

Commentary:

Observations From Recent Medical Geography Presentations

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ABSTRACT

This commentary reflects on two observations concerning trends in presenting medical geography studies. These include lack of cartographic rigor, and not defining or recognizing changing definitions of healthy and unhealthy foods and ways of eating.

KEYWORDS

cartography, definitions, health, medical geography

Having participated in a several medical geography symposia, conferences, and themed sessions, I have noticed two concerning trends. Interdisciplinary studies involving medical geographers and allied disciplines and practitioners in public health, epidemiology, and health care administration are apt to produce more nuanced understanding of the geographies of health and disease. Collaboration between these disciplines might avoid two problems (distractions) I have noticed permeating conference presentations. One is the lack of cartographic rigor in maps shown with presentations. There appears to be little, if any, descriptive data analysis informing the selection of data classification. Simply mapping by quartiles often ignores the distribution of observations, and hence maps do not provide an adequate semblance of “reality.” It is important to justify data classification method (equal interval, equal observation, standard deviation, geometric, etc.) before indiscriminately mapping data under consideration. Dent (2009) provides a discussion on the selection of appropriate classification schemes depending on the distribution of data observations. The message here is not to simply gloss over or skip the mapping component of a study, but to employ sound cartographic strategies and techniques. This includes selection conventions for map type, appropriate scale(s), colors, and data classification as discussed above.

The second observation is not defining or recognizing what a healthy or unhealthy diet consists of. Use of traditionally accepted definitions are not keeping pace with grassroots conceptions of healthy eating that are beginning to challenge long-standing guidelines for what constitute healthy diets. Increasingly, national health care organizations and academies have recently wholeheartedly or even reluctantly began endorsing various low-carb diets as these gain popularity with the general public. For example, the American Diabetic Association recently endorsed low-carb diets as an option to control type 2 diabetes. The American Academy of Pediatrics revised its recommendation on fruit juice consumption for infants, children, and adolescents. Specifically, the AAP emphatically does not recommend fruit juice, and sets cautionary limits for toddlers, and children ages 2-6 and 7-18. It strongly states that “fruit juice offers no nutritional benefits over whole fruit” (Heyman et al. 2017,

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p.5). This is just one of twelve recommendations that constitute a real change. In a similar fashion, the American Heart Association noted that a “reduction of sugar-sweetened beverages, processed carbohydrates, and reduction in alcohol use, can lead to significant serum triglyceride reduction” Joseph 2022, p. e742. Physicians like Dr. Ken Berry, a board certified general practitioner and Dr. Otiva, a board certified cardiac surgeon, are spearheading grass-roots social media engagement, and producing books for the public that promote ketogenic (KETO) and low carb diets to improve diets. Their messages are being received by the millions, and multiplying as their listeners and readers tell family and friends. Other anecdotal evidence that the low-carb diet is catching on are the low-carb options available from fast food franchises (Burger King, Five Guys, Jimmy John’s, to name some). The KETO diet, or as Dr. Berry coined, the proper human diet (Phd), advocates saturated fat (steak, bacon, chicken thighs), sodium to taste, and no fiber requirement. Other characteristics include the elimination of grains, seed oils (canola, soybean), and practicing intermittent fasting. You can see how this KETO mindset flips what is usually considered a healthy diet, and therefore mapping distributions of high salt or low fiber consumption, for example, are not necessarily pointing out problematic neighborhoods.

As more studies point out the healthful benefits of low-carb diets, studies by medical geographers and others should become more cognizant of changes occurring as to what constitutes healthy or unhealthy diets.

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