One Size Fits None: Urban Food Insecurity and the Need for Community-Based Interventions

by

Allegra Fils-Aime
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Introduction

Since the mid-20th century, the way we eat has changed drastically. Especially in
developed countries like the U.S., food carries the fingerprint of production, processing, and
distribution corporations thanks to the boom of the industrial food system. The foods we eat and
how we eat them have evolved, and our diets are subsequently decreasing in vitamins and other
nutrients and increasing in calories. Because of this we are much more likely than our ancestors
to be overweight or suffer from food-related health problems. People in low-income and
minority communities often struggle to achieve long-term access to healthy foods – a
phenomenon known as food insecurity – and have watched these health issues slowly deteriorate
their communities for decades.

While food insecurity is commonly tied to geographical patterns of large food retailers, I
argue that there are many economic, political, and social poverty-related factors that exacerbate
food insecurity and that must be directly addressed in order to remediate the problem.
Throughout this project, I will show how the American food system has evolved since the mid-
20th century to disenfranchise poor communities and how subsequent schools of research have
influenced different types of food insecurity interventions. The food insecurity issue is
intertwined with the complex community food behaviors that develop within the specific food
environment over generations. As such, it is crucial that any interventions aimed at remediating
food insecurity not only address poverty as a root cause but also actively respond to community
needs and changing food behaviors. I will argue that neither the supply-side tax incentive
programs that aim to build new supermarkets, nor the uniform food-distribution programs run by
large organizations can be effective in adapting to the unique characteristics of urban food
environments. Using my observations of a real food access program support by Children’s Aid Society and my understanding of the causes and consequences of food insecurity, I will distinguish the structural, financial, and social aspects that will allow a program to have positive, long-term impacts on the food environment. Finally, I will use this knowledge to provide guidelines for a food-based community revitalization program that will adapt to the needs of the community to empower its residents and address the food insecurity issue from multiple angles.
Chapter 1: The History of Food Insecurity in the U.S.

I. Food Store Geography and Demographic Changes

The popular definition of the “food desert” implicates the food retail industry as a fundamental culprit due to uneven geographical distributions which leave many urban communities lacking in food resources. Because of the link between supermarkets and the presence of food deserts, it is practical to begin this historical account with the history of the American supermarket and the subsequent retail patterns which influence food accessibility in low-income communities. At the beginning of the 20th century, there were about 50 large chain food retailers. The very idea of the small, independently-owned store embodies the American Dream; the aspiration of the middle class to find success through individual ingenuity and determination. Grocers were also important pillars of community engagement, and so independent food retailers thus became deeply ingrained in American economic and social dynamics (Ingram, Paul, and Hayagreeva Rao). However, chain stores began to grow in power and in numbers very rapidly in the early 1900s. This was likely due to a number of new cost-cutting strategies, such as storage techniques utilizing large inventory warehouses and the standardization of store infrastructures. Chains found ways to control their own produce and dry goods inventories by circumventing wholesalers, which allowed them to sell products at lower prices. This created an advantage over the independent stores, which were often unable to embrace these new economies of scale and struggled to match the declining prices (Deener, Andrew).

These strategies also allowed chain stores to gain support from farmers and labor unions because they could offer more competitive prices and wages. In collaboration with chain
retailers, the farm and labor support allies created the pro-chain movement in response to anti-chain laws. Between 1931-1939, 27 of the 48 states had passed their own anti-chain legislation which targeted chain store profitability. These laws aimed to tax large chain retailers in order to discourage their rapid growth. Independent owners and congressional champions of small business accused chain retailers of using predatory pricing practices to undermine neighborhood competition. A decades-long war ensued between the anti-chain and pro-chain movements, though the pro-movement had ample resources and organizational planning to its advantage. The battle eventually moved to the Supreme Court, where pro-chain supporters leveraged legal strategies to call the anti-chain arguments into constitutional question. The Supreme Court eventually began to annul the anti-chain laws that had been established in the 1920s and ‘30’s. Eventually, these precedents became paramount in subsequent judicial decisions, thus overpowering the discretion of state legislatures. The pro-chain movement had won the war and chain retailers began to grow at a rapid pace (Deener, Andrew). In the 1980s, the Federal Trade Commission made a landmark decision that validated predatory pricing as a legitimate competitive strategy, effectively collapsing all federal controls on pricing and mergers within the food system (Eisenhauer, Elizabeth).

The prominence of food retail corporations not only revolutionized how Americans shopped for groceries but also where groceries were available. The 20th century saw a mass exodus of the middle-class to the suburbs, particularly during the boom of suburbanization after World War II. As a result, patterns of ethnic and economic segregation developed which had consequences on the distribution of community resources. New technologies (such as cars and telephones) had begun to reduce the inconvenience of distance since the turn of the century and made suburbia more appealing for those who could afford to move (Deener, Andrew). Some
researchers speculate that the upper and middle classes were encouraged by state and federal initiatives to abandon cities (e.g. the post-WWII G.I. Bill which increase veteran access to mortgages and pulled many families to the suburbs). The particular departure of middle class blacks was likely in response to the racial segregation practices of federal housing policies, declining homeownership opportunities for minorities, and urban renewal projects that eroded the social structure of poor neighborhoods (Eisenhauer, Elizabeth). Social sciences have hypothesized the motivations of ‘white flight,’ which recognizes the racial motivations of whites in leaving integrated neighborhoods (Kye, Samuel H). Transportation was also a factor, as governments reallocated resources toward building roads and bridges in the suburbs, cutting city public transit budgets. Public policy initiatives and private sector affairs contributed to declining urban real estate values, as well as reduced resources for education and the loss of jobs and businesses. As a result, cities saw higher and higher proportions of low-income neighborhoods. From the late ‘60’s-‘80’s, the portion of America’s low-income households located in cities increased from 30% to 43%, while actual poverty levels remained stable. The percentage of moderate poverty census tracts in urban areas rose from 27% to 39% and the portion of high poverty tracts more than doubled, from 6% to 14%. Low-income communities became concentrated within cities as the middle class left and property values declined. By 2001, more than 50% of the urban American poor lived in low poverty tracts, 32% in moderate poverty tracts, and 17% in high poverty tracts (Eisenhauer, Elizabeth).

Chain food retailers followed the crowd out of the cities because they sought to profit off of the group with the largest disposable income: the suburban consumer. The new economies of scale used by food retail corporations to cut costs also transformed the standard supermarket structure into one that worked best in the suburban environment. Chains became centered around
new distribution strategies, inventory storage schemes, large trucking fleets, shopping hubs, and other infrastructural elements that functioned more efficiently in the suburbs (Deener, Andrew). Essentially, the geographies of retail chains had to adapt over time to the cost-cutting methods that became critical to profit-yielding as demographics changed. Between 1950-1960, the share of supermarkets in the food retail market grew from 35% to 70%. This trend reflected a consolidation of the US system into a small number of large food conglomerates.

As more chain retailers became publicly traded firms, they saw increased pressure to show continuous profit growth to support share prices. Food retail profit margins were limited by the realities of the selling food: the number of people buying food, the number of food consumers were willing to buy, and the disposable incomes with which they bought food were all relatively unchanging. Firms needed to show increased profits but couldn’t sell more goods, so they had to either cut operating costs or gain market share, or both. Thus vertical and horizontal market integrations became critical to industry survival. Vertical integration refers to the consolidation of supply chains; when firms buy other firms that supply or distribute their products, they cut costs by getting rid of the middlemen. Horizontal integration occurs when a firm merges with or acquires another firm that produces a similar product or other parts of their product. These strategies streamline processes and reduce costs (which increases the firm’s profit margins) and consolidate market agents (which increases the firm’s market share). These strategies are so effective that by 2001 the four largest firms controlled approximately 81% of all beef processing in the US. Similarly, in 2013 the five largest US retail chains controlled about 40% of the market. When considering only urban areas -- where the majority of the US population resides -- these same companies controlled 73% of the market (Loo, Clement, and Robert A. Skipper, Jr.). Supermarket corporations quickly gained enough economic and political
power to take over the food retail, production, and distribution industries thanks to increased mobility of the middle class, rollbacks in federal regulatory controls, and technology advancements that created new highways of communication and information management.

In cooperation with the increasing economic and racial segregation between urban and suburban areas, concurrent retail market trends created uneven supermarket geographies that still affect low-income communities today. Cities saw a sizable net loss of supermarkets during the ‘80s, and retailers claimed low profit margins, increased likelihood of theft, and higher costs of urban land, labor, and utilities forced them to relocate (Eisenhauer, Elizabeth). A 2015 study found that supermarkets were more likely to be located in poor urban areas in 1970, but this pattern gradually reversed towards 1990 (Thibodeaux, Jarrett). In 1981, 90% of large grocers in low-income neighborhoods either closed voluntarily or went out of business. Meanwhile, more than 50% of the new stores that year were large supermarkets located in the suburbs and higher-income areas ("Obtaining Food: Shopping Constraints of the Poor."). By 1995, the poorest 20% of urban neighborhoods had 44% less retail supermarket square footage than the richest 20% (Eisenhauer, Elizabeth).

Many studies have been conducted on these retail market patterns which provide evidence of the negative effects on economic development in low-income communities and communities of color. Retailers encourage economic activity, create jobs for residents, and provide healthy competition. When corporations disinvest from these neighborhoods, they often reinforce negative perceptions of urban areas that discourage further economic development. Disinvestment leads other business leaders and real-estate brokers to then assume that these communities are risky investment decisions. This creates a toxic cycle in which income-, race-, and reputation-perceptions of an urban area contribute to dwindling resources and investment
value, which then further worsen perceptions, and so on. Subsequent community isolation then leads to an atmosphere of distress and hopelessness, which emphasizes negative perceptions, and so the cycle continues (Eisenhauer, Elizabeth).

Food desertification of urban areas has also been linked to pervasive effects on the health outcomes of residents. Much research has focused on the relationship between decreasing food access and obesity. Childhood obesity rates have more than doubled since the 1970s, and between 1990-2000 there was a 61% increase in the number of obese adults in the US. By 2013, one in three adults were obese. The rapid rise of obesity has been considered a public health crisis by federal officials and it is likely caused by a number of factors. However, evidence has shown that the trend is unevenly distributed amongst communities in a similar pattern to that of supermarket disinvestment from low-income areas: the obesity crisis is occurring in the same communities with declining food access and security. This association suggests that limited access to healthy foods is a major contributor. Studies have found both race and ethnicity to be significant factors in obesity rates even when controlling for income. A 2013 study saw the greatest rise in obesity in middle-income black women with 54% affected, a 161% increase since 1970. Low-income black men had the most rapid increase, however, with a 663% increase between 1970-2000 (from 4.3% to 32.8%). The study concluded that black people were 1.6 times more likely to be obese than white people, with similar results among other ethnicities (Loo, Clement, and Robert A. Skipper, Jr.). Results show a clear pattern between the likelihood of urban communities to be within food deserts and rates of obesity (and related health problems) within these same communities.

The connection between declining supermarket access, decreasing access to nutritious foods, and obesity is a multifaceted one. A food insecure individual is likely to exclude fresh and
unprocessed foods from the diet because they are often more expensive. It is thus more practical for an individual to stretch their food dollars by purchasing more energy-dense, less nutritious foods that will last longer than fruits and vegetables. Fresh foods are also less available in inner cities due to the highways of distribution that force supermarkets to favor suburban locations. Produce is also the least profitable for retailers and thus less important to sell. These factors prompt food-insecure individuals to engage in a financially and geographically necessary, but physiologically destructive, process of diet adaptation (Eisenhauer, Elizabeth).

