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Le Mieux? French Healthcare's Toll on Nutritional Decisions

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Abstract

This project involves interviewing French taxpayers in an attempt to see if there is a connection between nutritional decisions and the amount of taxes in France. France has the best healthcare system in the world but also some of the highest taxes. This study takes into consideration the quantitative but also the qualitative data from participants so as to understand the personal effects of taxes upon nutritional decisions.

Introduction

The purpose of this research project is to explore the relationship between nutritional decisions and rising taxes in France. France has the best healthcare system the world has to offer, per the World Health Organization (WHO 2000)[1]. There are inevitably costs that come with such a healthcare system that grants its citizens such world-class service. As a result of this service, the government has no choice but to implement some of the highest taxes in the world upon all of its citizens – poor and rich. The average French citizen contributes close to 40% of his or her income to the federal government. These taxes are in part used to fund the healthcare system. Such taxes, though providing for social benefits, carry a heavy toll upon the taxpayers.[2] French citizens are thus forced to model their nutritional decisions around their limited funds after taxes are taken into consideration.

I hypothesize that with the rising trend of income taxes and also weight gain and obesity, there is a correlation between rising taxes and nutritional decisions. France's socialist leadership has publicized its platform on taxes. They are in favor of high taxes, including trying to pass a 75% tax on some of the richest members of France's population. France's taxes are at an all-time high.[3] Though France maintains a low obesity rate in comparison to the United States, the number of obese citizens is rising. In 2005, 11.3% of France was obese with 40% overweight. The number of overweight French citizens is drastically high due to a 5% annual increase in overweight citizens

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[1] World Health Organization, "Health Systems: Improving Performance," *The World Health Report 2000* (2000).
[2] Balazs Egert, "The Efficiency and Equity of the Tax and Transfer System in France," *OECD Economic Department Working Papers* 1038 (2013).
[3] The Economist, "Why do the French tolerate such high taxes?" *The Economist,* September 24, 2013.

since 1997.[4] French meal times have also decreased from one hour and twenty-two minutes in 1978 to just thirty-eight minutes in 2005. Just last year, for the first time ever, French citizens favored fast food to traditional French food. In 2013, 54% of restaurant visits were to fast food chains.[5] This research explores if individuals feel burdened by these taxes, and if so, if this burden is shaping nutritional decisions.

The citizens of France undoubtedly benefit from a world-class healthcare system, ranked the best, but quite possibly suffer from the costs of federally maintaining such a mighty industry. These costs are results of the burden of excess taxes. I went to Paris to interview French taxpayers about their experiences with the system. I found that the average taxpayer loves their healthcare system but abhors the taxes. Despite the connection, they don't see the justification for such taxes. Their nutritional decisions – from where to eat to how much time they should contribute to eating – is dependent on how much money is available to them, which they see as not much when taxes are taken into consideration.

Literature Review

This review of literature on taxes and French healthcare will demonstrate the need for open-ended interviews to gather qualitative data to complement the quantitative analysis of tax systems, effects on taxpayers, and nutrition data. My research contributes to the qualitative component of this area of study that is currently missing. This

[4] Elizabeth Rosenthal, "Even the French are fighting obesity," *The New York Times*, May 4, 2005.
[5] Christian Fraser, "Why the French are turning to fast food," *BBC News*, November 28, 2013.

qualitative component sheds light on decision-making processes related to nutrition and how people make nutritional decisions in relation to their income and tax burdens.

Social Spending

When analyzing a nation's social system, such as healthcare, it is usually accompanied by the study of a government's social spending. This sort of analysis is quantitative in nature because of the comparison of spending data. Ideally, increased public spending accompanies an economic downturn because social spending is needed to balance rising unemployment and other consequences of such a crisis. Of the Organization for Economic Co-operation and Development (OECD), in reference to the global economic crisis of 2007/08, social spending increased by at least 6% for 26 of the 32 OECD nations. Of the 26, this increase in social spending exceeded 16% for 6 of the nations. France's public social expenditure was 32.1% of GDP in 2009 – the highest of all OECD nations, compared to the average 22.1% of OECD nations. In France, 9.0% of its GDP was spent of health services, which is also the highest in the world.[6] This clearly demonstrates France's vast spending on its healthcare system and parallels its ranking as the best healthcare system in the world. This study demonstrates clearly the ranking of spending by OECD nations on public services, but does not include any sort of research on the population and the effects of the public services.

