

Session 1: Equity challenges

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Overview: Key Issues and Challenges

- Developing equitable research programs
- Identifying the social and cultural factors that can affect program delivery
- Reducing infrastructure barriers that prevent equitable access to the benefits of nutrition science.



Defining Equity

- Fairness, justice, and the equitable distribution of resources, opportunities, and outcomes among all members of a society. Unlike equality, which advocates for identical treatment of all individuals regardless of their circumstances, equity focuses on allocating resources based on individual needs to achieve equal outcomes (Braveman & Gruskin, 2003; Whitehead, 1992).
- Equity is a subjective concept that can be interpreted and understood differently based on individual perspectives and contexts (Whitehead, 1992)
- Addressing the underlying social determinants of health, such as socioeconomic status, race, and gender, to achieve health equity. This suggests that health equity involves addressing systemic factors that contribute to health disparities (Lawrence, 2005).
- It aims to eliminate avoidable and unjust differences in health among populations or groups.
- This highlights the importance of addressing power dynamics and ensuring that individuals have the ability to make choices that promote their nutritional health (Wells et al., 2021)



Developing equitable nutrition research programs

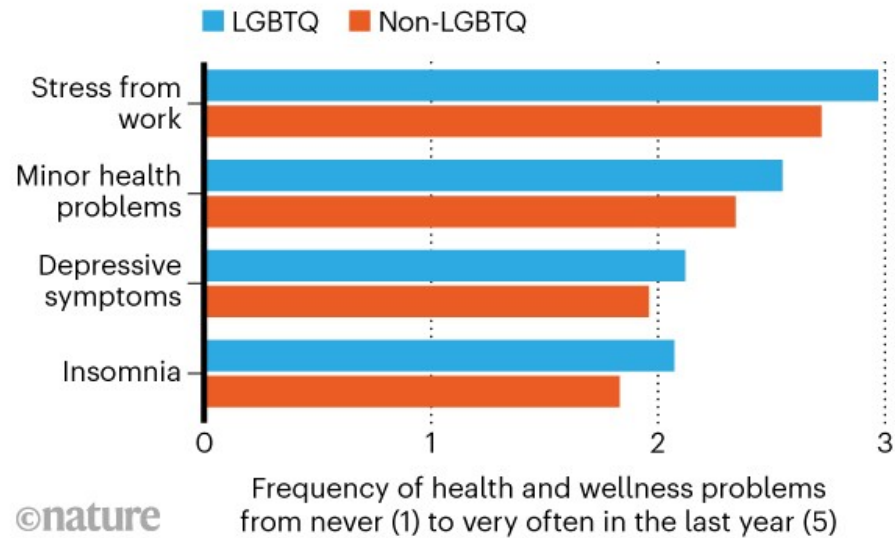
- Challenges
 - Lack of a shared understanding and definition of equity
 - Barriers to diversity in research teams and funding (e.g., microaggressions and Discrimination and systemic bias; insensitive environments)
 - Limited evidence regarding the efficacy of structural and culturally centered interventions (e.g., place-based, upstream interventions)
 - Limited evidence on programmatic and policy interventions and scale-up approaches to close gaps and reduce population disparities
 - Barriers to trust and authentic community/academic relationships and scientific colonization
 - Need to embrace multiple worldviews (e.g., Indigenous wisdom in AI) and expand conceptualization beyond food

E. A. Cech, T. J. Waidzunus. Systemic inequalities for LGBTQ professionals in STEM. *Sci. Adv.* 7, eabe0933 (2021).

- The survey found that LGBTQ scientists were less likely to report opportunities to develop their skills and access to the resources required to do their jobs well than were their colleagues. They were also 20% more likely than non-LGBTQ scientists to have experienced some kind of professional devaluation, such as being treated as less skilled than their colleagues and were 30% more likely to have experienced harassment at work in the past year.

