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Foodways of the urban poor

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ABSTRACT

In the past decade, progressive public health advocates and food justice activists have increasingly argued that food deserts, which they define as neighborhoods lacking available healthy foods, are responsible for the diet-related health problems that disproportionately plague low-income communities of color. This well meaning approach is a marked improvement over the victim-blaming that often accompanies popular portrayals of health disparities in that it attempts to shift the emphasis from individual eaters to structural issues of equitable development and the supply of health-inducing opportunities. However, we argue that even these supply-side approaches fail to take into account the foodways – cultural, social and economic food practices, habits and desires – of those who reside in so-called food deserts. In this paper, we present five independently conducted studies from Oakland and Chicago that investigate how low-income people eat, where and how they shop, and what motivates their food choices. Our data reveals that cost, not lack of knowledge or physical distance, is the primary barrier to healthy food access, and that low-income people employ a wide variety of strategies to obtain the foods they prefer at prices they can afford. This paper speaks to academic debates on food systems, food movements and food cultures. We hope that progressive policy makers, planners and food justice activists will also draw on it to ensure that their interventions match the needs, skills and desires of those they seek to serve.

1. Introduction

A promotional video for Oakland California's "People's Grocery," features peer educator Gerlina Fortier speaking at an elementary school.

> "West Oakland doesn't have a grocery store," Gerlina begins. "We used to have one right up the street, but it's closed down now. Why can't you have one in your community? Why do you have to travel all the way to East Oakland to get some food. Do you guys know how many liquor stores we have in West Oakland?"

"Fifty" responds a child from the class.

> "Fifty," Gerlina continues. "We have about fifty liquor stores. That's a lot. It's a problem. It's what People's Grocery calls a 'food injustice.'"

Gerlina's lesson highlights what activists and scholars call a "food desert," an area where there is little available produce and other foods commonly regarded as healthy. Organizations in this field often highlight food deserts as the reason that low-income communities and communities of color suffer from diet related health problems at elevated rates. Food deserts are one example of supply-side explanations for health disparities. Health problems, according to this perspective, result from so-called obesogenic environments containing a diminished supply of healthy foods, as well as the drowning out of these options by excess availability and/or advertising of fast and junk foods (Rose et al., 2010; Swinburn et al., 1999).

Supply-side approaches have been widely adopted by progressives hailing from and working with low-income communities and communities of color (Sbicca, 2012; Alkon, 2012). Progressive think tanks, planners and policy makers have joined them, with the latter providing financing for fresh food businesses to locate in food deserts (Laveist et al., 2011; US Department of Health and Human Services, 2010). Supply-side approaches are attractive to progressives because they raise attention to health disparities without the victim blaming that generally accompanies popular constructions of health problems in poor communities (Saguy and Gruys, 2010; Saguy and Almeling, 2007; Saguy, 2012; Boreo,

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2010). However, they share with the mass-media narrative the assumption that low-income people do not have the desire, knowledge and/or means to eat healthier.

We argue that both of these approaches have ignored what food studies scholars refer to as the foodways of the urban poor. Foodways refers to the cultural and social practices that affect food consumption, including how and what communities eat, where and how they shop and what motivates their food preferences. Through focus groups, surveys and interviews with residents of struggling neighborhoods in Oakland and Chicago, we found that low-income people are not simply "takers' of the closest food access options, an assumption that covertly underlies the supply-side approach. Those we interviewed and surveyed employed many strategies to obtain the foods they prefer. Their practices and preferences reveal three unifying trends: (1) They evidenced significant knowledge about healthy food and understood food and eating as a cultural practice, (2) Proximity to a supermarket was deemed helpful, but most of those we studied left their "food desert" neighborhoods to shop at supermarkets because they prioritized price over convenience and (3) They placed high value on the quality of food rather than simply the quantity they could obtain. Taken together, these findings highlight the agency of marginalized people and the creative and culturally embedded coping strategies they use to navigate their circumstances. Moreover, they provide important correctives to research that limits explanations of low-income peoples' food choices to education and proximity to grocery stores. We hope that progressive policy makers, planners and food justice activists will draw upon this work to ensure that their interventions match the needs, skills and desires of those they seek to serve, and reduce the likelihood that interventions will perpetuate assumptions that can undermine efforts to assist the poor.

2. From demand to supply: Examining the built food environment

The supply-side approach to health disparities developed in response to the toxic constructions of diet-related health problems commonly associated with obesity in the US popular media. According to the often-deployed script, individuals become obese and unhealthy when they fail to develop the willpower to resist calorie-dense food choices and the discipline to exercise (Greenhalgh, 2012). That is, obesity and diet-related health problems are the result of excess individual *demand* for unhealthy foods. Not only does this approach conflate weight and health (Kirkland, 2011), but failing to make the "proper" individual choices draws moral wrath, casting the eater as lazy, uneducated and lacking self-control (Greenhalgh, 2012). Moreover, because both obesity and diet-related diseases disproportionately affect low-income people and people of color (Goldstein et al., 2008), popular demonizations intersect with race and class to categorize obese people as villains responsible for their own circumstances (Boreo, 2010).

The popular media also blames these "villains" for a variety of social concerns. Commentators regularly depict fat people as literally weighing down the economy through both rising healthcare costs and threats to productivity (Guthman, 2011). For example, writing in the *Huffington Post*, Sharon Begley (2012) lays out economic costs commonly associated with obesity, including medical treatment, additional jet and automobile fuel, and absentee costs for obese workers (see also Ungar, 2012). This approach distracts from potentially competing explanations that could implicate the built environment, corporate food purveyors, US agricultural policy, environmental toxins or capitalism itself (Greenhalgh, 2012; Guthman, 2011). Instead, this construction of obesity yields support for individual, market-based solutions such as dieting or bariatric surgery.