This particular analysis of France's social benefits is wholly quantitative and concludes that in 2009, France spent the most, out of any other nation, on its health benefits. This is compared to the early 1990s, when France was only among one of the

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[6] OECD, "Social Spending During the Crisis," *Organization for Economic Co-operation and Development* (2012), www.oecd.org/els/soc/OECD2012SocialSpendingDuringTheCrisis8pages.pdf

top spenders on health benefits, but it surpassed every other nation in the 21st century. Even into the second decade of the century, France was one of two European countries to still increase its public health spending.[7] The recent economic crisis did not deter France from increasing its spending on health benefits for its population. An indication of the status of a nation's healthcare system is the amount of money spent on the industry, which France leads and is raising.

Taxes

There has been substantial research on the effects of taxes. This research ranges from how taxes affect economic behavior to risk-taking. Feldstein has discussed the effects of taxes on economic efficiency. Economic efficiency is in regards to markets that are competitive and function without major interference from outside indicators. In his discussion of future research, Feldstein explains his desire for data on income levels, marital status, and age/sex groups. Feldstein sees value in data that goes beyond the quantitative aspect of the economy. It makes sense to gather and evaluate data points on the citizens who make up the economy and taxes. His work thus far has been about the general economy when it comes to taxes, and not about individual taxpayers. In line with Feldstein's research, research on taxes has concentrated on policy effects on the economy. Though this sort of research on taxes is critical to the general outlook of the economy, it does not address the effects of tax policy on individuals.[8]

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[7] OECD, "Health Spending Growth at Zero," *Organization for Economic Co-operation and Development* (2013), http://www.keepeek.com/Digital-Asset-Management/oecd/social-issues-migration-health/health-spending-growth-at-zero_5k4dd1st95xv-en#page1

[8] Martin S. Feldstein, "Effects of Taxes on Economic Behavior," *National Bureau of Economic Research* (2008), http://www.nber.org/papers/w13745.pdf

Clotfelter (1985) looks at how tax policy affects individual contributions and corporate giving. Though it does look at individuals, it is actually about how tax breaks can impact charitable giving, rather than the direct effects of higher/lower taxes on an income.[9] Clotfelter's research mostly studies how tax-deductible laws impact the amount of charitable giving rather than how direct taxes upon income may affect giving. Research on taxes and tax policy concentrate upon the macro level of effects on markets and the economy rather than individuals and decision-making.

Nutritional Decisions

In terms of the nutritional decisions aspect of the research, there has been research completed on the rise in obesity in France. begin individualizing the problem and stating, "The obesity epidemic is a consequence of the interaction of cultural, environmental, genetic and behavioural factors." Yet, the entire research is based upon policy rather than individual factors – actual factors and everyday problems. By approaching obesity from a macro standpoint, from the standpoint of policy, the authors analyze policy documents to find factors responsible for the rising percentage of citizens with obesity. This research used French policy documents as representation of modern French culture. The researchers emphasized how the government has been able to shape the nation's overweight problem.[10]

The World Health Organization (2013), which ranked France as having the best healthcare system in the world, recently released a study on the rising number of

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[9] Charles T. Clotfelter, *Federal Tax Policy and Charitable Giving* (Chicago: The University of Chicago Press, 1985).

[10] Annabelle D. Patchett, Keryn M. Johnson and Heather R. Yeatman, "Obesity framing for health policy development in Australia, France and Switzerland," *Health Promotion International* (2014).

overweight citizens in France, along with deteriorating nutritional decisions. Obesity has risen in both children and adults since 1997 in France. The study analyzed the population's consumption of vegetables, physical activity, body image, and weight control. The data used for analysis was from surveys mailed to participants. This research method is essentially removed from the participants and does not provide participants with the opportunity to provide additional, in-depth information related to their opinions and nutritional decision-making process. The study lacks any sort of data based on individual responses with disclosures about the state of individual lives. There is also no analysis of how their responses relate to the healthcare system or tax policy.[11]

Health Care & Income

A study by Parker and Wong (1997) analyzed the relationship between income and health care expenditures among families in Mexico. The researchers used a nationwide survey for their empirical analysis. As expected, the results indicate that monetary health expenditures depend heavily upon a household's income. The research also found that those in low-income, uninsured households are susceptible to the highest rates of income level changes. As a result, when an economic crisis takes place, these households are the ones that allocate less and less funds towards their health care.[12]

Marmot (2002) looks at how income is related to health care. He sees three distinct ways income is related to health: the GNP of a country, a household's income, and income inequalities. He finds that the less a community or government provides when it comes to health care, the more one's income becomes vital to the level of health

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[11] Francois Beck and Emmanuelle Godeau, "The nutritional policy framework in France," *World Health Organization* (2013).