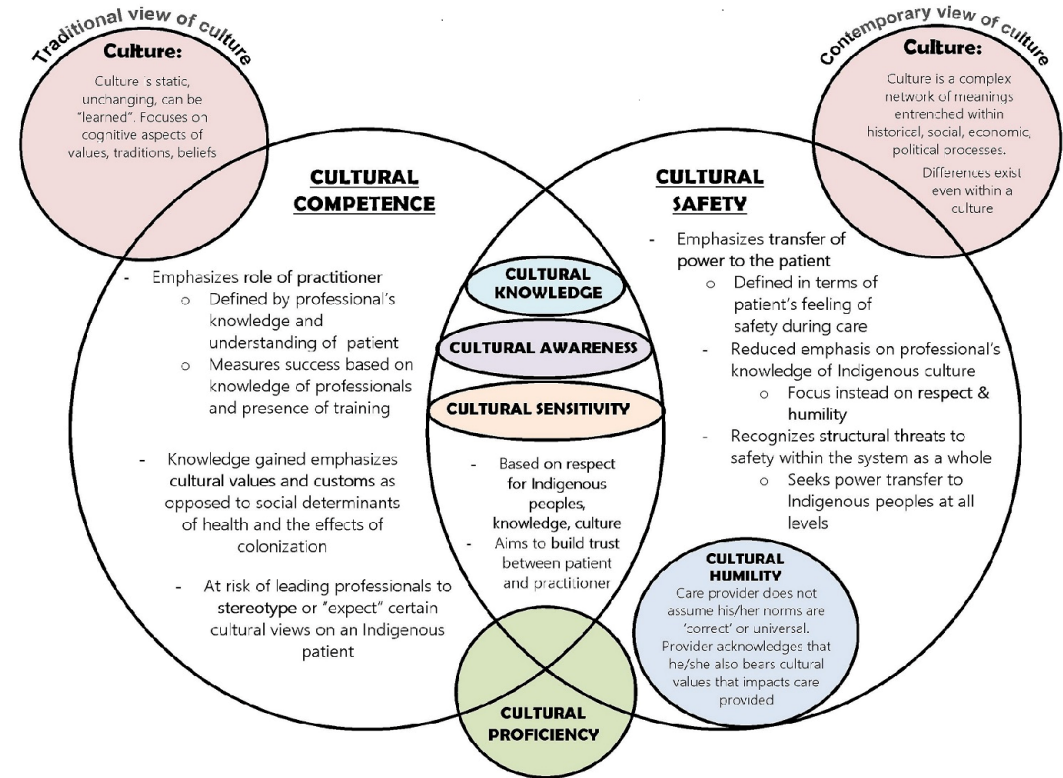
SICK AND TIRED

A survey suggests that LGBTQ scientists experience some health problems more often than their non-LGBTQ peers.



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Survey of 25,324 STEM professionals.



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

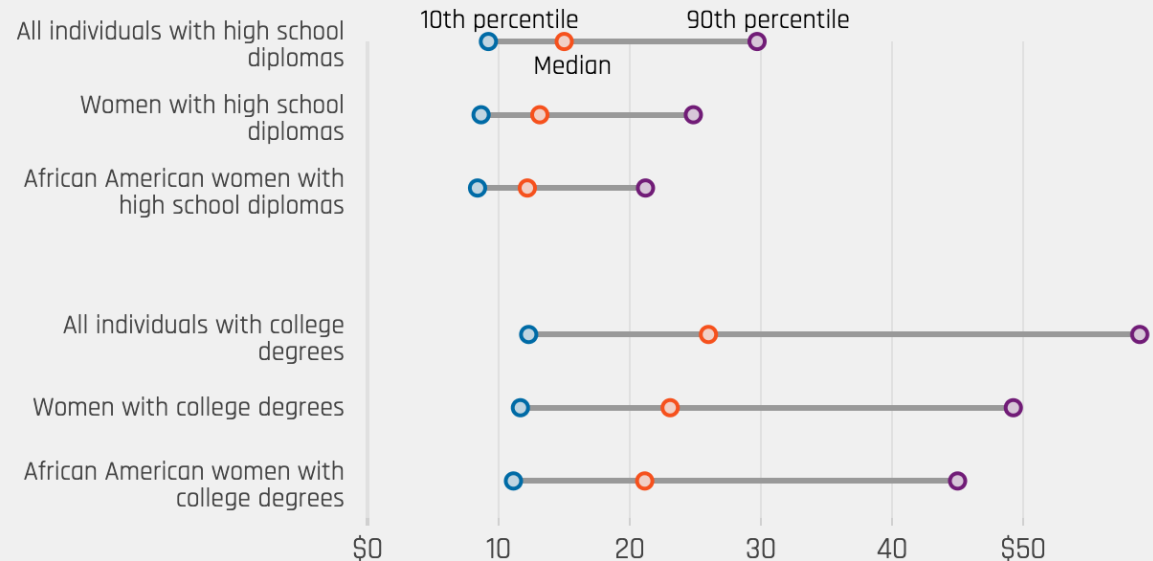


Identifying the social and cultural factors that can affect program delivery

- Challenges

- Lack of economic mobility and displacement (e.g., evictions, gentrification)
- Mismatch with current lifestyle and daily requirements
- Stigma and shame
- Supply, spatial, and distributional barriers (shortages of goods and services, limited/remote locations/access to transportation)
- Sociocultural and linguistic barriers (e.g., implicit/explicit bias and communication, limited language concordance)
- Administrative and structural barriers (e.g., time, training infrastructure and availability, understaffing, inadequate funding, lack of pipeline, limited technology)

At similar levels of education, women, and especially women of color, earn less
Hourly wages for each demographic subgroup at the 10th percentile, median, and 90th percentile in the United States



Source: Austin Clemens, John Schmitt, Kavya Vaghul, and Will McGrew. "Comparing wages within and across demographic groups in the United States." Washington Center for Equitable Growth. Available at <https://equitablegrowth.org/demographic-group-wages-interactive/>

Reducing infrastructure barriers that prevent equitable access to the benefits of nutrition science

- Challenges
 - Lack of challenges and infrastructure for dissemination, implementation and scale up (e.g., limited nutrition professionals, technology, etc.)
 - Competing social and structural priorities (e.g., economic disinvestment, barriers to educational attainment, incarceration/policing, inflation, mental health, low wages, debt, high cost of housing and transportation, increase in violent crime, and coping with extreme weather-related events, including hurricanes, wildfires, floods and heatwaves.

