



FOOD DESERT AND HEALTH

Introduction to Programming for Public Policy: Final Project 12/4/2017

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QUESTION

- Does the access to healthy food in supermarkets improve health outcomes?
 - Otherwise, do food deserts cause increased lifestyle diseases such as diabetes, obesity or hypertension?
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DATASETS

Access to Food

- Grocery location and size
- Fast food restaurants location



**CHICAGO
DATA PORTAL**



Healthcare Outcome

- Diabetes hospitalization



**CHICAGO
DATA PORTAL**

Other Explanation Variables

- Black/Hispanic rate
- Income
- Education attainment
- Poverty rate

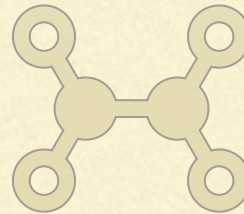


Geometry

- Zip codes boundaries



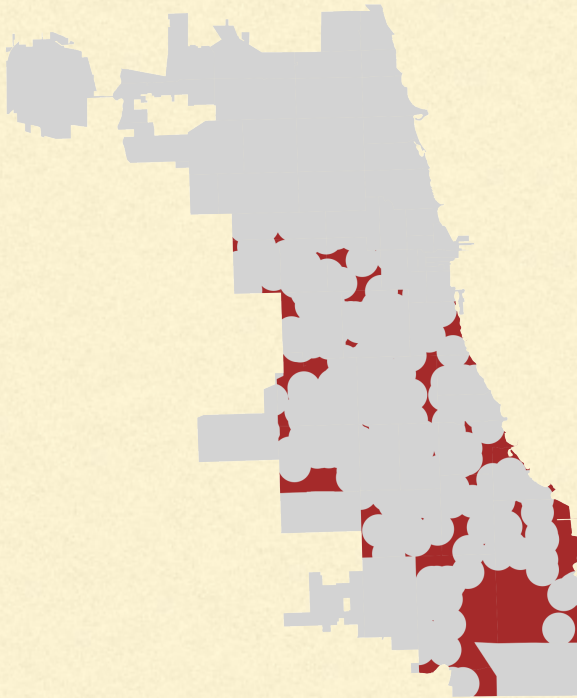
**CHICAGO
DATA PORTAL**



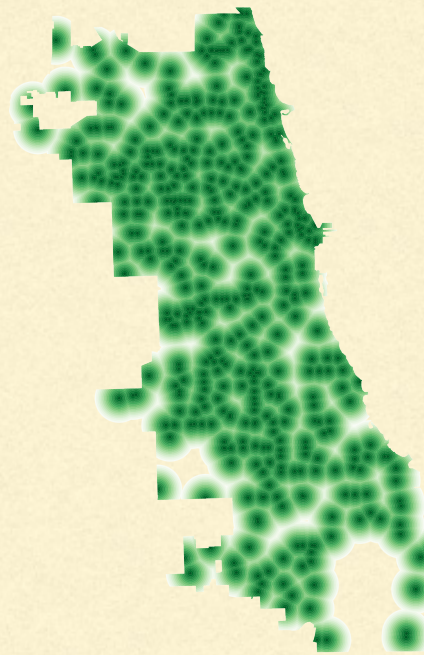
FOOD DESERTS IN CHICAGO

- “Food desert” definition: an area with a poverty rate of at least 20 percent and where at least a third of the population lives more than a mile from a supermarket or large grocery store

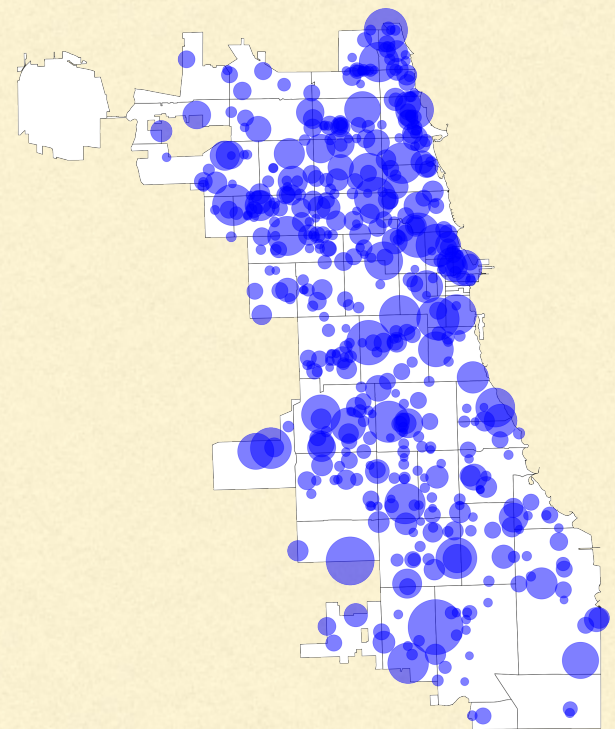
Food Desert (>1km from groceries & poverty rate > 20%) in Chicago



Distance from closest groceries (*100m)



Grocery Stores by Relative Size (Square Feet)