[12] Susan W. Parker and Rebeca Wong, "Household income and health care expenditures in Mexico," *Health Policy* 40 (1997): 237-255.

care one is able to receive.[13] A study of Germans regarding income and health by Paul Frijters, John Haisken-DeNew, and Michael Shields (2005) was conducted to analyze this trend since the German reunification. The study found that a positive effect of income change exists upon health satisfaction. A limitation of this study is that the quantitative size of that effect is quite small. The study does not provide any additional factors for the rise or fall in health satisfaction, which is an expected limitation since this is a solely a quantitative study.[14]

Nutrition & Income

A recent study by Akachi and Canning (2007) looked at how the height of women in Sub-Saharan Africa is related to health, nutrition, and income. The point of this study is to analyze poor nutrition in comparison to the aforementioned standards. The study found that GDP per capita is directly related to height, and thus nutrition that leads to height. Since average height varies between countries, this study cannot be repeated and then compared to results of other countries.[15] Silventoinen (2003) also established this relationship between height and income distribution in 2003. She found that nutrition is the biggest factor when it came to height, and nutrition was directly related to a family's

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[13] Michael Marmot, "The Influence Of Income On Health: Views Of An Epidemiologist," *Health Affairs* 21 (2002): 31-46.
[14] John Haisken-DeNew, Paul Frijters, and Michael Shields, "The causal effect of income on health: Evidence from German reunification," *Journal of Health Economics* 24 (2005): 997-1017.
[15] Yoko Akachi and David Canning, "The height of women in Sub-Saharan Africa: The role of health, nutrition, and income in childhood," *Annals of Human Biology* 34 (2007): 397-410.

income. Body height can thus be used to assess not only nutrition, but also wealth distribution.[16]

A study was completed in 2003 that examined food-insufficient households and their nutrition intake and overweightness. When comparing households with sufficient and insufficient amounts of food available to the children, this research found that the children living in low-income, food insecure households actually took in higher cholesterol than their counterparts in households with sufficient amounts of food. Additionally, the children from the low-income households were more overweight than children from middle-income homes. These kids ate less fruit and watched more television, too.[17] On another level of analysis, a study by Pritchett and Summers (1993) was completed that looked at the income of peoples and compared that to their health. The research confirmed that a rise in income tends to raise health status. The study also found that income is much more important to a child's health than one's overall life expectancy.[18] I am looking at similar data, but extending the research beyond children and doing so not in America, but in France with the world's best healthcare system.

The "Low Income Diet and Nutrition Survey" was conducted in the United Kingdom. The study found that individuals from low-income households tended to eat more processed foods and drink more soft drinks. The study also found that the percentage of overweight or obese participants was proportional to the population at

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[16] Karri Silventoinen, "Determinants of Variation in Adult Body Height," *Journal of Biosocial Science* 35 (2003): 263-285.
[17] Margaret Bogle, Patrick H. Casey, Shelly Lensing, Kitty Szeto, and Judy Weber, "Children in Food-Insufficient, Low-Income Families Prevalence, Health, and Nutrition Status," *JAMA Pediatrics* 155 (2001).
[18] Lance Pritchett and Lawrence Summers, "Wealthier and Healthier," *The World Bank World Development Report* (1993).

large. About 1/3 of participants reported that money was the primary factor in their nutritional decisions. Even more participants wanted to change their own diet and 60% of participants wanted to change the diet of their kids.[19] Similarly, a study done by Worsley and Blasche (2003) in Australia showed that those from low-income households basically ate less and less often than those from high- and middle-income households. These participants from low-income households also had a less varied diet. This means that their diet was mostly dictated by cost and money.[20]

There is a large body of research on tax policy, healthcare, and nutritional decisions. What is lacking in the literature is the interdisciplinary aspect that brings together these subject areas. In addition, the current research lacks the depth that comes with a qualitative research aspect. Open-ended questions reveal what taxpayers think about the situation rather than for that to be inferred by researchers through quantitative data. The personal nature of the study focuses on a person and his or her situation rather than generalizations of a group of people or a country's citizens. It profiles participants more than current research, which identifies them as a certain statistic. I contribute to the research by combining various disciplines and emphasizing the qualitative data.

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[19] Food Standards Agency, "Low Income Diet and Nutrition Survey," *The National Archives* (2011).

