

# The Boston Disparities Project: Food and Violence

**APHA**

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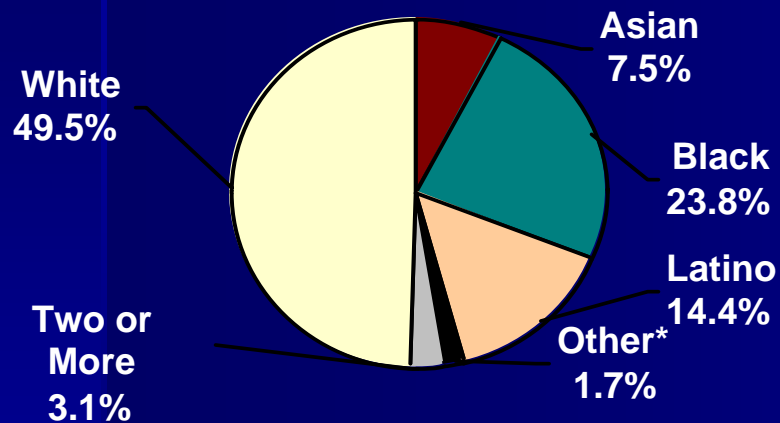
B O S T O N

# Purpose of Today's Discussion

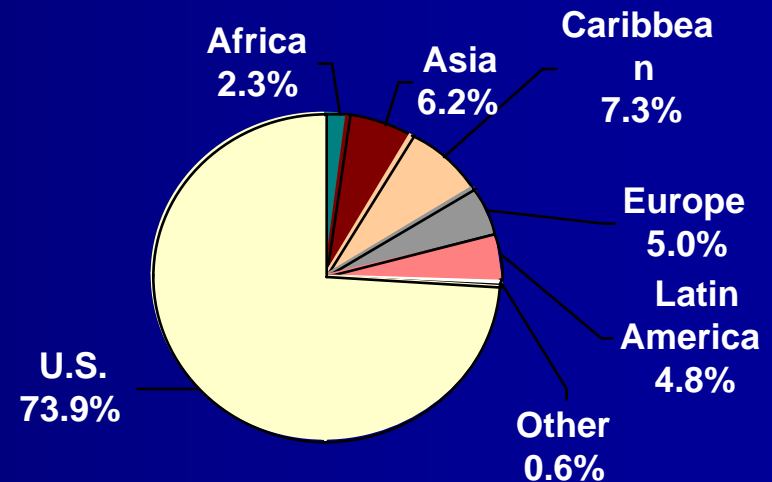
- Recognize how the built environment affects food access and violence and exacerbates racial and ethnic health disparities.
- Understand interventions targeting the built environment specific to food access and violence prevention and trauma response.
- Explore strategies and challenges for food access and violence prevention and trauma response.

# We live in a diverse city

Boston's Population in 2000, By Race/Ethnicity



Place of Origin Boston Residents



Source: U.S. Department of Commerce, Census 2000

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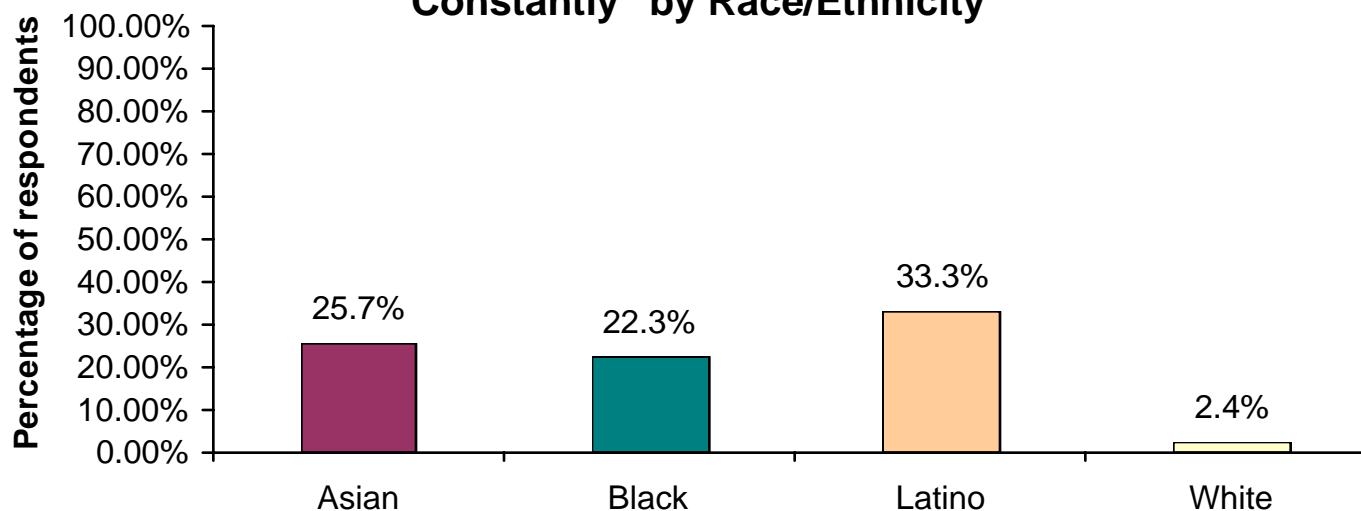
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# Social Determinants of Health

