

NEIGHBOURHOODS & HEALTHY BODY WEIGHT.

There is increasing evidence that the neighbourhood we live in can influence how much we weigh.

Obesity is associated with many health problems, including heart disease, diabetes, high blood pressure, stroke, arthritis, and some cancers. One out of every seven adults in Canada is obese⁽⁴⁾. Poor dietary habits and an increasingly sedentary lifestyle are major factors fuelling the obesity epidemic in North America. These factors can be linked to features of our residential neighbourhoods.

FOR EXAMPLE:

- **“Walkable” and “activity friendly” neighbourhoods are associated with lower body weights and lower rates of diabetes among residents⁽¹⁾.**
- **Cities are less “obesogenic” than suburbs.** Canadians living in urban centres are twice as likely to walk, bike, or use transit to get to work, and have lower rates of obesity and overweight as compared to people living in suburban areas.
- **The availability of affordable, nutritious food in local stores may influence the eating habits of area residents.** A nearby and accessible grocery store increases the likelihood that local residents will meet their recommended dietary intake of fruits, vegetables, fat and cholesterol⁽⁵⁾.



- **Low-income neighbourhoods are associated with overweight, obesity, and coronary heart disease⁽⁶⁻⁸⁾.** However, a recent CRICH study⁽⁹⁾ took a closer look and found that although women in low-income neighbourhoods are (on average) 11 lbs heavier than women in high-income neighbourhoods, the opposite was true for men. Men in low-income neighbourhoods weigh 7 lb less than their high-income counterparts. These findings could be explained by the fact that men of low socioeconomic status are more likely to smoke and to work in manual occupations.

WHY STUDY NEIGHBOURHOODS AND BODY WEIGHT?

Research on neighbourhoods and body weight can be used to inform and evaluate neighbourhood-level interventions that may improve residents' diets, and increase how much they walk, bike, and use transit every day. For example, evidence from the CRICH/ICES *Neighbourhood Environments and Resources for Healthy Living – a Focus on Diabetes in Toronto⁽¹⁾* study (see page 2) provides a sound basis for:

- Changes to zoning practices that increase population density (e.g. people on the streets; friends' houses within walking distance) and mixed land use (e.g. homes and amenities - such as grocery stores - placed nearby each other).

- Introduction of new bike lanes and bus routes, to improve access to healthy food choices and increase physical activity.
- A focus on crime prevention efforts - if it feels risky to go out alone in a neighbourhood, residents are less likely to walk or bike, and more likely to drive.

These “upstream” approaches to preventing chronic disease are likely to be easier to implement (practically and politically) and may have more rapid effects compared to macro-level policy shifts to address the social determinants of health. See our [Neighbourhood health initiatives](#) primer for more details.

SPOTLIGHT ON DIABETES: A CRICH/ICES STUDY⁽¹⁾

Type 2 diabetes, a major consequence of obesity, affects 180 million people worldwide and is a rapidly growing cause of disability and premature mortality. Toronto has the highest urban rate of diabetes in Ontario.

For the 2007 study *Neighbourhood Environments and Resources for Healthy Living – a Focus on Diabetes in Toronto*, researchers from CRICH and Institute for Clinical Evaluative Sciences (ICES) mapped diabetes rates in every neighbourhood in the city. The study found a striking mismatch between areas of Toronto where healthy resources are most needed and where they are located.

Neighbourhoods with the highest diabetes rates had:

- Fewer nearby parks, grocery stores, other retail shops and family doctors
- Environments that did not encourage walking, bicycling, and other physical activities

Certain population groups are known to have higher rates of diabetes, such as people with low income, and certain ethno-racial minority groups. This diabetes study found that some areas of the downtown core with higher proportions high-risk groups had lower-than-expected rates of diabetes. In these neighbourhoods, higher “activity friendliness” and better access to healthy resources may have been protecting residents from developing diabetes.

Download the full study at:
www.stmichaelshospital.com/crich/diabetes_atlas.php

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The Centre for Research on Inner City Health (CRICH) is part of the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital.

Our mission is to reduce health inequities through innovative research that supports social change.