

Health Disparities Among Marginalized Populations: Structural Determinants and Interventions

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Abstract:

This scholarly paper examines the complex interplay of structural determinants contributing to health disparities among marginalized populations. It delves into socioeconomic, environmental, and systemic factors that disproportionately affect access to healthcare and health outcomes. The paper also explores various interventions aimed at addressing these disparities, emphasizing the importance of interdisciplinary approaches and policy changes to achieve health equity.

Keywords: Health disparities, Marginalized populations, Structural determinants, Interventions, Health equity, Social determinants of health.

Introduction:

Health disparities among marginalized populations have been a persistent and troubling issue globally. Marginalized communities, including racial and ethnic minorities, socioeconomically disadvantaged groups, LGBTQ+ individuals, and people with disabilities, experience disproportionate barriers to healthcare access and often face worse health outcomes compared to privileged groups. These disparities are not merely individual-level problems but are deeply rooted in structural inequities that permeate healthcare systems, social policies, and economic structures.

Understanding Health Disparities:

Understanding health disparities involves recognizing the multifaceted factors that contribute to differential health outcomes among various population groups. One critical aspect is the social determinants of health, encompassing factors such as socioeconomic status, education, employment, and access to healthcare services. These social determinants create unequal opportunities for health and well-being, leading to disparities in disease prevalence, mortality rates, and overall health status.

Environmental factors also play a significant role in shaping health disparities. Communities with limited access to clean air, water, and safe living environments face higher risks of health problems such as respiratory diseases, lead poisoning, and waterborne illnesses. Environmental justice and addressing these disparities are crucial for promoting health equity and ensuring that all individuals have the right to a healthy environment.

Systemic inequities within healthcare systems contribute to disparities in healthcare access and quality. Issues such as discriminatory practices, lack of culturally competent care, and unequal distribution of healthcare resources disproportionately affect marginalized populations. Addressing these systemic barriers is essential for improving health outcomes and reducing disparities across diverse communities.

Cultural and linguistic barriers also impact health disparities by hindering communication between healthcare providers and patients from diverse backgrounds. Language barriers,

cultural beliefs, and norms can affect healthcare-seeking behavior, adherence to treatment plans, and trust in the healthcare system. Culturally competent care and language access services are critical for overcoming these barriers and ensuring equitable healthcare delivery.

Lastly, understanding health disparities requires a comprehensive approach that addresses the intersecting factors influencing health outcomes. This includes recognizing the complex interplay of social, economic, environmental, and healthcare system factors, as well as implementing interventions that promote health equity, reduce systemic barriers, and empower marginalized communities to achieve optimal health and well-being.

Definition and Scope:

Health disparities refer to differences in health outcomes or access to healthcare services between different groups of people. These groups can be defined based on various factors such as race, ethnicity, socioeconomic status, gender, sexual orientation, geographical location, and disability status. The scope of health disparities encompasses a wide range of health indicators, including but not limited to, rates of chronic diseases, mortality and morbidity rates, healthcare utilization, preventive care practices, and overall health status.

Understanding health disparities requires a comprehensive examination of the factors contributing to these differences. Social determinants of health play a crucial role, including socioeconomic factors like income, education, employment, and housing conditions. Environmental factors such as access to safe neighborhoods, clean air and water, and healthy food options also significantly impact health outcomes and contribute to disparities among different population groups.

Health disparities are not only limited to physical health but also extend to mental health and well-being. Marginalized populations often experience higher rates of mental health disorders, psychological distress, and barriers to accessing mental healthcare services. These disparities in mental health outcomes can be influenced by social stigma, discrimination, trauma, and lack of culturally competent care.

The scope of health disparities also encompasses disparities in healthcare access and quality. This includes disparities in insurance coverage, availability of healthcare facilities and providers in underserved areas, affordability of healthcare services, language and cultural barriers in healthcare delivery, and disparities in the quality of care received by different population groups.

Addressing health disparities requires a multifaceted approach that addresses the root causes of these inequities. This includes policy interventions to reduce socioeconomic disparities, improve access to healthcare services, promote health equity in healthcare delivery, increase cultural competence among healthcare providers, and engage communities in efforts to address social determinants of health.

