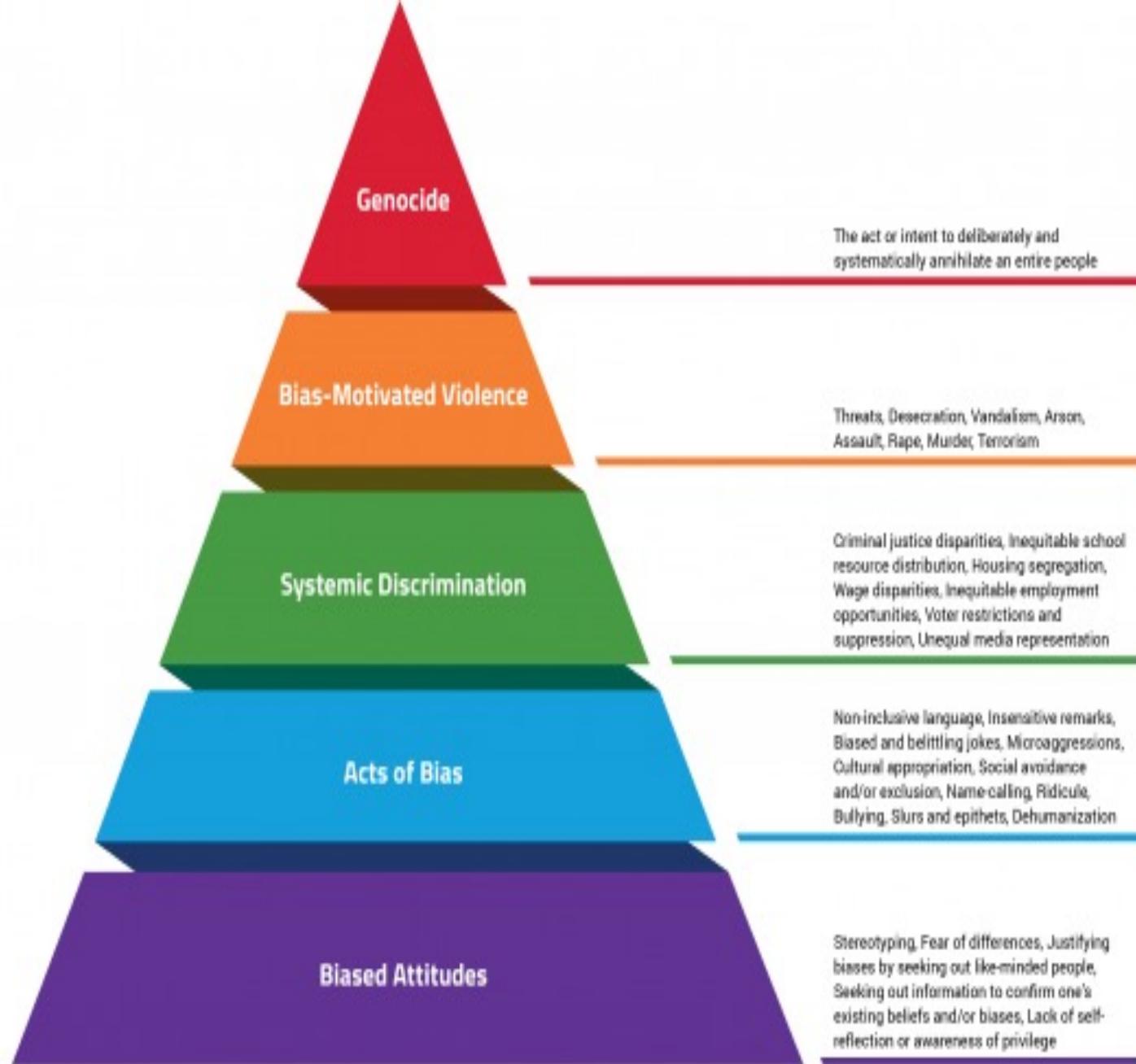
Self-interested justifications for atrocities against and the oppression communities. However, racial hierarchy was invented based on “science”.



"Traite de Nègres," Slavery Images: A Visual Record of the African Slave Trade and Slave Life in the Early African Diaspora, SlaveryImages.org, Licensed under CC BY-NC 4.0.

