The Socio-Ecological Model: A Framework for Promoting Healthy Weight

Hillary N. Fouts, Ph.D.
Department of Child and Family Studies
College of Education, Health, and Human Sciences
Outline

• Background and overview of the Socio-Ecological Model (SEM)
• Interconnectedness and interaction between systems of the model
• Role of culture in the model and implications for promoting healthy weight
Background of SEM

• Urie Bronfenbrenner’s Framework
  • A meta-theory from psychology
  • Ecological Theory (1970s and 80s)
  • Bio-Ecological Theory (1990s and beyond)

• Adapted and applied to many fields
  • Social sciences
    • psychology, sociology, family sciences, child development
  • Social work
  • Public health

Bronfenbrenner & Morris (2006); Tudge et al. (2009)
Foundational Properties of the Theory

• Person-Process-Context-Time [PPCT]

Bronfenbrenner & Morris (2006); Tudge et al. (2009)
Context: Nested Systems

• Microsystem
  • Interpersonal / immediate relationships and interactions (family, school, neighborhood, etc.)

• Mesosystem
  • Connections between structures in the microsystem (school-home relationships, etc.)

• Exosystem
  • Community and larger social systems (organizations, social institutions)

• Macrosystem
  • cultural values, customs, laws, international and global issues

• Chronosystem
  • Time (timing of significant events, developmental stage, etc.)

Bronfenbrenner & Morris (2006); Tudge et al. (2009)
Societal Structures: local, state, federal policies; laws; societal norms

Community: social standards and norms

Institutions/Organizations: medical/health organizations, schools, etc.

Interpersonal: Family, peers, social networks

Individual: personal characteristics, beliefs, behaviors

Chronosystem: Time

Adapted from CDC (2017), Health Equity Toolkit
Culture Permeates and Connects

- Integrated set of beliefs and practices
- Shared by social groups
- Socially transmitted
- Dynamic and changes through time
We ALL have culture

• Like the fish that is unaware of water until it has left the water, people often take their own community’s ways of doing things for granted. (Barbara Rogoff, 2003, p. 13)

• No one is more or less cultural, we all have cultural lenses

• Tendency to be more aware of other people’s culture and to see your own beliefs and practices as ‘normal,’ ‘fact,’ or ‘truth.’
Culture is much more than the box you check

- Variation within cultures, regionally, and through time
- Lived experiences and meaning making
- Foundational values and socio-historical context
- Perceptions, expectations, and beliefs about weight
- Customs and preferences related to food; infant and child feeding practices
Applying the Model: Perceptions of Infant Weight

• Thompson, Adair, and Bentley’s (2014) study of low-income African American mothers in North Carolina

• Factors impacting mother’s assessment of infant weight:
  • Comparisons to other infants encountered in daily life (family and community)
  • Pediatric assessment (organizations; policy)
  • Position on growth chart (national; policy)
  • Clothing and diaper size (societal)
  • Beliefs about size and health (individual and cultural)
Societal norms (clothing/diaper sizes), National growth charts

Comparisons to infants in community

Pediatric care

Comparisons to family/peers

Community: social standards and norms

Institutions/Organizations: medical/health organizations, schools, etc.

Interpersonal: Family, peers, social networks

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Interconnections and Interactions

- Long-held Cultural Beliefs
  - Societal norms
  - Family / peers
  - Community norms
  - Pediatric care / assessment
Conclusion

• SEM is a starting point, highlighting important factors to consider when promoting healthy weight.

• Factors don’t occur in isolation, they are mutually interactive and culture pervades the systems.

• Awareness of your position in the systems and the position of the people you serve is key for developing effective prevention / intervention.

• Regardless of where you intervene in the systems, all systems are still at play.
References