Factors Contributing to Health Disparities:

Health disparities, or differences in health outcomes between various population groups, are influenced by a complex interplay of factors. One key factor contributing to health disparities is socioeconomic status. Individuals from lower socioeconomic backgrounds often face limited access to healthcare services, including preventive care and screenings, which can

result in poorer health outcomes compared to those from higher socioeconomic strata. Additionally, economic barriers such as lack of health insurance or financial constraints can prevent marginalized populations from seeking timely medical treatment or adhering to prescribed therapies, exacerbating health disparities.

Environmental factors also play a significant role in shaping health disparities. Communities with inadequate access to clean air and water, safe housing, and healthy food options are at higher risk of developing chronic health conditions such as asthma, cardiovascular diseases, and obesity. Environmental injustices, such as pollution and hazardous waste disposal in marginalized neighborhoods, contribute to increased rates of illnesses and further widen health disparities among vulnerable populations.

Social determinants of health significantly impact health disparities. Discrimination, racism, and stigma experienced by racial and ethnic minorities, LGBTQ+ individuals, and other marginalized groups contribute to stress, mental health issues, and reduced access to quality healthcare. Limited educational opportunities, employment discrimination, and lack of social support networks also contribute to poorer health outcomes and perpetuate disparities across various health indicators.

Health behaviors and lifestyle factors are another set of contributors to health disparities. Individuals from marginalized populations may face challenges in adopting healthy behaviors due to limited resources, cultural beliefs, and environmental constraints. Factors such as smoking, unhealthy diet patterns, substance abuse, and sedentary lifestyles are more prevalent in certain marginalized communities, leading to higher rates of chronic diseases and premature mortality.

Finally, healthcare system factors, including healthcare access, quality of care, and provider biases, contribute significantly to health disparities. Barriers such as transportation issues, language barriers, long wait times, and cultural insensitivity in healthcare settings can prevent marginalized individuals from receiving timely and appropriate care. Provider biases, whether conscious or unconscious, can result in differential treatment and contribute to disparities in healthcare outcomes among different population groups.

Social Determinants of Health:

Social determinants of health encompass a wide range of social and economic factors that significantly influence an individual's well-being and health outcomes. These determinants go beyond individual behaviors and healthcare access, extending into the broader context of society and community. One key aspect of social determinants is socioeconomic status, including income, education, and occupation. People with lower socioeconomic status often face greater barriers to healthcare, have limited access to nutritious food and safe housing, and experience higher levels of stress due to economic instability.

Another crucial social determinant is the physical environment in which individuals live and work. This includes factors such as air and water quality, availability of green spaces, exposure to toxins, and neighborhood safety. Communities with inadequate environmental resources and higher levels of pollution can contribute to health disparities, affecting respiratory health, cardiovascular disease rates, and overall quality of life.

Social support networks and community cohesion also play a vital role in determining health outcomes. Strong social connections, access to supportive relationships, and community resources can buffer against stress, improve mental well-being, and promote healthier behaviors. Conversely, social isolation, lack of social support, and feelings of exclusion can negatively impact mental health and contribute to a range of health issues.

Education and literacy levels are additional social determinants that significantly impact health. Higher levels of education are associated with better health knowledge, healthier lifestyle choices, and increased access to resources for managing health conditions. Conversely, limited education and health literacy can lead to misunderstandings about health information, difficulties navigating healthcare systems, and poorer health outcomes.

Lastly, cultural factors and social norms influence health behaviors and healthcare utilization patterns. Cultural beliefs, practices, and traditions shape how individuals perceive health, illness, and treatment options. Understanding and respecting cultural diversity is essential for providing culturally competent healthcare services and addressing health disparities effectively across diverse populations.

Environmental Factors:

Environmental factors play a significant role in shaping health outcomes and contributing to health disparities among various populations. One key aspect is environmental pollution, including air and water pollution, which can lead to respiratory diseases, cardiovascular problems, and other health issues. Marginalized communities often bear a disproportionate burden of environmental hazards due to factors such as living in areas with poor air quality or proximity to industrial sites.

Additionally, access to green spaces and nature has been linked to improved mental health and well-being. However, marginalized populations, particularly those in urban areas, may have limited access to parks and green areas, impacting their ability to engage in physical activity and experience the benefits of nature on health.