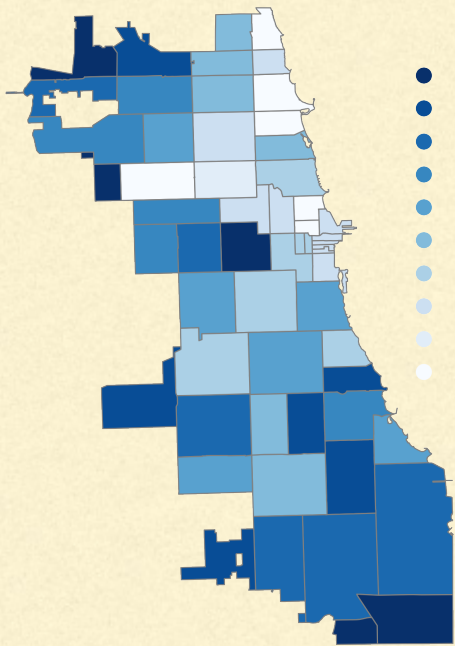


GROCERY DENSITY AND DIABETES HOSPITALIZATION RATES IN ZIP-CODE AREAS

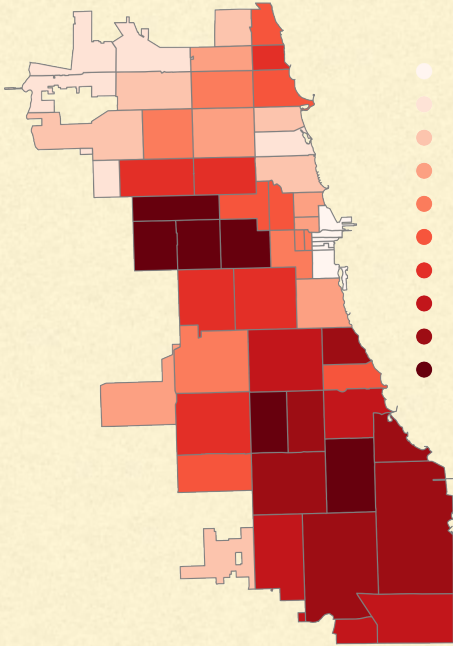
Grocery Store Square Feet per Square and Diabetes Hospitalization Rate

