



DATA AND INNOVATIVE APPROACHES FOR SUSTAINABLE SYSTEMS-WIDE CHANGES TO REDUCE THE PREVALENCE OF OBESITY

A Second Workshop, National Academies of Science, Engineering & Medicine

June 22, 2021

DISCLOSURE STATEMENT

I do not have any conflicts of interest to disclose.



ChangeLab Solutions



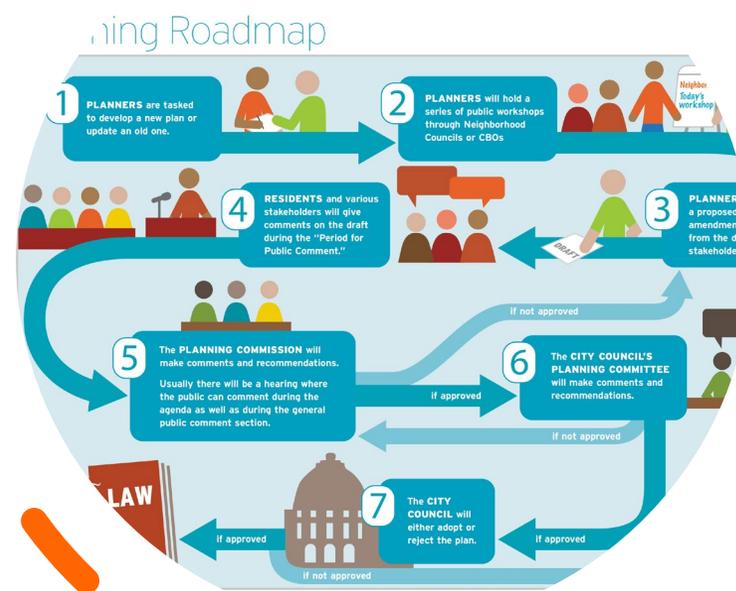
Our Mission

*Healthier communities
for all through equitable
laws & policies.*



ChangeLab's Work: A timeline

- 1996: Technical Assistance Legal Center
- 2005: Bringing Public Health & Land Use planning together
- 2008: Going National: National Policy & Legal Analysis Network to Prevention Childhood Obesity
- 2019: Blueprint for Changemakers
- 2020: Racism Is a Public Health Crisis



6 GUIDING PRINCIPLES TO A TRAUMA-INFORMED APPROACH

The CDC's Office of Public Health Preparedness and Response (OPHPR), in collaboration with SAMHSA's National Center for Trauma-Informed Care (NCTIC), developed and led a new training for OPHPR employees about the role of trauma-informed care during public health emergencies. The training aimed to increase responder awareness of the impact that trauma can have in the communities where they work. Participants learned SAMHSA'S six principles that guide a trauma-informed approach, including:



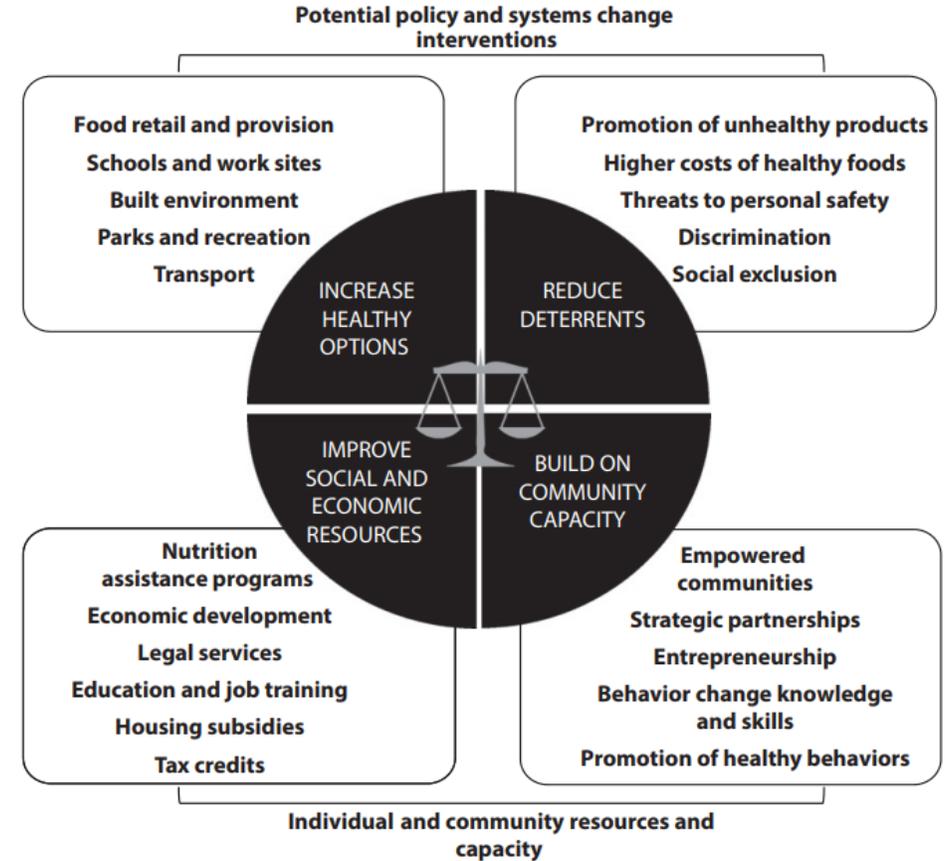
Adopting a trauma-informed approach is not accomplished through any single particular technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level. On-going internal organizational assessment and quality improvement, as well as engagement with community stakeholders, will help to imbed this approach which can be augmented with organizational development and practice improvement. The training provided by OPHPR and NCTIC was the first step for CDC to view emergency preparedness and response through a trauma-informed lens.