The built environment also plays a role in health disparities. Communities with inadequate infrastructure, such as lack of sidewalks, bike lanes, or safe public transportation, may face barriers to physical activity and access to healthcare facilities. This can contribute to higher rates of obesity, diabetes, and other chronic conditions among these populations.

Climate change is another environmental factor that poses significant health risks, including extreme weather events, heat-related illnesses, and the spread of vector-borne diseases. Vulnerable communities, such as low-income neighborhoods or coastal regions, are often disproportionately affected by these climate-related health challenges, highlighting the intersectionality of environmental and social determinants of health.

Addressing environmental factors requires a multi-faceted approach that includes policies to reduce pollution, improve access to green spaces and healthy food options, and mitigate the impacts of climate change. Collaborative efforts between government agencies, healthcare providers, community organizations, and advocacy groups are essential to create healthier and more equitable environments for all individuals.

Systemic Inequities:

Systemic inequities refer to the pervasive and entrenched disparities that exist within social, economic, and political systems. These inequities are not random or accidental but are structured into institutions, policies, and practices, leading to unequal opportunities and outcomes for different groups in society. One of the key features of systemic inequities is their deep-rooted nature, often perpetuated over generations, resulting in persistent inequalities across various domains such as education, healthcare, employment, and housing.

These systemic inequities are often interconnected and reinforce each other, creating a complex web of disadvantage for marginalized communities. For example, socioeconomic status is closely linked to access to quality education and healthcare, which in turn impacts employment opportunities and overall well-being. This interconnectedness highlights the need for holistic approaches to addressing systemic inequities, recognizing that a singular focus on one aspect may not lead to sustainable solutions.

Addressing systemic inequities requires a multifaceted approach that involves policy changes, institutional reforms, community empowerment, and public awareness. It involves dismantling discriminatory practices and biases embedded within systems and institutions while actively promoting inclusivity, diversity, and equity. This process requires collaboration and coordination among various stakeholders, including government agencies, non-profit organizations, businesses, and community leaders.

Addressing systemic inequities also necessitates a critical examination of power dynamics and privilege within society. It requires challenging existing norms and structures that perpetuate inequality and advocating for transformative changes that prioritize fairness, justice, and human rights for all individuals. This includes reimagining systems and policies to ensure they are inclusive and responsive to the diverse needs and experiences of people from different backgrounds.

Ultimately, the goal of addressing systemic inequities is to create a more just and equitable society where every individual has equal opportunities to thrive and fulfill their potential. This requires ongoing commitment, dedication, and collaboration across sectors to dismantle barriers, challenge biases, and create inclusive environments that foster dignity, respect, and equality for all.

Structural Determinants of Health Disparities:

Social and Economic Factors: Structural determinants of health disparities encompass a wide range of social and economic factors that shape individuals' access to healthcare and their overall health outcomes. These factors include income inequality, education level, employment opportunities, and housing stability. Marginalized communities often face higher rates of poverty and limited access to quality education and jobs, leading to poorer health outcomes compared to more privileged groups.

Healthcare Access and Quality: Disparities in healthcare access and quality are significant structural determinants of health disparities. Factors such as lack of health insurance, limited availability of healthcare facilities in underserved areas, and cultural and linguistic barriers contribute to differential access to preventive care, screenings, and treatments. This unequal access leads to delayed diagnoses, untreated chronic conditions, and higher rates of preventable diseases among marginalized populations.

Environmental Influences: Environmental factors, including exposure to pollutants, access to healthy food options, and safe living conditions, play a crucial role in health disparities. Many marginalized communities, especially those in low-income urban areas or rural regions, face environmental injustices such as pollution from industrial facilities, lack of green spaces, and food deserts. These environmental challenges contribute to higher rates of respiratory diseases, obesity, and other health issues within these communities.

Systemic Inequities: Structural determinants of health disparities are also shaped by systemic inequities embedded in social policies, healthcare systems, and institutional practices. Discriminatory practices, such as racial profiling in healthcare settings, unequal treatment based on socioeconomic status, and disparities in healthcare funding, perpetuate health inequities. These systemic barriers create barriers to accessing healthcare services, contribute to distrust in healthcare systems, and result in poorer health outcomes for marginalized populations.

