

*“...these maps tell strong stories about racism,
segregation and its outcomes in Chicago”*

Daniel Block, PhD
Professor, Department of Geography
Chicago State University

Voices of Health Equity in Chicago
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CENTER FOR COMMUNITY HEALTH EQUITY



Center for Community Health Equity

The Center for Community Health Equity was founded by DePaul University and Rush University in 2015 with the goal of improving community health outcomes and contributing to the elimination of health inequities in Chicago.

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Voices of Health Equity in Chicago

Our *Voices of Health Equity* project collects the stories of people who have made health equity a central concern in their work. We are interviewing academics, clinicians, public health advocates, community organizers, and others to better understand how different disciplines and professions could work together to eliminate avoidable, unnecessary and unfair health disparities.

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Interview by Jessica Ibrahim Puri and Raj Shah

Background: Dr. Block's work on food deserts has shaped the Chicago health equity literature. We talked with Dr. Block about his work, and in particular, the influential paper he published with Joanne Kouba in *Public Health Nutrition* titled "[A comparison of the availability and affordability of a market basket in two communities in the Chicago area](#)".

Jessica: I would like to ask a few questions about your biography and your work...

Daniel: Ok, I'll start with a description of how I got into the food access equity work. My dissertation was actually on milk and the dairy industry and the development of US dairy regulations as a way to study the history and development of the modern food system. I looked at the relationships between consumers and producers and regulators in both protecting and promoting milk in the early 20th Century. It was historical geography, very food-focused. I was interested in food regulation and the history of the profession of public health as well. I also at the same time worked as a cartographer. I've always been very interested in mapping, so when I got the job at Chicago State, I was trying to figure out ways - since I had grown up in Chicago and because of the focus of Chicago State - ways to combine my interest in food, food regulation and mapping into work that was useful for the community.

This was 1999 and I basically asked around, went to some meetings, and I met up with these people working on the West side who thought there was a need to map food stores. At the time the word "food deserts" wasn't really around. People were talking about it in England, but not really here. So, anyway that actually led to the study you both read, which occurred in Austin and Oak Park. There's a coalition which actually included people from four different universities including Northwestern, DePaul, UIC and Loyola and, of course, Chicago State. We partnered with the West side Health Authority and Institute for Community Resource Development. They're all listed in the acknowledgement. So it was a great coalition and we actually weren't funded for quite a while and then we received funding from the Kellogg Foundation. We did a variety of different food justice research and that paper was one of a number of papers that came out of it. The results were very hands-on work on a farm, and there was work in the Austin farmer's market. Part of the group was linked to a group of African American farmers near Kankakee. So there was a whole bunch of different things. And, through that, and my study of food access, I was led into larger food access studies.

I actually had a grant from the community trust to do a six-county food access study. And truthfully I started realizing that this is- while there were these definite connections between food access and obesity, or at least correlations between food access and obesity, and when we talk to people, they talk to us about difficulties in accessing food in their communities, it also went beyond access to be I guess an equity issue or justice issue. And, in a sense, the patterns of food access and you know the food access maps that people talk about now are really maps that show areas of retail disinvestment. And basically food is an issue but you know, but if we just open this door in a deprived community, it will be helpful, but it won't solve all of the issues of lower life expectancy. That's how I got involved with Chicago and the Coalition for Health Equity. And really a lot of my more recent work actually had to do with coalition building, but I'm interested in what people are actually talking about when they talk about food access issues, beyond just admitting food is important but is also connected to these deeper economic issues as well.

Jessica: ...You mentioned food access and obesity and how those correlate, do you mind just going a bit deeper into how health equity plays into those two?

