

African American Collaborative Obesity Research Network

Envisioning healthy weight, freedom from obesity-related health problems and high quality of life for African American youth, adults and elders.

In the Way, or On the Way?

Asking Ourselves about the Role of Contextual Factors in Community Based Obesity Research

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“We’ve got to remember that it’s not easy and people need the kind of support that’s relevant to them in order to make it sustainable. Science is important and research is important, but this is really about people’s lives, and the science should be a by-product of that. The science should inform and help us to really make the differences in people’s lives we are trying to make.”

Presenter at the 2006 Interdisciplinary Workshop of the African American Collaborative
Obesity Research Network, Philadelphia, PA, 2006

Obesity is one of many critical health issues in African American communities,¹ but health issues may take a back seat to more immediate issues such as inadequate housing, high unemployment, family stresses, or high levels of violence.² These more immediate issues are themselves determinants of health and may be affected by health,³ although they are not viewed as ‘health’ issues or considered in the domain of traditional health research or practice either by the public or by professionals. Notwithstanding the high levels of obesity within African American communities⁴, there is more to daily functioning and survival than deciding how many calories to eat or whether to exercise. Indeed the stresses of daily functioning under conditions of structural violence may contribute to overeating and obesity.⁵⁻⁷ The issue of where initiatives to address obesity fit with community priorities has come up repeatedly within the African American Collaborative Obesity Research Network (AACORN). AACORN is a national research network that seeks to improve the quality, quantity and effective translation of obesity research in African American communities.⁸ This issue of community priorities has influenced our thinking as we plan and conduct workshops, set research agendas, and reflect generally on how to achieve our goals.

One question that arises is how hard one should push the topic of obesity when there are more pressing problems.² A related and especially challenging question is how researchers who focus on obesity should view these other problems. **Does one ignore or try to work around these other issues because they seem to be ‘in the way’? Or, by expanding the horizons of obesity researchers, could considering these other community priorities be ‘on the way’ to realistic, sustainable solutions that also fit with the prevailing perceptions and needs in the communities?**

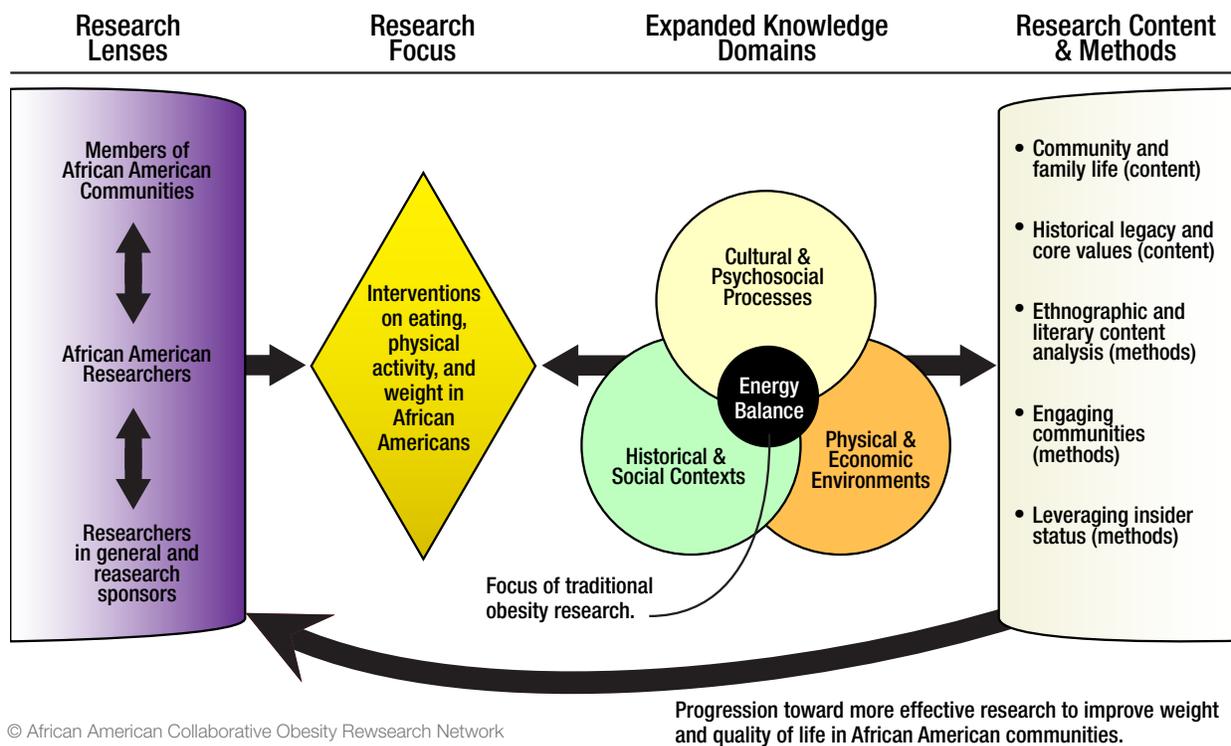
These questions are broadly and highly relevant to most types of research with communities—particularly so when the objective is to address health disparities affecting socially or politically disadvantaged communities in which low social capital and limited financial resources lead to constant challenges and a chronic negative influence on quality of life.⁹