Those who lack access to healthy foods are more likely to rely on processed foods to satisfy their diet. Processed foods are often associated with high levels of added sugar, sodium, and unhealthy fats. Between 1859-1899, the volume of processed foods sold in the US grew by 15 times (Loo, Clement, and Robert A. Skipper, Jr.). The government began subsidizing agriculture of commodity crops like corn and soy in the 1970s, which encouraged the agribusiness industry to focus on producing a high volume of processed and packaged products that could be sold at low prices (Deener, Andrew). By the 1970s, the average American was getting 60% of their daily calories from processed foods. Food processors eventually had to start integrating horizontally in order to increase profits in such a saturated market. Between 1987-1997, the number of meals prepared at home that contained only processed foods increased by approximately 20% (Loo, Clement, and Robert A. Skipper, Jr.). Recognizing the role of processed food consumption helps us understand why the communities with the highest rates of hunger and malnutrition in the ‘50’s and ‘60’s now have the most rapidly increasing rates of obesity. Processed foods are more lucrative products to sell, cheaper products to buy, and much more accessible than fresh foods, thus contributing to the health issues of food desert residents.
II. Income Considerations

While many food desert studies have focused on the supermarket as central to the food access issue, other researchers focus on income and cost as the main barriers to food access regardless of supermarket geographies. This type of research began in the 1960s with a series of studies conducted by David Caplovitz that investigated how the poor were ensnared by misleading sales practices. His work highlighted the deceptions of “buy now, pay later” schemes, forecasted the oncoming American debt crisis, and helped improve consumer protection legislation (Saxon, Wolfgang). The series entitled “The Poor Pay More” concluded that the poor were paying higher prices for food and necessities due to consolidation in inner cities and lack of adequate resources, thus perpetuating the cycle of poverty. The consideration of income as a central point of the food access issue turned the research focus toward federal food assistance benefit programs. In 1990, the US House Select Committee on Hunger conducted a study that proved the programs were unable to fully supplement the budgets of food insecure households. These programs were created to combat food insecurity in low-income households, but these studies highlight how ineffective the programs were at helping low-income households obtain healthy foods (Curtis, Karen A., and Stephanie McClellan).

The Supplemental Nutrition Assistance Program (SNAP) (also known as the food stamp program) is based on the Thrifty Food Plan, a tool designed by the USDA that was used as a guide to obtaining a healthy diet at different income levels. In the 1930s, the diets were published in four series: a restricted plan for emergency use, a minimum-cost food plan, a moderate-cost food plan, and a liberal (larger budget) food plan. These plans indicated the amounts of different foods that households could afford to purchase on varying budgets while still meeting the nutritional needs of the whole family. By 1975, the lower-cost plans were consolidated into the
Thrifty Food Plan, whose food expenditure is comprised of 92% cereals, meats, dairy, and fruits and vegetables. The other 8% includes fats and oils, sugars, non-alcoholic drinks, and seasonings. The plan does not represent foods purchased outside the home or prepared foods, such as frozen dinners. The food stamp program aimed to provide low-income households with the resources to purchase their Thrifty Food Plan basket every month (Stewart, Hayden, and Noel Blisard). However, analyses of the Plan found that it had many issues: it assumed individuals had a lot of storage space and free time, it rounded down benefits to the nearest dollar, it regularly lagged in adjustment of benefits, and it did not take into account varying price levels in different regions, higher city prices, or transportation costs. Thus, studies concluded the Plan was an inefficient basis for guiding a healthy diet on a very limited budget, even with food assistance (Curtis, Karen A., and Stephanie McClellan).

Activists often associate the rise of food insecurity in the 1980s with economic policies that funneled income from the poor and middle-class groups to the wealthy and the collapse of the welfare state. The ‘80’s saw the dissolution of many federal and state social welfare programs, either through funding cuts or restrictions of eligibility criteria. Between 1980-1987, participation in the food stamp program declined by one million people, even though poverty actually increased by nearly 3.2 million people in the same time period (Curtis, Karen A., and Stephanie McClellan). Aid to Families with Dependent Children (AFDC) was another important benefit program aimed at assisting poor children and their caretakers. This program was both state and federally funded, though it left eligibility criteria determination to state authority, which vastly limited its efficacy. In 24 states, two-parent families were wholly ineligible for the program. There was also a wide range in the benefits received by low-income families in different states -- in 1987, benefits for a single-parent family with two children and no countable
income ranged from $118 per month in Alabama to $617 per month in California. Federal law also required AFDC benefits to be counted as income in food stamp eligibility, which consequently reduced total benefits for all members of the program. The purchasing power of AFDC benefits notably decreased by 33% between 1970 and 1986. This drop was exacerbated by rising housing and utility costs, which increased by 161.7% from 1973-1985. In all but two states, a single-parent family with two children remained under the federal poverty line even when receiving both AFDC and food stamp benefits ("Obtaining Food: Shopping Constraints of the Poor."). The food stamp program was (and still is) considered the most important resource for food access in low-income communities, but many studies have concluded that benefits are insufficient to last even the whole month (Curtis, Karen A., and Stephanie McClellan). These benefit programs are specifically aimed at supplementing income to allow food insecure individuals to afford a healthy diet. The failure of these institutions to achieve this goal suggests that income is not only a factor but a major obstacle to food accessibility in underserved areas.

This period also saw a growth in the usage of emergency food assistance programs, likely in response to the decline in welfare availability. Emergency programs are run by nonprofits and churches through food banks, pantries, and soup kitchens in order to provide food to people who are struggling to obtain it through conventional means. Because the programs are not supposed to be a typical way to provide food to low-income households, the level of demand for their services can be used as an indicator of food security. Throughout the ‘80’s, state and local programs reported an increasing demand for emergency food assistance which overwhelmed their available resources. The annual survey conducted by the U.S. Conference of Mayors also found an increased demand for emergency food assistance. The programs normally include limitations on usage, with many of them restricting individuals to a certain number of visits per
month or year and only serving residents within a certain proximity to the neighborhood (Curtis, Karen A., and Stephanie McClellan). The increase in emergency food assistance program usage during this period is consistent with the rise in poverty attributed to income-redistributing economic policies and the constriction of federal food assistance programs.

III. Influence of Research on Food Insecurity Interventions

A history of the causes and consequences of urban food insecurity would not be complete without an account of how research goals and interpretations have influenced the intervention approaches at the federal, state, and local levels. One example of this research impact can be seen in the increased usage of the “food desert” metaphor. The popularity of this phrase fundamentally transformed the way that we think about food access in low-income communities. Researchers’ use of the “desert” analogy attaches a spatial component to the concept that places emphasis on supermarkets in providing healthy food options to these communities (Wolf-Powers, Laura). This has resulted in policy interventions explicitly focused on the geographic proximity of low-income neighborhoods to large supermarkets while neglecting many major concerns tied to food security, such as insufficient income, lack of access to healthcare, and other needs specific to unique communities. Thus, it is important to distinguish the terms “food desert” and “food insecurity” in this account of urban food security, because the term “food desert” trademarks the oversimplification of a problem perpetuated by systemic social and economic inequality. The term “food desert” was first coined in a 1995 report by the U.K. Nutrition Task Force, and its proponents essentially began to merge public health, retail market patterns, and real-estate policy concerns in their research. The central idea of the “food desert” approach is that imperfect markets brought about the demise of independent grocers, fewer but larger stores,
and a shortage of outlets offering nutritious affordable foods within acceptable geographic proximity of low-income communities. Advancements in data and technology, like the USDA’s GIS-based Food Desert Locator tool in the late 2000s, have been instrumental in this mode of research. The Food Desert Locator is essentially an interactive map that allows public users to locate food deserts around the US, based on the definition of food deserts as areas under a certain level of poverty and at a specific geographic distance from the nearest supermarket. The Food, Conservation, and Energy Act of 2008, or the Farm Bill, specifically directed the Secretary of Agriculture to sponsor research on the occurrence, prevalence, and impacts of food deserts. It was this type of research that publicly emphasized the role of food retail geographies. Laura Wolf-Powers characterizes the “food desert” idea as a mobile concept: “ideas or metaphors that are not policies themselves but that mold understanding of social problems, drawing policymakers and the public toward particular types of interventions” (Wolf-Powers, Laura). Wolf-Powers explains that this particular mobile concept promotes solutions rooted in the geographic concerns of food insecurity (like adding supermarkets to neighborhood food environments) rather than redistribution of income and measures that address poverty (Wolf-Powers, Laura).

The most high-profile example of an intervention led by ‘food desert-motivated’ research is the 2014 Healthy Food Financing Initiative (HFFI) created by the Obama administration in partnership with Michelle Obama’s Let’s Move! initiative to eliminate child obesity. The HFFI is a $400 million federal program that provides corporate tax incentives in order to push supermarkets into inner cities and “food desert” areas. The initiative utilizes “a mix of federal tax credits, below-market rate loans, loan guarantees, and grants to attract private sector capital” with the goal of stimulating economic activity and creating large investment returns, while
increasing access to health foods for “food desert” communities (U.S. Department of Health and Human Services). The program is a supply-side approach to food insecurity that incentivizes supermarket chains to locate where research claims they are lacking.

When researchers and decision makers promote this type of approach, they ultimately attribute urban food insecurity to the absence of a large food retailer within a certain geographic area (while also insisting that convenience plays the most critical role in food accessibility) which many recent studies have shown to be problematic. However, even if the market imperfections that influence supermarket-location patterns did create widespread urban food insecurity, it’s not necessarily true that simply reversing the trend is the proper solution. Generations of low-income communities have been forced to adapt to changing food accessibility dynamics over decades and have created patterns of food behavior that may not even leave room for standard large-scale, culturally generic supermarkets. Policies guided by the “food desert” metaphor focus on fixing physical problems like walkability, open space, and store availability while neglecting to address the pressing social issues that created such disadvantaged communities in the first place, such as economic and racial segregation. Subsequently, studies have found that spatial proximity is not as important as factors specific to the different kinds of stores, such as price differences¹, quality of food, friendliness of staff, and the racial and ethnic similarity of the other shoppers (Wolf-Powers, Laura). The consideration of these factors does not always lead residents to the closest food store, and the store that checks all these boxes is not necessarily a supermarket.

¹ Wolf-Powers cites a 2007 study which found that, contrary to common assumptions, smaller retailers often sell a wide variety of low-cost foods. Thus supermarkets are not always the primary choice even when prices are of highest concern, especially when it comes to ethnic and specialty foods (Short, Anne, Julie Guthman, and Samuel Raskin)
The promotion of supply-side interventions is characteristic of the ‘community development’ standard for battling poverty that emerged during the 1960s, which encourages nonprofit, local and state organizations to collaborate with the private sector to encourage investment in underserved areas. Some activists argue that such spatially-motivated tax credits use supply-side mechanisms to benefit corporations under the guise of helping the poor. In a publication by the Treasury Department that details the geography of healthy food access in the US, the first sentence describes relevant real estate finance concerns without even mentioning hunger or nutrition issues (*Searching for Markets...*). Wolf-Powers makes the argument that the popularity of fresh food financing interventions is due to the appeal of political neutrality. Policies that explore the idea of transferring wealth and resources from the wealthy to the poor are often unable to withstand the brutality of the political arena. This was especially true in regard to the economic policies of the 1980s during the ‘urban crisis,’ which saw the mass flight of the middle-class out of cities and millions of household incomes dropping below the poverty line. A policy that aims to improve spatial access to healthy food is more politically feasible because it reduces the tax burden on individuals and on corporations while requiring little actual government funding while promoting economic development. A policy that attempts to address income inequality effectively increases the tax liability of the wealthy and creates political strife (Wolf-Powers, Laura).