Some softer versions of this individual-level approach instead focus on education, particularly nutrition and/or culinary advice. The USDA offers a variety of educational programs, including the Rural Information Center, the Food and Nutrition Information Center, and the Work-Life Wellness Program. In this pursuit, they are joined by a number of non-governmental actors. The assumption guiding these educational campaigns is that individuals do not know how to cook, and if given this presumably value-neutral information, they would work to become thinner.

While progressive public health officials and researchers working in low-income communities of color share the notion that poor people eat poorly, they have attempted to reframe health disparities as based on supply. This group often highlights obesogenic environments—those without healthful foods and places to exercise—as having key causal roles in obesity and other health disparities. Food justice activists have articulated a related critique of food deserts, which emphasizes how practices of institutional racism such as redlining have created inequalities in the built environment that contribute to health disparities. Although there are different meanings and metrics associated with the obesogenic environment and food desert approaches, as well as varying impulses as to the ultimate goal (public health versus social justice), in this paper, we treat these efforts as related, supply-side strategies for understanding health disparities. This is especially fitting because many obesogenic environment studies use the presence or absence of grocery stores as a stand in for a host of other factors.

Supply-side approaches have roots in the "poor pay more" literature of the 1960s and 1970s. Caplowitz's seminal work (1963/1967) found that, in the absence of mainstream department stores, residents of NY public housing developments had to rely on small, local businesses that provided poor quality goods for high prices and provided high interest installment programs for larger consumer goods. Caplovitz's work inspired a number of studies that concluded that goods were generally more expensive in low-income neighborhoods, and that consumer exploitation was most evident when shoppers applied for credit (Sturdivant and Wilhelm, 1970; Sturdivant and Hanselman, 1971). These studies sparked a debate in which some argued that the price differentials were not the result of consumer exploitation, but rather the result of higher costs of doing business in disinvested areas (Williams, 1973). Others countered that these perceived "higher costs of business" were often based on racist and classist stereotypes about low income residents and their communities (Sturdivant, 1973).

Approximately 40 years after Caplovitz's book was published, his argument has gained currency in the US. At the community level, organizations like People's Grocery have sprouted up in cities across the country. They tend to promote the creation of small businesses owned by local residents supplying healthy food as a form of grassroots economic development (Sbicca, 2012; White, 2010; Alkon, 2012; Morales, 2011). Policy-makers too have drawn on the concept of food deserts to promote market-based solutions. In Philadelphia, for example, activists utilized a food desert study to promote state legislation leading to tax breaks and subsidized loans to stores wanting to locate in underserved areas. This strategy has now been repeated, with funding from the Robert Wood Johnson foundation, in Illinois, Louisiana, and New York. The federal government is also becoming a major player, with a federal fresh food financing initiative funded at over $400 million (US Dept. of Health and Human Services, 2010). However, such funding has enticed large-scale chain stores like Wal-Mart and Whole Foods to open in food deserts, particularly those on the cusp of gentrification. In response, activists have angrily characterized this funding stream as promoting land grabs arguing that the government is aiding corporations in taking ownership of land in poor communities (Holt-Gimenéz et al., 2011). These activists tend to prefer that government money incentivize smaller stores and alter-

native food projects that could be community owned (Holt-Giménez et al., 2011).

The popularity of these supply-side approaches has bellied attempts to critically evaluate their theoretical and empirical underpinnings. Empirically, studies investigating the relationship between race, class, the built environment, access to healthy food, and health outcomes tend to compare the average BMI (body mass index) of a particular locale or locales to a variety of factors including availability and mix of grocery stores, fast-food restaurants, and corner and liquor stores, often using GIS mapping and socio-spatial analysis (for overviews see Treuhaft and Karpyn, 2010; Beaulac et al., 2009; Black and Macinko, 2008; Larson et al., 2009). However, their findings are much murkier than policy makers and activists tend to suggest. In the US, most studies have shown strong negative relationships between low-income African–American areas and food access, especially when they focus on the availability of large chain supermarkets (Beaulac et al., 2009; Block and Kouba, 2006; Moore and Diez Roux, 2006; Zenk et al., 2005; Chung and Myers, 1999; Alwitt and Donley, 1997; Cotterill and Franklin, 1995; Ver Ploeg et al., 2009).[1] Studies in Canada the UK, Australia, and New Zealand show more mixed results (Apparicio et al., 2007; Smoyer-Tomic et al., 2006; Beaulac et al., 2009; Black and Macinko, 2008; Cummins and Macintyre, 2006; Pearce et al., 2007). Cummins and Macintyre (2006) posit that there may be factors that are unique to the US that contribute to this correlation, such as a history of structural racism which has resulted in pronounced racial segregation, disinvestment in urban areas, and the prioritization of suburban development.

Yet Cummins and Macintyre (2006) also argue that there is no data to support a causal relationship between access to food and health outcomes. While a number of researchers have shown that supermarket availability is a geographic covariate of health issues (Black et al., 2010; Laraia et al., 2004), the specific relationship between food access and individual eating patterns and health outcomes is unclear (Black and Macinko, 2008; Caspi et al., 2012). Research that attempts to isolate the role of supermarkets through before and after studies in the same neighborhood have had mixed results as well (Wrigley, 2002; Pearson et al., 2005; Hackett et al., 2008). Moreover, recent studies have suggested that the focus on grocery stores is problematic, finding that small independent grocers and seasonal markets can be a source of high quality affordable produce (Short et al., 2007; Widener et al., 2011). Moreover, methods for measuring the specific relationship between food access and food intake are still nascent (Caspi et al., 2012; Glanz, 2009). While GIS-based food access studies increasingly address data quality issues, Guthman (2011) rightly characterizes much of this work as relying on correlations, constrained by inferior data, and lacking in the analysis of the lived behavior.