[20] K Ball, R Blasche, D Crawford, and A Worsley, "Income differences in food consumption in the 1995 Australian National Nutrition Survey," *European Journal of Clinical Nutrition* 57 (2003): 1198-1211.

Methods

To collect data on nutritional decision-making among the French and the factors that shape this decision-making process, my translator and I conducted 20 in-depth, semi-structured interviews that elicited a combination of quantitative and qualitative data.

We interviewed twenty participants. We used tax brackets to stratify the participants because it is how the French government divides its citizens for financial reasons. The mean age was 36 and is ideal for a working class citizen with experience regarding eating and tax patterns for discussion. There were 12 men interviewed and 8 women. The income of the participants is displayed below in Figure1.

In order to stratify the sample based on different tax brackets, we recruited participants of various tax brackets and from different parts of the city. Paris is the capital of France and has diverse socioeconomic parts of the city. With the help of my research assistant, who is knowledgeable about the various parts of the city, we interviewed taxpayers from different socioeconomic backgrounds. Participants were approached at respective city-center locations of each part of the city. These locations include cafés, diners, and shopping centers. Certain stores attract particular shoppers, therefore easing the process of choosing subjects from various tax brackets. If around fast food restaurants, we were able to interview participants from lower tax brackets. If around traditional restaurants, we were able to interview participants from middle tax brackets. We used libraries and a community center as locations for finding participants for the study. We avoided La Cité, which is the historic part of the city filled with tourists. This includes areas around museums and the 1st to 8th arondissements. The 18th to 20th arondissements hold the less expensive residential areas, which represent the lower end

of tax brackets. We approached people in public spaces and ask if they are interested in participating in a 30-minute interview. The most effective means of doing this was finding supermarkets or small cafes in these areas and finding participants to interview.

We used an interview guide to solicit narratives from participants regarding their experiences with taxes and nutritional decisions. There are 4 sections in the interview guide. The first section covers the basic data necessary to categorize participants. This section is necessary to gather basic information about the participant, including their income and the location of their home. The second section of the guide covers the eating patterns of the participants. Questions include the amount of money and time spent on meals, and whether those meals are at restaurants or at home. This section is necessary to determine how each participant eats and compare that to data from the first section. The third section focuses less upon the quantitative side of the research and delves into the qualitative aspect. The questions discuss eating habits and factors that shape nutrition. This section involves patterns and we will question participants on any change that has occurred in their nutrition and eating patterns. This section is prime for allowing interviewers to allow the conversation to lead the interview and possibly discuss topics not necessarily mentioned in the guide. The final and fourth section of the Interview guide covers the thoughts of the participants on the healthcare system of France. Along with covering their thoughts on the healthcare system, the final section covers changing patterns of taxes, as well. This section, similarly to the previous section, allows for discussions not outlined in the interview guide and gives an in-depth perspective into the personal experiences of taxpayers.

My translator and I interviewed French taxpayers using the interview guide for reference. Respondents were approached using a scripted introduction, informing them of the general purpose of the research. During the interview, my assistant and translator took notes of the participant's responses for later analysis. Excel sheets were created to categorize participants and their responses. This enabled further quantitative analysis in search of trends and categorizing responses.

Results

Quantitative Results

The 20 participants I interviewed ranged in age from 25-56, with a mean age of 36. The income of the participants was grouped by the following: four participants made less than 17,340 €; eight participants made between 17,340€ and 25,000 €; five participants made between 25,000 € and 50,000 €; three participants made between 50,000 € and 75,000 €; and no participants made above 75,000 €. Figure 1, below, illustrates this data.