AACORN has found these questions worthy of serious consideration because we are oriented to community-centered and community partnered research. We submit that the fundamental survival problems posed by the contexts in which people live cannot be considered as in the way while we pursue narrowly-framed, single-focus solutions; nor can the potentially overwhelming nature of the many problems faced by communities be used as an excuse to focus, ineffectively, on everything while accomplishing nothing. Rather, we must struggle with ways to understand and consider contextual factors as “on the way” to the solution. Our interventions would then not only keep the context in view but also ultimately enhance and be enhanced by the larger picture. Below we share some highlights of the evolution of our thinking to get to this point.

Expanding the Paradigm: Shifting thinking toward people and communities

Frameworks that allow academic researchers and communities to consider the multiple contextual factors that influence individual behaviors are critical in developing and implementing sustainable health promotion interventions. Figure 1 provides one such framework. This expanded paradigm represents a synthesis of deliberations that occurred before, during, and after AACORN’s 2004 interdisciplinary workshop “Toward Achieving Healthy Weight in African American Communities”.¹⁰ The need to shift our perspective, when designing obesity prevention and treatment interventions, from a disease-oriented toward a more people and community-oriented perspective became clear to us early in our organizational life and was directly addressed when planning the 2004 workshop. Fearing a rehash of well-known problems and ineffective solutions, we sought to expand our perspective by inviting scholars from disciplines or fields of study not commonly included in discussions about the development of obesity interventions, such as family sociology; literature; philosophy; economics; marketing; and transcultural psychology. At that workshop we also heard perspectives from community members who had been involved as partners in research projects.

Figure 1. AACORN'S Expanded Obesity Research Paradigm



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Starting in the center, the energy balance focus (that is, ratio of calories in to calories out) that is core to obesity interventions is shown to be influenced by many contextual variables. The behavioral determinants of weight status are embedded in historical and social contexts (e.g., historical legacy of slavery; social processes in families and communities), cultural and psychosocial processes (e.g., aesthetic, moral, religious and social values; individual and collective responses to historical and current social conditions), and physical and economic environments (e.g., neighborhood characteristics, resources, media, food marketing, and food costs). There are liabilities and assets to be considered within each of these domains. Understanding assets to avoid a deficit view of communities is a key premise. The overall message is that efforts to design interventions on eating, physical activity and weight can be enhanced by considering these contextual influences.

At the left of the diagram, the research lenses identify different stakeholder groups. What is seen, asked and heard about communities depends on who is looking or listening and their perceptual lenses. Valuable information can be gained from the perspectives of: 1) members of communities of interest, 2) researchers in relevant fields whose expertise incorporates insights based on lived experiences in or shared identity with the community of interest, and 3) researchers and research sponsors who see themselves as outside of the community but who have relevant interests and expertise. Taking advantage of these different perspectives makes partnering with communities essential, as in community-based participatory research (CBPR).

The right side of the diagram addresses content and methods. Important content areas are family and community interactions related to food and activity, historical legacies of socio-political inequality and how they may influence interactions with the health care system, and the way foods are marketed to African Americans.^{10, 11}

The potential value of ethnographic and other types of qualitative investigations that yield potentially richer insights than those obtained from quantitative approaches is emphasized; content analysis of literary works was identified as a novel approach. Involving researchers who are also community insiders and see issues through dual lenses, where possible, is identified as a specific methodological recommendation.

