

THE JECH GALLERY

Food availability, personal constraints, and community resources

In the USA, a wide variety of affordable, nutritious food, such as vegetables, fruits, whole grains and lean proteins, found in supermarkets is often less available in economically deprived neighbourhoods compared with more affluent neighbourhoods.¹⁻³ At the same time, availability of inexpensive, energy-dense nutrient-poor foods, such as salty snacks, sweets and non-diet soft drinks found in convenience stores (fig 1A) are highly prevalent in deprived neighbourhoods.⁴⁻⁵ This double burden (lack of affordable, nutritious foods, combined with a plethora of inexpensive, unhealthy foods) is thought to contribute to high rates of obesity and its deleterious consequences, including diabetes, hypertension and cardiovascular disease, which are also more prevalent in deprived neighbourhoods. Compounding this burden are the challenges faced by people with low incomes (those most likely to live in deprived neighbourhoods) to find sufficient time, energy, and financial resources to pursue lifestyles that support healthy dietary habits and adequate physical activity in safe environments. These constraints are given little attention in the research literature. Furthermore, innovative resources that residents of deprived neighbourhoods often mobilise to enhance their health, such as transporting local produce directly to residents (fig 1B), are rarely acknowledged.

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Figure 1 (A) Inexpensive, energy-dense, nutrient-poor foods found in a convenience store; (B) truck containing fresh produce for sale to local residents.

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REFERENCES

- 1 **Morland K**, Wing S, Diez Roux A, *et al*. Neighborhood characteristics associated with the location of food stores and food service places. *Am J Prev Med* 2002;**22**:23-9.
- 2 **Moore LV**, Diez Roux AV. Associations of neighborhood characteristics with the location and type of food stores. *Am J Public Health* 2006;**96**:325-31.
- 3 **Jetter KM**, Cassady DL. The availability and cost of healthier food alternatives. *Am J Prev Med* 2006;**3**:38-44.
- 4 **Chuang YC**, Cubbin C, Ahn D, *et al*. Effects of neighborhood socioeconomic status and convenience store concentration on individual-level smoking. *J Epidemiol Community Health* 2005;**5**:568-73.
- 5 **Block JP**, Scribner RA, DeSalvo KB. Fast food, race/ethnicity, and income: A geographic analysis. *Am J Prev Med* 2004;**27**:211-17.

APHORISM OF THE MONTH

"Listen to the community: it's defining its own problems, and may well know what to do about them."

The aphorism from clinical medicine, that you should listen to the patient because s/he is telling you the diagnosis, is well known. In public health, taking a careful and detailed history should contribute to a more valuable diagnosis and effective intervention in the same way, and will help to avoid paternalistic, top-down approaches such as some of the dangers inherent in a naive approach to social marketing (see comments in this issue).

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