



About David Wallinga

David Wallinga, M.D., M.P.A., is Director of the Food and Health program at the Institute for Agriculture and Trade Policy. In addition to work on the Farm Bill and childhood obesity, Dr. Wallinga's recent work includes research and writing on mercury in HFCS, petroleum-based food dyes, synthetic hormones given to cattle, and antibiotics used nontherapeutically in agriculture, as animal growth promoters and to produce corn ethanol.

About IATP

Institute for Agriculture and Trade Policy works locally and globally at the intersection of policy and practice to ensure fair and sustainable food, farm and trade systems. IATP is headquartered in Minneapolis, Minnesota with offices in Washington D.C. and Geneva.

Healthy environments, one neighborhood at a time

This comment is in response to a report by Wilder Research on behalf of the Blue Cross and Blue Shield Foundation of Minnesota, titled: Unequal Distribution of Health in the Twin Cities.

MINNEAPOLIS, OCTOBER 7, 2010 — As I read this excellent report on health disparities, one voice whispers “community” in my left ear, another whispers “environment” in the right. Geographically speaking, the place where many of the upstream determinants of health mentioned in the report play out—like pollution, safety, education, transportation and food—is in the community or neighborhood.

Many, if not all, Minnesotans suffer some ill effect from exposure to everyday pollutants and from living in an unhealthy food environment. Abundant science now shows that people who live in less healthy, more polluted neighborhoods are sicker and at greater risk for a slew of chronic diseases and conditions than people that are not living in those neighborhoods. And these neighborhoods generally are lower income and more populated by people of color. It is through conscious changes to neighborhood environments that many health improvements are to be had in Minnesota.

Work to change an individual's behavior—lack of exercise, unhealthy diet, etc.—can only impact that person. In contrast, policy change to create a healthier neighborhood environment can have a much broader impact. One particularly compelling concept for thinking about the link between the community environment, individual behaviors and health is that of optimal “defaults.” When conditions make it easier for school bus drivers to idle their diesel engines (exposure to diesel air particulates is closely linked to higher risks of asthma, respiratory disease and sudden cardiac death), kids will suffer.

When school or neighborhood conditions make it easier to buy a can of sugary soda from a vending machine than to find free tap water at a water fountain, children will drink the former. And finally, when the threat of violence or the lack of sidewalks make it easier for parents to put children in front of TV sets than to send them outside to ride bikes or play, then screen time for these kids will escalate.

Kelly Brownell of Yale University's Rudd Center on Food Policy and Obesity writes about the need for communities to optimize the default conditions in their built and food environments such that the easiest choices are the healthiest ones. Optimal defaults to encourage physical activity, for example, could include new zoning that

prohibits cul de sacs (nowhere to walk), zoning that puts parking lots in the back of stores and treeplanted sidewalks in front (making walking both easier and more pleasurable), and policies to increase rentable bikes, bike racks and marked bike routes in every neighborhood. Similarly, community policies to discourage short-distance driving could include higher parking fees, speed bumps, establishing car-free zones, etc. Many ideas for designing a healthier community “built environment” are available at the CDC’s Healthy Places program website (www.cdc.gov/healthyplaces/healthy_comm_design.htm).

What’s working to keep inequalities at bay?

Whether or not they use the exact words, advocates for “environmental justice” (EJ) are working to eliminate health disparities. Since Love Canal in the 1970s, the ever-stronger EJ movement has worked to reduce the clustering of point sources of hazardous pollution in lower-income neighborhoods; these can include industrial painting or metal-plating facilities, petroleum refineries or chemical factories, trash-sorting centers or diesel bus depots. These pollution clusters are more than a coincidence. Land is less expensive there, and poorer people gravitate to neighborhoods with lower rents and property values.

For the same reasons, these neighborhoods are often more proximate to freeways, major additional sources of exposure to ozone and air particulate pollution. Decisions to site unsightly, polluting facilities also are politicized; poorer communities often lack the political cohesiveness to say “Not in My Backyard.” In Minnesota, successful environmental justice groups include Environmental Justice Advocates of Minnesota (www.ejamn.org), the Indigenous Environmental Network (www.ieanearth.org) and the Center for Earth, Energy and Democracy (<http://www.iatp.org/CEED/>). Making environmental justice a more explicit focus of the cause to reduce upstream determinants of ill health could be an important strategy for enlisting more of the EJ movement’s energy and leadership, including among youth.