Research has shown that the effect of adding a supermarket to an underserved area has complicated, sometimes unpredictable impacts on the food environment. A 2017 study by Madhumita Ghosh-Dastidar examines the effect of an HFFI-funded supermarket on the social and economic dynamics of the intervention community. The study measured the average distance to a supermarket, fruit and vegetable availability, healthy and unhealthy food
availability, junk food availability, food prices and orderliness of stores in the intervention neighborhood in comparison with the trends of a control neighborhood. Over three years, the amount and types of stores in the neighborhood did not change. The average distance to a supermarket was significantly reduced where the intervention was introduced. For the average distance to a respondent’s regular place of food shopping, the change was much smaller than expected. The authors note that prior to the new supermarket, most residents shopped for food outside their neighborhood and continued to do so afterward. This suggests that habit, or some other social factor, has a more important role in food decisions than just convenience alone. The researchers also concluded that overall healthy food availability in the neighborhood did not increase significantly as a result of the supermarket. It’s probable that the supermarket decreased the overall neighborhood availability of both healthy and unhealthy foods, due to the supermarket’s impacts on competition. There was an overall decrease in prices of staple goods like milk, and there was a simultaneously sharp increase in junk food prices. This was attributed to smaller stores having to lower staple prices to keep up with the supermarket and compensating by increasing the prices of junk food. The study found overall mixed positive and negative effects on the local food environment from the new supermarket, and the researchers warn that further research on the dynamics of local food environments is necessary before politicians make major decisions on supermarket financing plans (Ghosh-Dastidar, Madhumita, et al.). This study ultimately highlights the gaps in knowledge when it comes to how food insecure individuals actually make their food decisions and, similarly to prior studies, it fails to support the claim that residents will shop in their own neighborhoods just because a supermarket is introduced.

A 2017 update on the progress of the HFFI confirmed that more than $1 billion had been leveraged in private investments and other programs from the $220 million in federal credits
since 2011. Approximately 1,000 grocery stores and healthy food businesses in 35 states developed or gained support from 2011-2015 (The Healthy Food Financing Initiative).

Meanwhile, even more drastic cuts to the food stamp program than those seen during the 1980s threatened the food security of millions of low-income households. SNAP currently provides vouchers to households with incomes up to 130% of the federal poverty threshold and assisted 45.8 million people in 2016. However, in 2014, Congress toyed with the idea of cutting the program by $40 billion over ten years. Another proposal was introduced in 2017 that would cut the program by an additional $150 billion by 2026 (Wolf-Powers, Laura). It’s unlikely that the food stamp program will escape dramatic cuts in the next few years. Current policies promote supply-side interventions while neglecting income inequality and the social and economic dynamics that continue to exacerbate urban food insecurity. Realistically, food accessibility is a very complex issue and rests on a multitude of interdependent factors, including both supermarket geographies and income considerations. However, past research that emphasized residents’ spatial proximity to supermarkets oversimplified the problem as well as the possible solutions. Government interventions guided by “food desert” research have directed unnecessary funds toward increasing geographic access to supermarkets, while the most important food access resource for food insecure individuals hangs on by a thread. Until we obtain some understanding of the social dynamics, economic realities, and food practices of those living in food deserts, we cannot begin to effectively address urban food insecurity.
Chapter 2: Responsive Interventions

While supply-side approaches have concluded that market-based solutions are the only antidote to poverty-related food issues, recent research has suggested new pathways through which to ameliorate urban food insecurity. It has become clear that decision-makers need to understand the complexities of food behaviors in low-income communities. This research attempts to grasp how food decisions (what to buy and where to buy it) are affected by economic and political marginalization, urban social dynamics, and the food assistance programs that have emerged in response to declining food access. The findings push back against perceptions of food insecure communities as uneducated about food and shed new insight as to how the state influences the distribution of food surplus to needy communities. This brings us back to the core of income-based approaches to food insecurity: the root of the food insecurity problem is income inequality and inequitable distributions of economic and political power, which cannot be solved just by adding supermarkets to low-access neighborhoods. Through my exploration of this research, I will identify the most important characteristics of effective community programs that both improve food access and empower individuals to engage with their communities.

I. Approaching the Complexities of Food Behavior

The supply-side approach prompted by the food desert concept does not allow policymakers to consider the social, cultural, and economic aspects of food behaviors in food-insecure communities. Studies have shown that cost is the most prevalent barrier to healthy food access, and supermarket-based interventions portray people in low-access communities as passive acceptors of market-based food inequities. On the contrary, individuals in these
communities have developed various strategies for accessing and utilizing the foods they want at prices that they can afford, likely as an adaptation to the decline in healthy food accessibility that these communities have been facing over generations. Food desert studies assert that obesogenic environments result from supermarket scarcity, the diminishing supply of healthy foods, and the increasing availability of fast and junk foods. More recent demand-side research suggests that this approach limits the explanation of individuals' food behaviors to proximity to grocery stores and to an overall lack of education. Some activists argue that this view actually perpetuates the assumption that obesity and food-related health problems are a result of personal choice. It also extends to the argument that, if health outcomes don’t significantly improve because of the supermarket, it is because the residents decided not to make healthy choices. Alison Hope Alkon argues that there is no causal data to support a relationship between food access and health outcomes. Assuming that residents of food insecure neighborhoods are able to actively participate in their own food environments, low food access does not automatically lead to unhealthy food behaviors. In fact, she argues that this hypothesis strips the food-insecure of their agency and only promotes ineffective solutions that focus on neighborhood geography instead of the quality of life. The author asserts that GIS-based studies on supermarket location rely on correlations to tell the story of food security and health outcomes while ignoring the importance of the residents' everyday living behaviors (Alkon, Alison Hope).

Alkon conducted the study by interviewing residents in food insecure communities in Oakland, CA and Chicago, IL in order to better understand their food behaviors. People were asked what they ate in the past week, where they got their food, how they prepared it, why they shopped where they did, etc. The study found that most residents had extensive culinary knowledge and often mentioned how they liked to prepare their food in terms of recipes and
cooking techniques. Notably, many respondents spoke of food as a social good, not just a survival commodity. They often mentioned sharing food with neighbors when there was enough to go around as well as the importance of eating together, with many describing family meals as an important event. These insights shed light on the complex relationships people have with food even when they don't have a steady supply of it. This is contrary to the portrayal of food-insecure individuals as uneducated about food or passive participants in the food environment, which is perpetuated by most geographically-based research. Respondents often mentioned three or more places when detailing their shopping routines, including multiple supermarkets. This makes sense because they also listed price as their number one consideration in shopping for food, and this response also highlights the fact that supermarkets don’t always guarantee the lowest prices. Low prices motivated people to leave their neighborhoods to shop despite possible transportation barriers. For some, transportation and physical access were also significant obstacles to food access. One woman shopped at a store that was seven miles away from her home instead of a closer one because it was accessible by an elevated train at a station equipped with elevators. This suggests that the built environment is an important factor, but maybe in a different way than "food desert" research suggests. The responses highlight the agency that food insecure individuals have in their food behaviors and that they are not "unthinking dupes" guided only by primal hunger nor are they motivated solely by price; they are residents of marginalized and underserved communities and participants in complex social spheres through which they must navigate numerous obstacles to obtain healthy foods (Alkon, Alison Hope).

This study also reveals the way that residents view their neighborhood food choices in the broader context of economic underdevelopment and their own socioeconomic status. Respondents often talked about the lack of businesses in their communities, not just the lack of
food options. Many left their neighborhoods to complete most errands, not just to shop for food. Residents linked the lack of fresh food available in their communities to the patterns of disinvestment and declining local business ownership they had witnessed over the decades. Over the decades, many respondents had witnessed the loss of corner joints and other local food businesses that had been sources of social cohesion as well as fresh food and economic activity. Alkon notes that, for black residents in cities like Oakland and Chicago, food has a cultural and social value that speaks to the tradition of providing local services to one’s friends and neighbors (Alkon, Alison Hope). Addressing the food insecurity problem will require more than just redistributing supermarkets, but creating meaningful change to reverse the trends of inequality that dictate the quality of life in affected neighborhoods.

Food accessibility requires many different resources which all are joined by particular obstacles for food-insecure individuals. Travel demands financial and physical capabilities. Consumers must possess the necessary knowledge of the food they want to buy and how to prepare it. Oftentimes, less healthy but more energy-dense diets are cheaper than ones high in fresh fruit and vegetables, which also have limited life spans and require adequate refrigeration and storage space. A certain level of convenience does not guarantee that a grocery store will be attractive to customers, because geographic proximity has no effect on whether a resident will be financially able to shop there or even be interested in purchasing its goods. A study by Hillary Shaw showed that consumers regularly make choices based on whether or not there is help available with packing groceries, the anticipated length of checkout lines, and a multiplicity of other factors (Shaw, Hillary J.).

Prompted by these results, Shaw suggests modifying the "food desert" concept by basing it on a classification of financial, physical, and knowledge barriers rather than a strict definition.
Shaw claims this approach would allow "food desert" researchers to consider other important aspects of food insecurity besides proximity to supermarkets. The study develops a threefold classification which considers ability, assets, and attitude. Ability is anything that physically prevents access to food that a consumer wants and is able to purchase. This includes physical disabilities, lack of space in small stores, difficulties opening food packaging, etc. Assets consider a lack of financial resources which prevents consumers from buying the foods they desire and can otherwise physically access. Attitude concerns any state of mind that stops the consumer from accessing foods, often linked with cultural biases against certain foods, lack of culinary knowledge, and fear of crime or cultural constraints which dissuade people from leaving the home to obtain food. Shaw asserts that a high/medium/low evaluation system based on a classification of barriers to food access will provide more dimensions to the one-sided "food desert" concept (Shaw, Hillary J.). This is one example of an approach that may provide more context from which we can understand the communities affected by food insecurity and how to meet their needs.

II. The Case for Coercion and Hard Interventions

Authors Clement Loo and Robert Skipper Jr. argue that harder interventions – ones that may disrupt the business activities of large corporations – are necessary to ameliorate food insecurity. They justify this stance by further arguing that these types of interventions are warranted because the poor are coerced by the food system into participating in transactions that result in poor health outcomes. Thus Loo and Skipper assert that the federal government should intervene in this coercive relationship (i.e. with regulations on international trade of food products and consolidation of the retail market) in order to achieve better health outcomes for
low-income communities. Even when considering the complexities of food behaviors and practices, Loo and Skipper claim that interventions cannot be effective until they address the exploitation of low-income individuals by the US food industry.