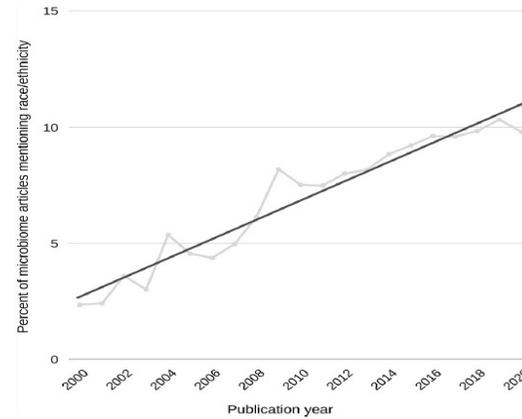


# Racism in Research and Practice



# 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.”



Replacing and/or complementing the use of ghost variables with an analysis of structural drivers and their associative factors achieves a more rigorous and just microbiome science.

## Ghost variables

Racialized terms that do not explicitly name race and are imprecisely deployed in microbiome research. Ghost variables function as oversimplified proxies for racial and/or racist *structural drivers* and their *associative factors*.

- Developed or underdeveloped
- Ethnicity
- Genetic ancestry
- Hunter-gatherer
- Industrial
- Inner-city
- Nationality or citizenship
- Pristine
- Public housing
- Rural or urban
- Traditional
- Uncontacted
- Western

## Associative factors

Factors associated with *structural drivers* and linked to microbiome change.

- Access to clean water and sanitation
- Access to green space
- Consumption of low-fiber processed foods
- Dietary differences
- Differences in climate, surrounding plants and animals
- Environmental effects of industrialization
- Exposure to the outdoors
- Healthcare access and quality
- Overuse of antibiotics
- Pollution
- Population density
- Stress due to war, migration, poverty
- Variation in family structures
- Variation in house construction

## Structural drivers

Racialized, racial, and/or racist sociocultural, economic, political, and historical structures that are often excluded from microbiome research design, execution, analysis, and discussion when *ghost variables* are used.

- Capitalism
- Cultural, environmental and historical particularities
- Environmental racism
- Human and cultural diversification
- Imperialism
- Industrialization
- International or national economic inequality
- Medical racism
- Red-lining
- Resource exploitation and extraction
- Segregation
- Settler colonialism and colonialism

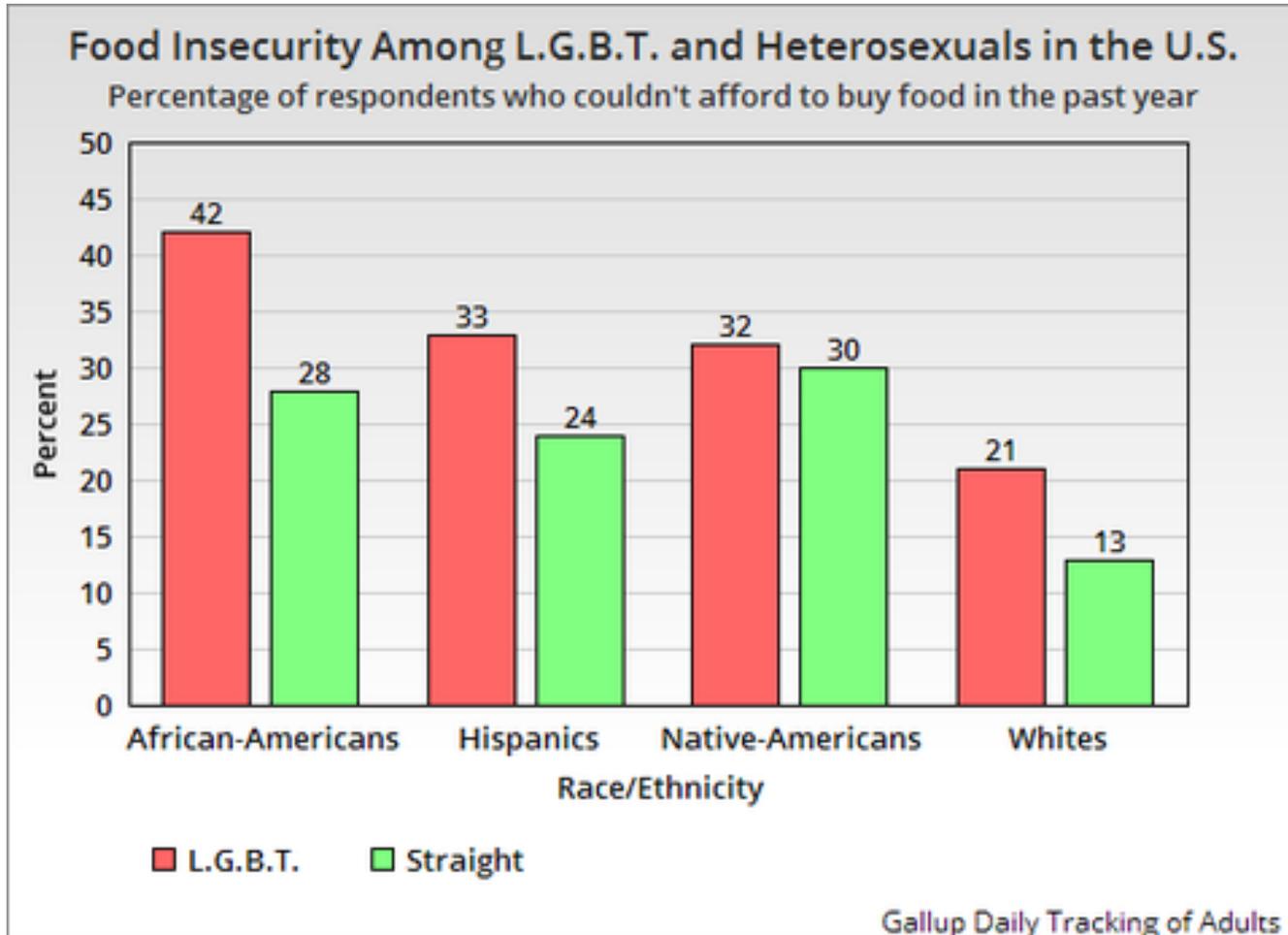
De Wolfe TJ, Arefin MR, Benezra A, Rebolleda Gómez M. Chasing Ghosts: Race, Racism, and the Future of Microbiome Research. *mSystems*. 2021 Oct 26;6(5):e0060421. doi: 10.1128/mSystems.00604-21.