Our expanded paradigm underscores the need to involve multiple, interacting aspects of behavioral contexts. For example, factors that may lead people to consume too many calories may include historical factors emanating from slavery; cultural and psychosocial meanings of food based on history, traditions, and family and life experiences that are specific to the circumstances of African Americans and other factors that affect the population in general but may be generally less favorable in African American communities: limited personal income; food prices; food availability in neighborhoods, workplaces, schools, and homes; transportation, as it affects the ability to obtain food outside of the neighborhood; and the frequency and content of food advertising on television and through other channels.¹¹⁻¹⁴ Factors associated with relatively low physical activity levels in African Americans may include cultural attitudes and behaviors that emanate from exposure to forced labor during slavery or low paying manual work, the limited availability or high cost of indoor recreational facilities, lack of safe parks or street crime that deter outdoor activity; poorly equipped school physical activity facilities, reliance on television for engaging children after school hours, and the promotion of cars and sedentary entertainment as symbols of social status.^{12, 14, 15}

Community-Based Participatory Research

How to design and implement obesity research that is appropriately contextualized and community partnered was the main theme of AACORN's 2006 national workshop "Participatory Research on African American Community Weight Issues: Defining the State of the Art". This second workshop aimed to clarify concepts, principles, and issues in CBPR approaches and their implications for obesity research. A specific session featured colleagues in other areas of public health research who reviewed and reflected on community needs and priorities. They addressed topics such as housing quality and related effects on community life, strategies for addressing gang violence, and the effects of high levels of incarceration on community life, and reflected on how these issues and circumstances might interface with efforts to address obesity.

Both the 2004 and the 2006 workshops fostered discussion that would break new ground in conceptual and methodological approaches to addressing obesity. A major conclusion from the 2006 CBPR-oriented workshop was that a better understanding of community context would be a critical foundation for developing and implementing effective research approaches for African Americans.

The potential drawbacks of opening the door to competing priorities were recognized. However, cooperation and mutual awareness among those working on different problems were deemed to be more helpful for researchers and communities than trying to prioritize one focus over the other.

We recognized that community members have diverse interests and also that obesity-related health problems are often prominent among the top concerns raised by community members. Several presentations at the 2006 workshop underscored that physical activity and food issues could be approached under the banner of environmental justice, benefitting from collective action. Mobilizing communities to take action (while providing sustained support) can also benefit community capacity for taking on other challenges, particularly where community efficacy is currently low or resources are very limited.

Challenges

Given that CPBR considers social, structural and contextual factors in the causal chain of disease and blends academic with community perspectives¹⁶ it has particular relevance for obesity research. The targeted behaviors and their multifaceted influences are very much socially and structurally embedded in community contexts. Academic (biomedical, biochemical, and physiological) and community (economic, ecological and socio-cultural) views of food and physical activity may be very different, requiring adjudication through a collaborative, iterative process. However, this adjudication through building trust and mutual respect is difficult. CPBR is challenging.¹⁷ Tensions may arise from the academic side upon the suggestion that factors that are far removed from or only indirectly to food or physical activity should be taken into account, e.g., poverty, housing, crime. This is especially so when one considers that academic professionals must function and survive in a research and funding culture that usually requires a single-minded focus on a specified problem. Also, taking context into account may meet with resistance from academics trained in certain disciplines where traditional research is grounded in an assumed position of objectivity and neutrality and tends to be deliberately decontextualized.^{16, 18} Traditionally, decisions about a research question, design, implementation, and dissemination of findings are an outgrowth of the critical and impartial synthesis of the literature and delineation of gaps in knowledge. Challenges to this traditional view become clear, however, when conducting CBPR, which argues for approaches in which communities and university-based researchers co-create knowledge. Endogenous knowledge and skills of community partners and the expertise of university-based researchers are viewed equitably in the preferably, long-term research partnership.^{17, 18}

One example of the de-contextualized view of much health research is the high value placed on randomized trials, which are oriented to establishing causality with a high priority to the ability to make unbiased comparisons between or among groups being studied (internal validity). In this scenario, highly relevant daily life and historical contextual factors, both measured and unmeasured, are thought to be balanced across the groups being compared, but this approach may sacrifice assessment of the impact of these contextual factors (external validity). Contextual factors cannot be factored out of consideration in the real world and may determine the ultimate policy and program relevance of the intervention.¹⁹ Thus, the failure to take into account the impact of social and environmental forces on individual behavior can be a major hindrance to the ecological validity of much research that is otherwise considered to be well-designed. This need for relevance to context holds for non-experimental studies as well. For example, Finkelstein et al²⁰ concluded that controlling for individual characteristics, i.e., taking them out of consideration through statistical techniques, was not sufficient for understanding disparities in coronary heart disease risk factors among participants in the multi-site WISEWOMAN project. They noted "...our findings suggest that the differences in community characteristics account for many racial/ethnic disparities in cardiovascular disease risk factors. Efforts to eliminate the disparities are likely to require community-wide interventions that seek to even the playing field" (Pg. 515).

Where there is a single-minded focus on obesity as the main issue, there will be reluctance to yield to other community concerns. These concerns may stand in the way from an academic perspective. By the same token, such single-minded research may be considered to be in the way as far as the community is concerned. Perceptions of what is in the way may depend on how vivid the other issues are, e.g., their perceived magnitude and severity and the apparent immediacy of addressing them. The inclination to consider concerns other than obesity may also depend on the available resources. If resources are tight and earmarked for obesity, paying attention to issues other than obesity may seem impractical.