- Discrimination and Racism
- Social and Economic
  - Housing
  - Employment
  - Education
  - Poverty
- Physical and Built Environment
  - Safe neighborhoods
  - Opportunities for healthy food access and recreation

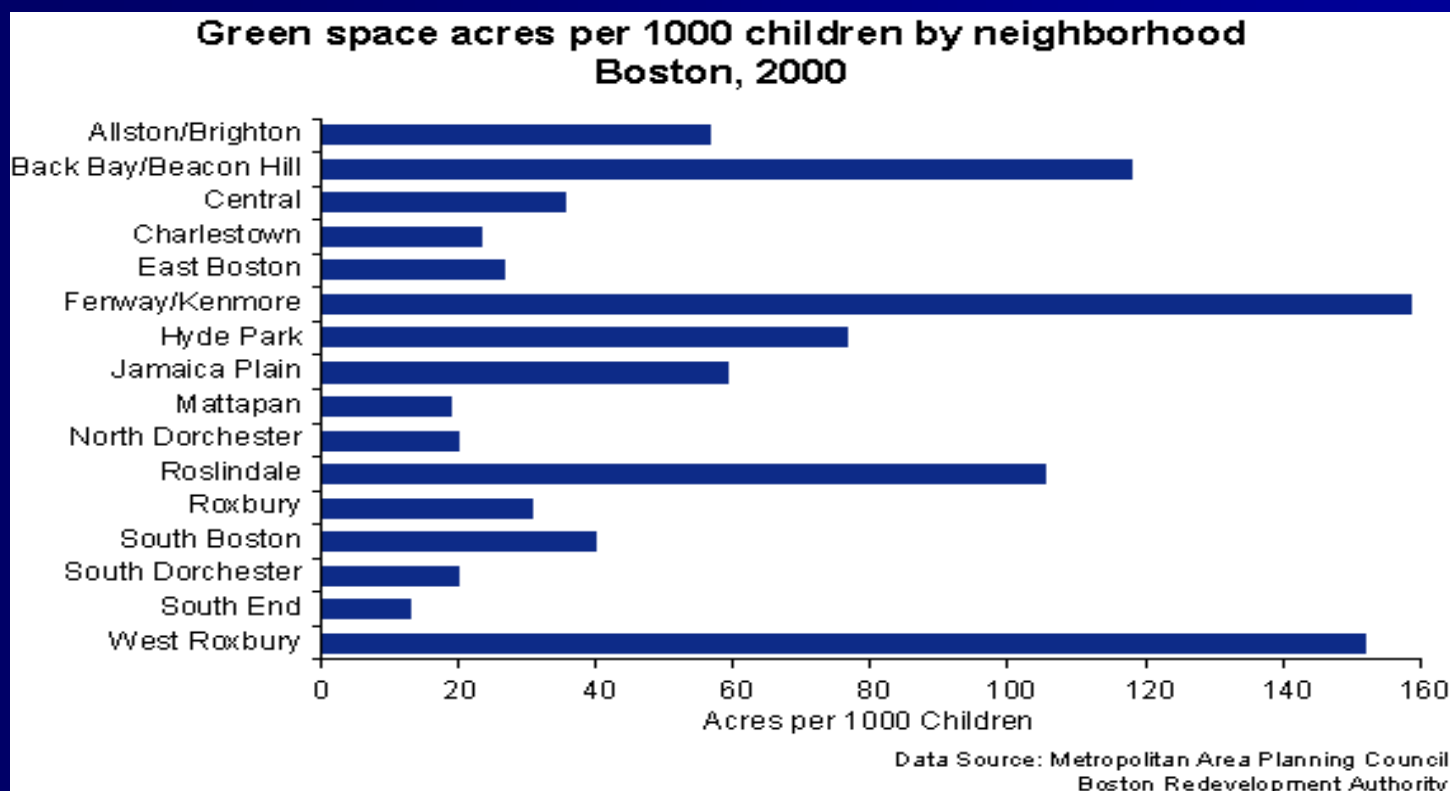
# The Experience of Racism and Discrimination