# INTERSECTIONALITY

- 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





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)

**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

*“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.”*

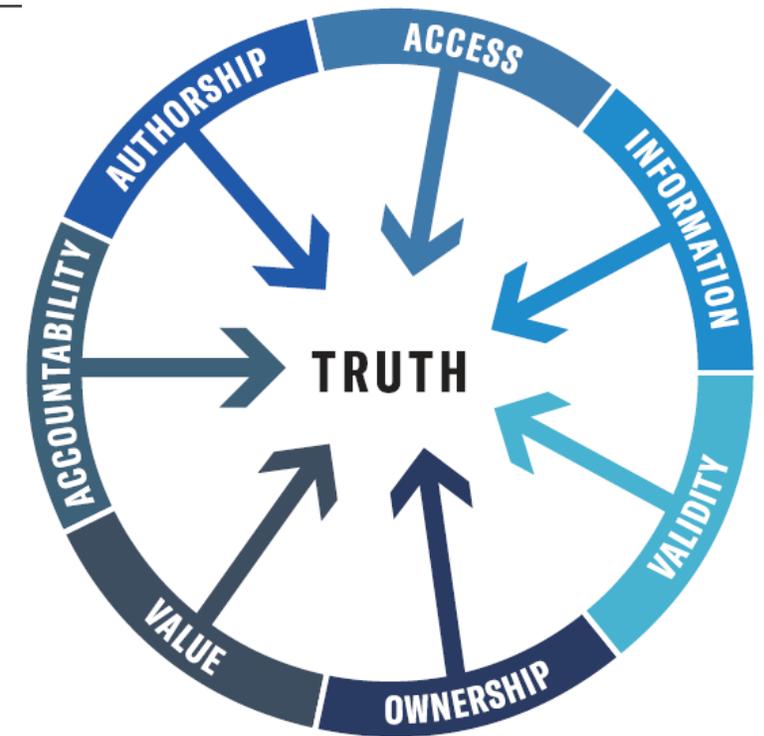
LEAD LOCAL DEFINITION OF COMMUNITY POWER

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)