Anna Kirkland also critiques supply-side approaches based on their effects, arguing that these approaches have failed to shift the public health conversation away from personal responsibility and individual choice. In other words, although there is more emphasis on the choices low-income people can and cannot easily make, the ultimate onus relies on low-income people to choose particular foods once they are supplied (see also Guthman, 2011). For this reason, food justice activists focus not only on supply, but share the popular media's support for cooking and nutrition education as a way to influence individuals to change their eating habits. Even efforts to incentivize supermarkets to open in poor neighborhoods are based on the assumption that low-income people will change their eating habits by purchasing now readily available fruits and vegetables. Neither approach explores other variables that could result in health disparities, such as access to health care.

While we certainly believe that food deserts exist, and that they are part of the food and retail landscape that low-income people and people of color navigate, we also believe that supply-side explanations warrant further investigation. First, they ignore, and sometimes discredit, the nutritional knowledge and provisioning strategies held by low-income people. Second, the myopic focus on the existence of food deserts as the primary cause of American health disparities cannot be demonstrated empirically. The emphasis on lack of access has led to policy solutions that, based on our data, are likely to be ineffective because they do not cohere with low-income people's already existing food cultures.

3. Foodways among the poor

The food desert literature is dominated by studies seeking to link demographic, economic, and spatial data with health outcomes, with little attention to what matters to people, or what they actually do to acquire food (for important though often ignored exceptions, see Whelan et al., 2002; Edin, 1993). There have also been a handful of promising studies that point to variables other than geography that may impact food choices, but have not been incorporated into the larger food desert discourse. These include studies suggesting that financial constraints dictate food choice (Powell et al., 2009; Caspi et al., 2012), that low-income residents leave their neighborhoods to purchase affordable food (Barnes, 2005), that residents of food deserts often use their social networks to overcome geographic obstacles (Coveney and O'Dwyer, 2009), and that low income shoppers make decisions to visit local stores based on perceived food quality and relationships that they have with store owners (Webber et al., 2010). In addition, it is important to note that food deserts are not homogenous, and while they may lack supermarkets, most have small independent retailers and vendors (Odoms-Young et al., 2009; Short et al., 2007). To further understand the complicated sets of variables that go into food choice, and the varied food landscapes that low-income residents navigate, a qualitative analysis is required.

There is little qualitative social science research documenting what the poor think is important about eating. Research on the eating habits of the middle and upper classes has been undertaken by social scientists and anthropologists interested in understanding foodways – the meanings attached to food choice – as emblematic of the complex cultural worlds these communities inhabit (Goodman and Goodman, 2001; Johnston and Baumann, 2010; Hauck-Lawson and Deutsch, 2009). Similarly, anthropologists and historians have been largely interested in the foodways of specific ethnic groups in America (Gabaccia, 1998; Witt, 1999) or relationships between nationhood and food (Levenstein, 2003; Ferguson, 2004), but there are few, if any, contemporary systematic studies of the food worlds of the poor in the US. Our goals in this paper are to extend this notion of foodways to low-income communities of color, and to provide the kind of qualitative analysis missing from the spatially dominated research on public health and obesity. Moreover, we hope to uncover the range of concerns that low-income people account for in selecting, preparing and eating food.

Beyond these theoretical contributions, our research suggests that the kind of supply-side interventions that are currently being funded, such as new chain stores, may not ameliorate health disparities. The assumption that underlies this solution is that individuals whose primary goals are to avoid risk will sort and choose the "right" kinds of foods from this increased supply (Short et al., 2007).[2] In contrast, our research suggests that proximity to

[1] These studies are sometimes criticized for considering only chain supermarkets rather than other options, and for overlooking smaller stores that may have good quality food.

[2] This would also assume that individual food consumption and exercise is the primary cause of obesity, which is increasingly disputed (Guthman, 2011).

healthy foods is not the only or even the primary barrier, and that health concerns are only one factor that influences the complex foodways of the urban poor.

4. Research approach

This paper combines five independently conducted studies that each examined the daily food practices of low-income people. Two took place in the "flatlands" of Oakland, California, and three on the South and West sides of Chicago. Each sought to better understand the foodways of our respondents, including what they ate, their procurement strategies, and the bases for their decisions about which foods to choose. Four of the studies took place in conjunction with neighborhood food justice activists. The fifth interviewed individuals receiving food assistance from the Women Infants and Children program (WIC) in a neighborhood with a wide variety of stores. While there is some variation among these studies, the research designs and overall findings were similar enough to warrant presenting them in a single article.[3]

4.1. Research areas

Oakland and Chicago are home to some of the nation's most notorious food deserts. The neighborhoods in which our studies take place are populated predominantly by low-income people of color, include few to no supermarkets, and contain plentiful corner stores and fast food establishments.

In Oakland, the vast majority of people of color live in the flatlands of West and East Oakland. Between a quarter and a third of people in these areas live below the poverty line; median income is 25% lower than the citywide average and unemployment is roughly twice the citywide rate. The flatlands contain 279,379 residents, 89% of whom are people of color (Census, 2010). The flatlands contain only four supermarkets, one of which is in a predominantly white, wealthy enclave (McClintock, 2011). West Oakland is a notorious food desert whose approximately 20,000 residents are 77% African American and 15% Hispanic. Only 11% have completed college and 45% earned below $35,000 per year (Census, 2010). The last of its supermarkets closed in 2006. On the other hand, the neighborhood contains over 40 liquor stores, more than 150% of the City of Oakland average (California Alcoholic Beverage Control, 2006). East Oakland has no large-scale supermarket but is home to several smaller stores with wide varieties of produce.

