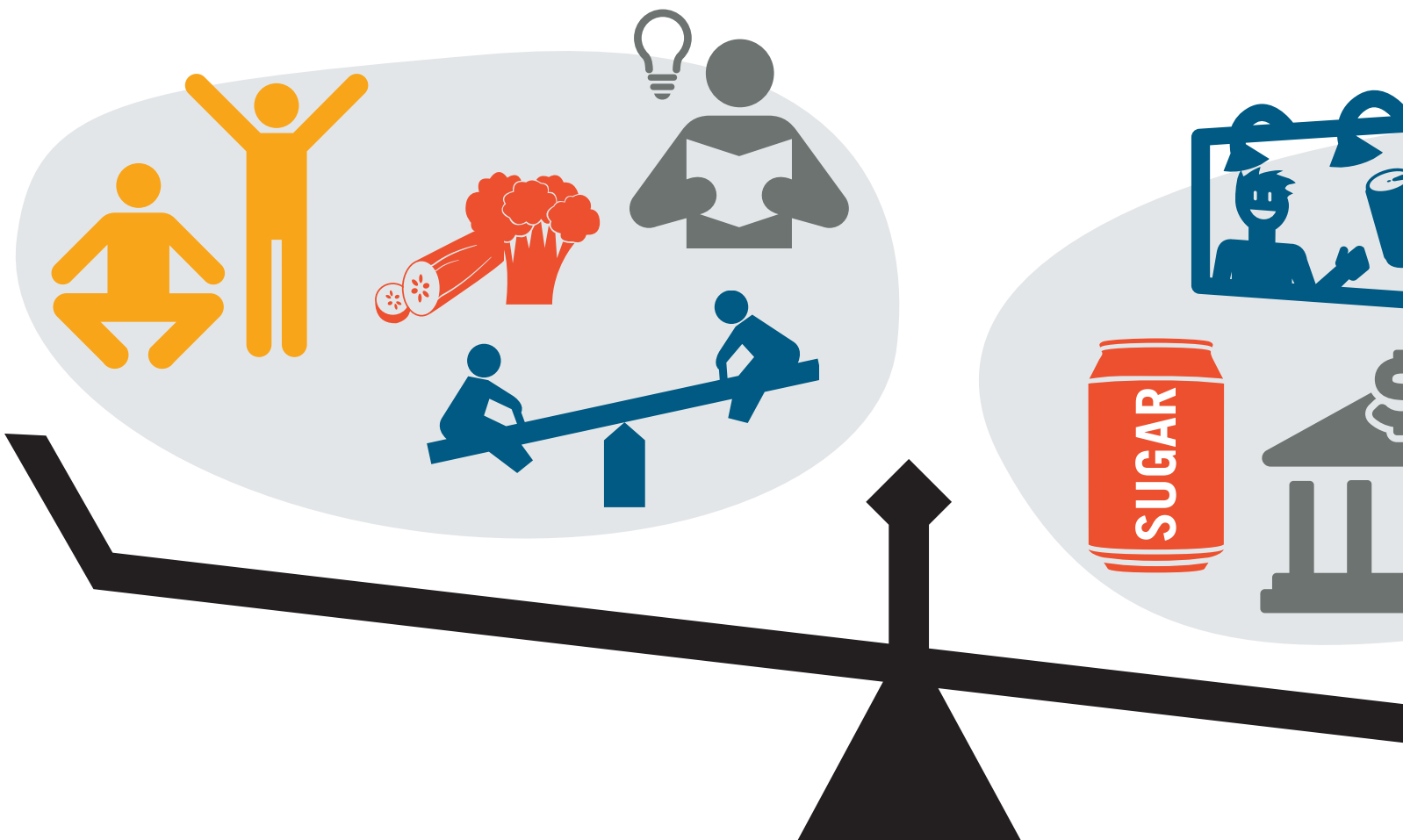


UNEQUAL HEALTH

HOW ENVIRONMENT, POLICY, INDUSTRY IMPACT
YOUR HEALTH AND WHAT YOU CAN DO ABOUT IT



Every day, we are flooded by messages about our bodies and health. Try this new diet! Take this pill! Lose weight! Buy this gadget! Eat fewer carbs! Eat less fat! It can be overwhelming to sort through the health messages and figure out what is true, what is untrue, and what we are supposed to do about it.

Very rarely do the messages we receive address the underlying social and economic roots of our health. What if our health wasn't totally determined by our individual decisions? What if there were what researchers call "determinants of health," or factors, that shape how healthy we are?

