Class and Social Gradient: Income, Food, and Health

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Income, Health, and Food Access in the United States

Sources:
- www.cdc.gov/obesity/data/trends.html#County
- labs.slate.com/articles/food-deserts-in-america
Income and Food Access in Baltimore

“Six Miles – 20 Years”

Source: http://foodsystemmap.cgis.us/
Obesity and Food Insecurity by Household Income

Political Participation by Income Quintile

Source: 2008 National Election Study
Voting Participation among Beneficiaries of Government Programs

Lindsay Thompson, Ph.D.

Carey Business School
<table>
<thead>
<tr>
<th>THE LIVABLE CITY MATRIX</th>
<th>Human Capabilities</th>
<th>Sustainability</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Somatic</td>
<td>Social</td>
</tr>
<tr>
<td></td>
<td>• Life</td>
<td>Environmental</td>
</tr>
<tr>
<td></td>
<td>• Bodily Health</td>
<td>Economic</td>
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<td>• Bodily Integrity</td>
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<td>• Senses</td>
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<td>• Emotions</td>
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<td>• Practical Reason</td>
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<td>Relational</td>
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<td>• Affiliation</td>
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<td>• Other Species</td>
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<td>Agency</td>
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<td></td>
<td>• Play</td>
<td></td>
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</tbody>
</table>
Albemarle Square
HOPE VI PUD

Mixed income community replacing Flaghouse Courts

153 Market Rate Homes

124 Low Income Rental Units
EXETER GARDENS

Re-growing ethnic food cultures in historic Jonestown Village
Jonestown Village challenges and assets

**Challenges**
- 40+% Section VIII renters, transients
- High proportion of poor, elderly, very young
- 50+ vacant, abandoned, derelict properties
- Minimal green space and tree canopy
- Severe rat infestation
- Negligent, indifferent property management

**Assets**
- Nucleus of community leaders
- Low crime / violence
- Influx of engaged, affluent homeowners
- Proximity to high value neighborhoods, employment, anchor institutions
- Affordable, convenient public transit
Exeter Gardens includes all WHO intervention strategies to influence social determinants of health

- Improve daily living conditions
- Tackle the inequitable distribution of power, money, and resources
- Measure and understand the problem to assess the impact of action

WHO Commission on Social Determinants of Health Report (2008)
Sara Bleich, Ph.D.

Health Policy and Management,
Bloomberg School of Public Health
Why do we care about the food environment

- Physical and financial access greatly shapes our choices and obesity risk
- Local food environments differ considerably by the racial and economic composition of a community
- Differences in the food environment may contribute to inequities in obesity risk and risk from obesity-related conditions
- Indirect costs (money and time) of preparing healthy foods are additional barriers to good nutrition for low-income groups
All food environments are not equal
National data may not be ideal for understanding disparities in obesity

- National data show a persistent racial disparity in obesity among women
- National data do not account for race differences in health risks resulting from racial segregation → different environmental exposures
- National data do not account for the correlation between race and socioeconomic status → minorities more likely to be poor
Exploring Health Disparities in Integrated Communities (EHDIC)

- EHDIC is a multi-site study designed to assess the nature of health disparities where African Americans and Whites live under similar and environmental conditions.

- Nation-wide assessment of census tracts
  - 35% African Americans AND 35% white
  - b/w median income ratio 0.85-1.15
  - b/w percent high school grad 0.85-1.15

- Of 66438, 425 census tracts met the criteria.
Black-White disparity in obesity among women, social context matters

Significant differences in obesity disappear among low-income women living in the same social context

Important caveat

- In the EHDIC data, race disparities among black and white women were eliminated because of higher prevalence of obesity among white women as a result of challenging social conditions

- Policies are needed that will help obesity decline among both white and black women
Who does the public blame for obesity?

<table>
<thead>
<tr>
<th>Public Attitudes on Responsibility for Obesity (in percent)</th>
<th>Great deal</th>
<th>Good amount</th>
<th>Just some</th>
<th>Hardly any</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual Americans in their choice of diet and lack of exercise</td>
<td>67</td>
<td>20</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Fast-food restaurants</td>
<td>43</td>
<td>21</td>
<td>19</td>
<td>13</td>
</tr>
<tr>
<td>Schools that allow high-calorie snacks and sweets</td>
<td>40</td>
<td>24</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Manufacturers of high-calorie packaged and processed foods</td>
<td>36</td>
<td>25</td>
<td>22</td>
<td>12</td>
</tr>
<tr>
<td>Marketers and advertisers of high-calorie packaged and processed foods</td>
<td>35</td>
<td>25</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Government policies and laws on food content and marketing</td>
<td>20</td>
<td>21</td>
<td>28</td>
<td>24</td>
</tr>
</tbody>
</table>

Note: "Don't know" responses not shown.

Sources: ABC News/Time Poll (Storrs, Conn.: Roper Center for Public Opinion Research, May 10-16, 2004). Questions: Whatever the causes of obesity, I'd like to ask you about groups that may or may not be responsible for creating the problem. For each, please tell me if you think it bears a great deal of responsibility for the nation's obesity problem, a good amount, just some or hardly any.

How to move the agenda forward

• Improve public awareness of the food environment

• Identify ways to reducing disparities by eliminating challenging social conditions

• Develop synergies between public health and industry, government and communities

• Appropriately align incentives to “nudge” people in the right direction and encourage community investment in increased access to healthy foods