Healthy Washington Heights and Chronic Disease Management through Diet Modification: A Community Health Improvement Plan

Elizabeth Yohe Moore
In collaboration with Gina Curry from Health Washington Heights

3/10/14 - PH 320

Executive Summary

This community health improvement plan (CHIP) is intended to outline a perspective for tackling the issue of chronic disease management through diet modification in the community of Washington Heights (WH). Created as part of a Northwestern University Program of Public Health and community based organization (CBO) partnership, this plan is meant to serve as the basis for future activity by the CBO Healthy Washington Heights (HWH). The area of diet modification was selected by HWH as part of the HWH board's desire to tackle chronic disease management through weight loss via diet modification and exercise; while HWH offers a number of physical activities, there is not a focus on changing diet.

In the cultural context of WH, there are a number of possible approaches: portion control education; how to purchase and determine the quality of fresh food; and methods of altering traditional Soul Food cooking techniques to achieve better dietary balance. WH has a strong community structure due to strong institutions such as churches, active aldermen, and relatively prosperous citizens, which makes dissemination of healthy eating information easier. One of the barriers to diet change by increasing fresh food consumption is WH's food desert status. In the long term, a collaborative and community-based approach may be necessary to make structural changes to increase access. Further data may need to be collected via a community needs assessment on obesity and food access in WH to bring key stakeholders to the table to address this issue.

Healthy Washington Heights and Diet Modification

HWH is a community-based organization dedicated to collecting and distributing healthy living information to the WH community through partnerships with other organizations, education activities, research in collaboration with universities, and health awareness efforts. Essentially, HWH tries to combine the funding and opportunities from research funding and partnerships to provide health education and awareness as well as opportunities for health and fitness. Examples include the partnership with the Demoiselle 2 Femme Hands-Only CPR class and the use of DePaul research funds to organize and sustain the Walking Club.

The HWH Mission (learn more at http://healthywashingtonheights.org) explicitly lays out its goals:

> The mission of the Healthy Washington Heights Coalition (HWH) is to serve as a clearinghouse for community health related resources that increase healthy behaviors and healthy lifestyles of the people that live and work in the Washingon Heights community area #73 in Chicago, Illinois. This is achieved through partnerships, health education, awareness activities, certifications, community engaged research and activism.

Members of HWH are from the WH community and are generally representative: church-going, are young to middle aged, African American women and men. However, HWH's role in the community is not to exclusively serve this group. Rather, HWH offers programs and assistance where funding is available and help is needed. Examples of this can be found throughout HWH's history. In previous years, HWH offered one-on-one support to older women going in for mammograms; in Summer 2013, the Farmer's Market Hands-Only CPR class taught girls.

In searching for a new topic to focus on for this CHIP, Gina Curry and I created a plan of action using a collaborative email conversation; she wrote her initial impressions and desires to do something related to chronic disease management and I would reply to each of her points. Eventually, we began discussing the topic actually writing responses within the other person's text using a different color. Communicating in this way we eventually built a larger idea that was half

her words and half mine but worked as a complete and comprehensive idea. In building this idea, her role was that as community insider as well as a font of information on public health as a professional at the Alliance for Research in Chicagoland Communities. My role was to serve as the public health academic with grounding in the literature and data analysis. Our primary responsibility in this project was to each other; prompt and respectful communication was vital to the completion of this project. I as a student and community outsider tried to maintain an open mind and an attitude of learning and I believe Curry tried to maintain an open perspective to new ideas and patience in communicating the needs of WH.

Curry, the HWH board, and I all felt that chronic disease management was an excellent topic to focus on. Previously, there had been attempts to create disease-specific groups but people had been leery of attending because they did not want to admit to a specific disease status. For this reason, targeting diet modification generally may be more successful in this cultural setting. A reason chronic disease may be high in this community is that traditional soul food (as well as modern "Neo Soul Food" interpretations) uses lots of butter, salt, and sugar.

There are a number of approaches HWH can adopt to address this issue:

- Group cooking classes that show **healthy ingredient replacement and alternative techniques** may have more success; the strength of traditional soul food is that most of the base ingredients such as sweet potatoes and kale are healthy. Even with a meal like fried chicken, replacing the thick batter with panko crumbs and removing the chicken skin greatly reduces the calories and fat.
- Another equally important topic is that of **portion control** and eating until a cessation of hunger rather than to satiety. Answering questions such as how much food is appropriate for a

single meal or how to calculate calories and servings for home-made food may be a part of this health awareness intervention.

- A complication of cooking with **fresh food** can arise if individuals are not comfortable with fresh food. One important aspect of health education address the logistics of fresh food: where can you buy it? How can you tell which plants are fresh; what does a good buy look, feel, and smell like? What plants are cheap when? What are the best ways to store fresh food to get maximum use? This is knowledge that may be necessary for permanent diet modification and to promote comfort within cooking classes.