The neighborhoods in which the Chicago studies were conducted contain similar demographics. Englewood and West Englewood are over 97% African–American, with an estimated 2009 median household income of $23,128, far below Chicago's as a whole ($45,419) (Rob Paral and Associates, 2012). During the time research was conducted, there was only one discount supermarket to serve 66,159 residents. The full service supermarket has opened since the research was conducted. This contrasts with the overall Chicago rate of one supermarket for every 12,535 people. The average Englewood resident still must travel almost one and a half miles to go to the nearest large supermarket, almost double the average for Chicago as a whole (Block et al., 2008). The second community, Austin, is approximately 85% African–American and has an estimated 2009 median household income of $32,358, somewhat higher than Englewood (Rob Paral and Associates, 2012). Food access is also better, with two chain supermarkets as well as two independents and two discount markets for a 2010 population of 98,397 (Block et al., 2008). Finally, West Garfield Park, is 96% African American, with a median household income of $23,033 (Rob Paral and Associates, 2012). There are two discount supermarkets and several small groceries within 1 mile of the USDA WIC distribution center where interviewees were recruited.

4.2. Methodology

Each of study sought to understand what people ate, how they gathered the food, and the kinds of food cultures they developed. Taken together, we spoke to or surveyed 581 individuals. This extensive data provides assurance that our cases are not anomalies. Moreover, each study provides a rich evocation of the eating habits and food preferences of food desert residents that better allows us to understand their lived experiences.

(Author 1) worked with Oakland food justice activists to develop and conduct five focus groups with a total of 69[4] West Oakland residents. (Author's) sample was 58% female and 42% male; 85% identified as African American, 9% as white, 4% as Latino/a and 1% as indigenous. Eighty-four percent of respondents reported incomes between $0-$15,000 per year and 9% specifically circled the "0." Forty-seven percent were unemployed. The focus groups were both audio and video recorded and (Author 1) was responsible for all transcription and analysis, including compiling demographic data and hand coding responses to open-ended questions.

A second study of Oakland residents was conducted by (Author 5), who worked in collaboration with the HOPE (Health for Oakland's People and the Environment) collaborative. (Author 5) conducted 12 in-depth personal interviews with those collaborative affiliates, including local residents. She also had access to the verbatim transcripts of six "community listening sessions," informal focus groups in which 55 residents discussed their local food environments and desires. Listening sessions were conducted in English, Spanish and Vietnamese, and were audio recorded and transcribed. In addition, (author 5) also had access to the Collaborative's data from surveys in six Oakland neighborhoods (Hope, 2009). The Collaborative's sample ($n = 450$) was 37% black, 35% Latino/a and 17% Asian. The average income was $28,600.

The Chicago data is derived from three distinct studies. In the first, a subset of a regional food security assessment, authors 2 and 6 interviewed and conducted focus groups with 13 African–American Englewood residents about their eating and shopping activities. All the interviews were audio-taped, transcribed verbatim, verified for accuracy, and coded into Atlas.ti qualitative software for analysis. Author 2 conducted two additional focus groups in conjunction with the Chicago Food Systems Collaborative (Suarez-Balcazar et al., 2006, xxx; Block and Kouba, 2006). The 17 African American participants, all but one of whom were women, were mainly mothers and grandmothers with children living at home. Lastly, authors 3 and 4 conducted interviews with 27 low income black and Latina men and women in the West Garfield Park neighborhood, all of whom participated in the USDA Women, Infants and Children Program. Twenty-four women and three men were interviewed. All interviewees were over 18, and all had to have incomes below 185% of the poverty line in order to be eligible for WIC (City of Chicago, 2012). Interviewees were asked what they ate in the past week, where they got their food, how they prepared it, why they shopped where they did, and why they bought the foods where they did.

[3] Some of our samples are predominantly African American, while others are more racially mixed, and only some results were disaggregated by race. For this reason, our data speaks most directly to questions of class and income.

[4] Because respondents occasionally left questions blank, numbers do not always add up to 69.

Each of these studies was analyzed independently, and the results were compared after independent analysis occurred. Some researchers preferred to use qualitative software while others coded by hand. Survey data in the Oakland studies was compiled and analyzed using Microsoft Excel. Each of the researchers used some variation of grounded theory, coding inductively so that patterns emergent in the data gave rise to the analysis rather than the other way around. Each researcher was somewhat surprised by some of her/his study results, particularly those that contradict the assumptions of food justice activists and public health advocates. Upon hearing one another present at various conferences, we decided to present these surprising findings in a single article. Over the past several years, the first four authors have discussed our finding, read one another's reports, and attended conference presentations of one another's work. We sent each other drafts of this early work, which author 1 then coded collectively by hand. From that coding emerged the themes we describe and analyze below.

5. What and with whom do people eat?

Those we spoke with mentioned a wide variety of foods as comprising their regular diets. As in any other income group, there was considerable variation in what individual people and families ate. In Chicago, for example, a question about preferred foods garnered the following response:

> I'm a vegetable person, I love broccoli. I'm a dairy person also. I love cheese, string cheese. Um, I'm kind of a meat eater, I really, usually eat just chicken, I try to stay away from pork, but I love pork chops though, but all that other unnecessary stuff, I try to stay away from it. I just love pork chops, I love steak, and ground beef.

Another Chicago resident offered a similarly broad response:

> I like to eat fruit, a lot of meat, vegetables, a lot of side orders like mash potatoes and spaghetti, macaroni...basically everything.