Low-income people and people of color are at greater risk of experiencing a range of health problems, including heart disease, diabetes, high blood pressure (hypertension), and stroke. This difference in health between groups, also known as health disparities, are not just the result of individual decisions,

they are also the result of determinants of health. The more we can understand those reasons, the better able we are to see the bigger picture and begin to address all the causes for poor health in our families and communities.

So what are some of the reasons low-income people and people of color experience poor health outcomes? The causes are complex and involve the intersection of genetics, lifestyle, education as well as some of the factors addressed in this story. Over the next year, we will be looking at some of these topics in-depth, and identifying ways to address them in your daily life:

Food deserts, food swamps

Low-income people and people of color are more likely to live in a food desert or a food swamp. A food desert is an area where fresh food – particularly fruits and vegetables – are less likely to be found. According to the USDA, food deserts are calculated by a combination of factors, including distance to a supermarket plus income and vehicle access. Using the USDA's Food Atlas map, in just King County, there are dozens of areas (particularly in South Seattle and South King County) that fall under the category of a food desert.

A food swamp, on the other hand, is an area that is defined as one where high calorie, low nutrition food – such as fast food and processed junk food – is easy to access, inexpensive and most often located in low-income, communities of color. According to a study in a 2004

issue of the *American Journal of Preventive Medicine*, predominantly Black neighborhoods had 2.4 fast food restaurants per square mile compared with 1.5 in White neighborhoods. Study authors concluded that: "The link between fast food restaurants and Black and low-income neighborhoods may contribute to the understanding of environmental causes of the obesity epidemic in these populations." This leads to the reality that former King County Executive, Ron Sims, described in a 2008 op-ed, writing: "A Southeast Seattle resident is four times more likely to die from diabetes than a resident of Mercer Island."

The built environment

While people talk a lot about the natural environment, you don't hear as often about the built environment. The term "built environment" refers to surroundings built for people. These include roads, parks, walkways, buildings, and other infrastructure. Low-income communities and communities of color often have built environments that create barriers to the kinds of physical activity that lead to healthier lives.

For example, according to a report by the Prevention Institute, "Low-income individuals and people of color are less likely to have access to parks and other types of physical activity settings (such as bicycle trails and public pools) than white and more affluent communities." As a result, people in the top 25 percent of access to open space walked at the recommended levels, 47 percent more



Grab and Go Snacks

We know you don't have a lot of time, so here are some suggestions for easy snacks you can prepare in advance and take with you. Put these in individual baggies and leave by your door or in your fridge:

NUTS Nuts are an excellent source of protein and fiber and help prevent hunger. Try to find ones with low or no salt added.



FRESH FRUIT Cut up fresh fruit and keep in the fridge for munching on the go.

FRESH VEGGIES

You can snack on cut up carrots as well as snap peas, cauliflower, jicama - any cut veggie works.

POPCORN AND NUTS

Mix popcorn with nuts for a filling snack.

Suggestions for Easy Activities

WALK Go out for a short walk before breakfast, after dinner or both! Start with 5-10 minutes and work up to 30 minutes. Walk or bike to the corner store instead of driving.

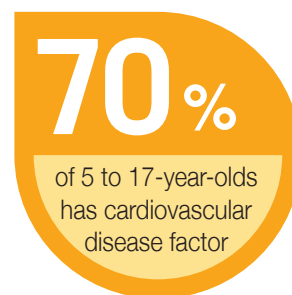
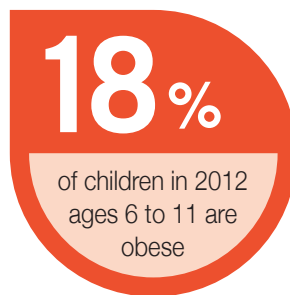
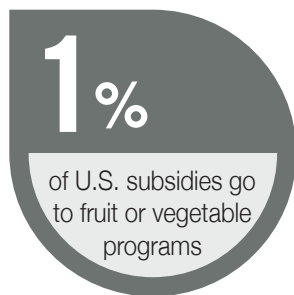


STAND Stand up while talking on the telephone.

ADD DISTANCE Park farther away at the shopping mall and walk the extra distance. Wear your walking shoes and sneak in an extra lap or two around the mall.

STRETCH Stretch to reach items in high places and squat or bend to look at items at floor level.

- The American Heart Association



than those at the lower levels.

And in King County, a county-led study on "Land Use, Transportation, Air Quality, and Health" found that:

Residents of the most pedestrian-friendly areas of King County were more physically active and less overweight than those in areas with fewer pedestrian-friendly amenities.

Individuals in the most pedestrian-friendly neighborhoods are 2.4 times more likely to get 30 minutes of exercise a day.