Some of the most energetic and effective neighborhood advocates are children. Rather than accept default conditions as they are, children are more likely to ask the important question of why the onus should be on them to prove that the pollution from a particular smokestack—or bus depot or waste transfer station—is the precise cause of their worsening asthma rather than the onus being on the smokestack’s owner to demonstrate that there is no other healthier, less-polluting alternative to the smokestack in the first place.

Many lower-income communities also lack access to fresh fruits, vegetables and other healthy foods, or even access to full-service supermarkets—a fact which has given fuel to the burgeoning “community food security” movement. Young people provide much of the energy to that movement, as well. Homegrown Minneapolis is one great Minnesota example of a city using its convening power to foster synergies between those “building a healthy, local food system for all Minneapolis residents.” Other examples can be found among the 39 “locally driven” projects funded in 2009 by the Minnesota Department of Health’s Statewide Healthy Improvement Program (<http://www.health.state.mn.us/healthreform/ship/>).

Schools are some of our most prominent neighborhood institutions. Since 1995, Healthy Schools Network (www.healthyschools.org) has worked to “ensure that every child has a healthy learning environment that is clean and in good repair.” Similarly, the Chicago-based Healthy Schools Campaign promotes alternatives to the use of toxic cleaners and building materials, which can negatively affect children’s ability to consistently attend school and learn. Through its Tools for Schools Program, the EPA supports schools trying to better manage indoor air quality by reducing child exposure to mold and other pollutants.

It is appropriate that changing school environments to be healthier, including school food environments, has been a top priority nationally. With the launch of First Lady Michelle Obama’s Let’s Move initiative in February, efforts to get healthier food into schools gained heightened visibility and a powerful ally. But for years prior to that, OneTray.org and FarmtoSchool.org had been working nationally to mobilize communities so that children in schools could benefit from more of the best fresh fruits and vegetables that local farms have to offer, replacing processed foods often containing synthetic dyes that promote inattention and that typically sport high levels of the added fats, sugars and calories that are a chief driver of the child obesity epidemic. Through efforts like Healthy Food Action (www.HealthyFoodAction.org), health professionals are providing more and more of the stimulus for these policy and environmental changes.

In Minnesota, and with funding from Blue Cross and Blue Shield of Minnesota, the Institute for Agriculture and Trade Policy has done this work via its Farm2School project (www.iatp.org/Farm2School). Over just the last 15 months, for example, it has worked with the Minnesota School Nutrition Association to more than double the number of Minnesota school districts purchasing fresh food from local farms over just the last 15 months. More than 69 such districts are now doing so.

Policies or programs that could reduce health inequities in Minnesota

Private interests have long had financial stakes in products or practices which, intentionally or not, have served to make our community environments less healthy.

Moving forward, I would challenge Minnesota to envision a new kind of leadership body. This new entity, comprised of various foundations and firms—hospitals and health plans, nonprofits and neighborhoods—would bring all of them together around the common goal of making Minnesota’s community environments the healthiest in the country.

Every new effort needs an early success. Building on the great work already mentioned, I would propose a good start for this new collaboration would be to focus on making the food environments in Minnesota schools the healthiest possible foundation for our children’s learning, and the envy of the rest of the nation. Success with that effort could bring savings in medical costs, but so much more. It could spark national recognition, possibly attracting new investment, economic development and a smarter, more productive workforce for decades to come. That’s the kind of effort that will be needed to maintain the kind of Minnesota we want well into the 21st century.

Resources

- Bethel C, Simpson L, Stumbo S, Carle AC, Gombojav N. National, State and Local Disparities in Childhood Obesity. *Health Aff (Millwood)*. 2010 Mar-Apr;29(3):347-56.
- Brownell KD, Schwartz MB, Puhl RM, Henderson KE, Harris JL. The Need for Bold Action to Prevent Adolescent Obesity. *Journal of Adolescent Health* - September 2009 (Vol. 45, Issue 3, Supplement, Pages S8-S17, DOI: 10.1016/j.jadohealth.2009.03.004).
- Neff, Roni A., Palmer, Anne M., McKenzie, Shawn E. and Lawrence, Robert S. (2009) Food Systems and Public Health Disparities’, *Journal of Hunger & Environmental Nutrition*, 4: 3, 282–314.
- President’s Cancer Panel. Reducing Environmental Cancer: What We Need to Know to Reduce the Risks. 2008-2009 Annual Report. National Institutes of Health, National Cancer Institute. April 2010. Available at <http://deainfo.nci.nih.gov/advisory/pcp/pcp.htm>
- Unequal Distribution of Health in the Twin Cities. Blue Cross and Blue Shield of Minnesota Foundation. October 2010. <http://www.bcbsmnfoundation.org/>