Breastfeeding & Racial Equity

Breastfeeding has important health benefits for children and families, and many parents want and intend to breastfeed their children. But many parents fall short of their breastfeeding goals. Time, money, and professional and social support are each key predictors of breastfeeding success. Racial inequities in access to these factors may contribute to racial inequities in breastfeeding outcomes.

BARRIER: US women of color are disproportionately less likely to have access to paid maternity leave through their employer. Researchers have noted significant racial inequities in access to paid leave nationwide; Latinas are the least likely to have paid leave or workplace flexibility.



SOLUTIONS: Governments can create and fund a paid family leave program that applies to all employees, including low-wage and hourly workers. Employers can allow paid breaks for workers who are breastfeeding.

BARRIER: There are racial inequities in access to maternity care practices known to support breastfeeding, such as rooming in, initiating breastfeeding within 1 hour of birth, and limiting the use of supplemental (formula) feeding. Black women are significantly more likely than white women to have formula introduced to their babies in the hospital.



SOLUTIONS: Governments can create requirements or incentives for hospitals to institute practices that support breastfeeding, including funding for the Baby-Friendly Hospital certification process. Hospitals can replace gift bags from the formula industry with gifts that support breastfeeding (e.g. manual breast pump, nipple cream, or breastfeeding pads).

BARRIER: Black women are less likely to receive encouragement to breastfeed from their medical providers and more likely to receive information about formula. Black women are also less likely to see a certified lactation consultant. Very few women of color are lactation consultants, suggesting a lack of culturally competent care in this field.



SOLUTIONS: Insurance companies can expand the network of covered lactation support practitioners. Professional organizations can diversify the pipeline of certified lactation counselors by offering scholarships or recruiting doulas or community health workers of color.

BARRIER: For low-income mothers, WIC is an important source of information about breastfeeding. Supportive WIC counselors can improve breastfeeding self-efficacy. However, WIC sites that serve a high proportion of black mothers are less likely to offer clinic-based breastfeeding support services.



SOLUTIONS: Governments can scale WIC's successful state and local breastfeeding interventions to the national level through incentives or requirements, and train or recruit more breastfeeding peer educators in black communities.

Summary: GAO identified 200 federal efforts related to diet—fragmented across 21 agencies—for reducing Americans' risk of chronic health conditions. The efforts fall into four categories

Categories	Number of efforts	Examples of activities	Equity Considerations
Total efforts	200		
Research	119	<ul style="list-style-type: none"> Collect and monitor data Conduct or fund studies Review research to develop guidelines on healthy eating 	<ul style="list-style-type: none"> Targeted funding programs that center on dissemination, implementation, and evaluation research and RCTs related to dietary intake using an equity lens (e.g. upstream/downstream interventions; comprehensive and multidimensional) Create community-focused research centers and community research partnership hubs
Education and clinical services	72	<ul style="list-style-type: none"> Inform program beneficiaries Counsel health care patients Inform the public with mass communication 	<ul style="list-style-type: none"> Utilize methods to reach, engage, and transfer power to including community health workers/indigenous/peer/paraprofessional educators Broader system integration and cross-training for community advocates and leaders from other sectors; expand application channels-faith communities, schools/education, financial institutions/banking

Summary: GAO identified 200 federal efforts related to diet—fragmented across 21 agencies—for reducing Americans' risk of chronic health conditions. The efforts fall into four categories

Categories	Number of efforts	Examples of activities	Equity Considerations
Total efforts	200		
Food assistance and access	27	<ul style="list-style-type: none"> • Provide food or assistance in purchasing food • Improve community access to healthy food 	<ul style="list-style-type: none"> • Bundle food assistance with other types of assistance such as housing, unemployment, job training • Expand programs that target the racial wealth gap (e.g., financial literacy, school loan programs/supports) • Seed development of small and scale up food related-business • Remove structural barriers and Incentivize the development of BIPOC, Veteran, low-income, etc. producers, manufacturers, and retailers. • Human-centered design and community planning/development

Summary: GAO identified 200 federal efforts related to diet—fragmented across 21 agencies—for reducing Americans' risk of chronic health conditions. The efforts fall into four categories

Categories	Number of efforts	Examples of activities	Equity Considerations
Total efforts	200		
Regulatory action	6	<ul style="list-style-type: none"> Issue requirements or recommendations for food producers, manufacturers, and retailers 	<ul style="list-style-type: none"> Require equity commitments and plans from food producers, manufacturers, and retailers. Grade/score food producers, manufacturers, and retailers on equitable practices. Require data transparency and data sharing



Thank you