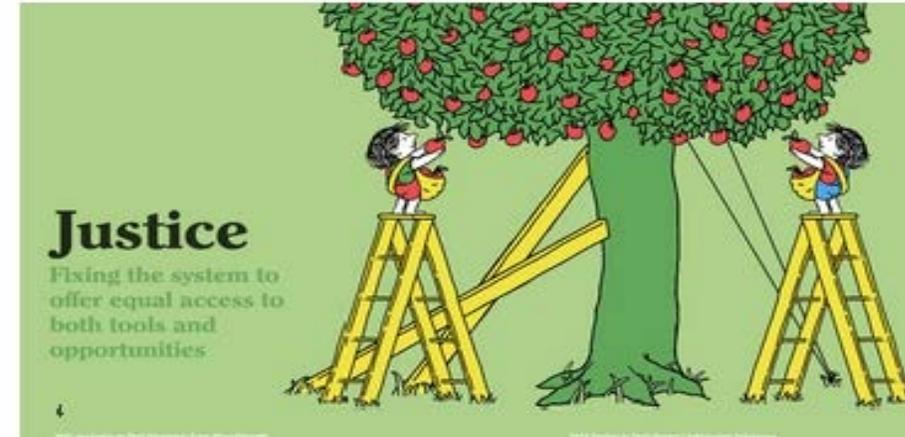
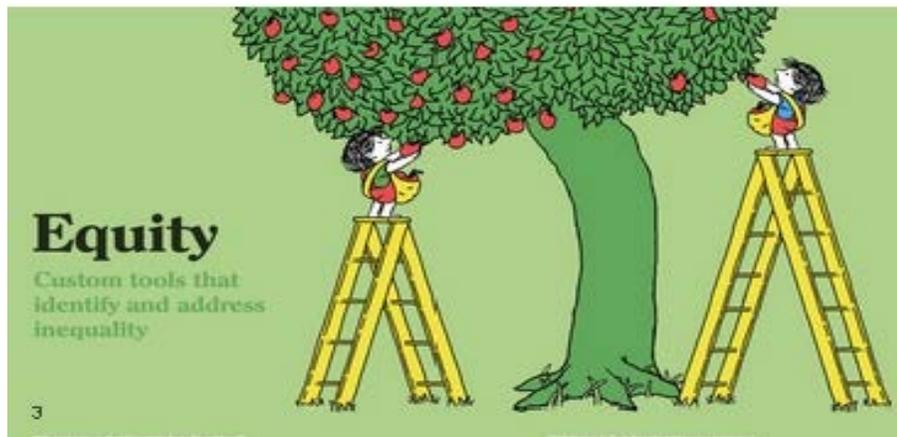
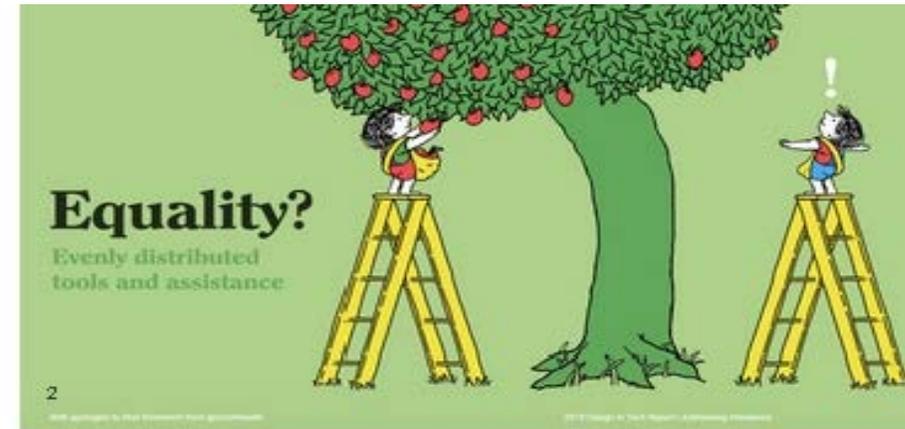
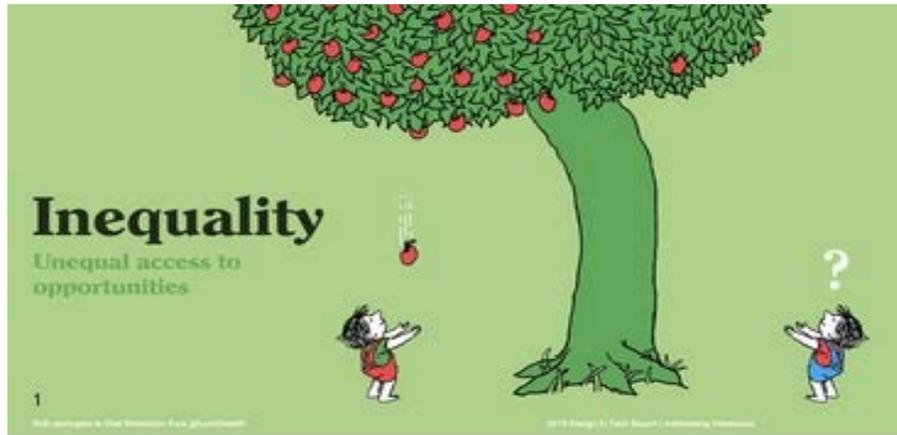
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1. Access: Could we be missing out on community wisdom because conversations about research are happening without community meaningfully present at the table?
2. Information: Can we effectively partner to get to the full truth if information about 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?



Seven inequities held in place by power,  
seven opportunities for change.

# KEY FOCUS IS ON BUILDING LADDERS VS. BENDING TREES



## WHAT IS IMANI VILLAGE?

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



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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

