





# New research delves into the contributors to obesity-related health disparities

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## National Institute on Minority Health and Health Disparities Research Framework

		Levels of Influence*			
		Individual	Interpersonal	Community	Societal
Domains of Influence (Over the Lifecourse)	Biological	Biological Vulnerability and Mechanisms	Caregiver-Child Interaction Family Microbiome	Community Illness Exposure Herd Immunity	Sanitation Immunization Pathogen Exposure
	Behavioral	Health Behaviors Coping Strategies	Family Functioning School/Work Functioning	Community Functioning	Policies and Laws
	Physical/Built Environment	Personal Environment	Household Environment School/Work Environment	Community Environment Community Resources	Societal Structure
	Sociocultural Environment	Sociodemographics Limited English Cultural Identity Response to Discrimination	Social Networks Family/Peer Norms Interpersonal Discrimination	Community Norms Local Structural Discrimination	Social Norms Societal Structural Discrimination
	Health Care System	Insurance Coverage Health Literacy Treatment Preferences	Patient-Clinician Relationship Medical Decision-Making	Availability of Services Safety Net Services	Quality of Care Health Care Policies
Health Outcomes		 Individual Health	 Family/ Organizational Health	 Community Health	 Population Health

National Institute on Minority Health and Health Disparities. 2018  
\*Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual and Gender Minority  
Other Fundamental Characteristics: Sex and Gender, Disability, Geographic Region

The OHDRC applies the NIMHD’s Research Framework to inform the center’s work and research. It shows how the multilevel domains of influence affect individual, interpersonal, community, and societal levels of influence. National Institute on Minority Health and Health Disparities. Credit: NIMHD Research Framework. Retrieved from [nimhd.nih.gov/researchFramework](http://nimhd.nih.gov/researchFramework). Accessed on

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Obesity increases the risk of health conditions such as hypertension, coronary heart disease, and diabetes. Recent findings have also revealed that obesity is a risk factor for hospitalization and death due to COVID-19. In a new supplement to the *American Journal of Preventive Medicine*, published by Elsevier, researchers identify the complex contributors to obesity and obesity-related health disparities and propose strategies for improving the well-being of populations impacted by these disparities.

This supplement, "Obesity-Related Health Disparities: Addressing the Complex Contributors," highlights research findings from investigators and projects supported by the Obesity Health Disparities Research Center (OHDRC). The OHDRC is a National Institute on Minority Health and Health Disparities (NIMHD) funded Center of Excellence that supports transdisciplinary, multilevel, and multidomain research to understand the complex contributors to obesity and obesity-related [health disparities](#). The OHDRC uses the State of Alabama and the Deep South region as a model to study and investigate the biological, behavioral, and social factors related to obesity.

The OHDRC applies the NIMHD's Research Framework to inform the center's work and research.

The common theme running throughout this supplement is that obesity is not simply a medical or biological condition. "These articles identify strategies to better measure and identify modifiable and non-modifiable risk factors for obesity and help us understand the influence and interaction of these factors on obesity and related conditions," explain Guest Editors Mona N. Fouad, MD, MPH, Senior Associate Dean for

Diversity and Inclusion, Heersink School of Medicine, and Professor and Director, Division of Preventive Medicine, University of Alabama at Birmingham, Birmingham, AL, U.S., and Gareth Dutton, Ph.D., Endowed Professor of Diabetes Prevention and Control, Division of Preventive Medicine, School of Medicine, University of Alabama at Birmingham, Birmingham, AL, U.S..

"Researchers, clinicians, policymakers, and other stakeholders can utilize these articles to inform healthcare and public policy approaches in a way that improves the overall health and well-being of populations impacted by obesity and obesity-related health disparities," Dr. Fouad and Dr. Dutton add.

The supplement demonstrates that rigorous and comprehensive methods are needed to account for the multiple and interrelated [contributors](#) to obesity, including fundamental social, behavioral, and biological factors. Similarly, these research reports show that a complex problem like obesity requires multilevel and multidomain solutions to better address it. Rather, a variety of social determinants and other factors contribute to obesity risk and impact the prevention and treatment of this and related conditions.

Of particular note, contributions to the supplement highlight theoretical approaches to explain social determinants of obesity; protective factors that may mitigate the negative associations between neighborhood disadvantage and health; links among financial well-being, stress, and weight gain; and the impact of COVID-19 for individuals with obesity and weight-related comorbidities.

William C. Cockerham, Ph.D., Department of Sociology and Division of Preventive Medicine, University of Alabama at Birmingham, reviews selected theoretical approaches to explain the social determinants of obesity. Increasing evidence highlights the importance of the social

environment in relation to the risk of obesity. He analyzes empirical evidence linking theory to data in obesity studies. Broadly, those with lower socioeconomic status are more likely to have higher rates of obesity and related health conditions.

"The social determinants of obesity are not the entire story of [excessive weight gain](#), but are key variables in the process, sometimes acting independently of biological causes and sometimes acting together to cause people to become obese," Dr. Cockerham notes. "Consequently, biomarkers are increasingly being utilized in sociological studies of weight gain, as is the use of social variables in gene-environment studies, to provide more thorough assessments of the causes of obesity. Future developments in theories of obesity in the social sciences will likely incorporate both biological and genetic views of the causal factors of obesity into their models where feasible."

Sylvie Mrug, Ph.D., Department of Psychology, University of Alabama at Birmingham, and colleagues present a novel investigation of whether children's perceptions of parenting moderate the prospective relationship between childhood neighborhood adversity and adult health indicators. Contrary to some prior research, this study did not find links between neighborhood disadvantage and adult weight status. The authors highlight how parenting styles play a role in the long-term effects of neighborhood disadvantage of health. Specifically, inconsistent discipline and low parental nurturance were found to exacerbate the adverse relationship between neighborhood characteristics and adult health. They conclude that future interventions that enhance consistent and nurturing parenting may help reduce the long-term associations of neighborhood disadvantage with health.

There are established links between financial well-being, stress, and weight gain. In an article on the financial correlates of midlife obesity, Joseph D. Wolfe, Ph.D., Department of Sociology, University of

Alabama at Birmingham, extends this research by identifying that property debt, unsecured debt, and bankruptcy have significant and relatively large associations with midlife obesity. He highlights the importance of future obesity prevention interventions to target populations experiencing financial difficulties related to debt and bankruptcy. "As obesity inequalities persist and grow in the coming years, it is imperative that researchers should also explore the legal and political systems that help or hinder individuals resolving financial problems," he concludes.

Drew J. Gunnells, MD, Department of Surgery, University of Alabama at Birmingham, and colleagues explore whether patients with obesity and a history of COVID-19 should delay surgery, and if so, for how long. They report that postoperative mortality is almost six times higher for those previously infected with COVID-19 within two weeks prior to surgery. They suggest that increasing the time from COVID-19 diagnosis to surgery may reduce the risk of complications.

Dr. Fouad observes, "The impact of this supplement extends beyond continuing research. Ultimately, it allows our teams to share their innovative findings that can improve the overall health and well-being of populations impacted by obesity and obesity-related health disparities."

"In my research through the OHDRC, I work directly with women in the community who are impacted by obesity," Dr. Dutton adds. "To change this, I ask myself how we can use new trends and technology to motivate people and build healthy, sustainable habits. So far, our interventions have seen positive numbers—but we're not done. This supplement allows us to add to the growing body of evidence identifying solutions that address [obesity](#) and related conditions."

**More information:** Obesity-Related Health Disparities: Addressing the Complex Contributors, *American Journal of Preventive Medicine*

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