Food, Inc.

The way food is subsidized, marketed and sold plays a significant role in our health. Out of sight of most consumers in the United States, the food industry and government are joining forces to create a system of food subsidies that dramatically favor commodities such as corn, soy and wheat over fresh fruits and vegetables.

The subsidized commodities then form the foundation of processed, carbohydrate-laden, cheap, junk and snack foods that line the aisles of every grocery store and are the backbone of fast food. A report by the *American Journal of Preventive Medicine* in 2013 found that subsidized commodities created artificially cheap food that is low in nutrition and high in calories, fat, and sugar. In 2004, 96 percent of U.S. cropland consisted of eight commodity crops – the vast majority being corn, soy, and wheat. Meanwhile, a 2013 CALPIRG (California Public Interest Research Group) report found that only 1 percent of federal subsidies went to fruit and vegetable programs. The only produce crop that does receive significant federal funding, apples – still just receiving \$689 million vs. \$84.4

billion to corn over the past 18 years – only a third subsidizes fresh apples, the remainder goes to apple sauce and apple juice, both high in sugar.

The Harvard School of Public Health "Toxic Food Environment" website reports that the cost of produce rose much faster than all other consumer goods over the past 30 years. The cost of sugar, carbonated drinks, and other sweets declined relative to other products. Consumption increased to a high of 151 pounds a year in 1999, from 123 pounds in 1966.

Food marketers work hard to keep it this way. And they start young. Yale's Rudd Center for Food Policy and Obesity put it this way:

"Food marketing to children and adolescents is a major public health concern. The food industry spends \$1.8 billion per year in the U.S. on marketing targeted to young people. The overwhelming majority of these ads are for unhealthy products, high in calories, sugar, fat, and/or sodium. On television alone the average U.S. child sees approximately 13 food commercials every day, or 4,700 a year; and teens see more than 16 per day, or 5,900 in a year. The food products advertised most extensively include high-sugar breakfast cereals, fast food and other restaurants, candy, and sugary drinks. In comparison, children see about one ad per week for healthy foods such as fruits and vegetables, and bottled water."

Why does this matter? According to the Centers for Disease Control and Prevention, over the past 30 years, childhood obesity has more than doubled in children and quadrupled in adolescents. In 2012, 18 percent of children ages 6 to 11 are

now obese, up from 6 percent in 1980. For adolescents, the percentage increased from 5 percent to 21 percent over the same time frame. And while rates are increasing for all children, children of color fare worse than white children.

High rates of obesity in children not only lead to higher rates of obesity in adults, but also increase the rate of cardiovascular and diabetic disease factors. In a population based CDC sample of 5 to 17 year olds, 70 percent of obese youth had at least one cardiovascular disease factor.

Recognizing the epidemic of child and adult obesity in the country and the public's concern about it, the food industry has taken notice. While the food industry has always marketed the alleged benefits of their food for consumers, by the 1980s, the public had heard of the dangers of fat and obesity. Fat in food became the bogeyman that needed to be stopped, despite evidence that low-fat foods do not lead to weight loss or better health. Journalist and author Gary Taubes says that the 1980s marked the start of the low-fat food craze – with the food industry scrambling to provide low-fat options to Consumers.

And the effort worked – for the food industry. To illustrate, the Hudson Institute, a Washington, D.C., think tank, found that between 2007 and 2011, foods that were perceived to be more nutritious drove 70 percent of the food industry's sales growth.

Yet while the food industry was making profits on low-fat

foods, obesity rates kept rising. Why? Researchers such as pediatrician Dr. Robert Lustig believe the cause is sugar. When the food industry began to make foods to appeal to the demand for less fat, they still needed the food to taste good so consumers would buy it – enter sugar.

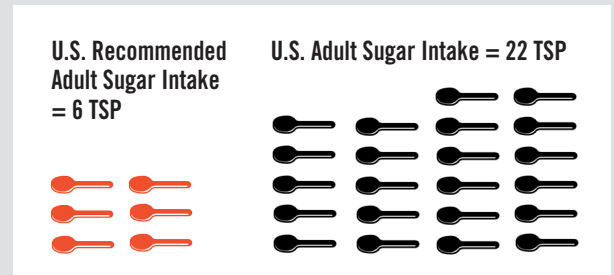
Sugar is now added to 80 percent of the packaged foods in the U.S., and daily fructose intake has doubled in the past 30 years. Lustig says now half of the sugar consumed in the U.S. comes from foods you would not expect to have sugar in them – such as hamburger buns, salad dressing, etc.