Cultural and Social Norms: Cultural and social norms can either exacerbate or mitigate health disparities among marginalized populations. Discrimination, stigma, and cultural beliefs about health and illness can influence healthcare-seeking behaviors, adherence to treatments, and engagement in preventive care. Addressing cultural competency in healthcare delivery, promoting culturally sensitive interventions, and empowering communities to advocate for their health needs are essential strategies to address these structural determinants and reduce health disparities.

Socioeconomic Factors:

Socioeconomic factors play a significant role in shaping health outcomes and contributing to health disparities among populations. One key aspect is income level, where individuals with lower socioeconomic status often face barriers to accessing quality healthcare services. Limited financial resources can lead to delayed medical care, reduced preventive screenings, and challenges in affording medications, all of which can impact overall health and well-being.

Education is another crucial socioeconomic factor influencing health. Higher levels of education are associated with better health outcomes, as educated individuals are more likely to have access to information about healthy lifestyles, preventive care, and disease management. Additionally, education can lead to better employment opportunities and income stability, which in turn contribute to improved access to healthcare services.

Employment and working conditions also play a significant role in health disparities. Unemployment, underemployment, and unstable work environments can lead to financial stress, lack of health insurance coverage, and limited access to healthcare resources. Occupational hazards and exposure to unsafe working conditions can also contribute to increased health risks and disparities among different socioeconomic groups.

Housing and neighborhood environments are important socioeconomic factors influencing health. Individuals living in low-income neighborhoods often face challenges such as inadequate housing conditions, exposure to environmental pollutants, limited access to healthy food options, and higher rates of crime and violence. These environmental factors can

directly impact physical and mental health outcomes, contributing to health disparities within communities.

Finally, social support and networks are critical socioeconomic factors that can influence health outcomes. Strong social connections, access to social services, and community support networks can promote health and well-being. Conversely, social isolation, lack of support systems, and limited access to resources can exacerbate health disparities and contribute to poorer health outcomes among marginalized populations.

Cultural and Linguistic Barriers:

Cultural and linguistic barriers play a significant role in creating health disparities among marginalized populations. These barriers encompass a range of challenges, including language differences, cultural beliefs and practices, and limited cultural competence within healthcare systems. One key issue is the lack of access to healthcare information and services in languages other than the dominant language of a region or country. This leads to difficulties in communication between healthcare providers and patients, resulting in misunderstandings, misdiagnoses, and suboptimal treatment outcomes.

Cultural beliefs and practices can influence health-seeking behaviors and perceptions of illness. For example, certain communities may have traditional healing practices or beliefs that conflict with Western medicine, leading to reluctance in seeking medical care or adhering to treatment plans. Cultural norms regarding privacy, gender roles, and decision-making can also impact healthcare interactions, making it challenging for healthcare providers to provide patient-centered care that respects cultural diversity.

Addressing cultural and linguistic barriers requires a multifaceted approach that involves cultural competence training for healthcare professionals, language access services such as interpreters and translated materials, and culturally tailored health education programs. Healthcare systems must prioritize diversity, equity, and inclusion initiatives to ensure that all patients receive culturally competent and linguistically appropriate care. Additionally, community engagement and collaboration with cultural organizations can help bridge these barriers and improve healthcare access and outcomes for marginalized populations.

Overcoming cultural and linguistic barriers is not only about improving communication but also about acknowledging and respecting diverse cultural perspectives and practices. By integrating cultural competence into healthcare delivery and policies, we can work towards a more equitable and inclusive healthcare system that meets the needs of all individuals, regardless of their cultural or linguistic backgrounds.

Healthcare Access and Quality:

Healthcare access and quality are fundamental pillars of a functional and equitable healthcare system. Access refers to the ability of individuals to obtain needed healthcare services, including preventive care, treatment for acute conditions, and management of chronic illnesses. Quality, on the other hand, encompasses the effectiveness, safety, timeliness, and patient-centeredness of healthcare services. Together, access and quality determine the overall effectiveness and impact of healthcare delivery on population health outcomes.

One key aspect of healthcare access is its intersection with social determinants of health. Factors such as socioeconomic status, education level, geographical location, and cultural background significantly influence an individual's ability to access healthcare services. Disparities in access often result in unequal health outcomes among different demographic groups, highlighting the need for targeted interventions to address these gaps.