**Boston Adults Who Report Thinking About Their Race "Constantly" by Race/Ethnicity**

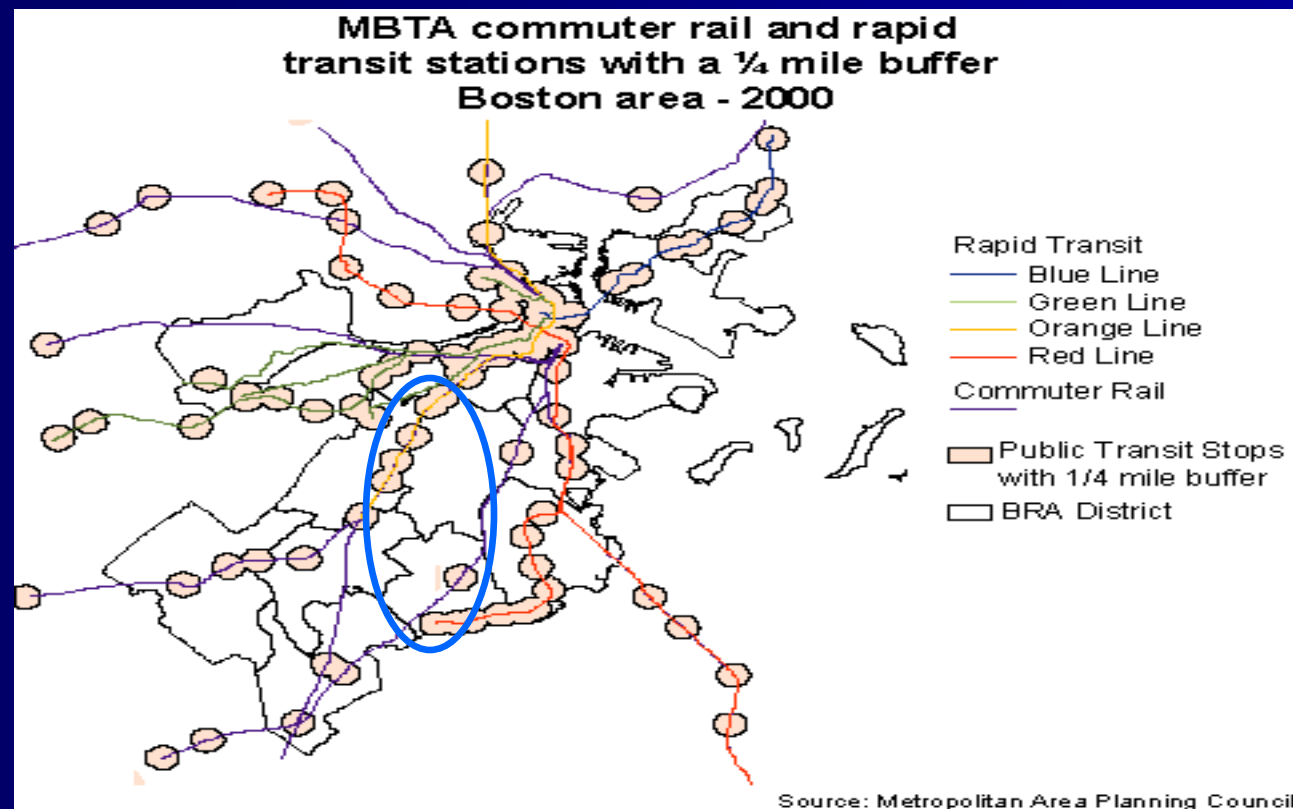


Source: Behavioral Risk Factor Surveillance System, Massachusetts Department of Public Health and Boston Public Health Commission