Loo and Skipper define exploitation here as occurring when one party benefits more than the other from an exchange specifically because the party that bears the greater cost is forced into the transaction. According to the authors, food-insecure residents are not only subject to barriers promoted by socioeconomic status but are forced to participate in a system where large corporations benefit while they bear the costs. Loo and Skipper argue that the prolonged production of cheap and obesogenic processed foods and simultaneous increasing inequality has culminated in high rates of obesity among the poor, the breakdown of local food systems, the disappearance of cultural foods, and economic damages to local agriculture (Loo, Clement, and Robert A. Skipper Jr.).

The authors assert that legitimate market exchanges require consent as well as choice, and that, without consent, the exchange is made under coercive conditions. This theory is based on the notion that choice and coercion can coexist. To illustrate this, Loo and Skipper use the example of a legal organ donor market. If there were such a market where one could legally sell their organs, more people would willingly donate organs and more organs would be available for those who need them. However, poorer people would experience a disproportionate pressure to donate organs because of the monetary incentive. The decision to donate an organ is still technically a choice, though it lacks an element of consent because of the economic pressure (Loo, Clement & Skipper Jr., Robert A.).

I believe that this argument requires some further clarification in order to be usefully compared to the food system. It’s important to note that the coercers (and beneficiaries) in this
example are not the people receiving new organs but the private companies (which would hypothetically develop in the legalization of such a market) who facilitate the transaction for a profit and thus stand to gain something by encouraging more people to donate. Similarly, the coercers in the food system are not the owners of local stores that sell processed foods, but the producers and corporations of these foods that benefit from encouraging people to eat them. Loo and Skipper argue that a legal donor market would hypothetically see a majority of poor donors who have chosen to undergo elective surgery because they are under a disproportionate economic pressure due so, and likely would not have made the choice if they were not poor. The authors attempt to use this example to illustrate how the poor are under disproportionate economic pressure to buy processed and junk foods. This argument is supported by the high prevalence of obesity and other food-related health problems in low-income communities – and the much lower rates seen in middle- and high-income communities – suggesting that these outcomes may be different without disproportionate economic pressure on the poor.

Loo and Skipper assert that a non-exploitative exchange requires the informed consent of both parties. The authors further define the necessary conditions for informed consent including disclosure of information about potential consequences, presentation of information in a way conducive to consumer understanding, the ability of the consumer to understand information as presented, and voluntariness of participation in the exchange. In regards to the first condition, disclosure in the food industry comes in the form of nutritional labeling. Nutritional labeling aims to provide information to the consumer about the nutritional content of foods. However, this method is problematic namely because it generalizes nutritional needs. Nutritional information is based on certain ages, diets, and physical characteristics, so the labeling does not
do much to give the consumer accurate information by misrepresenting the nutritional needs of a variety of groups (Loo, Clement & Skipper Jr., Robert A.).

Consumer understanding relies on the presentation of information and whether it is conducive to the consumer's understanding of potential consequences. One example of mandatory information presentation is the New York Food Law, which requires calorie labeling in fast food restaurants in NYC. However, Loo and Skipper reference a study whose results showed that even though most patrons noticed the labeling and claimed that it affected their choices, the labeling had no statistically significant effect on purchasing and eating choices. This study found that the calorie information was not presented in a format that promoted the consumer's ability to use it, because one must already understand the significance of fast-food calorie levels and the caloric requirements for a healthy diet (Loo, Clement & Skipper Jr., Robert A.). Because most people didn't already have this knowledge, they were essentially just seeing numbers next to pictures of food without any means to understand the potential health consequences of their food choices.

Regarding the third condition for informed consent, people's' ability to understand food information is often limited by basic psychology, even when the information is well-presented. Humans have proven to have little control over mindless eating -- a phenomenon that is still not well understood. Clement and Skipper describe a study which found that environmental cues such as bowl size can affect consumption in ways we cannot seem to control. This suggests that packaging, among other things, can easily prompt accidental overeating (Loo, Clement & Skipper Jr., Robert A.). Humans can’t always appropriately utilize nutritional information to our best interests, even when it is presented in an understandable way.
Lastly, informed consent requires that the consumer participates in the exchange voluntarily. This condition is limited by the consolidation of the food retail market and the resulting economic pressure on low-income people. These market patterns, as discussed in the previous chapter, result in a retail structure that promotes supermarkets to move outside urban areas and into more wealthy communities as they chase profits under a cost-cutting regime. Due to these activities, some communities’ food options are so constrained that they cannot make decisions that reflect their needs. This structurally limits the available food options in ways that prevent individuals from making positive changes or decisions regarding their diet. The authors hereby make the case that the food system employs a number of methods to coerce low-income communities into market exchanges without their full consent (Loo, Clement & Skipper Jr., Robert A.). This portion of the argument subscribes to the “food desert” concept in that it attributes food insecurity to geographical patterns of food retail, thus oversimplifying the mechanisms of coercion. However, I have shown that community food behaviors are much more complex than the “food desert” concept allows us to believe. Loo and Skipper suggest that a lack of supermarkets is enough to continually coerce a community into making unhealthy choices, but there are other economic, political, and social considerations that may help coerce individuals into certain food behaviors.

Despite this coercive nature of the food system, the obesity problem is perceived as one rooted in personal choice and weakness of character – and corresponding public health initiatives often reflect this perception. The emphasis on personal choice as the root cause of the obesity epidemic allows federal institutions to avoid implementing solutions that may otherwise disrupt the free market. Instead of using hard paternalistic tactics that would force producers and retailers to provide healthy foods, federal institutions turn to soft interventions based on the
“personal choice” perception. One example that demonstrates the effect of stereotypes on public policy is the Personal Responsibility in Food Consumption Act – AKA the “Cheeseburger Bill” – introduced in 2004 and again in 2005. The bill was aimed at protecting fast and junk food producers and retailers from litigation by obese customers. The rationale, according to lawmakers, was that holding food producers liable for the health outcomes of obese customers promoted paternalism over free choice (Loo, Clement & Skipper Jr., Robert A.). However, this kind of policy is really promoting the “free choice” of producers to sell cheap unhealthy foods in communities under disproportionate pressure to purchase them.

Loo and Skipper argue that the harm resulting from coercion warrants hard interventions by the federal government which might disrupt the business-as-usual activities from which low-income communities suffer and corporations benefit. These policies may include increased regulation of food producers and retailers, decreased subsidization of commodity crops that support an overabundance of processed foods, and federal investment in infrastructure for alternative markets that will create new pathways for food access (Loo, Clement & Skipper Jr., Robert A.). The case for coercion and consent also implies that supply-side government interventions (such as tax incentives aimed at geographic supermarket redistribution) are not only ineffective solutions but further coerce the consumer into participation in the corporate food system.

III. Community-Based Solutions vs. the Food Shelf

The food shelf system emerged in the 1980s as a response to cuts to social service programs during the Reagan administration as religious and civic groups began to fill the void felt by food insecure communities. Food shelves are distinct from other types of food security
solutions because they focus solely on the redistribution of surplus food to needy communities in order to satisfy a short-term need. Food shelf programs also act as an invisible stand-in for the state, filling a void left by government downsizing and effectively perpetuating scarcity by providing a stunted social safety net. Adam Pine argues that the frugal distribution of the food system’s overabundance, its neglect of political activism, and its disempowerment of community-members through clientelism allows the system to shift attention away from the underlying problems of food security (Pine, Adam). Food shelves provide just enough food to help households avoid persistent hunger but not enough to achieve real food security. The food shelf scheme supports the mechanisms that create conditions of scarcity in a country with an overabundance of food. In fact, these programs have become so ingrained in our cultural landscape that we cannot imagine a society that doesn’t need them nor consider that such a society should even exist.

Pine declares that the US hunger problem "exists at the nexus of the industrial food system, the political and economic disempowerment of people experiencing food insecurity, and the alternative economy of organizations providing sustenance to food insecure households" (Pine, Adam). Activists and researchers attribute food insecurity to rampant political, social, and economic inequality, rather than insufficient food supply. The federal government has developed a portfolio of agricultural policies that subsidize the overproduction of commodity crops such as corn and soy. According to economic theory, surpluses can only be maintained through direct state involvement keeping crop prices high and preventing them from dropping through the natural dynamics of supply and demand. Nearly $300 billion in crop subsidies were distributed between 1995-2012, according to data from the Environmental Working Group. The subsidies effectively guard farmers against market volatility while creating an excess supply of food that
can be distributed by the state. Pine argues that the combination of coercion from poverty traps (cuts to welfare, neighborhood disinvestment, etc.) and the mechanisms of the food system work together to marginalize the poor by creating overabundance and scarcity at the same time. The state subsidizes the overproduction of food while also shaping the conditions for widespread food insecurity. The excess food is then distributed to the poor through food shelves, but not in a way that actually remediates food insecurity (Pine, Adam). Food insecure individuals only receive enough food from distribution programs to escape persistent hunger, but not enough to become food secure in the long-term.

These communities are marginalized in a number of other ways that ultimately disempower them from improving their conditions and leave them subject to charity distantly controlled by the government. The period of rising inequality since the 1970s has been known as the Great Divergence. Coined by economist Paul Krugman, the term signifies the phenomenon in which high-income families, especially those earning through capital gains instead of income, have seen a massive increase in their share of national wealth (Pine, Adam). Accompanying the widening gap between rich and poor are initiatives aimed at treating the many symptoms of poverty. Homelessness, hunger, and job readiness are all problems attacked as separate issues, an ineffective approach that leads to neglect of poverty as the underlying condition. Pine mentions that the dynamics of urban development under the free market have created "food deserts,” which for our purposes are more accurately seen as hubs of disempowerment and marginalization. The racial and class segregation that occurs between urban and suburban areas (e.g. urban crisis) disempowers critical urban institutions such as schools by drawing tax dollars away from inner-city investment toward suburban infrastructure. Pine notes that the combination
of endemic racism and economic reconstruction fractures communities and creates unskilled zones with no hope of competing in the post-industrial job market (Pine, Adam).

This argument hereby suggests that the poor are trapped in a cycle of scarcity that is perpetuated by food shelf programs and used by the state as a tool for managing marginalized communities. The neoliberalist overtones of the political economy favor the privatization of state services, thus shifting responsibility for the provision of social welfare programs to the civil sector. These voluntary organizations are not subject to democratic control even though they perform state responsibilities and remain within the authority of the state. These programs often turn away from empowering stances favored by activists and calls for social change, instead promoting work as the only long-term anecdote to poverty. Promoting labor force participation and providing food as an extremely short-term solution allow the state to maintain an underclass that strives toward productivity and lacks resources to mobilize politically. Pine demonstrates how the industrial food system, systemic economic disempowerment, and charity food programs work together to perpetuate a cycle of scarcity for food insecure communities in the US.

Pine focuses specifically on the influence of the ‘community' concept in food access programs, and how this concept can be wielded to either empower or control recipients of food assistance. These programs are defined by the quality and types of food they provide, and how they fund, structure, and manage food delivery. These are the mechanisms by which volunteers and participants interact and they distinguish how program values manifest in the empowerment, or lack thereof, of food-insecure individuals. Pine defines a community as a group of people bound together by physical proximity, common interest, and/or social interaction. Food access programs are often missing a crucial tenet of community-building: the intentional creation of a community based on common interest and mutual need. In these programs based on charity, it is
difficult to establish priorities other than the immediate satisfaction of food needs especially when the program serves large quantities of food-insecure people. In many cases, any capacity for community-building is eliminated in order to streamline the distribution process. Yet, Pine mentions that these programs leave ample opportunity for volunteers to build a community among themselves, especially since many volunteers see their position as performing charity for an underserved population. This identity as a ‘worker’ and view of participants as ‘clients' further stratifies these relationships. From this viewpoint, volunteers are fulfilling their own desire to help others in need, but the program doesn't fulfill participants' needs for kinship, community, or political activism (Pine, Adam).