Daniel: So in just obesity, there are a lot of reasons I decided to focus on food access. It's because of the correlation between patterns of food access and low life expectancy, high rates of obesity, high rates of diabetes and all that. Now I'm a geographer, I can see these correlations and mainly what I've done is maps, you know, and what I see is correlations- it's harder to get causations between the two, but certainly, the maps and especially for me the link with racial patterns in Chicago especially the differences between predominantly African American neighborhoods and predominantly White neighborhoods and predominantly Hispanic is the city and in the suburbs is really striking, as are the differences in life expectancy as well as diseases. So, I think, you know, I'm also interested in it in a purely economic standpoint in terms of where development is going and those sorts of things, but the kind of inequity of living situations between different communities really comes up when you map food access and that is really a driver for my continued interest. I think one other thing is that studying food access is a great way to understand people's daily lives. In a way and when we talk about access to when we talk about public meetings, people have said all these stories and they think food is a great way of getting at those kind of everyday stories and the difficulties of living in disadvantaged communities. In a really general way, those difficulties are not just food access but others as well. When we look at root causes, health issues and health equity, that's at least the kind of difficulties in living conditions in general are likely to be causatives.

Raj: I'm really curious about something. Dr. Block, as a cartographer and working in that training and then applying it, you know in many ways you were a little bit ahead of the curve and also part of a tradition of cartographers expressing things by place and sharing data that could be accessible to people. And nowadays, we see so much of this, that people want to see things be put on maps, and technology has advanced so it's just made it easier for people to generate these types of figures, they get widely published and things like the Journal of the American Medical Association, one we can show, say like the epidemic of obesity spreading throughout the country over the last few years... but I'm curious because there have been some discussions in health equity work about the differential between "race" and "racism". Is there such a thing between "place" and "placism"? So if I can explain, some cartographers/geographers have made statements on things such as Healthy Chicago 2.0 - [that] we have to be kind of careful because when we show a map and we state that life expectancy is the lowest in the city- say East or West Garfield Park- that it's not really a one-to-one function of East Garfield Park as an environment, it's something about Garfield park and the other structures that are in that space, human made and some physical. And so this idea of "place" versus "placism", does that fit in some of the things you've been thinking about as a cartographer, trying to map on these health equity issues? About not blaming an area and making it sort of a place not to visit or settle because it shows up on a map as having increased hardship or lower life expectancy.

Daniel: First of all, your first comment about the role the growth of mapping through the health profession in general is going to be in my next book [laughs]. At least I want to write an article this year about that very thing. We should do that because I think the fact that it's become easier to map has probably put more focus within the health professions on health inequities. The ability to more easily visualize is really important in just bringing this to the floor. I think there is a long-standing worry in geography about what we call "Environmental Determinism", in which the place sort of determines people's cultures and the way they live and their outcomes. And it's rather defeatist as well as being

simplistic. The history of that is a lot of the original geographic work in the late 19th century was very environmentally deterministic and extremely racist and ever since geographers have been trying to figure out how to be a profession that focuses on the origins of landscapes and how people can see geographic relationships between places and such without being overly environmentally deterministic. So, in my own work, that's been the struggle. It's been a lot of complaints. There was well known geographer named Julie Guthman who wrote a book called *Weighing In*, on obesity, a very critical book and it's really very critical of the health environment literature in general and really the mapping of the sort of urge to be the focus on mapping and finding these correlations between food access and health outcomes and making more generalized conclusions from a correlation.

I am a mapper [laughs] and I'm also a critical geographer and I absolutely agree with a centralized place as a *causer* is something that we have to be very careful about not doing. On the other hand, these maps tell strong stories about racism, segregation and its outcomes in Chicago, so as a way to communicate a social justice issue, I think they're very strong and I think we need the fact that people in different areas, because of racism, power struggles or power about inequalities in city hall, because of capitalism, money flows to particular areas and doesn't flow to others. A lot of the food access communities like East Garfield Park or much of Englewood have been many, many people who left and population's gone way down in the last decade, and the stories that people are living there are important to be told and I think those maps and combined with qualitative studies, combined with going in and talking to people, all these are ways of telling these stories and talking about them and studying health inequalities. And economic inequality and just differences as I said before and the daily lives of people in different communities, though, while I agree, I think we still need to map. I do think that people in health research, they're not from geography, they haven't had this sort of upbringing within their graduate career on the kind of perils in environmental determinism that we have. So I think that's a discussion that needs to be had. I think it's starting to be a bit within public health and healthcare as well. But I don't think we should stop mapping just because we're worried about overemphasizing the role of place. However, we do need to be very careful.