# Open Space and Recreation



# Transportation



# Storefront Advertising and Commercial Business



- Analysis of 8 neighborhoods found greatest percentage of storefront tobacco advertising in communities with highest smoking rates

- Of four low-income communities surveyed, at least 50% and up to 73% of food markets were convenience stores



Photos Courtesy of Sociedad Latina

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# FOOD

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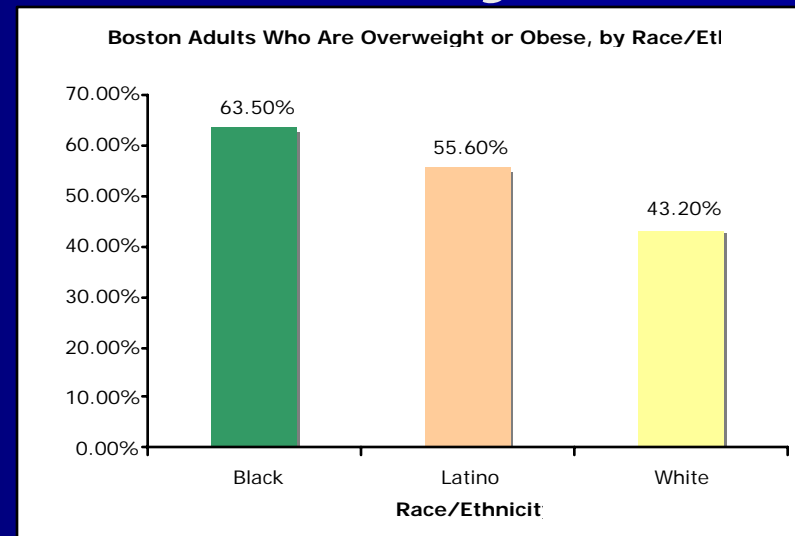
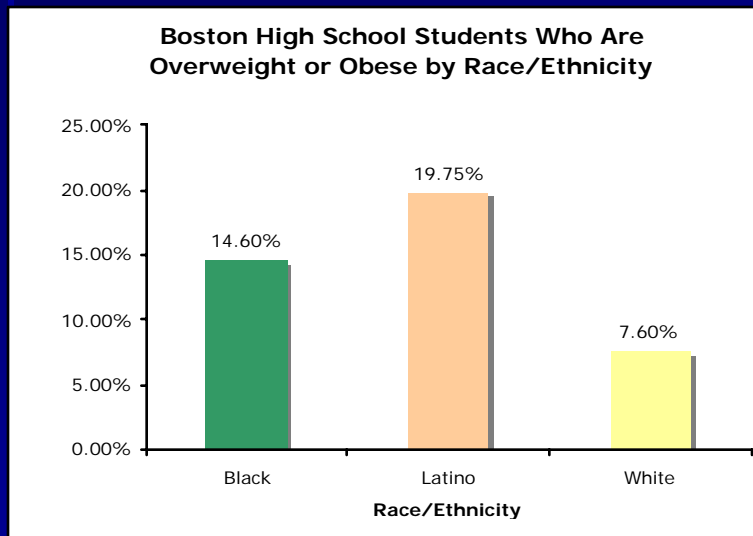
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# Food Access

- Over half of minority households are located at least 10-miles away from central business district. (Diversity Data, 2006)
- Access to food resources can involve greater effort for remotely located residents away from concentrated food resource areas. (Nutrition and Fitness for Life, 2006)
- Cost of a healthful diet is out of reach for many low-income Boston residents. (Boston Medical Center, 2005)