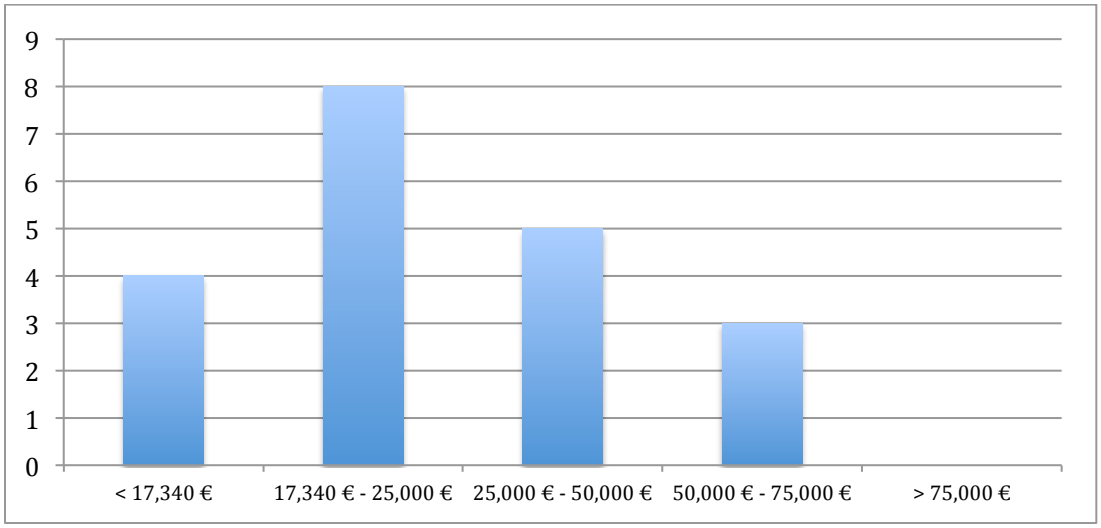

Figure 1: Income of Participants

In terms of the average amount of money spent on food per day, those participants in the less than 17,340 € bracket spent 12€ and the participants made between 17,340€ and 25,000 € spent 13 €. Participants who made between 25,000 € and 50,000 € spent 22€ and those who made between 50,000 € and 75,000 € spent 35€ per day. All participants who made less than 17,340 € up to 25,000 € all spent 15 minutes on average on eating a meal. And all participants who made between 25,000 € and 75,000 € spent 30 minutes on average on each meal. Figures 2 and 3, below, illustrate this data.