Grocery Store Square Feet per Square Mile

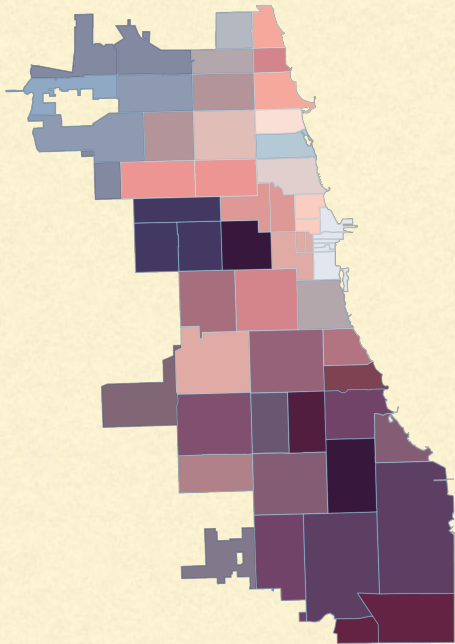
Diabetes Hospitalization Rates



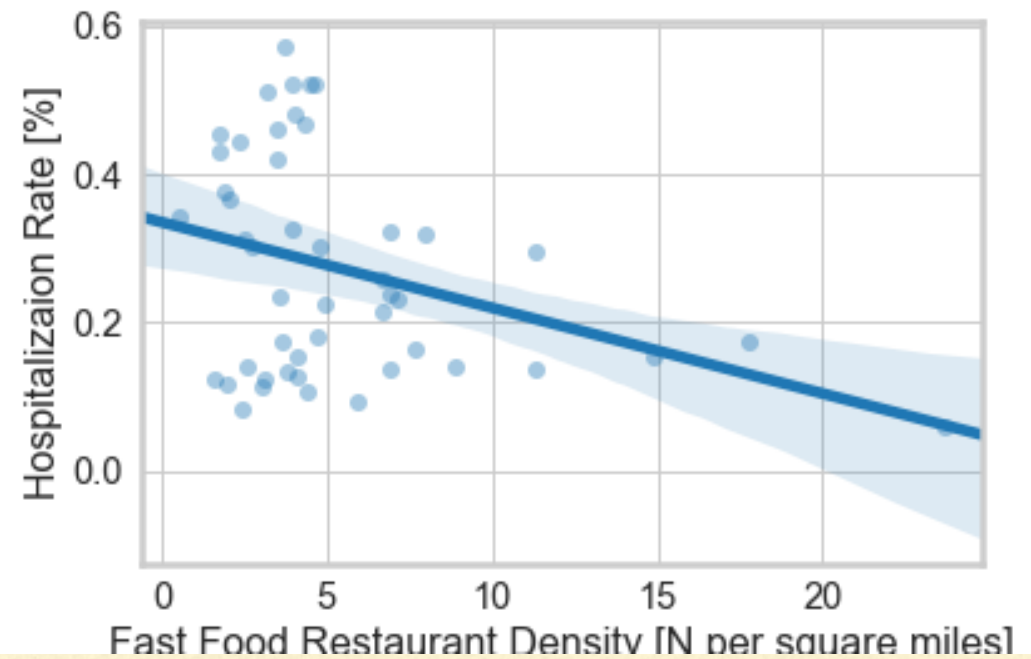
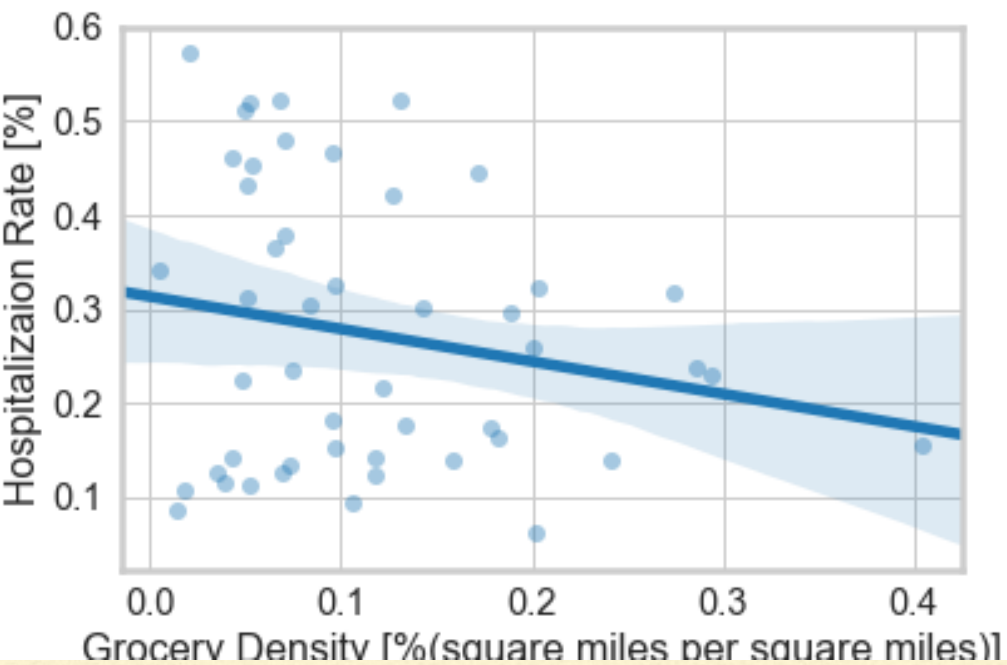
- 0.01 - 0.03
- 0.03 - 0.05
- 0.05 - 0.06
- 0.06 - 0.07
- 0.07 - 0.10
- 0.10 - 0.13
- 0.13 - 0.18
- 0.18 - 0.20
- 0.20 - 0.21
- 0.21 - 0.40



- 0.06 - 0.08
- 0.08 - 0.12
- 0.12 - 0.14
- 0.14 - 0.17
- 0.17 - 0.22
- 0.22 - 0.27
- 0.27 - 0.32
- 0.32 - 0.39
- 0.39 - 0.47
- 0.47 - 0.57



PLOTTING



OLS REGRESSION

Model:

$H(\text{hospitalization rate}) =$

$\alpha(\text{intercept})$

$+ \beta_1 * G(\text{grocery density})$

$+ \beta_2 * F(\text{fast food restaurant density})$

$+ \beta_3 * \text{Income}(\text{mean income})$

$+ \beta_4 * \text{Black}(\text{black rate})$

$+ \beta_5 * \text{Hispanic}(\text{hispanic rate})$

Dep. Variable:	H	R-squared:	0.845
Model:	OLS	Adj. R-squared:	0.827
Method:	Least Squares	F-statistic:	45.91
Date:	Fri, 01 Dec 2017	Prob (F-statistic):	5.90e-16
Time:	21:32:03	Log-Likelihood:	69.171
No. Observations:	48	AIC:	-126.3
Df Residuals:	42	BIC:	-115.1
Df Model:	5		
Covariance Type:	nonrobust		

	coef	std err	t	P> t	[0.025	0.975]
Intercept	0.1250	0.069	1.799	0.079	-0.015	0.265
G	0.1440	0.139	1.033	0.307	-0.137	0.425
F	0.0015	0.003	0.453	0.653	-0.005	0.008
Income	-6.832e-07	6.73e-07	-1.014	0.316	-2.04e-06	6.76e-07
Black	0.0039	0.001	7.665	0.000	0.003	0.005
Hispanic	0.0016	0.001	2.472	0.018	0.000	0.003

CONCLUSION AND LIMITATIONS

- We found weak but certain correlation between the grocery density and the diabetes hospitalization rate.
 - Health outcomes seem to be associated with minority population rather than food accessibility and income level.
 - Possible further research: tract level, other diseases (e.g. life expectancy or obesity), other cities (more samples)
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