# Overweight and Obesity

## *Black Adults and Latino Youth, Highest Rates of Overweight and Obesity*



Sources: Behavioral Risk Factor Surveillance System, Massachusetts Department of Public Health, Boston Public Health Commission; Youth Risk Behavior Survey 2003, Massachusetts Department of Education and the Boston Public Schools

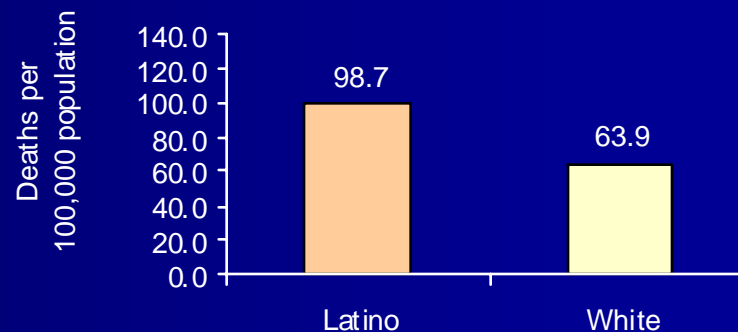
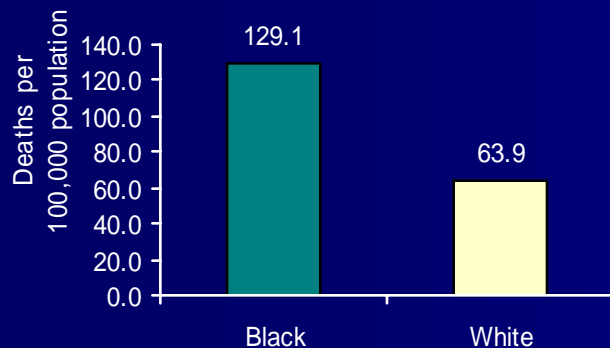
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# Diabetes, Immediate or Underlying Cause of Death

*Black adults are three times more likely to be diagnosed with diabetes as compared to White adults*



SOURCES: Boston resident deaths, Massachusetts Department of Public Health; Census 2000, U.S. Department of Commerce

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# Food Access

- **Goal**

- Improve sustainable access to locally grown fresh food options through urban/neighborhood farm development, farmers market placement, and alternative marketing channels

- **Key Strategies**

- Neighborhood Investment
- Policy and Advocacy



# Neighborhood Investment

- **Local Food Production**
  - Installment of over 60 raised gardens
  - Urban Learning Farm
- **Residential Food Cooperatives**
  - Food co-ops developed in two public housing developments, average of 15 members
  - Local bulk fruit and vegetable purchases
  - Provided stipends for resident leaders



# Policy and Advocacy

- Lead sponsor Chronic Disease and Overweight Prevention Bill
- Participation in Boston Collaborative for Food and Fitness
- School Chef Pilot in two urban middle schools
- Funding for 8 grantees



# Challenges

- Land access and soil lead contamination
- Different program and agricultural calendars
- Competing priorities for low-income residents
- Politicization of food and food systems
- Messaging around food and obesity can be viewed as stigmatizing