America: Equity and Equality in Health 3

Structural racism and health inequities in the USA: evidence and interventions

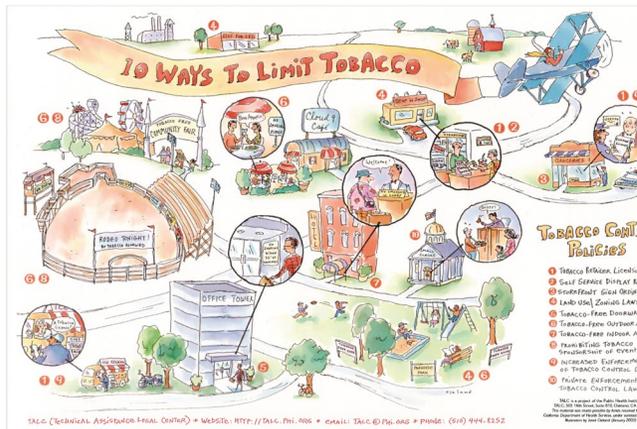
Zinzi D Bailey, Nancy Krieger, Madina Agénor, Jasmine Graves, Natalia Linos, Mary T Bassett

Despite growing interest in understanding how social factors drive poor health outcomes, many academics, policy makers, scientists, elected officials, journalists, and others responsible for defining and responding to the public discourse remain reluctant to identify racism as a root cause of racial health inequities. In this conceptual report, the third in a Series on equity and equality in health in the USA, we use a contemporary and historical perspective to discuss research and interventions that grapple with the implications of what is known as structural racism on population health and health inequities. Structural racism refers to the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice. These patterns and practices in turn reinforce discriminatory beliefs, values, and distribution of resources. We argue that a focus on structural racism offers a concrete, feasible, and promising approach towards advancing health equity and improving population health.



A Blueprint for Changemakers

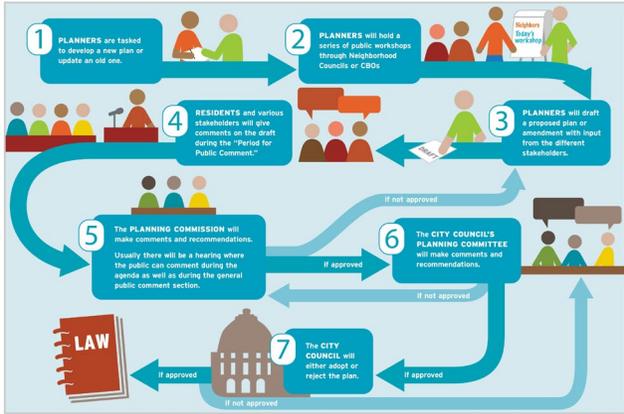
Achieving Health Equity Through Law & Policy