What is viewed as in- vs. on the way may differ depending on the knowledge, understanding, and self-interests of the research partners – community vs. academic. Community member perspectives may be influenced, at least initially, by limited knowledge of or concern about the research process, including potential barriers and facilitators within the academic environment, why a control group is necessary, or why people are assigned at random rather than choosing their intervention group. Procedures that may seem indispensable to researchers may be ‘in the way’ for community partners. In addition, certain types of research may only be acceptable to community partners when there is a clear benefit involved and when the intervention fits well with their setting. As reported by Yanek et al for Project Joy ²¹, a faith-based CVD risk reduction study in Black churches, many pastors refused to decide on participation without first knowing their randomization assignment; some decided to opt-out once learning their assignment. In the same study, the standard (non-spiritual) intervention condition was impossible to implement because a spiritual component was added as a natural adaptation of the program.

Likewise, university researchers may be unaware of the contexts within which communities are operating—historical, cultural, psychosocial, economic, or other—and how these contexts directly or indirectly influence intervention delivery or outcomes. Additionally, researchers may not have the time, funds or interest to address issues that they perceive as unlikely to have a direct, positive influence on the main outcomes of a study or on their careers. The extent to which such differences in perception are recognized and the way they are addressed determines whether CBPR can be effectively undertaken.

Opportunities

It is critical to recognize that in some communities, weight and weight-related food and physical activity issues may be lower on the list of priorities and less immediate than issues such as employment, safety, academic advancement of school children, residential/neighborhood issues, substance abuse and incarceration. Community ranking of these priorities may be driven by the pressing and immediate requirements for survival. It may be necessary to cross a threshold of progress on these issues in order to optimize attention and motivation to issues such as obesity. Through partnerships, obesity researchers might be better able to identify communities or groups within communities where weight-related issues are at the forefront or how actions related to food and physical activity can be undertaken complementary to other types of initiatives.

Thoughtful consideration of CBPR principles and the ‘on the way’ perspective in obesity research allows for in-depth insight that is not afforded by research models grounded in the traditional biomedical paradigm. Through CBPR, obesity researchers can work with communities in ways that allow attention to competing or multiple priorities, and potentially expand research partnerships to include colleagues who address other issues. For example, effective interventions to reduce or prevent violence would lead naturally to more opportunities for children to engage safely in outdoor activity. Dialogue between obesity researchers and researchers who focus on these and ‘other’ community priorities would promote better understanding of ways to partner and approach communities with the potential for simultaneously addressing a variety of factors.

Implications

Many researchers, community members, and research funders have probably asked themselves some version of the question, ‘In the way? or On the way?’ The question will be more salient for some than others.

Researchers who consider themselves members of the ethnic group or community in question may have a greater interest in or sense of obligation to address broader community issues, or may be more likely than other researchers to meet with expectations of offering the community more than only their research expertise.¹⁰ As the number of researchers tackling obesity-related issues in African American communities continues to expand and more research is conducted, communities may become increasingly attuned to noticing which researchers are complicit in ignoring the broader issues of context compared to those who are able to frame research based on knowledge of the ambient, contextual layers in which weight-related issues are embedded. The AACORN expanded obesity research paradigm articulates the importance of combining insights from academic and community perspectives. Our paradigm can help with identifying social, cultural, physical and economic determinants of obesity that are contextual determinants of individual eating and physical activity behaviors. It is consistent with the increasing recognition that “upstream” interventions to change environmental contexts are fundamental to addressing a broad array of health disparities.^{3,9}

Successful and sustainable academic and community-partnered research projects must find ways to facilitate discussions that allow consensus building, clarity of perceptions about what is in the pathway to the solution, and ground rules about how to negotiate and successfully proceed. Ultimately all partners will have to understand contexts and value diverse perspectives.⁸

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About the African American Collaborative Obesity Research Network (AACORN)

Founded in 2002, the mission of AACORN is to improve the quality, quantity, and effective translation of research to address weight related issues in African American communities. Created by Dr. Shiriki Kumanyika, an African American public health and nutrition researcher and professor of epidemiology at the University of Pennsylvania School of Medicine, the Network was developed to support greater participation in framing and implementing the obesity research agenda by investigators who have both obesity-related scientific expertise and social and cultural grounding in African American life experiences. AACORN is based at the University of Pennsylvania and is a collaboration of U.S. researchers, scholars-in-training and community-based research partners.

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