# VIOLENCE

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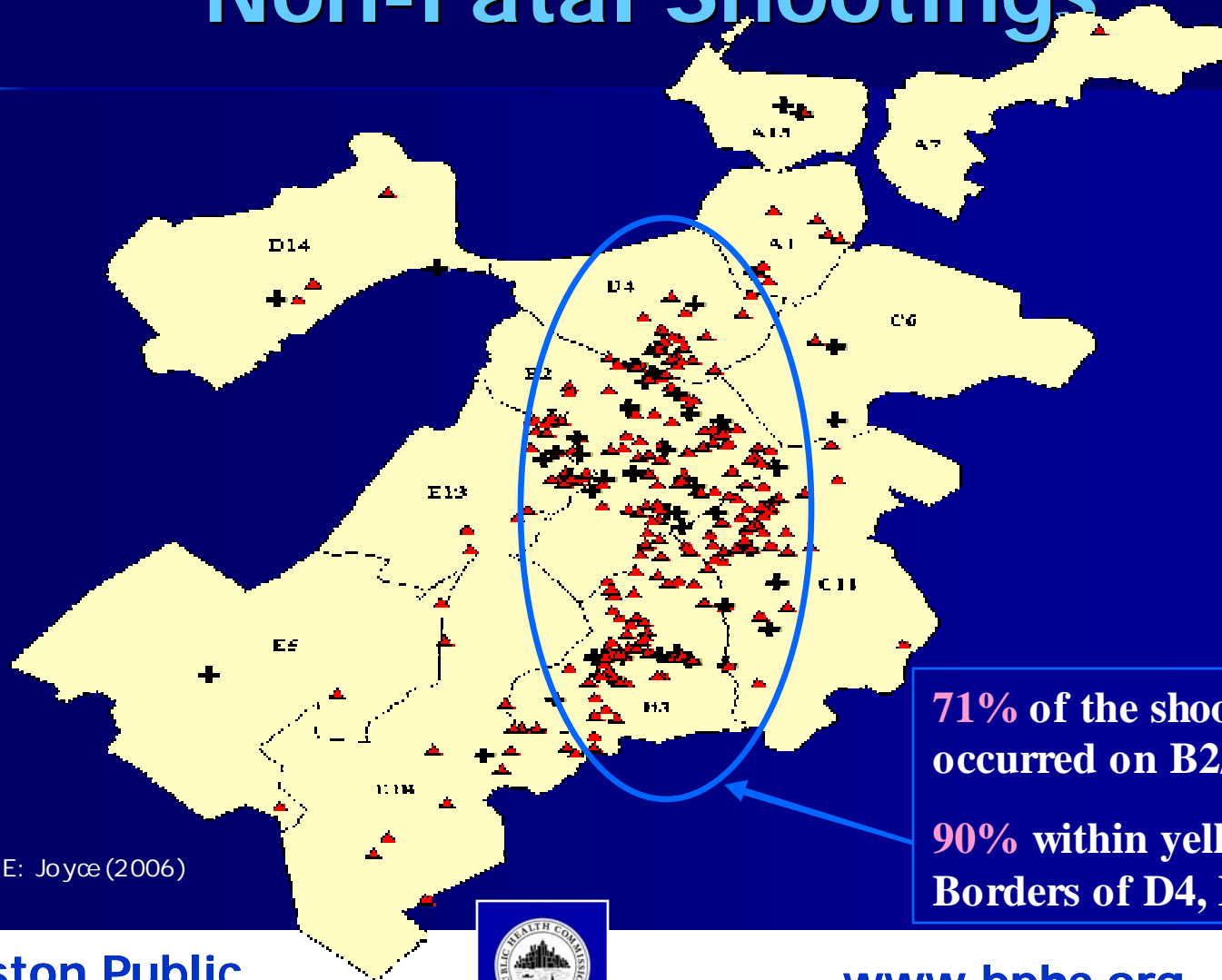
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# Violence and Trauma

- Ten violence hotspots located within 5 of Boston's 17 neighborhoods
- Areas most affected by violence are also faced with:
  - Limited access to subway transit lines
  - Higher rates of poverty
  - Crowded and substandard housing conditions

# Citywide Homicides with Gun and Non-Fatal Shootings



SOURCE: Joyce (2006)