In Oakland, the most common foods mentioned were chicken, beans, veggies (usually just generally but broccoli was specified a few times), cornbread, greens and yams. More specific responses included the following four statements:

> Meat is the most important but we like our veggies too.

> Lots of rice and beans. I don't have money for more so I can't eat different.

> I usually make meat, a starch and a vegetable. We eat like that two times a day.

> My husband makes breakfast on the weekends. And he's the griller. We like to barbeque on Saturdays.

If there is any trend throughout this data, it is the specific mention of meat. The West Garfield Park and West Oakland interviewees mentioned meat more than any other food item, and elaborated in detail on the cuts of meat and preparations that they used. No other food group received the same amount of discussion. Nonetheless, the variety of foods consumed demonstrates the importance of attempting to understand, rather than essentializing the eating habits and strategies of low-income people.

Moreover, in contrast to the popular food literature that mourns the loss of food and cooking knowledge, and a public health approach emphasizing nutrition education, both studies report that at least some low-income people know how to and enjoy cooking. For example, in Chicago, 25 of the 27 respondents from the West Garfield Park study discussed how they prepared foods; the others discussed how they like their food prepared by others. Far from being driven by convenience only, interviewees elaborated on the ways they like to cook their food, providing details about spices, cooking times, and the right ingredients. Our findings here support those of Share Our Strength, a non-profit organization that seeks to eliminate childhood hunger, which found that 78% of the low-income people they surveyed cook at home, mostly from scratch, five of more nights per week (Share our Strength, 2012). These findings contest the assumption that low-income people lack of culinary knowledge and skill.

When people discussed learning recipes, how to cook, or learning what to buy, most mentioned kin or close friends, suggesting that trust and familiarity were important to them. Only three people in the West Garfield Park group mentioned television programs or cookbooks, and only 6 out of the 27 interviewees said that they ate at restaurants frequently. In addition, (Authors 3 and 4) also found that many people did not trust non-kin cooking, or restaurant cooking, fearing adulteration of the food, or being suspicious of the ingredients others used. In the words of one respondent, "I don't like restaurant food...I got to know who's cooking my food."

In Oakland, nearly every respondent mentioned knowing how to cook at least some things. Respondents cook on average about 5 meals per week. Several respondents described their cooking practices.

> I love to cook and it's easy. We mostly take the bus to Pak N Save [a discount chain supermarket] because it's easy and the food lasts longer. We eat mostly chicken, rice and vegetables.

> I love to cook and like watching the Food Channel.

> If my husband had a choice we would always eat at home and that's mostly what we do. But sometimes, if we're downtown, we'll grab something from the 99 cent menu. My roommates don't cook at all and just eat Oodles of Noodles, but I guess that's a choice too.

Each of these studies found much more food knowledge and culinary skill among low-income people than is generally conveyed by food activists and public health researchers.

Moreover, the foodways of low-income people are decidedly social, although many families struggle to eat together on workdays. In the West Garfield Park study, when Authors 4 and 5 asked what they ate, most interviewees told us not what they ate personally, but what those they cooked for ate. Many of the people interviewed went into great detail about the cooking and feeding decisions they made for others. Particularly on the weekends, people reported eating with family, and making it a big priority. On the other hand, particularly in one Austin focus group, the site and timing of daily eating within the respondents' often-complex households showed great variety. At one extreme, an older woman with a large household reported, "Everyone eats at a different time. The only time that we are at a family gathering is what you call it, a family gathering. A holiday...a death in the family and what have you..." Many other families reported eating weekday dinners in front of the TV, and one case, a mother reports that they actually do not have a table in her house, having replaced the dining room table with computer desks "so people just kind of go wherever they want to eat." In a contrasting example, the mother in a young family of four reported: "At dinnertime we always eat together, unless (her husband) is working late or somebody's not home from something..." A member of an extended family of nine living in the same house reported that they usually ate breakfast and dinner together.

Taken together, these findings suggest that there is diversity in the extent to which people can and do eat with others, but that social aspects of eating were important to them, even if they did not

always have the schedules, time or furniture to make that happen all the time. This stands in stark contrast to the image of poor, obese individuals eating at whatever fast-food restaurant was nearby.

Cooking patterns were also complex. We found that people tended to share cooking some of the meals during the week, so that other adults such as mothers, romantic partners, husbands or wives, and sometimes children also cooked. But built into much of the literature on bodies, food, and nutrition, as well as government nutrition advice, is a very different assumption: that people do and ought to choose their foods as individuals, not as people embedded in social relationships of reciprocity and obligation. Even images of what to eat are individualized, with the USDA's MyPyramid (food pyramid) or MyPlate (food plate) imagined for a single eater. In particular, many Chicago respondents described Sunday dinner as a special meal, especially bountiful and eaten by many people, including kin and close friends. This occasionally came up in Oakland as well. One Chicago participant described how she plans a weekend meal:

> The first thing I usually get, is like meat, to cook, something I can make a dinner out of for my household...chicken, pork chops, pork steak, catfish, maybe a pot roast.

Oakland residents were more likely to mention their neighbors and other kinds of guests.

> I like to make banana pudding, and my neighbors love it. When I have food to share, I share it with everyone.

> I want to always have enough to offer when people come over, but sometimes I don't. Sometimes I feel like I have to save it for my kids.

Even this second quote evidences her desire to treat food as a social good. The physical situations in which people eat may vary, but many respondents in Oakland and Chicago treat eating as a social act, much in the way that is called for by contemporary food writers who lament the decline of the family meal. Moreover, the last quote demonstrates that it is predominantly lack of income, not lack of education, the social or moral values placed on food, or even geographic access to healthy food that prevents those we spoke with from eating in the ways that they would like. This emphasis on price, as well as the detailed shopping and cooking strategies revealed by many of our respondents, clearly refute the supply-side assumption hat proximity is the primary barrier faced by low-income people in obtaining healthy food.