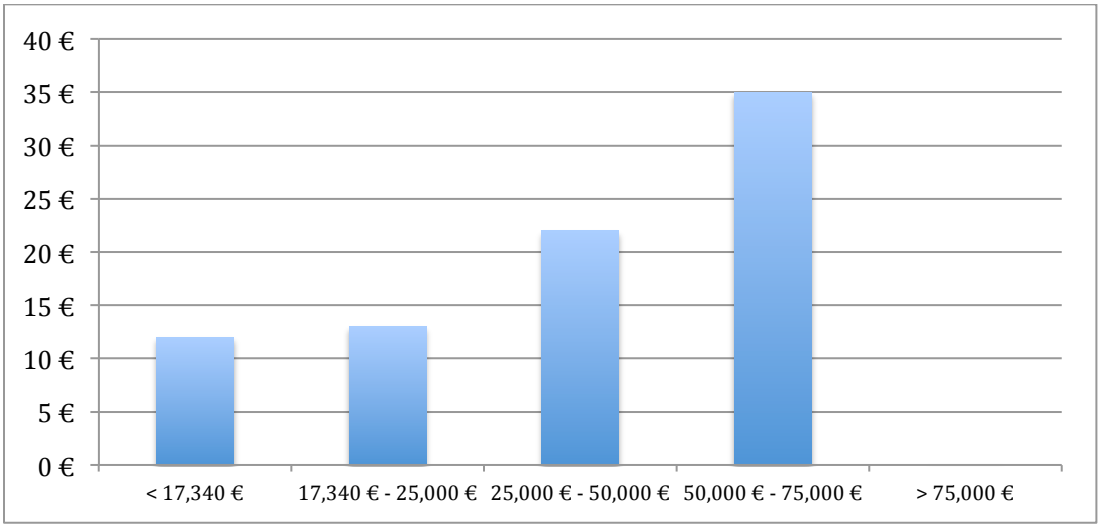

Figure 2: Average Amount of Money Spent on Food per Day

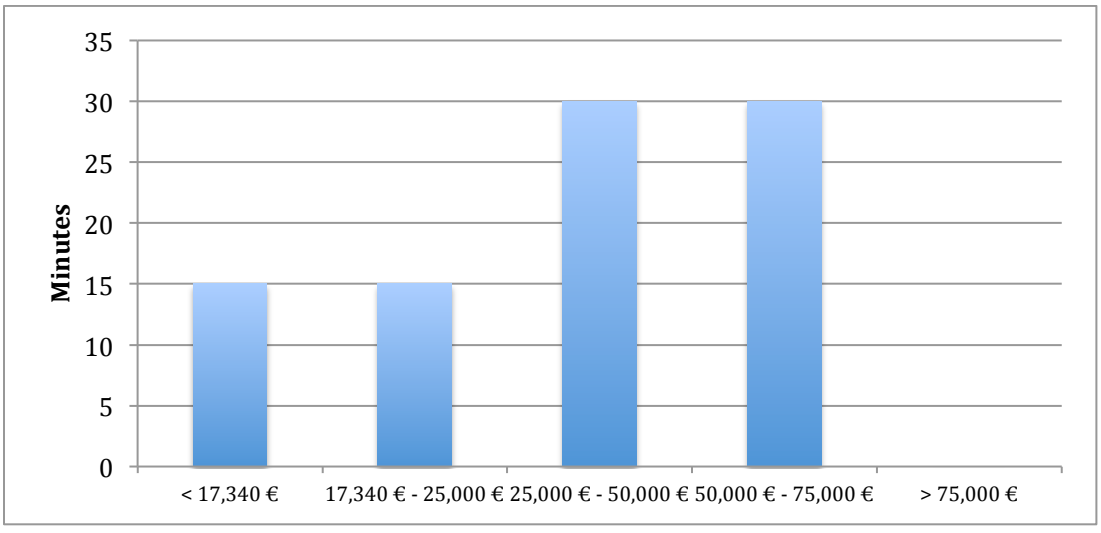

Figure 3: Average Time Spent Eating per Meal

Of those in the bracket who made less than 17,340 €, they spent 27% of their outings in sit-down restaurants and 73% in fast food restaurants. Those who made between 17,340€ and 25,000 € spent 35% of their outings in sit-down restaurants and 35% in fast food restaurants. Those who made between 25,000 € and 50,000 € spent 67% of their outings in sit-down restaurants and 33% in fast food restaurants. And those who made between 50,000 € and 75,000 € spent 70% of their outings in sit-down restaurants and 30% in fast food restaurants. Figure 4, below, illustrates this data.

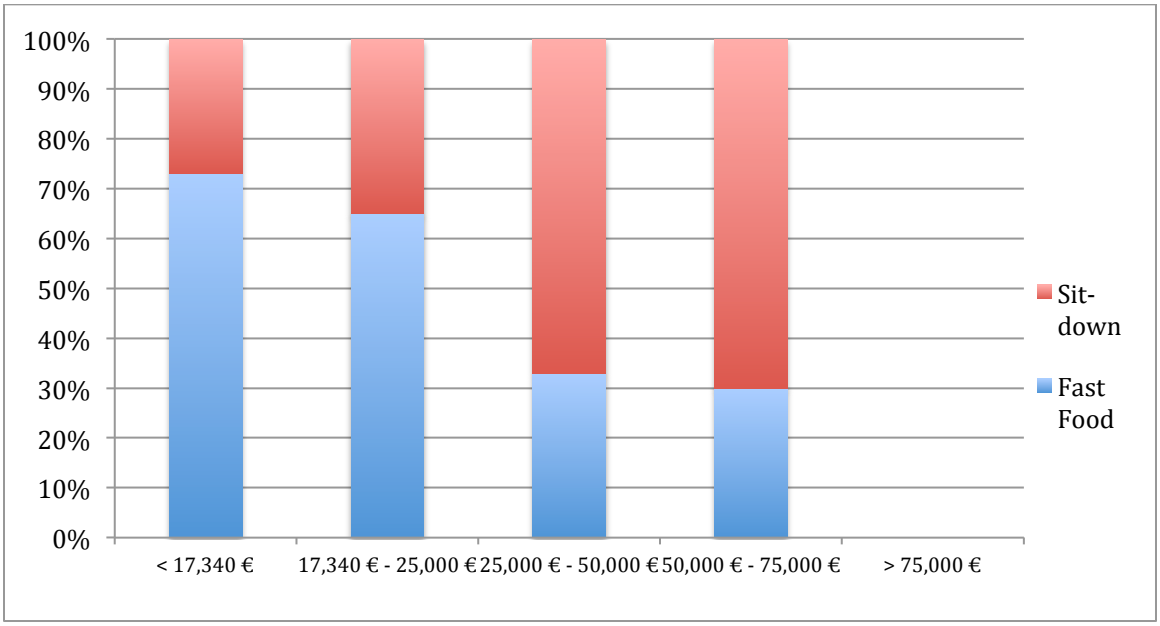

Figure 4: Percentage of Restaurant Meals (Fast Food v. Café/Sit-down/Cafeteria)

Qualitative Results

The purpose of gathering qualitative results was to personalize the data and understand a more personal side of the issue at hand. Quantitative data is great for generalizations of a population, but the point of this project was to go beyond such generalizations and understand how individuals feel about healthcare, taxes, and nutritional decisions. Four themes are presented below: taxes and healthcare, amount of time spent eating, fitness, and fast food.