**71%** of the shootings occurred on B2/B3/C11.  
**90%** within yellow circle  
Borders of D4, E13, E18

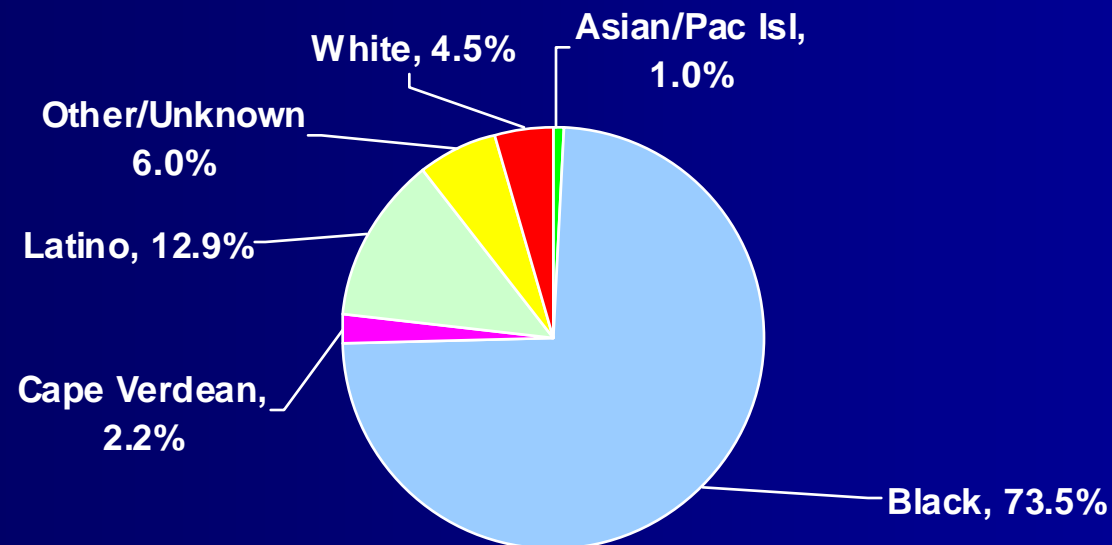
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# Nonfatal Stabbing Injuries by Race/Ethnicity

*Black Bostonians are 24% of total population yet 74% of victims of gunshots*



DATA SOURCE: Weapon-related injuries, Massachusetts Department of Public Health, Weapon-Related Injury Surveillance System

DATA ANALYSIS: Boston Public Health Commission Research Office

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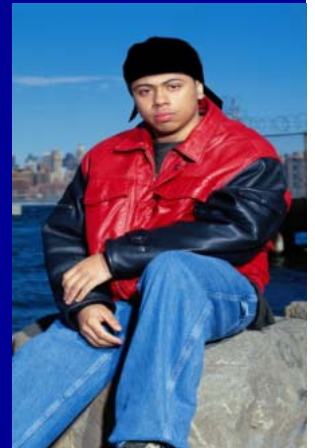
# Violence Prevention and Trauma Response

## ■ Goal

- Enhance community capacity to link victims of violence, survivors, and others at risk of participating in violence to comprehensive community-based violence prevention and other support services

## ■ Key Strategies

- Promotion of Community Institutions
- Public Awareness



# Community Institutions

- **Clinical-Based Screening Protocols**
  - Violence intervention advocates connect victims to violence prevention and community based support services
  - Use of The Online Advocate (TOA) to screen **all** patients presenting in ER
- **Survivor Services and Leadership Trainings**
  - Provision of family bereavement support services
  - Leadership institute to provide understanding of Criminal Justice System

# Public Awareness



- **Community Dialogue Series**
  - Community violence framed as a public health issue
  - Conversations between experts, service providers, faith-based leaders and community residents
  - Four community-based dialogues on violence prevention in communities most affected by violence
  - Taped and aired for broadcast on local news network

# Policy and Advocacy

- Lead sponsor on Violence Prevention Bill and Re-Entry Bill
- Violence prevention protocol assessment across 26 health centers
- Funding 6 grantees
- Creation of Violence Prevention program at BPHC that will house a Family Justice Resource Center
- Work with public safety and other City of Boston agencies to coordinate resources and efforts



# Challenges

- Moving victim-centered intervention strategies to include both prevention and community-centered approaches
- Coordinating an organized response on part of public agencies, research institutions and community-based organizations
- Community level effects of violence
- Different skills required to address fear and trauma specifically related to community violence

# Food and Violence- Shared Challenges

- Issues of built environment, food and violence are complex and inter-related
- Securing resources to sustain activities for community-based partners
- Coordinating work with partners
- Defining the evolving role of a health department in “non-traditional” arenas
  - Violence/public safety
  - Food systems/production

# Food and Violence- Lessons Learned

- Youth engagement and leadership development is necessary as youth are significantly impacted.
- Paradigm shift is needed in order to address the social determinants of health particularly the built environment.
- Education and awareness highlighting disparities in food and violence need to be more accessible and framed within a historical perspective.

THANK YOU!

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