Reflections: Advancing Effective Communication of Obesity Solutions

April Oh, PhD, MPH
Division of Cancer Control and Population Sciences, National Cancer Institute
Rockville, MD, United States
Disclosures

No financial conflicts to disclose.

Views are my own and do not represent the views of my employer.
Advancing Effective Obesity Communications: A Workshop

- Session 1: Where are we? An Overview of Communication and the Communication Environment
- Session 2: What are we Learning? What’s Working and What’s Challenging?
- Session 3: Moving Forward. Where Should We Focus?
- Session 4: Reflections. Advancing Effective Communication of Obesity Solutions.
Bridging from Problem to Solution

1. Challenge traditional assumptions
2. Address Communication Inequalities
3. Participatory Design to Shape Narrative and Inspire Action
4. Implement and apply what works
1. Challenge Traditional Assumptions

- Communication and Messages are static*
- Obesity is a choice
- Our message is the best! (…and only message)
- It’s Science! People will trust it.
- Knowledge is enough to change behavior
- Consumers/Patients/Communities are homogeneous

These are barriers to successful implementation and potential impact of our evidence based messages…
2. Address Communication Inequalities

Communication inequality refers to differences in the generation, manipulation, and distribution of Information among social groups, as well as differences in:

- access to and use of information channels,
- attention to media content, recall, knowledge, and comprehension; and
- capacity to act on relevant information among individuals

(Viswanath 2006)

Social Determinants of Health

- Racism/Discrimination
- Income
- Education & Literacy
- Neighborhood
- Health Care
- Healthy Food Access
To Address Inequalities, we need Cross Sector Partnerships
3. Shaping the Narrative: Community Driven Co-Design

Social justice, Trust, Empowerment, Influence

Design thinking and community-based participatory research for Implementation Science
Definitions of Diffusion, Dissemination, and Implementation (from Greenhalgh et al.)
An Evidence-Based Weight Loss Program

- Is only so good as how and whether.
  - It is adopted?
  - Providers are trained to deliver it?
  - Trained providers choose to deliver it?
  - Eligible people receive?

If we assume 50% threshold for each step.

(even w/perfect access/adherence/dosage/maintenance)

Impact: \[0.5 \times 0.5 \times 0.5 \times 0.5 = 6\%\] benefit

Adapted from Glasgow, RE-AIM
Implementation is More than Efficacy/Effectiveness

RE-AIM
Translating Research into Action
re-aim.org

REACH
How do I reach the targeted population?

EFFECTIVENESS
How do I know my intervention is effective?

ADOPTION
How do I develop the institutional support to deliver my intervention?

IMPLEMENTATION
How do I ensure the intervention is delivered properly?

MAINTENANCE
How do I incorporate the intervention so it is delivered over the long term?
Thank you!
April Oh, PhD, MPH
April.oh@nih.gov
@aprilyoh

Acknowledgements:

David Chambers, DPhil
Acting Deputy Director,
IS Deputy Director, DCCPS

Margaret Farrell, RD, MPH
Reflections: Advancing Effective Communications of Obesity Solutions

- April Oh, National Cancer Institute
- Vish Viswanath, Harvard University
- Patricia Nece, Obesity Action Coalition
- Dietram Scheufele, University of Wisconsin-Madison
- Kevin Ronneberg, Health Partners, Inc.