Taxes & Healthcare

Essentially, the participants knew of the great benefits that came from their world-class healthcare system. Yet, they complained of the taxes, which were fully expected. A 32-year old, female *Monoprix*[21] cashier said, "I think the healthcare system is good for me, but the government makes life hard with all of these taxes." The participants seemed to not connect the two factors. High taxes are necessary to pay for the healthcare system, but the participants felt that the healthcare system is something that they deserved, and the taxes were something that they did not deserve. There was a shortcoming in the interview process with most of the participants in admitting to the necessity of the taxes. Yet, the three participants in the highest income bracket that was interviewed explained their frustration with the system, but understood its necessity. One such individual explained, "This is a necessary evil, we cannot do without the healthcare, and the healthcare cannot exist without our taxes." Of course no one is content with high taxes, and would wish them to be eliminated, but those in the higher income brackets tended to understand the reasoning behind the taxes, but still wholeheartedly wished them to be gone. Different income groups had differing views on the high taxes because of their effects on their total income. I also think that those in the higher income brackets understand the need for the taxes because they are better informed of the country's fiscal and social matters. This is not to say that those in lower income brackets are less informed, but simply less aware.

[21] Monoprix is a retail grocery chain in France, selling items ranging from food to clothing.

Amount of Time Eating

Most participants admitted to their short eating times as relating to other things needing to be done, such as work. A 45-year old father of two explained, "There is no time to eat much or well because I have to work or I have to take care of the kids." There were only two participants who described their meal times as being short because that was as much time as was necessary for that function. Not surprisingly, these two participants were from the highest of the income brackets interviewed. It is expected of anyone to want more leisure time, especially to eat. But one participant, a 40-year old worker at a *Franprix*[22], explained that he gets only a limited amount of hours to work and he can't waste that time on eating, so he either finds fast food or just skips it to work. We noticed a correlation between the amount of time the participants could spend eating and their desire to work and make money. Eating and especially eating well was not seen as a priority—making money was the priority.

Fitness

When it came to the fitness portion of the survey, none of the participants exercised on a regular basis. They essentially saw no need for such activities. A 25-year old female working in a salon said, "Who has time for that when there is work to be done?" This was the general tone of the interview when it came to exercising. She further complained, "There are not places to exercise, there is no room for such things in our schedule or city." None of them even had it on their minds to even desire to do so if they had time – it was something foreign to them. This is not to say that the participants did not have other means of exercise that they simply did not classify as such. Many of them

[22] Franprix, similar to Monoprix, is a retail grocery chain in France.

walked to work and took the metro. Though not considered exercise by the participants, such an integral part of their schedule was just that. None of the participants interviewed exercised, and the biggest reason for this was because they could not find a time to set aside for such activities.

Fast Food

The participants who ate the most fast food admitted to doing so because of the cost. They knew of the health hazards but believed they had no other choice in their circumstances. A 35-year old male working at a local bank explained, “I eat fast food because it sometimes tastes good, but most of the time it is because I don't have time to make food or because it is cheaper than making my own food or eating somewhere else.” Those who ate less fast food did so because of the same reason – the health hazards. They all would like to eat well, but it was something that took time and cost too much, which is a universal explanation.

When asked why there was less time to eat, or why they ate more fast food, all of the participants in the lower two brackets admitted it was because they did not have enough money. In some way, they all even mentioned their taxes, knowing that their income is not really their income. The participant who worked at the bank said, “I work with money all day, and I know that I must plan for taxes because they are so high here. If I have to eat less, or if I have to eat fast food, I will do it.” They would have to plan for their income after taxes, and eating well or taking time to eat were things that were easy to neglect.

Discussion

France has had rising obesity numbers and recently citizens ate more fast food than any other type of food. France also has the best healthcare in the world, along with some of the highest taxes not only in Europe, but also the entire world. In terms of income comparison when taxes are considered, individuals from each tax bracket lose a considerable amount of money from their income. The taxes do increase as one's salary increases, but those in the higher tax brackets seem to not feel the hardships that are felt by the first two brackets. This is shown by the amount of time and money that is spent on meals, which is considerably more when compared to the first two brackets. The time spent on meals is double, and the amount of money spent on food is considerably higher, as well. This is interesting because those making above the 25,000 € threshold act similarly to those making upwards of 75,000 €. The graphs indicate this divide and grouping of the four brackets.