In draft guidelines by the World Health Organization (WHO) in March, the recommended amount of added sugar for an adult was 25 grams a day – or about 6 teaspoons. Yet in 2012, the American Heart Association reported the average adult in the United States ate 108 grams – or 22 teaspoons – of added sugars a day. A “skinny” Starbucks blueberry muffin alone, for example, has 8.5 teaspoons of added sugar, 2.5 more than the daily WHO recommendation. So while U.S. Consumers were grabbing the closest “light” “lean” “healthy” product on the shelf, they were also grabbing foods packed with low-nutrition carbohydrates and lots of added sugar.

This trend has a significantly greater impact on people of color. In 2010, for example, the CDC reported African Americans had double the rate of diabetes compared with white adults. African Americans in

BY THE NUMBERS

U.S. SUGAR CONSUMPTION

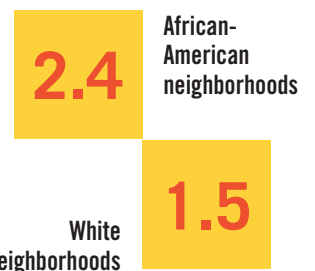


DISPARITIES AND RACE

2 to 1

rate of diabetes for Blacks compared with White adults

NUMBER OF FAST FOOD RESTAURANTS PER SQUARE MILE



AFRICAN AMERICANS HAVE HIGHEST DEATH RATES FOR HEART DISEASE AND STROKE



SOURCES FROM TOP: DRAFT GUIDELINES FROM WHO AND THE AMERICAN HEART ASSOCIATION; THE GUARDIAN; THE DAILY MAIL; THE CDC; AMERICAN JOURNAL OF PREVENTIVE MEDICINE; CDC

RECOMMENDED PHYSICAL ACTIVITY PER WEEK



**AT LEAST 30 MINUTES
OF MODERATE ACTIVITY A DAY**



**AT LEAST 5 DAYS OF
MODERATE ACTIVITY A WEEK**



**A TOTAL OF JUST 150 MIN OF
MODERATE ACTIVITY A WEEK**

2009 also had the highest death rates from heart disease and stroke compared with all other groups.

Where to go from here?

There are many other determinants of health in addition to food environments and food industry practices. Economic and housing factors, health care access, education, pollution, all play a significant role in how healthy we are.

So with all that is stacked against us, is there anything we can do to change our fate and improve our health? The answer is a resounding “Yes!”

The solutions range from the large to the small. From advocating for policies that advance public health and public interest (healthy school lunches, walkable communities, access to healthier food choices, for example) to small everyday decisions.

On a personal and family level, there are many things you can do to ensure preventable chronic conditions don't determine your future.

Food and nutrition

What we eat plays a huge role in our health. When we don't have a lot of money or a lot of time, low cost, low nutrition, calorie dense foods such as fast food and junk food seem like a conve-

nient and affordable choice. Yet while it may be affordable and tasty in the short term, in the long term it is very costly to our bodies.

So what's the alternative? Many nutrition experts say the solutions are simple, although they might not be as easy. Michael Pollan, an author and food journalist, puts it this simply: “Eat food, not too much, mostly plants.” Pollan's definition of food is something with less than five ingredients that you can pronounce. Other nutritionists suggest putting healthy snacks such as cut veggies or fruit into pre-made baggies in the fridge so they are easy to grab and go for you and your family. Pre-packaged, processed foods made from cheap commodities are not the best choice for improving or maintaining health, even if they promise to be “Heart Healthy” or have diet brands associated with them.

Eliminating sweetened beverages can also go a long way to reducing sugar in your diet. Even beverages that claim to be healthy pack in extra sugar – Odwalla's Superfood drink, for example, contains a whopping 47 grams of sugar – almost double the WHO's daily recommended amount.

These are small changes but they can make a big impact in your health.

Physical activity

With the limits in our built environments and lack of money and time for fitness centers, it may seem as if there is little we can do to increase our physical activity. Shows such as the *Biggest Loser* depict physical fitness as something you have to do for hours a day for it to benefit. But according to many public health experts, even moderate improvements to physical activity can have a benefit to your health. The CDC's recommendation for activity for adults is 150 minutes of moderate activity a week or 30 minutes a day or 75 minutes a week of vigorous activity. That may sound like a lot, but the activity does not have to be at a gym or a park. You can break the activity up into 10 minute chunks - more easily working them into your regular activities.

There is no one magic bullet to improved nutrition and health. But by understanding the factors that lead to unhealthy environments and by changing our patterns and behaviors, we can move away from health disparities and chronic diseases and move toward longer, healthier lives. ■