Raj: Now I think that would be really helpful with that perspective. You know, you're exactly right. In some ways when we adopt tools for broader audience, we lose some of the history and discussions that were going on and caveats around it.

Jessica: You mentioned telling people's stories together with working as a researcher and mapping. What would you say have been some challenges to that work?

Daniel: [laughs] the biggest thing is funding. Getting money to do the work. I think sort of translating that work into action and into policy. I think there has been a tendency among policy makers to just focus on the stores. You know, open a new store here so there's fewer people in food deserts, coming up with one number that they can share so that they can say they've accomplished their goals. In truth the issues are community issues and the question is how do you make and help the lives of people in communities become easier, more fulfilled. That might be starting or helping start community gardens where people would grow food and have a community meeting center.

We also could be working on relatively completely different topics. Like a community health workers study. So I think a lot of what we've seen, the issue is generally been about getting money into people's pockets. I think the issue a lot at times is that we see the issues locally and sometimes there's answers

that are local but there's also things that are very national and part of a large scale activism that we may not have the time or expertise in doing.

Jessica: Looking back on your career, who has been your biggest influence?

Daniel: Do you mean a book I read?

Jessica: It could be a book. It could also be a mentor...

Daniel: There have been a couple people. One of them would be my dissertation advisor, Margaret Fitzsimmons. It was kind of amazing connecting food and regulation and ecology and justice issues. She's now at UC Santa Cruz. Really bright, and what she published was really good. Part of the coalition that was doing that West side work which was in the article you read, there's a woman named Claire Kohrman. Claire actually worked at Northwestern. She's retired but she was working for the community research center at Northwestern- I may have that wrong. But she sort of mentored me on how to do community-based research. I really thank her for that.

Jessica: When you and your co-authors sat to discuss the development of this article [*A comparison of the availability and affordability of a market basket in two communities in the Chicago area*], what was your end goal?

Daniel: It's interesting – actually the grant from Kellogg was really focused on starting a cooperative grocery store in the Austin neighborhood. So part of the focus of the end goal was that. We wanted to look at the market. We had to have an actual official study market done as well. But you know, we did just a very specific focus of being helpful for this project. As I said, people kind of knew there was a difference between food access in Austin or in West Side in predominantly African American communities, and then in nearby white communities. But numbers hadn't been given to it very much, so that was something we wanted to provide the West Side Health Authority as well as to publish academically.

It was sort of, as its inception, a community-based study. In addition, though, we really wanted to deeply describe the food access landscape in the two communities, so we looked at every store and we walked the streets to find every retail store and then we went in and did surveys. We didn't just map the stores, but we looked at what was in them. And then we also looked at quality, which not too many of these food access studies usually do.

We also looked at bus transportation. The part of the study really isn't really very deep [laughs]. But sort of the real close-level study of food access which goes beyond just putting points on a map and looking at what is actually in the stores and what is high quality and what is the price. It's really good. I think that's why it continues to be cited after 10 years. There are not many studies that do all of those things.

One final purpose is really student growth. So we have these student community-member teams. And the students were mainly diet and nutrition students from Loyola. They were teamed with community members. Some of them had never been in these stores either, so that was really a great part of this. We did a focus group at the end with folks that did the survey. We don't talk about that in the article but we thought that was really fulfilling. You should look up an article that I'm second author on called, "Food Ways of the Urban Poor". Alkon is the first author. It actually covers the qualitative results of a

number of different studies in Oakland and Chicago and there was a qualitative component of this study as well. Some of the quotes in there are related to this market basket study.

Jessica: Was Kellogg able to establish the grocery store?

Daniel: No. It's funny because they were very focused on the grocery store. It wasn't Kellogg, it was the community that wanted it established. Finally a few years later it started and only lasted a few months. So that part of the story is kind of negative. Kellogg in the end didn't really think that this was a very successful grant they had made, and anybody that I had talked to was surprised. There were all these people working together, you know, people I still work with, and I thought this was the best study I had ever been part of. I mean it was great.