6. Where, why and how do people shop?

Perhaps the most important finding of these studies was that low-income people, even those living in food deserts, generally shop, and prefer to shop, at large chain supermarkets. In (Author 1's) study of West Oakland, 76% of focus group respondents replied that they buy the majority of their food at a large grocery stores located outside the neighborhood. Pak N Save (a discount store) was the most prominent, followed by Albertson's, Safeway and the Grocery Outlet. Only 27% of respondents mentioned small neighborhood markets or corner stores and 8% of respondents named nearby Chinatown as a major food source even though none of the focus group respondents were Asian. The Hope Collaborative surveys of East and West Oakland contained similar results. Fifty-three percent of respondents named a corporate supermarket as their primary food source, followed by 17% at small neighborhood stores (Hope, 2009).

Chicago residents described detailed shopping routines, visiting particular stores to obtain specific items, including but not limited to major chains and specialty food stores. Seventy-three percent of the interviewees mentioned more than one store or site (including the WIC Program) where they acquired food, and 65% mentioned more than two places. For example, one respondent, a middle-aged woman, said:

> I shop around, it depends, if I'm focused on just getting meat I'll go to Moo and Oinks [a Chicago meat store], if I'm focused on canned goods and um, snacks and things I'll go to Aldi [a chain discount supermarket]. And then I'll go to Leamington's for just their chicken nuggets and stuff, and My Brother's for hotdogs [Brother's Beef, another Chicago meat store] because the pack of hotdogs, you can get 36 for five dollars and you can't get that anywhere else.

In addition, many of those we spoke with were very much aware of sales. For example, one Austin resident and mother of four described her shopping routine:

> Every week ... I normally shop at Tony's (a local chain grocery)...I look in the sale paper, and sometimes more than once a week because if I see a sale I go in a store just to pick up those items, but I shop at Tony's, Dominick's (a chain owned by Safeway), Jewel (a chain owned by Supervalu).... Billy's (a small produce store) sometimes 'cause I go get some vegetables sometimes."

In West Garfield Park, respondents also said that they went to multiple places, rather than the nearest store, to get their food:

> I go to the grocery store once a month, so I have a certain amount of money, I spend, once a month...by going to several stores, where the sales are, so you can stretch your money that way.

An Austin resident, a retired senior citizen living with her children, describes her shopping strategy as "Wherever the sale's at, that's where I shop." And another also described being guided by the sales paper, remarking "If I can get three cans of Green Giant for a dollar as opposed to fifty-nine cents a can, or eighty-five, then I'll go to that store."

In West Oakland, focus group respondents clearly stated that price was the most important factor they considered when deciding where to shop. Eighty-nine percent of participants named price as an important consideration. One focus group participant, a black woman in her late 30s, elaborated, saying that "You can take five dollars to Burger King and eat for the night, but you can go to the meat market and eat for a while." Responses to the HOPE Collaborative's question concerning barriers to healthy eating support this assertion. Of all of the factors named, including convenience, taste, lack of knowledge, time or interest and quality, only price was consistently invoked by survey respondents in all six of their designated neighborhoods as a barrier to accessing healthy food (Hope, 2009).

Again, it is price that mainly motivates Oakland residents to leave their neighborhood in order to obtain the foods they want at lower prices. The most common store visited by West Oakland respondents is Pak N Save. This store is located 2.3 miles from the site of the focus group, which was near the homes of most respondents. Of those West Oakland respondents who shop at grocery chains, 41% drive and an additional 37% get rides from friends or family. 22% take the bus. The (Hope, 2009). Collaborative Survey results were relatively similar: 58% traveled by car, either driving or getting a ride, and 20% used public transportation. In Chicago, an Austin young mother of two with a car mentioned going to Sam's Club once a month, which is over 4 miles away. Other Austin residents discussed planning grocery shopping around car availability, but generally had car access at some point. In Englewood, however, transportation was often a chief concern. One Englewood resident went into great detail about how transportation guides

her shopping choices. She prefers a store that is seven miles away rather than a nearer store because the elevated train is closer to this store and has elevators up to the platform both at the station from which she departs and at her destination:

> When I go to the one on 87th Street [two miles south of Englewood], either I have to carry my groceries from the Street to the platform to get the train, or I have to carry them three blocks to get to the bus. And it's just – when I was younger, I used to walk from here to 87th, but I can't do it anymore. But I can go to the one on Roosevelt Road [about seven miles north of Englewood], I still have to get down to the train tracks, but if I have my bus pass, I can take the Green Line and it's all elevators. Because there's an elevator at 63rd and Halsted, where the Green Line is...

This excerpt demonstrates that, while proximity is not the only variable, the built environment—in this case, public transportation systems that lack accessibility – is nonetheless an important factor in shaping the foodways of the urban poor.

Observation and interview data from West Oakland helps to further explain the ways that price and the built environment intersect. One resident explained that she and others she knew in her neighborhood did travel outside their community to get food at a supermarket, but that the cost of gas prohibited many people from doing so more than once a month. Another agreed, and further explained that this meant that she only ate fresh fruits and vegetables for 1 week out of the month and the rest of the time had to eat canned goods. The former said that for the most part she did not buy food in her neighborhood because it was so expensive, but if she needed to pick-up something small in the middle of the month after her big grocery shopping the liquor/corner store was her only option. Another resident explained, "If I just need eggs, I'll get it there [at the local liquor store], cause I'm not gonna go get my aunt's truck and pay for gas to go to the supermarket...because in all it'll cost me more." "I have to be really hard-up" to do so, another resident chimed in, because of the high price of food at these stores. And finally in Austin, a respondent said that "when my sister has the car, we go to the Moo and Oinks and the Costco, but that ain't too often because her boyfriend and son need the car for work and school."

