Socioeconomic Issues Related to Dietary Choices

Access to Affordable, Healthy Food

Many low-income people live in "food deserts": neighborhoods without access to affordable, healthy, fresh foods. These neighborhoods rely on corner stores, which usually stock snack foods, sugary drinks, and beer but no fresh fruits and vegetables. Be aware of community resources that can help your patients who live in food deserts. Mobile markets, refrigerated trucks stocked with fresh fruit and vegetables, make regular stops in some underserved neighborhoods. Community groups have instituted "corner store makeovers," stocking corner stores with healthy food and even offering cooking classes and health evaluations in the stores. These makeovers transform corner stores into community hubs for healthy eating and living.

Elderly people living on their own also face challenges. Perhaps they are living on a fixed income and can't afford healthy food. It may be difficult for them to get to a grocery store, even if they don't live in a food desert. Diminished mobility may make it difficult for them to prepare meals. Being aware of these potential obstacles will help develop solutions.

Family and Work Responsibilities

Planning, shopping for, and cooking healthy meals takes time. So does tracking adherence with a weight-loss diet. Work, school, and family responsibilities can seem overwhelming to your patients and sabotage their healthy eating plans. The family, social, and nutrition history should help uncover some of the obstacles your patients face. For example, a patient may travel frequently for work and face the challenge of healthy eating at airports. Or a patient's children may demand fried chicken and hot dogs. A patient who lives alone may find it difficult to cook healthy meals for one. You can work with your patient to devise solutions to these obstacles. A referral to a dietitian might also be helpful.

Culture/Community

Food preferences, rituals, and patterns are influenced by culture, ethnicity, and religion. A full discussion of these issues is beyond the scope of this module. However, you should strive to understand and be sensitive to the cultural, ethnic, and religious food practices of your patients with overweight and obesity. It might be helpful to seek out a culturally competent registered

dietitian to recommend healthy modifications to diet while respecting the cultural importance of food.

Income/Food Budget

"Food insecurity" plays a role in obesity. An estimated 12.7% of U.S. households were food insecure in 2015, meaning that they lacked access to enough food for an active, healthy life for all household members.[1,2]

The American Academy of Pediatrics (AAP) developed a simple validated screening tool for food insecurity.[3] The patient is asked to rate two statements on a 3-point scale (often, sometimes, never):

1. Within the past 12 months we worried whether our food would run out before we got money to buy more.
2. Within the past 12 months the food we bought just didn't last and we didn't have money to get more.

It may seem paradoxical, but a growing body of research links food insecurity with obesity. To compensate for food insecurity, families may select high calorie, energy dense foods, which are often less expensive and more available than healthier options in low-income neighborhoods.

Using the AAP tool and asking question like "Can you buy fresh fruits and vegetables in your neighborhood?" will help uncover problems with food access and insecurity among your patients.

Be aware of community resources to share with your patients, such as farmer's markets that accept SNAP (Supplemental Nutrition Assistance Program), food banks, and community classes for healthy cooking on a budget.

1. Pagoto SL, et al. *Obesity (Silver Spring)*.2012;20:200-205.
2. United States Department of Agriculture. Food Insecurity.
3. O'Keefe L. *AAP News*. October 22, 2015.