

## Disparities in Food Access and in Opportunities for Physical Activity

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In Massachusetts, about one-third of all children aged 10-17 and 58 percent of residents of all ages are either overweight or obese (MPHA 2011; CDC 2011). Obesity is a risk factor for numerous preventable chronic diseases, from type 2 diabetes to heart disease, stroke, and some cancers. Type 2 diabetes, once almost unheard of among children, now represents a significant portion of all diabetes reported in the state. Overall, diabetes has jumped by nearly 40 percent in just a decade (CDC 2011). How has this happened and who is it happening to? This article discusses the causes for the rising tide of preventable chronic disease, not only in Massachusetts but across the country. It also highlights some of the key factors that have produced this change and the parts of the population that are often more affected.

### MASSACHUSETTS: HEALTH ACCESS AND OUTCOMES

Massachusetts leads the nation when it comes to access to health care, and health reform in the state effectively increased access to health care and reduced disparities. Three years after it was enacted in 2006, Massachusetts health reform was associated with a 7.6 percent increase in health insurance among residents – a 4.8 percent decrease in those foregoing health care due to cost and a 6.6 percent increase in residents having a primary care physician (Massachusetts Division of Health Care Finance and Policy 2010). But while access to care is critical to screening and responding to illness and injury, no amount of care can substitute for healthy behaviors. Lifestyle and environmental factors account for almost 70 percent of the average person's health, yet only 4 percent of national health expenditures are focused on healthy behaviors (NEHI 2007). Additionally, there is great disparity in the environmental, physical, and socioeconomic factors that influence health by neighborhood, often with those who are predominantly low-income or minority having limited access to the very social determinants that permit healthy choices.

### BOSTON HEALTH DATA: A PICTURE OF DISPARITIES

The obesity epidemic affects all races and ethnicities, but some

populations are disproportionately affected. As one study summarized, "Health, disease, and death are not randomly distributed...illness concentrates among low-income people and people of color residing in certain geographical places" (Beyers et al. 2008).

According to the Boston Public Health Commission's annual *Health of Boston* report, in 2008, lower-income Boston residents (having household incomes of \$25,000 or less) reported higher rates of asthma, diabetes, heart disease, high blood pressure, and obesity compared to higher-income residents. Roxbury, North Dorchester, and South Dorchester were three of the five neighborhoods with the highest annual heart disease hospitalization rate. Obesity disproportionately affects blacks – 32 percent of black adults are obese, compared to just 17 percent of whites (Boston Public Health Commission 2010). In 2009 a higher percentage of black and Latino high school students were overweight in comparison to white students (CDC 2009). Roxbury, Dorchester, and another neighborhood with a high concentration of low-income residents, Mattapan, are also home to more fast food restaurants per capita than all other Boston neighborhoods combined (Boston Public Health Commission 2010). These geographic and environmental realities clearly have an impact on disparate health outcomes.

### ACCESS AND AFFORDABILITY OF HEALTHY FOOD

A 2010 report by The Food Trust found that Massachusetts is the third worst state in the nation for food deserts, defined as areas where healthy and affordable food is difficult to obtain. This lack of access is true in rural and urban areas, and particularly prevalent in communities that have low socioeconomic status and are populated primarily by people of color. The same report found that Massachusetts has fewer supermarkets per capita than any other state. The lack of access often means that families will sacrifice quality for the convenience of food that is available at the local corner store. The lack of competition also drives up prices, making healthy options unaffordable.

Farmers markets are one way to help bring healthy food into low-income and minority communities, and with the option of using the Supplemental Nutrition Assistance Program

(SNAP) benefits with electronic benefit cards, the food is more affordable. However, less than 25 percent of the markets in the state participate in this program.

### OPPORTUNITIES FOR PHYSICAL ACTIVITY

The health benefits of physical activity are well-documented, yet less than 25 percent of Americans get the recommended amount (CDC 1999). In addition, there is recent recognition of the impact of various environmental factors on active living – including both the social environment and the built environment. Socioeconomics, the condition of sidewalks, and safety all contribute to creating environments that are either supportive of activity or not. If there are no convenient green spaces, parks, athletic fields, or opportunities for walking or biking, it is harder for individuals to make the choice to engage in physical activity. Also, neighborhoods that have the highest levels of violence are the very same neighborhoods with higher rates of chronic disease. This is not a coincidence.

Additionally, in recent years we have lost the utilization of schools as a venue for children to be active, both in their commute to and from school, as well as in the absence of recess and physical education. In 1969 half of all school children either rode their bikes or walked to school, but that percentage has dropped to fewer than 15 percent (Safe Routes to School National Partnership 2011). Also, a majority of students attend schools with no physical education. A 2010 study by the Trust for America's Health found that Massachusetts had the worst score in the country in a study of physical activity among high school students. Only 17 percent in the state reported being physically active 60 minutes or more every day (Trust for America's Health 2010).

### ENCOURAGING HEALTHY BEHAVIORS

What must be done in order to make the healthy choice the easier choice, especially in communities most affected by overweight, obesity, and diet-related chronic diseases? The answer is not simple – and it requires a multisector approach.

One encouraging program is Boston Bounty Bucks. The Food Project, a local nonprofit, and the City of Boston sponsor this program, which has dual goals: to enable all residents of Boston to have access to the local bounty of farm products available at city farmers markets and to strengthen the economy of local farmers. More than 82,000 Boston residents that participate in SNAP can use their benefits at over 20 participating farmers markets. All purchases made with SNAP benefits are matched up to \$10, meaning that SNAP users at farmers markets can get their food at 50 percent off up to \$20.

In the area of physical activity, there are some best practice programs that help fill the gaps left by a lack of formal physical education in schools and community-level activity. Playworks is a national best practice model that started in Oakland, California. This year, 86 percent of Boston's elementary and K-8 schools will experience a positive recess environment with Playworks delivering direct service programs to 30 schools and recess implementation for 34 schools.

These programs are a great way to shape local changes in high-need areas, but statewide policy change is the best and

most effective tool to address these issues over the long term and on a large scale. States must make daily physical activity in schools mandatory; not give sugar-sweetened beverages preferential tax treatment; ban the use of trans fats; engage in health impact assessments in communities; increase funding for effective public health programs; and generally engage the population in a public health campaign similar to those waged to stop smoking and encourage the use of seatbelts. These are part of The Boston Foundation's Healthy People Healthy Economy Initiative, a coalition to make Massachusetts the preeminent state in the country for health and wellness, building on the successful Mass in Motion state initiative that aims to promote wellness and prevent overweight and obesity in Massachusetts, with a particular focus on the importance of healthy eating and physical activity.

This type of multisector, multifield effort with an equity lens targeting those most at risk and least supported in making healthy choices is the only way to successfully address health disparities in health outcomes, particularly those related to preventable chronic disease.

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