There are two potential problems that may arise. First, traditional soul food has a strong emotional attachment; even in a neighborhood where fresh ingredients are hard to find and residents understandably turn to easy and cheap processed versions of soul food meals, there is a cultural and emotional weight to the idea of soul food. People may be resistant to change, and it is important to present the new dietary information in a respectful way that acknowledges the cultural importance of soul food.

The second and likely bigger problem is WH's food desert status. This will be discussed in the larger neighborhood context in the following section. Briefly, fresh food may be hard to access even when residents would like to eat fresh foods and feel comfortable in their ability to use such ingredients to cook and can gauge freshness properly. Improving this situation may require community buy-in and advocacy by stakeholders.

Stakeholders in addressing chronic disease management and diet modification are interested community members generally, but there are some particular players to bring to the table as well. WH has two aldermen, both of whom have worked with HWH in the past; they may serve as ready allies if HWH has to navigate any political waters and their engagement will increase community

buy-in. WH also has 11 churches, all of whom have a stake in the health of their members; HWH's history as a church-based group, connections to the religious community, and its charitable mission will help bring these groups to the table. These stakeholders will have access to space and will provide a structured way to circulate information about HWH's programs.

The final set of stakeholders is the food providers that operate in or near the area, particularly the corner stores and smaller grocers. If they can be convinced to stock more fresh foods, and particularly more that are culturally appropriate, then the health education can be practically applied. Information on WH's low crime and poverty may be enough to bring them to the table, as many residents have enough money to afford fresh food. Walgreens in particular has been working with the Chicago Health Department to offer fresh food and they may be willing to tailor their fresh food to the cultural context of WH.

An Overview of Washington Heights: Assets and Needs

About 12 miles south of the Loop, WH is roughly bounded by 87th Street to the north, 107th to the south, Beverly to the west, and Eggleston to the east. Neighboring community areas are Beverly, Auburn Gresham, Roseland, and Morgan Park. Approximately 26,500 people live in WH, 97% of them African American (Paral, 2012). WH has historically been middle class, blessed with high-quality housing stock generally built before the 1930s (Chicago Historical Society, 2004)[1]. In 1930 the community was entirely white but the racial demographics shifted starting after World War II, seeing an influx of African Americans into the neighborhood (Ibid). By the late 1960s WH was a solidly middle class African American neighborhood and has remained that way ever since (Ibid).

[1] While it is outside the scope of this paper, it would be remiss not to mention that this is a double edged sword. Quality housing stock creates capital and economic options for homeowners. However, the housing was built during a time when construction still used lead paint and children may be exposed to health risks such as lead poisoning.

WH has a complex economic profile: while the unemployment is much higher than the rest of the city at 18.3% compared to Chicago's overall 11.1% and the per capita income of $19,709 is also lower than Chicago's $27,148, these numbers are deceptive (Chicago Tribune, 2014). WH actually has a lower level of poverty than the city at 15.7% and 18.7% respectively (Ibid). The reason for this apparent discrepancy is the high number of families with children where both parents work, which edges up the median *household* income to ~$47,000 (ACS, 2012). WH's relatively low poverty rate, especially given the high unemployment in the community, is reflective of the WH's community relatively high educational attainment; only 15.6% of the WH population does not have a high school degree compared to 20.6% of the Chicago population. In a city known for its crime problems, WH has a low crime rate: in the month of January 2014, only 5% of crimes were violent and of those 80% were robberies (Chicago Tribune, 2014). The combination of low poverty and low crime may be a selling point for WH advocates trying to lure businesses into the area.

A potential explanation for the high rates of unemployment given the human capital in the neighborhood lies in the transportation system. No CTA rail lines enter the neighborhood; the nearest CTA rail station is the 95th Street Red Line east of WH in nearby Roseland. There is a bus that runs along 95th street giving access to the red line, but the bus only runs from 6:00 am to midnight. There are three Rock Island District Metra stops that create access to the LaSalle Street Station downtown. Unfortunately, unless WH residents work near the LaSalle Street station, they will have to then transfer to the CTA rail line.

This arrangement puts WH residents at a disadvantage for a number of reasons: second- and third-shift work may be difficult logistically unless one has a car; assuming a twice daily commute with a monthly pass, riding the CTA costs $5/day and the Metra costs $6/day (CTA 2014; Metra 2014); and lack of direct access to either an express bus downtown or a CTA rail makes transfers a

necessity for some commuters and adds even further expense. This transportation situation make driving via the West Leg of the Dan Ryan Expressway is the best commute. Unfortunately cars are expensive and a sedentary mode of transportation.