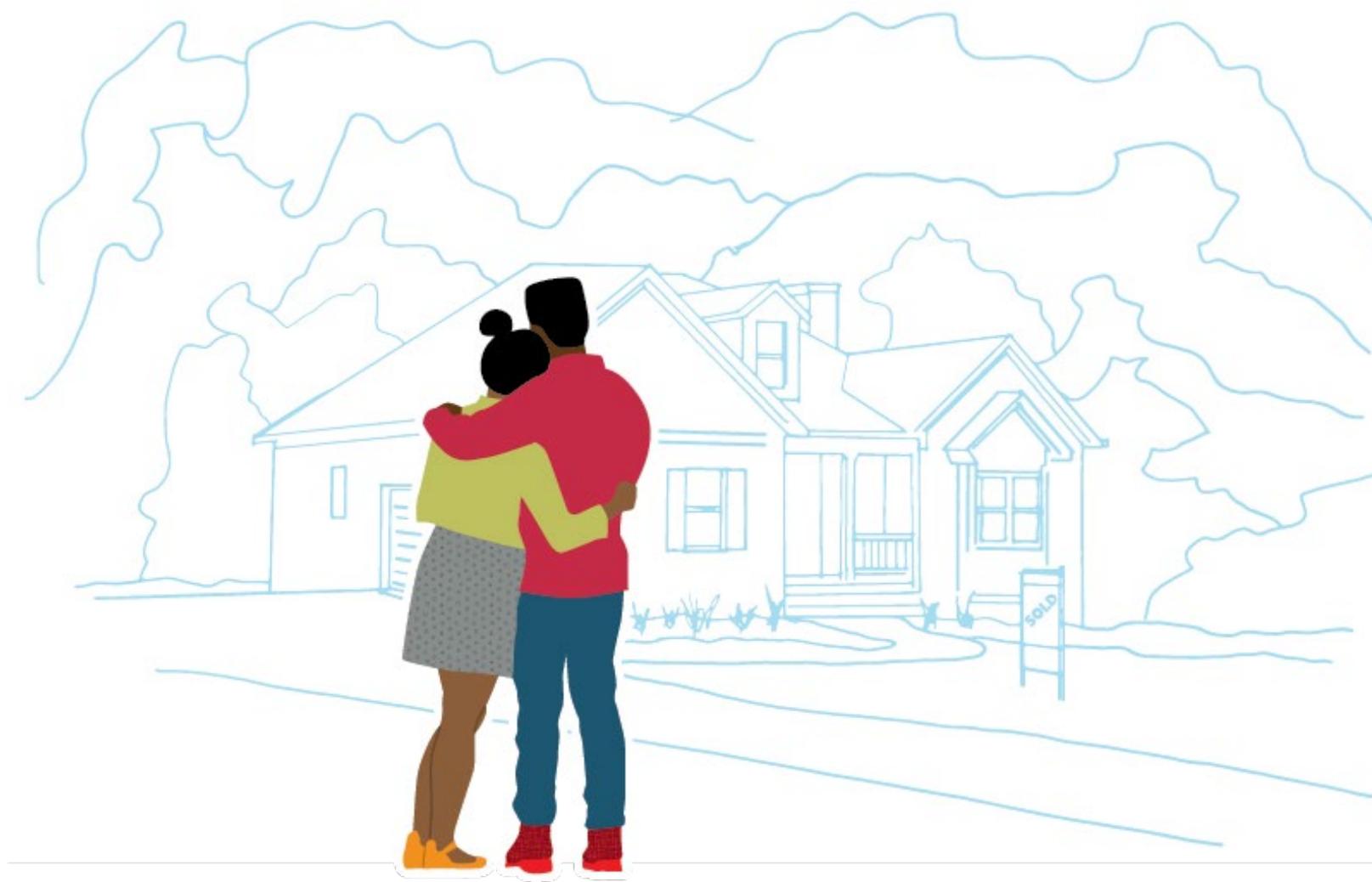


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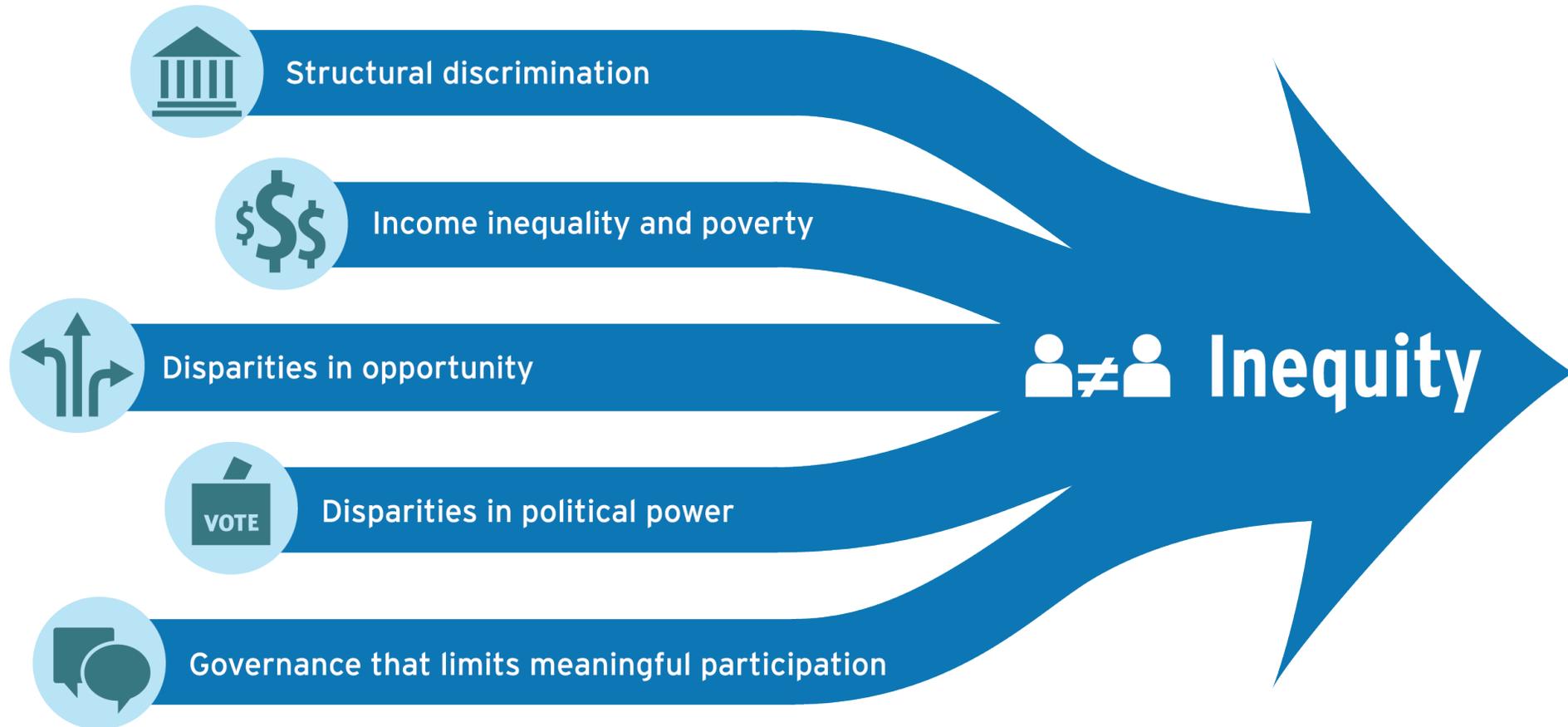
Planning Roadmap





Why Law & Policy Tools Are Needed to Achieve Health Equity

5 FUNDAMENTAL DRIVERS OF INEQUITY



Systems: WIC Food Policies



United States Department of Agriculture

SNAPSHOT of the WIC Food Packages ¹

Maximum Monthly Allowances of Supplemental Foods for Children and Women

| Foods | Children | Women | | |
|-------------------------------|--------------------------------------|--|---|--|
| | Food Package IV 1 through 4 years | Food Package V: Pregnant and Partially (Mostly) Breastfeeding (up to 1 year postpartum) | Food Package VI: Postpartum (up to 6 months postpartum) | Food Package VII: Full Breastfeeding (up to 1 post-partum) |
| Juice, single strength | 128 fl oz | 144 fl oz | 96 fl oz | 144 fl oz |
| Milk ² | 16 qt | 22 qt | 16 qt | 24 qt |
| Breakfast cereal ³ | 36 oz | 36 oz | 36 oz | 36 oz |
| Cheese | N/A | N/A | N/A | 1 lb |
| Eggs | 1 dozen | 1 dozen | 1 dozen | 2 dozen |

Policy: Local SSB Taxes



First City In The United States: Berkeley's Tax On Sugar-Sweetened Beverages

Environment: Local Food Systems

"Health equity ensures that everyone, no matter who they are, receives access to the services and supports they need."