Jessica: I wonder what their criteria for success was.

Daniel: I mean they really were focused on, "Is this grocery store going to open?" That's what they wanted. They didn't care quite as much (even though it was a university-community partnership) about the networks that get built up and the connection between scholars. I tried to tell that story whenever I was asked but I wasn't asked about it. So yeah even though this article and a number of other articles, part of this was getting fresh foods and vegetables and salad bars in a couple of schools and now I think there's salad bars in many public schools around town but at the time we met with CPS, they were interested but difficult [laughs]. I think we got a lot going in Chicago. [Laughs] There was funding given for a second grant to cut out all that and just focus on the grocery store and that didn't work out. All the stuff that was working was cut out. An example in some ways for me – funders have ideas of what their goals are and sometimes they're not overly flexible about that.

Jessica: Looking forward then, what would you say are some priority areas for this research?

Daniel: There are these cornerstone projects that are actually looking at doing more metro experiment between grocery stores looking at the difference between what people are eating and such. In my own research I'd really like to look at issues in mapping and to look at this historically in terms of neighborhoods in the 60's and 50's that eventually became African American. How did the retail within those communities change? People talk a lot about that happening without actually putting some numbers in.

Jessica: It would be great to be able to put numbers to those changes. At our loop office we have a picture of a newspaper article from the 1920s about how Chicago was the healthiest city in the world and it compared it to Berlin, Vienna and some of the other bigger cities and every time I look at it, I just want to ask what happened? What happened then and what's happening now? When you look at the city of Chicago you're not necessarily inclined to talk about it in terms of a "healthy city" compared to the rest of the country, talk less of the rest of the world.

Daniel: I would say that back then, the head of the Public Health Department was a real marketer [laughs].

Jessica: Just a few more questions for you. How would you define a healthy community?

Daniel: I think I would define it through statistics, long lifespans and low levels of disease. I think it also has to do with kind of better actions within a community as well. People feeling safe and being able to walk around. There's ways that I can define it if I can come up with some numeric model or statistics.

When I think of a healthy community, I think of people being outside, knowing their neighbors and having their kids running around. A healthy community is one that has a healthy lifestyle.

Jessica: Alright. What do you think are the biggest obstacles when dealing with community health in Chicago?

Daniel: Segregation and the historic differences in wealth between African-American communities and White communities and Hispanic communities. Things like people doing land banking when they buy out pieces of land when they're cheap and sit on them for 30 years until they develop it and it just sits there and you know, that is an outgrowth of our capitalist system of land development. Generally promotes development dollars going into a few places at any time and going away over a long period of time from historically disadvantaged communities within the city that generally tend to be particularly African American.

Jessica: My last question for you today: are you optimistic about the state of community health equity in Chicago?

Daniel: No. I have been, but I think right now the violence is bringing down the city. Over the last four months, I've had two students who have lost relatives to murder. In both cases it was a nephew. You know, where I work on the far South Side, and even here in Oak Park a student was killed and you know Oak Park is somewhat tied to Austin and things happen just over the border all the time. But you know, I just feel like when I talk to people, my students or others on the South Side, it's always like we can't get into any of this deeper stuff about trying to figure out how to build a healthier community because of the violence issue and because it is happening. So many people know somebody who's been shot. You know at least many people on the south side do. It's all encompassing. Right now I am pretty down about the city in general.

But 5, 6 years ago, I probably would've said yes, but it is just hard to get past the violence issue. I feel like it's just, you know, I go to work and I hear stuff on the radio or from my students, I drive on I-290 and there's been a shooting, like there was once a shooting that happened like 5 minutes after I passed that area just getting on the I-290, so you know, it's like you just keep getting hit. Combining that myself with the state of Illinois finances and the fact that we just keep getting tricklings of money, my colleagues are getting laid off, I mean it has been a depressing time to live here and especially working on the south side, especially working for the state, it's one thing and another and another and another.