Module 3: Social Determinants of Health

Part 3: From Wealth to Poverty in Philadelphia

Carolyn: Next, we'll think locally here in Philadelphia about how the conditions for health vary from wealthier to poorer neighborhoods. This is something that I'm very interested in in my own work.

We started this module with classic epidemiologic data, and here, we're going to take a turn and really think about how photographs can be used to enlighten us about the conditions for health and how they vary across the socioeconomic gradient.

Here in Philadelphia, we're known for a number of things. We have a reputation for our cheesesteaks, TastyKakes and big, soft pretzels. These are markers that might suggest that Philadelphia is really not a healthy place to live, or at least to eat. We've been called the fattest American city, the most depressed American City; Philthadelphia for our trash problem, and Killadelphia for our outsized murder rate. Philadelphia is also the poorest of the 10 largest American cities.

But Philadelphia is also a healthy, eco-friendly place in many ways. Through the walls of our row homes, we share heat in the winters. Our grid street pattern and mixed-use urban density would have made the urban legend, Jane Jacobs, the urban planner and scholar, happy.

This is an urban design that allows me, for example, to walk or bicycle with my children to school and then continue on over the river to work. There are new bike lanes, and I just heard the other day that Philadelphia had the greatest increase last year in bicycle commuting of any city in the U.S. So we've had these real structural changes in the city, and they influence the social behaviors of people who live here.

Here in Philadelphia, our farmers' markets and fresh food financing initiatives serve as national models for improving healthy food access. I would also add that our public art is spectacular, and many of us appreciate the ways in which the public art, truly an aspect of the physical environment, influences the quality of life and also influences engagement in the social life of the city.

So the answer, if we ask the question, is Philadelphia a healthy place to live, really varies dramatically across the city's socioeconomic spectrum and throughout the city's roughly 130 square miles.

Here, I'm showing you a map of the city of Philadelphia along with the distribution of poverty here in the city. The deepest purple areas of the city are the poorest parts of the city. There's a

cluster of deep purple up in North Philadelphia where we are recording this today near Temple University, and along Broad Street, which is a major north/south corridor in Philadelphia.

In work that we've done, we've focused on these areas that represent a very steep socioeconomic gradient. The proportion of people living in poverty varies dramatically from Center City West, which is that light purple area at the bottom, where just over 10% of people are living in poverty; to Fairmount, the Fairmount or Spring Garden neighborhood, where about one in five people are living in poverty; and up to the North Central neighborhood, where about 40% of people are living in poverty.

Not only do the rates of poverty vary, but as you can imagine, based on what we've talked about earlier in this module, health status varies dramatically from Center City West to North Central Philadelphia.

I came up here in a cab this morning, and it took me 10 minutes to get from Center City West to North Central Philadelphia, so it's not a big trip, but it's a big difference in terms of health. The infant mortality rate in North Central Philadelphia is about 20 deaths per 1,000 live births, and the infant mortality rate in Center City West is closer to zero deaths per 1,000 live births, so our ultimate goal in public health. The rates of infant mortality in North Central Philadelphia are closer to the rates in some developing countries than they are to the rates in Center City West, a 10 minute cab ride away.

I, as a social epidemiologist and a citizen, am concerned about this difference, this gradient in health, and ask the question, why is the burden of disease so variable in such a small geographic area? And this is true not just for infant mortality, but also for disability, homicide, and all-cause mortality. I believe that to advance public health, the Healthy People 2020 objectives really advocate for examining the context for health.

In these three neighborhoods, we used three strategies. We documented neighborhood conditions by doing systematic observation with photography on a 10% sample of city blocks. Then, we talked to people in neighborhoods and gave them cameras and asked them to show us what the conditions for health were like in their neighborhoods. Then what we did was we walked through neighborhoods with residents and cameras and staff photographers in order to document and understand, together, what the conditions for health were like across these neighborhoods.

Here, I'll give you a quick visual tour starting in Center City and looking at housing conditions in Center City. You can click through these slides several times and look for cues and clues about how physical environments relate to social interactions, or lack thereof, and also for opportunities for health or risks for health.

Here, we're moving into the Fairmount/Spring Garden neighborhood, and then up to North Central Philadelphia.

I'll click back through them again, just so that you can look at how the conditions, the housing conditions, vary from place to place.

In a city as old as Philadelphia, socioeconomic differences are quite blatantly manifested in the condition of the housing stock. In the field, our research team saw many, many buildings that were in imminent danger of collapse. These dilapidated homes are the norm rather than the extreme in large swaths of Philadelphia, despite the city's blight eradication campaigns.

You'll hear later in this module some examples of city efforts to clean and green and stabilize the physical environment in order to improve economic conditions, opportunities for financial development, investment, and also to improve the conditions for life of residents.

You can also see here the shadow of a home, where that row house used to have a neighbor and something to lean on, so to speak, now is just an empty lot.

When we talked to residents of these neighborhoods, they talked about the extreme poverty that their neighbors and family members were living in and about the daily stresses that they faced in trying meet their basic needs.

Now, we'll look at how the food environment varies. This is Center City, Philadelphia, and I want you to look for clues and cues in the visual, the physical environment of the city, about how the food environment changes.