Some types of community programs also allow food to create new boundaries between insiders and outsiders based on socioeconomic and cultural backgrounds. These boundaries are most clear in interactions between volunteers and participants. In Pine’s study, he analyzed the relationships with food held by people interacting with certain food access programs. He found that volunteers often had very strong emotional connections to food while many participants had a more utilitarian view of food. Program organizers talked about growing their own food, choosing vegetarian or vegan diets, and cooking meals for their friends and family. This dynamic is common in food access programs as volunteers’ own relationships with food play a role in why they decide to volunteer for these programs in the first place. This fits with the perception that ‘healthy eating’ is a moral concern. The dynamics involved in food relationships can also create a paternalistic relationship between organizers and participants, in which eating habits emphasize the socioeconomic distinctions at play between the roles. As I discussed earlier in the chapter, research has shown that food insecure individuals often have complex relationships with food and this is true even when participants have more utilitarian food relationships.
Respondents in this study did a lot of cooking and were incredibly strategic about how to maximize food provisions and how to protect food supply by avoiding waste. However, differences in food relationships were evidently rooted in basic socioeconomic distinctions and affected volunteers’ and participants’ ideas of what constitutes a ‘healthy diet.’ This was illustrated by the way that volunteers guided participants towards certain foods that embodied their ideas of ‘healthy’ but did not always acknowledge the complex strategies participants use to make the most of their food budgets. Thus, Pine notes that the consideration and understanding of participant relationships to food are crucial to designing a successful program and engaging in meaningful food conversations (Pine, Adam).

Pine's assessment of different types of food access programs illustrates the different ways that such programs can either stigmatize the distribution of surplus food or empower individuals to take control of their food behaviors. One example is in the actual event of food distribution. One program was very strictly monitored and utilized eligibility requirements to ensure that only the most food-insecure people were admitted. Organizers watched closely to make sure participants only took what they were entitled to, and thus this program was consciously constructing food as scarce. Another program, based through a religious organization, viewed participants as "recipients of God's abundance" (Pine, Adam). The event of distribution at this program was made into a spectacle due to the large quantity of food it acquired through donations from corporations like Target and Wal-Mart. Most of this surplus consisted of processed food near or at their expiration dates and was sold in large amounts to participants for a flat fee of $15. Pine remarks that participants were very aware that they were receiving charity, often asking how there could possibly be so much overabundance while their communities were being ravaged by scarcity. A third program purchased food from wholesalers and sold it to
participants at a 30-50% discount. This program made a point to treat participants as consumers and as empowered agents participating in market transactions (and also maximized accessibility by accepting SNAP as payment). In addition to the food conversations occurring within the programs, the interaction between volunteers and participants during the event of distribution is implicative of the values and aims of the program as a whole and has an important effect on whether individuals feel stigmatized or empowered through the transaction.

The last program included in this study was a job training program that used urban agriculture to prepare small groups of low-income people for the job market. The program aimed to promote job training, community revitalization, and improved access to healthy food to support self-sufficiency in low-income communities. It serves a very small number of people, about 6-7 each summer, and each learns agricultural skills by growing, processing, and selling vegetables at a local farmers market. Research has shown that community gardening helps to improve food security by exposing individuals to food production methods outside the industrial system. Programs centered around this type of activity can provide an educating and empowering space where people can learn about agricultural culinary techniques while forging new relationships. Pine distinguishes this program from the others by the way it recast participants as knowledgeable members of the crew instead of recipients of charity. This strategy also transformed how participants' relationships to food affected program dynamics by depending upon the hard work and ingenuity of participants instead of surplus redistribution from the industrial food system (Pine, Adam). It's important to note that programs focused on job training and self-sufficiency tend to lean into the perception of food insecurity and related issues as matters of "personal choice." However, even though this program focuses on educating participants about food production and choices, it uses this education to help participants
understand the obstacles they face in the cycle of scarcity perpetuated by the food system. The goal of this program is not to "teach" low-income people to make healthy choices, but to leave participants empowered to circumvent these obstacles and resist the marginalizing, coercive activities of industrial food corporations. In practice, this program overcame barriers to community formation that were seen at the distributive food access programs due to their distinctions between volunteer and participant, strict guidelines on participation, and focus on efficiency over empowerment. In the agricultural program, participants were able to bond over their new shared experiences with food and the achievement of a shared task while gaining more agency within a system that seeks to take advantage of them.

The concepts introduced here demonstrate how many food access programs fail to create meaningful change for communities, and also provide some basic guidelines for creating programs that empower and engage participants. Food shelf programs often treat hunger separately from poverty and thus only provide extremely short-term solutions. Individuals receive enough food to escape immediate hunger but are no closer to achieving actual food security. This leaves food insecure individuals preoccupied with obtaining their next meal, and unable to engage with their community to mobilize for meaningful political and economic changes that could improve their conditions. The interactions between program organizers and recipients are influenced by cultural distinctions and the values of the program as a whole. Programs should thus be designed with careful consideration of the complex relationships many low-income people have with food, and should also make a point of treating participants as consumers who are taking part in a balanced transaction instead of recipients of charity. Pine suggests putting community members in positions of leadership in these programs because they best understand the ways both the industrial food system and voluntary food sector work against
food insecure communities (Pine, Adam). This is one of many steps that can be taken to create programs that focus on long-term solutions to poverty and related symptoms, not just food distribution based in the short-term. Organizers who aim to make meaningful change in the lives of the food-insecure should utilize a flexible program design that can adapt to meet participants' needs. This may allow programs to take many different shapes and to create new spaces for education, community building, and political engagement. In the next chapter, I will analyze a network of community-based food access programs in the Bronx, NY using the lens provided by these guidelines for effective program design and insights into the relationship between the industrial food system, the voluntary sector, community-building, and urban food insecurity.
Chapter 3: Adapting to a Unique Food Environment

I. NYC History and the Revival of the South Bronx

Increasing suburbanization in the late 20th century had negative effects on low-income inner-city communities. While a lot of research claims that suburbanization rapidly increased food insecurity by influencing supermarket geographies, I have shown how disinvestment from inner cities and discriminatory housing policies were more impactful on low-income households. The post-WWII period of deindustrialization coupled with decreasing provision of services led to a destructive cycle of population decrease, rising crime, dismantling of infrastructure, declining land values, and overall rising inequality. Federal housing policies during this time essentially subsidized suburbanization by encouraging the middle class to move out of the cities and the resulting reduction in taxes left New York City in financial trouble by 1975. Lenders subsequently forced the city to cut operational budgets and capital spending in ways that actually delayed economic recovery in the long-run. Additionally, due to the city’s unequal distribution of benefits, cuts to city services mostly affected middle- and lower-income communities (Chronopoulos, Themis).

Other economic changes had a disproportionately strong effect on income inequality in the city because of its influence in the financial sector. The American economy’s financialization began in the 1980s, after the recession. The recessionary period at the beginning of the decade saw the Fed raise interest rates to unprecedentedly high levels in order to combat rising inflation. When it finally lowered rates, the economy saw increased investment and the boom of the financial sector. As the financial services proportion of GDP expanded, the economy saw growth through capital returns, rather than through increasing production or wages. Thus, this period of
economic growth was only beneficial for those who earned income through capital (the wealthy) but not for those who earned income through wages. The finance and real estate sectors dominated over the industrial sector, further intensifying income inequality. In 1970, the top 0.01 percent of earners made 50x the average income. By 1998, this number had increased to 250x the average income (Chronopoulos, Themis). Meanwhile, low-income neighborhoods saw a large increase in informal economic transactions, from unlicensed daycare to drug peddling. Lack of employment opportunities, welfare cuts, and deteriorating services led to higher crime rates and destabilizing social structures in these communities. Between 1970-1975 the South Bronx lost approximately 43,000 housing units to fire and decay. Throughout the decade, the South Bronx lost a staggering 309,471 residents out of 772,589. Negative perceptions of the borough and its residents were reinforced by media depictions of the area as a violent, destructive urban jungle. Visual representations often made a spectacle of burned buildings, overgrown grass, empty lots, and crime stories (Chronopoulos, Themis).

Now, nearly half a century later, the Bronx presents a very different picture. The population is growing instead of declining. Commercial areas, public parks, and the built environment are well-kept and vibrant, and the crime rate is lower than many major US cities. During the revitalization of the South Bronx in the 1990s, public-private partnerships played an immensely important role in uplifting the community. During the Koch mayoral administration, housing construction for low- and middle-income people was publicly subsidized and regulated. The city government required community organizations to serve as intermediaries between various stakeholders (i.e. government agencies, insurance companies, faith-based organizations, investors, etc.) in order to participate in urban renewal projects (Chronopoulos, Themis). The South Bronx’s period of urban revitalization was successful thanks to the interaction between
public, private, and community organizations in radical housing initiatives. These same types of interactions may be used in different forms of infrastructure to remediate other social issues, like urban food insecurity.

II. The Bronx Today

My project focused upon Morrisania and Crotona (also known as Bronx Community District 3), a neighborhood not far from Yankee Stadium and the Bronx Zoo. In 2015, this neighborhood housed 81,698 people according to NYC Health. It is home to majority black and Hispanic households, with 59% of residents reporting Hispanic, 38% black and non-Hispanic, and approx. 1% white non-Hispanic. The area is often characterized by its high-proportion of low-income residents. Morrisania and Crotona has a poverty rate of 44% -- the highest of any NYC community district -- compared to a rate of 31% in the Bronx as a whole, and 21% citywide. It is one of the six poorest neighborhoods in NYC, all of which are located in the Bronx. The neighborhood also has the highest unemployment rate at 20%, compared to 16% in the Bronx, and 11% in NYC overall. In this neighborhood, 61% of residents are under “considerable rent burden”, which means that they are spending more than 30% of their monthly income on rent. Morrisania and Crotona is a low-income area, which is implicative of its other social issues (including food insecurity). The area also has the city’s highest rate of incarceration, at 371 per 100,000 adults (4x the NYC overall rate). This places a huge social burden on the neighborhood and also affects the ability of households to afford food and other necessities. Healthcare access has important implications for the health outcomes of residents regardless of their level of food security. Twenty-three percent of adults in Morrisania and Crotona had no health insurance and 11% went without needed medical care in 2015, according to NYC Health.
Unfortunately, Morrisania and Crotona has NYC’s highest rate of obesity in the city at 35%, and the 3rd highest rate of diabetes at 16%. When considering general health and nutrition, 67% of adults self-reported their health as good, very good, or excellent, compared to 78% citywide. Thirty-nine percent reported having had one or more sugary drinks per day, 80% had at least one serving of fruits or vegetables per day, and 73% reported that they’d had some level of physical activity in the last 30 days. The neighborhood has a high rate of sugary drink consumption and low rates of fruit/vegetable consumption and exercise when compared to the rest of NYC (City of New York). Having one serving of fruits per day does not constitute a nutritious diet, but the data indicates that most people are taking healthy foods and exercise into consideration. Low-income areas like Morrisania and Crotona consistently see many widespread health issues in addition to other social problems, often due to a lack of public resources and low morale.