- MICHELLENE DAVIS

EXECUTIVE VICE PRESIDENT AND CHIEF CORPORATE AFFAIRS OFFICER AT RWJBH



4

Guiding Principles for Advancing Health Equity



Engage Community
Members



Build Capacity



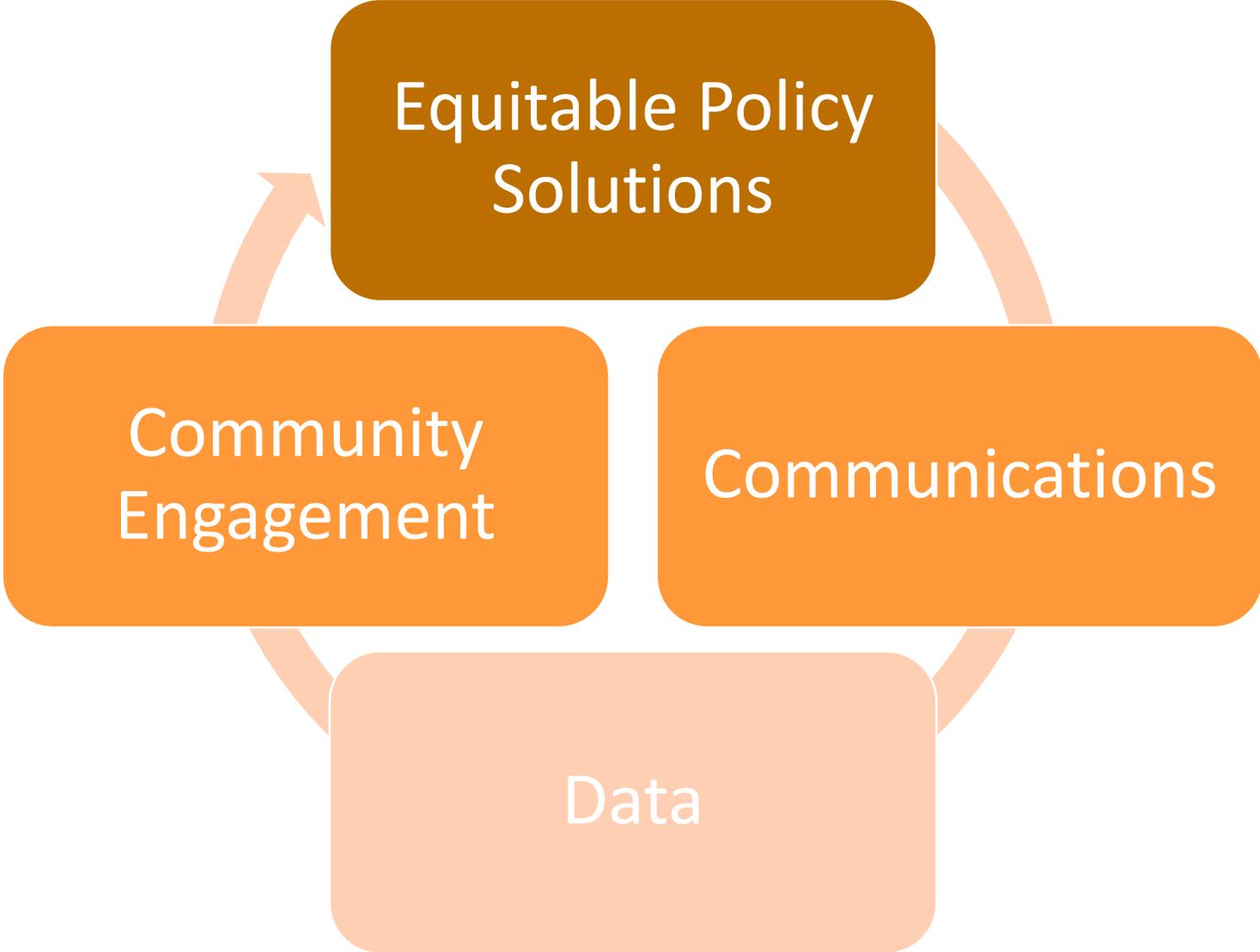
Understand the Roots of
the Problem



Align Action to Solve Core
Community Problems



**FINAL
REFLECTIONS**



ADDITIONAL RESOURCES

- [Tools for Change](#)
- [Public Health Law Certificate Program](#)
- [Blueprint for Changemakers](#)
- [Legal & Policy Strategies for Health Care & Food Systems Partners](#)
- [Tools for preemption](#)



THANK YOU
&
STAY
CONNECTED



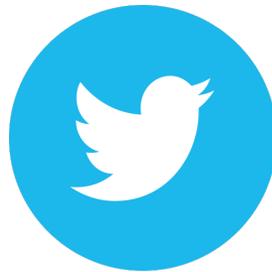
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