Educational support materials for ABIM’s Care for the Underserved Module

Question 8
A recent review of the research on neighborhood environment and access to healthy foods in the US summarizes that healthier diets are more common among populations with better access to supermarkets and less access to convenience stores. People living in the neighborhoods with better access to supermarkets also struggle less with obesity and hypertension. Evidence also shows that a paucity of fast-food restaurants may have a positive effect on diet and obesity. While low-income, minority, and rural neighborhoods consistently have fewer high quality supermarket with inexpensive produce and/or other healthy food options and a greater density of fast-food restaurants.

Residents of low income and minority communities are less likely to report that it is pleasant or easy to walk in their neighborhoods and tend to reside in areas with fewer physical activity facilities, both of which may hinder physical activity. Urban environments that are believed to be conducive to walking for transportation, i.e., those characterized by higher residential density, higher street connectivity, and greater land use mix, have been associated with higher rates of physical activity and lower body mass index. Some evidence suggests that “walkable” environments are generally more common in low income and minority communities, but that environments conducive to walking may play a bigger role in obesity and physical activity patterns for higher income and white neighborhoods.

The social environment (social cohesion, exposure to violence or crime rates, and perceived safety) of a community has also been linked to obesity, but is most consistently related to poor mental health status (depression and stress). While poor housing conditions and poor air quality have been related to racial disparities in asthma outcomes.

For further information, see the following:
3. Baker EA, Schootman M, Barnidge E, Kelly C: The role of race and poverty in access to foods that enable individuals to adhere to dietary guidelines. Prev Chronic Dis 2006;3(3):A76.

This educational support material was created by the Society of General Internal Medicine’s Disparities Task Force. For more information, visit www.sgim.org/go/disparities
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