Despite its relative economic appeal, WH is a food desert. This is a common situation for historically black communities in Chicago due to systemic inequalities in where businesses go and provide fresh food; most residents have easier access to a fast food place than a large grocery store (Gallagher, 2010). The one notable exception is the Jewel at the intersection of 94th street and Ashland; residents near outlets that carry limited fresh food such as Walgreens still will not have access to traditional fresh soul food ingredients.

Unfortunately this is the full extent of the data available for WH. The Census and American Community Survey both offer information at a detailed level for WH; to access such data, anyone can go to the American FactFinder website and search for census tracts 7301 through 7307 (ACS, 2012). The Chicago Tribune also offers access to the crime reports for this area (2014). All other data, including information on obesity and chronic diseases, seems to be estimated for this area or extrapolated from other neighborhoods. As discussed by Margellos-Anast, Shah, and Whitman, however, Chicago neighborhoods that appear similar actually vary unpredictably and estimation using such measures is of dubious value (2008, 120-121).

A community needs assessment of chronic disease prevalence in adult residents may need to be performed to truly delineate the needs of WH for HWH activities. WH's food desert status, too, was determined by estimates by the Illinois Department of Agriculture; a community needs assessment that provides up-to-date documentation of food desert status may add power to stakeholder efforts to encourage fresh food access (Gallagher, 2010).

Goals, Objectives, and Health Implications

The greater goal of HWH's diet modification efforts is to reduce the disease burden in the community, improve the quality of life for those with chronic diseases such as diabetes, and to build community capacity for healthier living. It may be possible to achieve these at very low cost depending upon the partners that can be recruited. Objectives to achieve these goals are:

- **Diet Modification Health Education:** This can be achieved through health education measures such as group cooking classes or cooking demonstrations, portion control, and fresh food. Partnerships with culinary schools may be a way to get pre-professional quality assistance while keeping costs low. Another potential partner is Common Threads, a non-profit organization dedicated to offering cooking demonstrations and classes based in Chicago.
- **Community Needs Assessment (CNA)**: Gauging the genuine disease burden in WH will be a vital step in obtaining funding to address this issue; finding research partners willing to help with the CNA may be a way to maximize community ability given limited time and money.
- **Increasing Fresh Food Access:** The thorniest of the objectives, fresh food access may be achieved fastest not by cajoling existing grocers to carry fresh foods but by promoting fresh and local food delivery services such as FreshPicks, whose service area encompasses most of WH. Given their explicit ideological goal of fresh food access for all, they may be excited at an opportunity to gain new customers in WH.

Reaching these objectives will transform the food climate for WH, allowing HWH's health education and outreach to be maximally effective. The CNA may offer concrete data that allows targeting of HWH efforts, provide evidence for grant applications, and help to recruit future research partners. Diet modification and weight loss may reduce the disease burden for WH and improve quality of life for the whole community.

Bibliography

1. Siciliano, Christoper; Atherton, Jeremy. 2011. Community Area 73 of Chicago, Illinois—Washington Heights. The Map Collection, University of Chicago Library.

2. Paral, Rob. 2012. Chicago Community Areas Historical Data. http://www.robparal.com/downloads/ACS0509/HistoricalData/Chicago%20Community%20Areas%20Historical%20Data.htm (Accessed March 7, 2014).

3. Stockwell, Clinton E. 2005. Washington Heights. The Electronic Encyclopedia of Chicago, Chicago Historical Society. http://www.encyclopedia.chicagohistory.org/pages/1318.html (Accessed March 3, 2014).

4. Chicago Tribune. 2014. "Crime Reports in Washington Heights." http://crime.chicagotribune.com/chicago/community/washington-heights (Accessed March 3, 2014).

5. American Community Survey. 2012. Selected economic characteristics from the 2008-2012 American Community Survey 5-Year Estimates. http://factfinder2.census.gov/ (Accessed March 10, 2014).

6. Chicago Transit Authority. 2014. Unlimited Ride Passes. http://www.transitchicago.com/travel_information/fares/unlimitedridecards.aspx (Accessed March 9, 2014).

7. Metra. Rock Island District Fare Table. http://metrarail.com/metra/en/home/tickets/rid_fare_table.html (Accessed March 9, 2014).

8. Margellos-Anast, Helen; Shah, Ami M; Whitman, Steve. 2008. Prevalence of Obesity Amoung Children in Six Chicago Communities: Findings from a Health Survey; Public Health Reports 123: 117-125.

9. Gallagher, Mari et Al. 2010. Good Food: Examining the Impact of Food Deserts on Public Health in Chicago. Illinois Department of Agriculture. http://www.agr.state.il.us/marketing/ILOFFTaskForce/ChicagoFoodDesertReportFull.pdf (Accessed March 7, 2014).