Other respondents argued that price was important, but in the words of one West Oakland respondent, "price has to be weighed against convenience and quality." Similarly, a West Garfield Park (Chicago) respondent described the way she strikes that balance in her own food routine:

> [I shop at] Jewels [a major chain], Aldi's and I would say, Save A Lot. I go there a lot too. Those probably are the basic three places. Aldi's because it's cheap, Jewels because it has a better quality than Aldi's. You can't get everything from one place. Jewels has more meats, and Save a Lot just because it's close."

In the Austin data, the reasons behind store choices greatly varied. One Austin mother had an adult vegan son who shopped at Whole Foods (about 3 miles away), "He doesn't have a lot of places to choose from to get the health foods," his mother reported. Another woman reported shopping for meat at an independent store in the community since it is "constantly put out," while another reported being "a big smeller" in discerning what foods to by. These responses are particularly important because they show that, while price is paramount, low-income people are neither unthinking dupes of the corporate food system motivated only by appetite, nor overly rational calculators driven only by price, but inhabitants of marginalized yet complex social worlds in which they must actively navigate a variety of barriers to obtain the foods they prefer.

7. How do people think about food access?

If asked to sum up the contemporary food movement in one phrase, a likely candidate would be Michael Pollan's (2006) assertion that "eating is a political act." Yet as Guthman and other critics have argued, the food movement often substitutes its favored eating practices for a potentially transformative collective politics (2008). In contrast, low-income residents of Oakland and Chicago link their food choices, or lack thereof, to a broad understanding of their neighborhood's underdevelopment and their own socio-economic status.

Generally, residents report a lack of control over the food stores they have, and the power to affect what stores might be present in the future. They often blame this on racism as well as their lack of political and economic power. One elderly woman reported at an Austin focus group characterized the closing of a nearby supermarket, stating, "it was taken out of our community." This same woman also commented:

> "In the predominately white neighborhood, I have went (sic) to the produce, seen unusual vegetables and fruits. But near the vegetables and fruits they would have little pamphlets, explaining, talking about the nutrition of fruit, where it comes from, what it's supposed to taste like, and how it should be used. But I've never seen that in my neighborhood."

Through this statement, the respondent clearly connects the availability of fresh produce to her own status as a low-income woman.

Oakland respondents evidenced a similar understanding of food in the context of economic development. When discussing issues of food, residents often talked not only about the lack of good food, but also the lack of businesses in their neighborhoods. Multiple respondents claimed that they had to leave their neighborhood "to do most things," including shopping for food. They did not want to and felt they should not have to leave their neighborhoods to access affordable, fresh food. Many residents also claimed they wanted more healthy restaurants or cafés in their neighborhood, which they saw not only as increasing good food access, but also as something that could help build community and social cohesion. In other words, not only did residents feel, as one West Oakland respondent put it, that they "should be able to purchase a latte" rather than only having access to fast food in their neighborhood, but they also wanted places to be able to meet, gather, and form connections with friends and neighbors. This is echoed in an interview with an West Garfield Park resident, who made a similar point, but using fast food restaurants as a positive example of how it could ensure conviviality in some circumstances: "if you eat at McDonald's... you got no one looking at you like you in the wrong place, trying to get you out. Me and my friends can hang out there and take our time." (Author 5) similarly found that community leaders used fast food establishments as places to network with their neighbors because there were no other options in the neighborhood.

A similar feeling of loss and lack of control over food options is expressed by an Englewood woman discussing retail and entertainment choices in her community:

> But we don't have no place like that...We don't have anything... We were talking about that kind of stuff that it's not in Englewood nor in West Englewood anymore, that that's the reason we take the money out of the community because we don't have anything in our community.

This suggests that while it is not their primary barrier to obtaining desired foods, residents are concerned with the lack of food choices in their neighborhoods. They primarily discuss this con-

cern, however, not in terms of healthy eating, but as a problem of economic (under)development. Residents in the above section described the lack of fresh food in their neighborhoods as linked to patterns of disinvestment and lack of ownership of businesses in their communities. Fresh food is just one of a number of services that black residents of cities like Oakland and Chicago used to supply to their friends and neighbors. Long-term community residents have watched that change over time, and are forced to develop foodways and other patterns in their everyday lives that can cope with this limited availability.

8. Foodways among the poor: Money, quality, and sociability

Taken together, our research describes the foodways of low-income people, mostly people of color, in Oakland and Chicago. Our findings contradict the assumptions of many food reformers who hope that having large chain stores in neighborhoods would drive the poor to eat more healthily. It is not that the poor do not take health into account—they do—but that their foodways are more complex than seeking to maximize health. They tend to shop largely at large chain stores that have foods that they like, that they consider fresh and of high quality, and are priced so they can buy it. The primary barrier to obtaining desired foods was lack of income, not proximity or lack of knowledge.

Those we spoke to are very savvy in their grocery shopping, and obtain their food from a large variety of stores, including full service chain supermarkets, discount supermarkets, local independent stores, and supercenters. The absence of many of these varieties of stores from many of their neighborhoods makes this shopping pattern difficult. The searching between store types is predominantly because price is the most important factor influencing our respondents' food choices, although quality and convenience are also very important.