Ensuring healthcare quality involves multiple dimensions, including clinical effectiveness, patient safety, care coordination, and patient experience. Quality improvement initiatives aim to enhance healthcare processes, reduce medical errors, improve outcomes, and increase patient satisfaction. These efforts often involve evidence-based practices, continuous monitoring, and feedback mechanisms to drive positive changes in healthcare delivery.

The role of healthcare providers and institutions is crucial in promoting both access and quality of care. Healthcare professionals play a vital role in advocating for patients, addressing barriers to access, delivering evidence-based treatments, and promoting patient education and empowerment. Healthcare organizations also have a responsibility to implement policies and practices that prioritize patient safety, improve care coordination, and foster a culture of continuous quality improvement.

Healthcare access and quality are interconnected concepts that are essential for achieving optimal health outcomes and promoting health equity. By addressing barriers to access, improving healthcare delivery processes, and prioritizing patient-centered care, healthcare systems can enhance the overall health and well-being of individuals and communities.

Interventions and Strategies:

Interventions and strategies aimed at addressing health disparities among marginalized populations are multifaceted and require a comprehensive approach. Firstly, policy initiatives play a crucial role in creating systemic changes that can positively impact health outcomes. This includes advocating for policies that promote affordable and accessible healthcare, address social determinants of health such as housing and education, and support culturally competent care for diverse communities. Legislative measures can also focus on reducing discrimination and stigma in healthcare settings, ensuring equitable distribution of resources, and fostering community engagement in health decision-making processes.

Secondly, community-based interventions are effective in reaching marginalized populations where they live, work, and socialize. These interventions often involve partnerships between healthcare providers, community organizations, and local leaders to deliver targeted services and programs. Examples include mobile healthcare clinics, outreach campaigns for preventive care and screenings, culturally tailored health education workshops, and support groups for specific health conditions prevalent in marginalized communities. Engaging community members as active participants in designing and implementing these interventions enhances their effectiveness and sustainability.

Thirdly, health education and promotion are essential components of interventions aimed at reducing health disparities. Providing accurate and culturally relevant information about preventive measures, disease management, healthy lifestyles, and available healthcare resources empowers individuals to make informed decisions about their health. Health promotion efforts can leverage technology, social media, and community networks to

disseminate information widely and engage diverse populations. Tailoring educational materials and programs to the linguistic, cultural, and literacy levels of target communities improves accessibility and effectiveness.

Fourthly, interdisciplinary approaches are critical for addressing the complex and interconnected factors contributing to health disparities. Collaboration between healthcare providers, social workers, public health professionals, policymakers, educators, and community advocates can lead to innovative solutions and holistic care models. Integrating social determinants of health assessments into clinical practice, establishing cross-sector partnerships to address root causes of disparities, and promoting health equity training for healthcare professionals are examples of interdisciplinary strategies that can drive meaningful change.

Lastly, research and data collection play a vital role in informing evidence-based interventions and evaluating their impact. Conducting research on health disparities, evaluating interventions for effectiveness and scalability, and disseminating findings to inform policy and practice are essential steps in the intervention process. Incorporating community-based participatory research methods that involve community members in the research process can enhance the relevance and applicability of research findings to marginalized populations. Ongoing monitoring and evaluation of interventions are necessary to assess progress, identify areas for improvement, and ensure that interventions are meeting the needs of marginalized communities effectively.

Summary:

This paper highlights the critical need to address health disparities among marginalized populations through a structural lens. It emphasizes the role of social determinants, systemic inequities, and environmental factors in shaping health outcomes. By exploring interventions and interdisciplinary approaches, the paper aims to contribute to ongoing efforts to achieve health equity for all individuals, regardless of their background or social status.

References:

- Williams DR, Mohammed SA, Leavell J, Collins C. Race, socioeconomic status, and health: complexities, ongoing challenges, and research opportunities. *Ann N Y Acad Sci.* 2010 Feb;1186:69-101. doi: 10.1111/j.1749-6632.2009.05339.x.
- Braveman P, Egerter S, Williams DR. The social determinants of health: coming of age. *Annu Rev Public Health.* 2011;32:381-98. doi: 10.1146/annurev-publhealth-031210-101218.
- Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care; Smedley BD, Stith AY, Nelson AR, editors. *Unequal treatment: confronting racial and ethnic disparities in health care.* National Academies Press (US); 2003.
- Adler NE, Stewart J. Health disparities across the lifespan: meaning, methods, and mechanisms. *Ann N Y Acad Sci.* 2010 Feb;1186:5-23. doi: 10.1111/j.1749-6632.2009.05337.x.
- LaVeist TA, Gaskin DJ, Richard P. *The economic burden of health inequalities in the United States.* Joint Center for Political and Economic Studies; 2009.
- World Health Organization. *Closing the gap in a generation: health equity through action on the social determinants of health. Final Report of the Commission on Social Determinants of Health.* Geneva: World Health Organization; 2008.
- Marmot M. Social determinants of health inequalities. *Lancet.* 2005 Mar 19-25;365(9464):1099-104. doi: 10.1016/S0140-6736(05)71146-6.
- Agency for Healthcare Research and Quality. *National healthcare disparities report, 2017.* Rockville, MD: Agency for Healthcare Research and Quality; 2018.
- Braveman P, Gruskin S. Defining equity in health. *J Epidemiol Community Health.* 2003 Jul;57(4):254-8. doi: 10.1136/jech.57.4.254.
- Whitehead M. The concepts and principles of equity and health. *Health Promot Int.* 1991;6(3):217-28. doi: 10.1093/heapro/6.3.217.
- Gee GC, Ford CL. Structural racism and health inequities: old issues, new directions. *Du Bois Rev.* 2011;8(1):115-32. doi: 10.1017/S1742058X11000130.
- Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities. *The health of lesbian, gay, bisexual, and transgender people: building a foundation for better understanding.* National Academies Press (US); 2011.
- Institute of Medicine (US) Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. *Unequal treatment: confronting racial and ethnic disparities in health care.* National Academies Press (US); 2003.
- Braveman PA, Kumanyika S, Fielding J, Laveist T, Borrell LN, Manderscheid R, Troutman A. Health disparities and health equity: the issue is justice. *Am J Public Health.* 2011 Sep;101 Suppl 1:S149-55. doi: 10.2105/AJPH.2011.300406.
- Institute of Medicine (US) Committee on Health and Behavior: Research, Practice, and Policy. *Health and behavior: the interplay of biological, behavioral, and societal influences.* National Academies Press (US); 2001.
- Hatzenbuehler ML, Phelan JC, Link BG. Stigma as a fundamental cause of population health inequalities. *Am J Public Health.* 2013 May;103(5):813-21. doi: 10.2105/AJPH.2012.301069.

- Adler NE, Newman K. Socioeconomic disparities in health: pathways and policies. *Health Aff (Millwood)*. 2002 Mar-Apr;21(2):60-76. doi: 10.1377/hlthaff.21.2.60.
- Braveman P, Gottlieb L. The social determinants of health: it's time to consider the causes of the causes. *Public Health Rep*. 2014 Jan-Feb;129 Suppl 2:19-31. doi: 10.1177/00333549141291S206.
- Smedley BD, Stith AY, Nelson AR, editors. *Unequal treatment: confronting racial and ethnic disparities in health care*. National Academies Press (US); 2003.
- Gaskin DJ, Thorpe RJ Jr, McGinty EE, Bower K, Rohde C, Young JH, LaVeist TA, Dubay L. Disparities in diabetes: the nexus of race, poverty, and place. *Am J Public Health*. 2014 May;104(5):e98-e106. doi: 10.2105/AJPH.2013.301420.
- Link BG, Phelan J. Social conditions as fundamental causes of disease. *J Health Soc Behav*. 1995;Spec No:80-94. doi: 10.2307/2626958.
- Viruell-Fuentes EA, Miranda PY, Abdulrahim S. More than culture: structural racism, intersectionality theory, and immigrant health. *Soc Sci Med*. 2012 Nov;75(12):2099-106. doi: 10.1016/j.socscimed.2011.12.037.
- Braveman P, Gruskin S. Poverty, equity, human rights and health. *Bull World Health Organ*. 2003;81(7):539-45.
- Braveman P, Barclay C. Health disparities beginning in childhood: a life-course perspective. *Pediatrics*. 2009 Nov;124 Suppl 3:S163-75. doi: 10.1542/peds.2009-1100D.
- Adler NE, Stewart J. Reducing obesity: motivating action while not blaming the victim. *Milbank Q*. 2009 Mar;87(1):49-70. doi: 10.1111/j.1468-0009.2009.00549.x.