Perhaps the most striking statistic provided by this NYC Health report is the rate of adult psychiatric hospitalizations. Morrisania and Crotona has a rate of 1,220 hospitalizations per 100,000 adults, while the Bronx as a whole has a rate of 797 and NYC has 684. This neighborhood ranks 4th in NYC and has double the citywide rate, which reflects a huge difference in rates of mental illness that parallels healthcare access disparities (City of New York). Mental illness is likely linked with the many other health characteristics that illustrate the stress that residents deal with due to a number of social, economic, and political factors. It’s crucial that we steer away from narrowly-focused programs that just provide food to the needy, and towards programs that work to create a community of social support to help people overcome the obstacles they inevitably face in our economic and political system.
III. “Food Desert” Research in the Bronx

It’s important to present the previous discussion of “food desert” research within this case study of the South Bronx. This area is a prime target for “food desert” researchers because it has a high population density, a low average household income, and a high prevalence of diet-related diseases, among other socioeconomic characteristics related to urban food insecurity. In 2008, the New York City Department of City Planning (DCP), in coordination with NYC Health and the NYC Economic Development Corporation (EDC), released a report entitled *Going to Market: NYC’s Neighborhood Grocery Store and Supermarket Shortage*. The report claimed that the city was “vastly underserved by local grocery stores” and could possibly capture nearly $1 billion of grocery spending lost to the suburbs by attracting food retailers into needy areas (*Going to Market: New York City's Grocery Store and Supermarket Shortage*).

The report emphasized that there was an “optimal ratio” of grocery stores to people and stated that the city needed to work toward reaching a goal of 30,000 sq. ft/10,000 people in a neighborhood in each district. The citywide average at the time was only 15,000 sq. ft/10,000 people in a neighborhood and nine of the twelve Bronx community districts fell short of that ratio, including Morrisania. The report also created a Supermarket Need Index to determine which areas were most in need of more fresh food retail. The Index measured population density, household car access, household income, rates of diabetes and obesity, consumption of fresh produce, neighborhood share of fresh food retail, and capacity for new stores to conclude which areas were best suited for new supermarkets. The report included a single quotation from a 2006 study from the American Journal of Preventive Medicine which states it “found the presence of a supermarket reduced the prevalence of overweight and obese residents.” The report concludes with a recommendation that the city encourage fresh food retailers to locate in these underserved
areas to help solve food and health problems and help revitalize neighborhoods (Going to Market: New York City's Grocery Store and Supermarket Shortage).

The most crucial problem with the Going to Market report is that it was clearly created with a goal already in mind: to provide support for supply-side “food desert” interventions (like tax incentives for food retailers). The report quotes the study from the American Journal of Preventive Medicine without providing any context about the actual study itself. This grossly ignores crucial context to the convenient statement that “the presence of a supermarket reduced the prevalence of overweight and obese residents.” The study by Kimberly Morland, Ana Diez Roux, and Steve Wing, actually found that the presence of supermarkets was associated with a lower prevalence of obesity and overweight residents, and the presence of convenience stores was associated with a higher prevalence of obesity and overweight residents. The word manipulation and absence of context are absolutely critical here because this study does not make any claims about the addition of a new supermarket into an established food environment. The study officially concludes that “the characteristics of local food environments may play a role in the prevention of overweight and obesity” (Morland, Kimberly, et al.) The study actually tells us more about how food behaviors develop within food environments to create health outcomes, more than it says anything about how the addition of a supermarket into a food environment can reduce the prevalence of obesity. The study was also conducted in multiple food environments that are vastly different from NYC including only one urban (Jackson City, MS), two counties (Forsyth County, NC, and Washington County, MD) and “selected suburbs of Minneapolis, MN” (Morland, Kimberly, et al.). The report does not mention the fact that these food environments are significantly different from those found in NYC, and it does not attempt to understand the relationship between food behavior-development in different food
environments and health outcomes. Given that this is the only study cited in the *Going to Market* report, and that its results are also misrepresented, it’s clear that the goal of this report is to implicitly justify a preconceived notion that introducing supermarkets (by subsidizing them) into the city will benefit underserved residents.

The *Going to Market* report became the basis for the NYC Food Retail Expansion to Support Health (FRESH) program, a citywide financial incentive program to bring supermarkets into underserved neighborhoods. The NYC Department of Health and Mental Hygiene followed up with the *NYC Full Service Grocery Store Analysis* in 2010. The goal of this analysis was to “better understand the feasibility for new full-service grocery store development” in pre-selected areas. This analysis, much like the *Going to Market* report, utilized a slew of metrics to justify the hypothesis that these areas were in desperate need of new supermarket development. Using areas that the previous report identified as having high population density, high rates of diabetes and obesity, low rates of car ownership, and viable commercial corridors, the analysis identifies guidelines for the FRESH program to incentivize retailers. The analysis found that the study areas had 13% of NYC population but only 7% of grocery space, these zip codes received nine times more food stamp dollars than the average NYC zip code, 70% of households in the study areas did not own a car in 2009, in addition to a number of other statistics (*NYC Full Service Grocery Store Analysis*). The analysis insisted that these findings proved that the areas needed more supermarkets, when in fact these are all characteristics of each neighborhood’s food environment which informs the food behaviors of its residents. The analysis presents this data as if it proves a causal link between supermarkets and health outcomes, whereas (as we’ve seen in previous chapters) it barely even proves a correlation. If we are trying to understand how people actually live within their food environment, measurements of car ownership and food stamp
dollars do not adequately justify giving away hundreds of thousands of dollars in tax incentives for an additional supermarket.

These examples of “food desert” research also clearly present how these types of reports can be motivated to justify certain programs, especially when they are government- or corporation-funded. In fact, Political Action Committees (PACs) affiliated with corporate food retailers often donate to politicians in order to wield some corporate influence over the political atmosphere. During the 2016 election cycle, Safeway Inc (a corporate PAC of Albertsons Safeway, a large chain retailer) contributed about $278k to political campaigns (a small amount compared to the 2008 election when it donated over $828k) ("Safeway Inc Summary."). In 2016 Safeway also opposed the Oregon Business Tax Increase (also known as Measure 97) which would have increased Oregon corporate income taxes. It was the most expensive ballot measure in Oregon state history, with a combined total of over $47 million raised in opposition to or support of Measure 97. Safeway was only one of several PACs contributing to this campaign in an effort to influence its outcome. Measure 97 was defeated and Oregon corporate income tax rate remained one of the lowest in the U.S. ("Oregon Business Tax Increase, Measure 97 (2016).") Not only does “food desert” research support food interventions that can’t adapt to unique food environments, but the interventions it supports can also be influenced by corporate ambitions.

IV. Supply-Side Interventions in the Bronx

The Food Retail Expansion to Support Health (FRESH) program (primarily administered by the NYC Industrial Development Agency and the DCP) is similar to the Healthy Food Financing Initiative in both its goals and its structure. FRESH offers zoning and financial
incentives to property owners, developers, and grocery store operators in predetermined areas of NYC where residents are underserved by supermarkets. This is the first program to offer zoning incentives in addition to financial ones, likely because of the complicated landscape of NYC commercial real estate. The incentives include stabilization and abatement of certain real estate taxes, sales tax waivers on materials used to construct, renovate, or equip facilities, and mortgage recording tax reductions. These incentives all aim to make it easier and cheaper for stores to build or renovate in these underserved areas. Additionally, the FRESH guidelines have requirements for the stores that receive these incentives, such that at least 30% of their retail space is used for perishable goods and at least 500 square feet is used for fresh produce, as well as other space requirements ("Food Retail Expansion to Support Health (FRESH).").

In 2010, the City allotted $449,000 in financial incentives to build a FRESH-subsidized supermarket in Morrisania (a smaller neighborhood within the community district known as Morrisania and Crotona) (NYC Industrial Development Agency). A 2015 study by Brian Elbel, et al. assessed the impact of the new supermarket on household food availability and the neighborhood children’s dietary habits in this unique food environment. The study focused on the districts of Morrisania, where the retailer was introduced, and Highbridge, to be used as a control. The respondents were parents and caregivers of children from ages 3-10, who were surveyed on the street for a baseline interview (pre-supermarket) and then on the phone at two follow-up points (five weeks and one year post-supermarket). At the time of this study, six FRESH applications had been approved in the Bronx and ten throughout the other boroughs, adding over 520,000 square feet of planned food retail. The store in Morrisania was the first to be completed (Elbel, Brian et al.).
The study collected 2,230 surveys in total (including all baseline, first follow-up, and second follow-up surveys). Highbridge was selected as the control community because of its demographic similarity with Morrisania, so it can reasonably represent the state of affairs if the supermarket had never been introduced. The respondents represented demographics quite similar to that of the census, as 59% of caregivers were Hispanic/Latino and 35% were black. Half of the respondents were currently unemployed, and 59% had a household income under $25,000. The study found that 94% of people in Morrisania and 92% of people in Highbridge relied on supermarkets for food that they prepared at home at baseline, and there was no significant difference between communities at follow-up as a result of the supermarket. Though these areas were designated “high-need” by the city based on the average distance to the nearest supermarket, most respondents already shopped at supermarkets located outside their immediate proximity. At baseline, 77% of Morrisania residents reported walking less than 15 minutes to get to their usual store, and 11% drove or took public transit. There were no statistically significant changes in these outcomes at either post-period follow-up. This showed that respondents had already adapted their shopping behaviors to the unique food environment, though they still didn’t have to travel very far in order to reach a store outside their neighborhood because of NYC’s high-density retail environment. Baseline results also showed that 51% of Morrisania caregivers reported that their child always eats food prepared at home (pre-supermarket), which means that the new supermarket had the potential to change children’s dietary habits. Morrisania did see an 11% decline in the household availability of salty snacks, though the changes were no longer significant after the second follow-up. The neighborhood also saw a reduction in household availability of other unhealthy foods post-supermarket, though a similar decrease was observed
in the Highbridge community and so it cannot be statistically attributed to the supermarket (Elbel, Brian, et al.).

Overall, the study concluded that there was a very minimal effect on household food availability as a result of the FRESH supermarket, and there was no significant effect on consumption habits of Morrisania children within a year of the supermarket opening. Though the sample sizes for this study where somewhat small (compared to Morrisania’s population of around 16,000 at the time), it is demographically representative of the neighborhood. It includes a large proportion of households with incomes below $25,000 with almost 60% of respondents living under the federal poverty level, and still most respondents already shopped at supermarkets outside their neighborhood for the food they prepared at home (Elbel, Brian, et al.). This shows how assumptions about food insecurity and geographic proximity to supermarkets do not properly consider individual food behaviors and community needs. This high-density retail area (located in a pedestrian-oriented city) where most respondents already shopped at supermarkets still saw some of the city’s worst health outcomes likely due to a string of other poverty-related issues.

It’s also possible that the supermarket did have an effect on a smaller level. This study looks at the entire neighborhood, not particular blocks in proximity to the market, so it’s possible that there was some impact on a micro-level. Another study focused on the same supermarket, published in 2017, found that the portion of residents within 0.5 miles of the new store who reported always having produce available in their home increased by 8.8% in the first period compared to those who lived more than 0.5 miles away. In the second period, this figure increased by 10.6% (Rogus, Stephanie, et al.). This study shows that there were positive significant impacts to be found at some level due to the addition of the supermarket. But is that
impact enough to justify the building of a new million-dollar supermarket at every half-mile mark?