You can see here that we've moved into a more disadvantaged neighborhood, and I'd ask you to write down some of the things that you're viewing in these photographs that are indicators of how health risks may vary and how the social determinants of health may vary across these neighborhoods.

You may have noticed, for example, the sudden increase as you moved into a more disadvantaged neighborhood in alcohol and tobacco advertising. You can also see here that we've moved from a cafe culture, this sort of relaxed and leisurely way of being that looks convivial and inviting, to an environment that less invites you to sit and stay awhile, but also, you can imagine the food sold at these places may also vary.

In discussions of the food environment, we're often very concerned about the lack of supermarkets and fresh food in poor neighborhoods and the preponderance of fast-food and take-out restaurants.

What we found really interesting, though, is that when people in low income neighborhoods talked about the unhealthy food environment, they rarely mentioned that these places were nutritionally toxic. So it's important for us as public health researchers or practitioners to think about, what about this place may be healthy or unhealthy?

In this particular example, a resident told us a story that really shocked me. A woman said, not specifically with regard to this particular Chinese-American food restaurant, but with regard to one in her neighborhood, that she was hungry for fried rice, she wanted to get fried rice, but she talked about the conflict she had. She was an African-American woman, and she was disappointed about how her neighborhood had changed. She was disappointed that she felt like African-American people in her neighborhood no longer owned the retail establishments; they were losing economically.

She said, usually if I wanted Chinese food, I went to Chinatown, and I tried to shop at places in my neighborhood that represented my community – bringing up important conversations about race relations. And what she said to us was that she walked into a Chinese restaurant and she said, may I please have some fried rice, and they said, oh, we don't have any fried rice. And she said, well, what do you mean you don't have fried rice? This is a Chinese restaurant. If you don't have fried rice, can I please see the menu? And they said, well, there's no menu. And she said, what do you mean there's no menu?

She said it took a little while for her to process this, but then she realized – she looked back into the kitchen and it was completely bare. It was totally clean, it was an inactive kitchen, and she thought, what is going on in this place? And then she looked around and she saw the liquor and the single cigarettes and the drug paraphernalia and she was so upset – I could still hear it in her voice – she was enraged, she was disappointed, and she thought, you can't even feed my community. This is not what my community needs.

So what I would say to people who are studying the social determinants of health and who are studying the community context for health is that what we see on the surface may not necessarily tell the whole story of what's going on in a particular place. I think this example highlights how, you know, it was purportedly a Chinese restaurant, and instead of being a purveyor of food and maybe even unhealthy food, it was a purveyor of vice goods; alcohol, single cigarettes, and drug paraphernalia.

Another African-American man said that when he entered these take-out establishments, he said, it makes my blood boil. What do you think it does for my hypertension?

So that's a question that can be answered using traditional epidemiological tools, but I think talking to people in the community highlighted for us that what we see when we're outsiders in a neighborhood might not be the whole story, and that it's important to understand the social dynamics of a place and how social relationships among neighbors and among shopkeepers and patrons, how those may influence stress levels and health.

Another important issue came up – especially in the poorer neighborhoods – that residents often talked about safety and violence as their fundamental health concern. At the time that the work was conducted, Philadelphia was one of the most violent cities in the country. The signs of violence were really everywhere.

For example, here – that's me on the right-hand side – when I was out doing field work, I was walking with a resident of the Fairmount/Spring Garden neighborhood, and what she's doing here is an interesting kind of accounting. She's reading to me these names that were etched in the sidewalk in her neighborhood, and she's recalling her childhood with these people whose names are etched in the sidewalk, and then she was telling me about their current whereabouts. Many of those people named on the sidewalk were now in prison or dead.

Communities often organized in response to the wave of violence, and they mourned. I recall very clearly talking with a young man who I'll call Jamal, and he talked about seeing his young friend shot when they weren't even teenagers. Jamal had gotten safely into the house, but his friend had been pushed out of the house by another guy, and his friend had been shot and killed. So Jamal went on to explain how that pivotal event had lead him to organize his life very rigidly to avoid being in the wrong place at the wrong time, to avoid angering the wrong person, and to avoid putting his belongings in the wrong place when he went to play basketball at the park.

The picture he painted to me seemed like a full-time job of looking over his shoulder. His main health concerns related to being vigilant enough to see it through to the end of the day. But he had the capacity, he saw, to sustain that vigilance, and he said, it's actually healthy for me to be that vigilant. I have to do that in order to stay alive.

In public health, I think it's important to consider that the social determinants of health that are most salient to us as researchers may not be the social determinants of health that are most on the minds of the people we're working with or the communities that suffer from a disproportionate burden of illness.

This is an alter to a child who had been killed in Philadelphia.

What I took away from these discussions of violence in this project is that little else can register as a health concern if safety is not assured. I'm a mother; I can understand that really intuitively and deeply. Philadelphia's high-crime neighborhoods are places where everyday activities, even within the home, are shaped by a desire to avoid being the next victim. People position their furniture inside their homes in order to avoid bullets from the outside. Going outside to get some exercise or to walk or to get groceries can be a risky proposition.

So often what we're recommending in public health may not be that feasible in environments where the social conditions are so highly violent and tricky. So when we launch interventions in neighborhoods that we don't know well, we have to get a lay of the land. We have to understand what the context for health is there in order to understand what's most salient to the people we most hope to reach.