Moreover, those we spoke with eat a wide variety of foods, though they tend to prioritize meat, and view starches and vegetables as sides. Many know how to and enjoy cooking, and prefer cooking at home to eating in restaurants. While family structures and eating patterns vary greatly, food cooked at home is often social, shared with family, friends and neighbors. Additionally, those we spoke with link the obstacles they face in accessing the foods they want to eat as linked to racial hierarchies and patterns of economic development (including poor transportation systems) that ignore the needs of low-income, urban people.

Our findings suggest that nutrition and cooking education designed to encourage individuals to simply manage health risks is unlikely be successful in low-income communities. Given the current US political climate, education is a popular solution in part because it invokes the neoliberal prescription towards personal responsibility and constant self-improvement, and does not challenge the state to provide services such as healthcare or a healthy environment. Education-based solutions uphold the notion that an individual is entitled only to those goods for which their assets and resources can be exchanged, rather than creating a right to healthy food (Sen, 1981). Indeed, a focus on education locates the problem in the knowledges of low-income people, and blames them for not "knowing" what to eat, rather than redressing the systemic patterns of racism and economic underdevelopment that have shaped the built environments in which they live. In other words, it blames the victims of underdevelopment, rather than supporting their coping strategies and their preferred ways of living and eating.

In response to these victim-blaming approaches, some food reformers look to "obesogenic environments" in which access to healthy food and opportunities for physical exercise are wholly or nearly absent. This approach is a vast improvement over the previous one, and some of its proponents even link the presence or absence of healthy food to patterns of uneven capitalist development in its intersections with race (cf. McClintock, 2011). Yet this approach most often also fails to take into consideration the lived experiences of low-income people, particularly those living in food deserts. The vast numbers of community food assessments conducted by food justice activists in the US, for example, attend to the presence or absence of resources, and not the strategies by which individuals fulfill their food needs. Those seeking to ameliorate obesogenic environments advocate for public–private partnerships and incentivizing chain grocery stores to locate in low-income neighborhoods. While this solution does fit the desires of some low-income food desert residents for more economic development in their neighborhoods, it does not address their primary concern with regard to food choices.

We found that the eating habits of low-income people are restricted not so much by geography, but by price. Those we spoke with shopped primarily at chain and discount supermarkets, where they felt they obtained the best prices, and planned their purchasing to include a variety of stores where specific items were more affordable. This finding helps to explain recent research suggesting that merely supplying a grocery store in a low-income neighborhood does not significantly change eating patterns (The Economist, 2011). Residents of such neighborhoods were already shopping at similar stores, only now it is more convenient to do so (though presumably there will be some savings on transportation).

In general, our data do not argue against the existence of food deserts. The communities we studied held low concentrations of supermarkets, particularly when compared with majority white neighborhoods nearby, a situation that is true in many US cities (Black and Macinko, 2008; Cummins and Macintyre, 2006). We also do not argue that the food desert phenomenon is unimportant. Differences in food access, as well as perceived differences in store quality can be seen as ways that structural racism in its intersection with differential financial investment is written into the urban landscape. However, we do take issue with the assumption that residents of food desert communities are "takers" of whatever food is in their neighborhood, with little ability to go outside their communities to provision their families. The residents we interviewed were often savvy shoppers, seeking out deals at a variety of stores both in their neighborhood and outside. Finally, while we feel that food access mapping is important in studying and communicating differences between communities, in particular levels of retail investment, we agree with Guthman (2011), as well as Odoms-Young et al. (2009) that complete studies of the food environment must focus also on the lived experience of the residents, including incorporating qualitative, mixed-method, and community-based participatory approaches such as those utilized here.

This evidence suggests that, to the degree that the foodways of the urban poor are constructed as social problems, they can only be addressed in the context of the myriad other social and economic obstacles these communities face. If the greatest barrier to obtaining food is price, this can be ameliorated through higher wages, job creation, or, at a minimum, increased food assistance. In general, programs aimed at ending poverty can help individuals to have greater control over their food choices, rather than be restricted by price. From a food systems perspective, shifts in subsidies to make healthier foods less expensive would also help low-income people obtain them. Additionally, increased access to healthcare would improve health outcomes regardless of eating habits. This is not to say that food access issues themselves are entirely unimportant, but that they are perhaps a marker of more general issues of uneven development and low levels of investment that particularly characterize many poor, predominately African–American areas of American cities. It is likely that these general patterns of disinvestment that are the reasons behind the correlations be-

tween access to supermarkets and health outcomes, particularly in the US, rather than the lack of supermarkets specifically.

Many US and European food system reformers have recently embraced the concept of food sovereignty, meaning that local people need to have control over their own food and agricultural systems. This concept was developed by rural peasants in the Global South, but has also been applied to urban farms and local food systems in wealthier countries (Schiavoni, 2009; Alkon and Mares, 2012). Our findings suggest that in urban communities in the US, particularly those that have not been agrarian in the recent past, food sovereignty needs to be broader than just food. In order for communities like those we studied in Oakland and Chicago to achieve food sovereignty, they will need to play much larger roles in local planning and economic development, to ensure that the mix of retail opportunities fits their needs (See also Block et al., 2011). In this sense, food sovereignty is merely part of a broader notion of sovereignty, and cannot be addressed without taking on larger questions of urban development and the right to the city (Harvey, 2008).

Overall, the foodways of low-income, urban people are very much a product of their social and economic circumstances, and of the culture that has developed in response to them. Food reformers would do well to learn about, and to ground their efforts in the lived realities of those they seek to assist. To the extent that foodways are partially responsible for health disparities, an assumption which should not wholly be taken for granted (Guthman, 2011), efforts to increase the buying power of low-income people, and to decrease the price of healthy foods, seem the most likely to effect the changes that food reformers seek.

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