I think that it hurt my project that I was unable to find anyone to survey who made above 75,000 €. The Charlie Hebdo attacks took place towards the end of my time in Paris, which was when I had set aside for strictly locating and interviewing individuals who met those criteria. But after the attacks, no one was willing to discuss much in the streets of Paris. It hurts my study in not having any data points for comparison with the other participants, but is indicative of quite possibly the lack of such taxpayers with higher salaries.

The French culture prides itself on its good food. And to admit, they have some of the best food I have ever had. Even the fast food tasted better in France. But I can see

how poor eating habits, mixed with a lack of exercise, can lead to the weight gain that the public has been suffering through in recent years.

Conclusion

The individuals who I interviewed were upset at the tax system and proud of their healthcare. They saw no reason for such high taxes. They understood the hazards of fast food but praised its cost and time efficiency. The taxes that the French citizens must pay are indeed high, but are necessary for a world-class healthcare system and other government programs. As a result of the interviews that were conducted, I do conclude that French citizens pay much in taxes for an amazing healthcare system, but it also leads to deteriorating nutrition decisions. Paying for such a healthcare system will eventually lead to more citizens needing to use the system because of poor eating habits.

In today's literature on taxes, nutritional decisions, and healthcare, there is a large body of work. What this research contributes that is currently lacking to the current state of research is the interdisciplinary feature. By combining taxes, nutritional decisions, and healthcare, this research analyzes the effects of these areas of study upon each other. Additionally, current research lacks qualitative analysis to be considered with quantitative research. Because most research is done on a grand scale, it is difficult to personalize the research, which is what this research does. This research combines various disciplines with a personal aspect to understand how these disciplines affect one another in relations to individuals.

Bibliography

Akachi, Yoko., and David Canning. "The height of women in Sub-Saharan Africa: The role of health, nutrition, and income in childhood." *Annals of Human Biology* 34 (2007): 397-410.

Ball, K., R Blasche., D Crawford., and A Worsley. "Income differences in food consumption in the 1995 Australian National Nutrition Survey." *European Journal of Clinical Nutrition* 57 (2003): 1198-1211.

Beck, Francois., and Emmanuelle Godeau. "The nutritional policy framework in France." *World Health Organization* (2013).

Bogle, Margaret., Patrick H. Casey., Shelly Lensing., Kitty Szeto., and Judy Weber. "Children in Food-Insufficient, Low-Income Families Prevalence, Health, and Nutrition Status." *JAMA Pediatrics* 155 (2001).

Clotfelter, Charles T. *Federal Tax Policy and Charitable Giving*. Chicago: The University of Chicago Press, 1985.

Egert, Balazs. "The Efficiency and Equity of the Tax and Transfer System in France." *OECD Economic Department Working Papers* 1038 (2013).

Feldstein, Martin S. "Effects of Taxes on Economic Behavior." *National Bureau of Economic Research* (2008).

Food Standards Agency. "Low Income Diet and Nutrition Survey." *The National Archives* (2011).

Fraser, Christian. "Why the French are turning to fast food." *BBC News*, November 28, 2013.

Frijters, Paul., John Haisken-DeNew., and Michael Shields. "The causal effect of income on health: Evidence from German reunification." *Journal of Health Economics* 24 (2005): 997-1017.

Johnson, Keryn M., Annabelle D. Patchett., and Heather R. Yeatman. "Obesity framing for health policy development in Australia, France and Switzerland." *Health Promotion International* (2014).

Marmot, Michael. "The Influence Of Income On Health: Views Of An Epidemiologist." *Health Affairs* 21 (2002): 31-46.

OECD. "Health Spending Growth at Zero." *Organization for Economic Co-operation and Development* (2013).

OECD. "Social Spending During the Crisis." *Organization for Economic Co-operation and Development* (2012).

Parker, Susan W., and Rebeca Wong. "Household income and health care expenditures in Mexico." *Health Policy* 40 (1997): 237-255.

Pritchett, Lance., and Lawrence Summers. "Wealthier and Healthier." *The World Bank World Development Report* (1993).

Rosenthal, Elizabeth. "Even the French are fighting obesity." *The New York Times*, May 4, 2005.

Silventoinen, Karri. "Determinants of Variation in Adult Body Height." *Journal of Biosocial Science* 35 (2003): 263-285.

World Health Organization. "Health Systems: Improving Performance." *The World Health Report 2000* (2000).