In summary, it’s possible that a neighborhood with the same demographics and supermarket proximities but a different overall food environment may have developed different shopping behaviors. In a city like Philadelphia, where driving is more common than NYC and the retail environment is much lower-density, the addition of a new supermarket may have more positive and significant effects on food behaviors and health outcomes. The argument is not that none of these low-income communities can benefit from a new supermarket, but that the geographical focus of the “food desert” concept leads researchers and policymakers to ignore important characteristics of these unique communities. This study highlights how “food desert” research promotes one-size-fits-all solutions that cannot adapt to the food environment, resulting in millions of dollars wasted and continued food insecurity and health issues.

V. Children’s Aid Society and Food Access Programs

Community-based food access programs have the potential to do what the traditional food system and government-funded supply-side interventions can’t: adapt to fit a community’s unique food environment. To discover how a food-access program functions when it is centered around community-building, I observed some of the programming administered by the Children’s Aid Society (CAS) at its Bronx, NY site. CAS is a nonprofit organization that began in 1853 as the only social services platform for orphaned, poor, and homeless children in New York City. The organization now has many programs that focus on children’s education and college readiness, health and nutrition, and family support and advocacy, in addition to the CAS College Prep Charter School. Eat Smart New York (ESNY) is a nutrition education initiative
created by the NYC Office of Temporary and Disability Assistance (OTDA). The OTDA coordinates nutrition curricula which are then administered by nonprofits and community organizations like CAS’s Go!Healthy division (New York State Office of Temporary). My main focus of the CAS/ESNY partnership is on the Go!Healthy Food Box program, which provides fresh, high-quality produce for a low price in the South Bronx, Harlem, and Staten Island.

The food box program sells bags of produce once a week at CAS sites for $10 each. Participants must sign up and pay for a bag one week in advance. The bags typically consist of what would be around $30 worth of produce at a conventional grocery store. It is funded by three federal grants: the NYS Department of Agriculture and Markets (NYSDAM) FreshConnect grant, an NYS Department of Health grant, and the US Department of Agriculture Community Food Projects grant. The former two grants mostly cover supplies, equipment, and staff salaries, as well as a multitude of payment options. FreshConnect covers fees associated with obtaining an EBT terminal, which allows the program to accept SNAP (food stamps) as payment for the food boxes. The program sources its fresh produce from Green Market Co., a wholesale food distributor that gets food from farmers and sells it to schools, hospitals, restaurants, and community programs. Because Go!Healthy is fully-funded by the grants, it doesn’t need to rely on sales to support its operations and is able to sell the produce at the lowest wholesale price. The USDA grant requires that the program does not make a profit.

The USDA grant and ESNY are both subject to SNAPed guidelines. SNAPed is a nutrition education program coordinated by the Supplemental Nutrition Assistance Program (SNAP) and is perhaps the most crucial component of the community program structure. SNAPed requires that all of its associated programs utilize Policy, Systems, and Environmental change (PSE) strategies in an effort to introduce obesity-prevention interventions and multi-level
approaches into low-income communities affected by poor health (“About the Interventions.”). Each intervention must be evidence-based and they are evaluated using the SNAPed Toolkit, which measures effectiveness as well as short-term, long-term, community-wide, and individual outcomes. SNAPed acknowledges that most programming is a one-time solution that creates short-term change and focuses on individual behaviors, forgoing the opportunity to impact the food environment. PSE strategies aim for long-term community-wide behavior changes (The Food Trust). SNAPed-associated programs must create a change to policy, system functions, or physical environment that improves the wellbeing of the community. Policy changes are new rules at the legislative or organizational level (e.g. schools requiring healthy lunches or zoning laws allowing residents to grow community gardens in vacant lots). Systems changes are amendments to infrastructure or new processes that ensure a healthier setting (e.g. a national school lunch program across state school systems). Lastly, environmental changes are efforts to modify physical, social, and economic aspects of the environment that influence behaviors (e.g. building sidewalks and recreation areas into the urban design or subsidizing healthy foods) (The Food Trust).

An example of a PSE change intervention that helps the Food Box program improve the food environment is the Health Bucks program, developed by the NYC Department of Health and Mental Hygiene. Health Bucks are $2 coupons that can be used to buy produce at participating NYC farmers’ markets. Health Bucks encourage the consumption of fresh fruits and vegetables through a financial incentive that increases purchasing power for low-income individuals. The program distributes Health Bucks through community organizations (like the Go!Healthy Food Box program) and at farmers’ markets located in low-income areas. Health Bucks effectively alter the food environment by encouraging low-income consumers to shop at
local farmers’ markets, and by subsequently encouraging farmers to participate in markets in areas that are normally less profitable ("Health Bucks.").

In addition to curating food boxes, Go!Healthy nutritionists have a host of responsibilities when it comes to bringing PSE strategies into the communities. This includes conducting nutrition and cooking classes for kids in CAS after-school programs and hosting walks to nearby farmers markets to connect residents to fresh produce. Farmers Market for Kids, a recent addition to the programming schedule, is an educational program in which young children come to the CAS site to learn about different fruits and vegetables. The children get a chance to taste the weekly Go!Healthy recipe and then get their own Health Bucks to spend at the food box distribution site afterward. Eat Smart NY also supports the creation of community gardens through its partnerships and recently saw the creation of a new garden at the Children’s Aid College Prep charter school in the Bronx. The garden is located on a terrace of the school and will be incorporated into gardening and nutrition curricula, after-school programs, and engagement with both students and parents.

My main goal in observing these food access programs was to understand and evaluate how they meet the needs of the communities they serve by referring to the conclusions drawn in Chapter 2. The first program aspect that I will discuss is the type and mode of conversation that the programs stimulate through their operations. A major criticism of food pantries and charity food distributors is the paternalistic nature of communication that arises from the culture of volunteerism, the socioeconomic differences between workers and participants, and the educational goals of the program itself. However, I often observed that the conversations taking place at Go!Healthy are led by the participants. Customers typically ask workers questions about
the types of fruits and vegetables being sold, how to store and cook certain foods, and the methods used in the weekly recipes.

It’s no coincidence that the program is able to avoid the social difficulties often caused by volunteerism culture since it relies on paid employees instead of volunteers. The program’s grant funding supports eight part-time and one full-time nutritionist. Hiring actual employees instead of relying on volunteers has important implications for the social interactions between organizers and participants. The workers are not merely fulfilling a desire to serve a less fortunate community. Instead, they view themselves as providing a service to paying customers. This leaves participants in a more dignified position and allows them to engage in conversation about food in the context of a market transaction instead of charity. The employee status also lessens the impact of socioeconomic differences and personal food relationships on interactions between workers and customers. The employees at Go!Healthy are of many different backgrounds, but their positions as employees give them a common reason for being there: it’s their job. They are all hired as nutritionists, so the conversations are based in professional, not personal, experience. Employees range from vegans who are passionate about cooking and nutrition to students with degrees in nutritional science who have chosen to work closely with food in a professional setting, to people who have no special relationships with food at all and see their position as a job like any other.

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The structure of the food box program provides an educational basis which participants can utilize to learn more about cooking and nutrition if they so choose. The most educational aspect of the food box program’s daily operations is the weekly recipe that is distributed with the bags of produce. By including a recipe that utilizes that week’s produce, the program facilitators
ensure that everyone will have a way to use the produce even if they’re unfamiliar with it. This strategy can help break down an initial barrier to entry for potential customers. Some people are hesitant to sign up for a food box one week in advance because they don’t know if they will want the produce they receive. Neither the organizers nor the participants have any say in what produce comes in the food box (it’s decided by the wholesaler), nor can they find out before they sign up. Providing a recipe every week is a good way to make sure participants can use everything they’re given. An employee usually makes the recipe during a cooking demonstration at the distribution site, so customers can see it being made and taste it. These are some strategies the Food Box program employs to encourage participants to experiment with new recipes and try new foods, without treating them like they are uneducated.

Additionally, the recipes seemed to be an important part of the program’s social impact. I heard multiple customers express how they enjoyed making the recipes for their friends and family. One woman signed up two of her friends for next week’s distribution, claiming they had enjoyed the recipe when she made it for them and decided that they wanted to get involved. Research into the habits and behaviors of food-insecure communities (as discussed in the second chapter) suggests that food has an important social value even for households that face barriers to accessibility. The Go!Healthy team emphasizes the ability of food to bring people together despite the program’s structural constraints.

The recipes are available in both English and Spanish, which is crucial because they are operating in a neighborhood with a very high Hispanic (and non-English-speaking) population. The recipes include ingredients and comprehensive instructions, explaining what you need and what you’re already getting in your food box. They also include practical information about certain produce and more tips for utilizing it. For example, a recipe for chipotle winter squash
soup included a small section about winter squash. It suggested cooking techniques, foods to pair it with, the best ways to store it, and other tips for success. In this way, the recipe acts more as an information sheet by focusing on one product that people may hesitate to try due to unfamiliarity. On another recipe for smashed potatoes and kale, there is a section on brassicas -- it explains that broccoli, kale, cauliflower, cabbage, and brussels sprouts are all in the same family and can often be used interchangeably. This is a useful tip that even experienced cooks may not know and one that may also make other recipes more accessible. Thus, the program provides the opportunity for participants to learn about different produce and cooking techniques if they want, without patronizing them if they don’t. If they are curious about a vegetable they can get whatever information they need on the spot, and they can also pick up the bag, sign up for next week, and leave without engaging in any food conversations at all.

Go!Healthy also supports educational curricula for kids as well. Farmers Market for Kids is a program under Go!Healthy that supplements a food-centered curriculum they may have at school. I observed a session for an elementary school class field trip. One of the nutritionists taught them about some fruits and vegetables in that week’s food box. The class got to try the weekly recipe which potentially exposed them to new foods and new styles of cooking. Then each student received two Health Bucks to buy their own fruits and vegetables from the Go!Healthy distribution stand. This program is incorporated into the students’ learning experiences and treats them as consumers in an effort to get them excited about healthy eating from a young age.

ESNY supports a community gardening program at the Children’s Aid College Prep charter school that fits similarly into the students’ learning experiences. Its STEM-based curriculum focuses on gardening knowledge and helps students develop new skills. The after-
school programs are especially important because they aim to get parents and caregivers involved as well. There is often a personal barrier to entry for people who have little gardening experience; they are less likely to seek out a program like this on their own even if they are interested. The program facilitators actively invite parents and community members to the gardening programs to help break down this barrier. Parents are more likely to get involved when they see their children enjoying the program. The goal is to expose parents to the experience without pressuring them to commit to the program.

In addition to social interactions and education, the community-building aspect is another important consideration when evaluating food access programs, as discussed in the previous chapter. The Go!Healthy food box program is structurally constrained in this aspect because its main function is food distribution. It doesn’t require participants to actually be at the site for more than a few minutes and doesn’t easily facilitate personal conversations between employees and customers, or between customers themselves. However, the leaders at Go!Healthy try to actively encourage engagement with other participants by hosting community events.

I observed a bake-off event hosted by Go!Healthy that challenged customers to create a dish using a vegetable from that week’s food box for the chance to win a free food box the next week. The organizers tried to bolster participation by offering a free extra vegetable if participants took a bake-off flier. The next week saw about ten contestants and inventive dishes from spinach pies to brownies baked with beets. This event was most successful at peaking participants’ interests in new kinds of produce and cooking techniques and inspired more enthusiastic food conversations. Customers got to try each dish and cast a vote for their favorite. People who had baked for the contest were pleased that their experimental dishes had been successful and others who tried the dishes were often surprised to learn about the unconventional
ways some of the produce was used. Interaction between customers was still limited by the
distribution setup as people were coming and going over a few hours, but the event did
perceptibly increase enthusiasm.

Structurally, the Go!Healthy program, as well as some other programs under the CAS
Nutrition division, is limited in its ability to interact with and empower the community. One
problem is that the program is primarily distributive. While this allows participants to feel
empowered as consumers, it also means that people don’t spend more than 5-10 minutes at the
site. The distribution site in the Bronx is set up in the parking lot of the CAS headquarters, a
space that is not conducive to hosting events or even encouraging people just to sit and talk.
Though the organizers try to combat this by creating the bake-off and hosting Farmers Market
for Kids, the location is not a convenient place for people to spend time and makes picking up a
food box feel like another stop on a list of errands.

The Go!Healthy Food Box program also serves communities in Harlem and Staten Island
in addition to the South Bronx. The program only employs nine people who work for CAS, not
for an independent community program. Because of this, the organizers are still outsiders to
these communities. The participant-employee interaction is complicated by the fact that, even
though they are not volunteers for a charity, the workers are still not actual members of the
community and are also primarily loyal to CAS. For a program that needs to understand how
people interact with the local food environment in order to expand food accessibility, it is
optimal to give members of the community a voice. No one knows what a neighborhood needs
better than those who live in it. This is one of the drawbacks of running the program through a
large nonprofit organization. It is a small program funded only through grant money that also
seeks to serve a large number of people. The program can only support nine employees who then
engage with many people in three very different food environments. The program coordinators actually limit the program’s impact by overextending its reach. Herein lies the difference between a food distribution program that provides discount produce to three NYC communities, and a food access program that engages, educates, and empowers a community.

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The main goal of these programs is to provide access to affordable, quality produce and to improve the food environment for the wellbeing of the community. During my time observing the programs, the City University of New York (CUNY) Urban Food Policy Institute began administering a survey in association with the USDA Community Food Projects Grant to evaluate the program’s effectiveness within its unique food environment. The surveys asked participants about how often they used the program, their usual diets, and the availability of food in their neighborhood. Participants had the opportunity to fill out the multiple-choice survey at the distribution site in exchange for two Health Bucks coupons. Almost all of the 20 surveys (filled out during a day when I was observing) were completed by participants who use the program every week. The majority of respondents also reported that they kept coming back because the program had low prices and high-quality produce. Many self-reported that they typically eat a lot of fruits and vegetables and had fairly healthy diets, though many also said that the program had improved their diets as well. Most responses indicated that people had other sources of high-quality, healthy foods available in their neighborhoods but that they were not always affordable. All of the surveys reported that the program has a positive influence on the community and the available sources of fresh food. It’s likely that there is some selection bias present in these responses because people who are more invested in the program are going to be
more likely to fill out the survey. However, even from this small number of responses, we can gain some insight into the effectiveness of the program and its place in the community.

In observing the food box program, I heard many customers describe how the program had a positive effect on their lives. It was common to hear people excitedly ask about different vegetables and cooking strategies when they saw something they didn’t recognize. One woman said the program made it easier to buy food for her son who was a vegan and trying to get her to eat healthier. A few customers told us that the program helped them save time and money, which was helpful because they were caring for sick parents. Another woman shared that her mother, who had cancer and loved to cook with her family, thoroughly enjoyed getting new recipes every week. Even though the program does not structurally foster a lot of relationship-building, the environment created by the employees fosters a space where customers feel comfortable enough to share personal stories like these. In facilitating these conversations, the program does not treat participants solely as consumers in a market transaction, nor as recipients of charity. The interaction is not purely formal or informal, nor are the relationships solely between employees and customers. At times the food box program appears to operate within an atmosphere of comradery, in which the individuals welcome the program as part of their community. Perhaps the most successful feature of the program is its ability to underline the social connections created through food, illustrated powerfully after the CAS nutrition department saw the unexpected death of one of its employees. That week, distribution was quiet as the Go!Healthy nutritionists mourned their colleague by cooking meals together for the family of the deceased, demonstrating the capacity of food to bring people together in good times and bad. Food access programs such as this one have the potential to do much more than just provide people with food, but also to create spaces for emotional connection and support.
Every food environment has unique characteristics that determine how food interventions (whether supply-side or community-based) function within the community. The Bronx is a standard example of the many political, economic, and social issues facing low-income urban areas in the U.S. At the same time, it is also a very specific food environment that will not produce the same outcomes as another community when provided a one-size-fits-all solution. When a supermarket was introduced into the neighborhood through a city-funded tax-incentive program, a study found minimal to no effects of neighborhood food availability and children’s dietary habits. Established “food desert” research posits that there is a certain level geographic distance from a large supermarket that designates a food-insecure community, but most residents in this “high-need” area only walked about 15 minutes to their regular supermarket. This area still had some of the worst health outcomes in the city, and this did not change after a new supermarket was introduced. Therefore, we can conclude that this type of intervention is ineffective because it ignores the specific characteristics of the food environment. On the other hand, community-based solutions have the potential to adapt to food environments, but this kind of intervention also needs to be scaled appropriately to the specific needs of the community. Many characteristics of community-based interventions can either help or hurt their impacts on food-insecure communities. Financial structures (e.g. grant funding), support from nonprofits or corporations, employee status and socioeconomic backgrounds of workers, capacity for community-building, educational goals, and many other aspects of a program will decide its ability to positively impact the food environment.
VI. A Food-Based Community Revitalization Program

With an understanding of the social, economic, and political history of urban food insecurity and of how research and food interventions can either empower or disempower food-insecure individuals, we can now distinguish some of the critical characteristics shared by successful food-access programs. In accordance with a program’s goals (i.e. food distribution, education, community engagement, etc.), different financial and employment structures will be optimal based on the impact organizers are trying to achieve. From my observations at the Go!Healthy Food Box program, it seems that such a distributive-oriented program is well-suited to the structure of a very large nonprofit, but could also be supported by an independent community organization since Food Box is completely grant-funded. We’ve seen, from both research and observation, that distribution setups are not conducive to community-building and engagement, so it may be most useful for such programs to operate in association with other community-focused programs. With the structure of CAS and Go!Healthy, the Food Box program has the growth potential to provide discount produce to many low-income communities, but not necessarily to provide a source of engagement and empowerment.

Independent community programs are most likely to be successful in improving the wellbeing of the community because they can understand and adapt to the local food environment in ways that large nonprofits and supermarkets cannot. Thus I propose that the creation of a federal grant program that supports food-based community revitalization programs that adhere to specific requirements while also responding to the needs of the community. A federal grant program has the reach needed to expand these types of programs to communities nationwide but doesn’t require uniformity the way oversight from a large company or nonprofit might. I also propose that each program should have the resources for a local monthly
publication. The publication could include political news concerning food accessibility issues (like SNAP and welfare policy changes) at the local, state, and federal levels. This would help empower community members by keeping them informed about how political changes are affecting their communities. This may help increase political mobilization in these marginalized communities and provide more opportunities for activism. For example, it could help spread information about activist campaigns for a statewide school breakfast program in public schools. More people might be inspired to get involved with increased access to this kind of information and political opportunity. The publication would need to be independently run by the community program to avoid the influence of federal funding on this type of news outlet. The publication could also include local job listings, relevant journalistic articles, cooking tips, recipes, and coupons for local stores, with the opportunity for community members to submit their own pieces.

This program could also include more traditional programming tenets like cooking classes, nutrition education, and urban gardening similar to Go!Healthy. The difficulty with this type of programming is that it requires certain types of space. This is an instance in which the availability of CAS resources is beneficial for Go!Healthy, because the program not only has access to physical spaces to hold classes and build gardens through the charter school but also to children and their caregivers. Thus I propose that the grant program require all the programs it sponsors to be anchored in official associations with local schools. This way, money doesn’t need to be spent building or leasing official spaces for the community programs, but they would still have access to important physical and social resources. Using school resources, the programs could host different types of classes, maintain a garden, and even organize a food coop program. These spaces would be crucial to hosting events for community-building, especially if
they procured access to school kitchens. The program could hold cultural celebrations, barbecues, bake-off contests, and other events that may help bring the community together through food.

Facilitating these kinds of connections within the community is crucial to increase morale and combat feelings of hopelessness that may become common in communities struggling with poverty and economic disinvestment. This kind of program can also expand access to important resources for households like SNAP registration, employment opportunities, and educational scholarships. They could also help promote investment in the community by helping with loan procurement and collaborating with local businesses for community events. The opening of each new program should be preceded by a formal research investigation conducted by the federal agency that seeks to understand what that particular community needs and how it can be reinvigorated through community programming. Thus program funding can be scaled to fit the needs of each food environment. My proposal for food-based community revitalization programs (based on some sort of federal grant funding) is centered around the idea that food-insecure communities need different kinds of support other than just food distribution or supermarket access. An effective program should actively build community connections, provide comprehensive educational opportunities, and empower individuals to improve their own communities. This type of program still leaves room for the introduction of a food distribution program or supermarket if it were necessary, and the adaptive nature of its structure would ideally allow it to respond to the community’s changing needs. The goal of my proposed food-based community revitalization program is to address the specific causes of food insecurity within a unique food environment through the empowerment of the community.
Conclusion

The problem of prolonged food insecurity in low-income communities is primarily the result of a rapidly evolving food system (i.e. retail market consolidation and the boom of processed food production), but also of other social, political, and economic issues rooted in poverty (residential segregation, disinvestment, community isolation and disempowerment, etc.). However, the most prominent area of food insecurity research focuses on the “food desert” concept and shifts attention toward spatial considerations of food access. I have shown how this approach oversimplifies the issue and supports tax incentive programs that are not only unable to adapt to the needs of specific food environments but can be influenced by corporate political interests. Many studies have shown that the simple addition of a supermarket to an underserved area is not enough to change the neighborhood’s prominent food behaviors or improve community health outcomes. I have shown how the cycles of poverty trap communities in patterns of disinvestment and how coercion in the food industry often leads to poor health outcomes. To truly combat food insecurity, interventions must simultaneously disrupt these cycles while constantly readapting to unique communities.

Community-based food access interventions have the capacity to respond to the needs of the specific food environment, but in practice they also struggle from the consequences of uniformity. The program that I personally observed in the Bronx, NY was supported by the Children’s Aid Society, a large nonprofit organization, and funded by federal grants. This program was successful in many of its goals, especially in fostering a respectful, communicative environment and providing ample opportunities for comprehensive food education. However, because it is run by a large organization and serving multiple communities at once, the program
is limited in its ability to build crucial community connections and to actively respond to the changing needs of these communities. Using my research on the history of food insecurity, subsequent approaches to research and interventions, as well as my observations of a real food access program, I proposed suggestions for a food-based community revitalization program that has the structural capacity to respond to the needs of the community, the physical and financial resources to improve the food environment, and the social consciousness to empower food-insecure individuals.
References


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