Accessing Nutritious Food in Low-Income Neighborhoods

Alice S. Ammerman

“Food deserts” are described in a 2009 Institute of Medicine report as “neighborhoods and communities that have limited access to affordable and nutritious foods” [1]. However, some have argued that, given the obesity epidemic, a more appropriate geographic term might be “food swamps,” defined as “areas in which large relative amounts of energy-dense snack foods inundate healthy food options” [2]. Although results of recent studies have raised questions about whether simply living close to a food desert or a food swamp can by itself result in poor dietary intake, it is clear that one’s neighborhood environment can have a profound impact on food intake and health [3].

Interest in locally grown food, initially found chiefly in higher income neighborhoods and at upscale farmer’s markets, is increasing. As a result, a wide variety of things are being done to make healthier food more accessible and more affordable, and to teach people how to grow and prepare it. Benefits have accrued both to consumers and to the surrounding community in terms of better health and increased economic opportunities.

We are seeing the biggest resurgence in backyard gardening since World War II, when people were encouraged to become more self-sufficient in food production by planting “Victory Gardens.” Cooperative Extension agents and community organizations are helping individuals to relearn the art and science of gardening—sometimes in pots or on rooftops, if yard space is limited. Urban gardening is booming, even in blighted areas like inner-city Detroit, where many vacant and overgrown lots have been transformed into productive urban farms and gardens. In addition to producing much-needed healthy food in neighborhoods with high rates of chronic disease, urban gardens have been shown to increase community collaboration and to build social capital.

Community gardens may be tended collectively or in assigned plots, and educational programs about composting and pest control are common. Most garden programs emphasize sustainable practices and limit the use of pesticides and fertilizers. Some gardens in more affluent communities include donation programs, inviting participants to “plant a row for the hungry.” School gardens have also become increasingly popular, particularly for their educational value.

Another important mechanism for increasing food access in communities is through farmer’s markets and variations on that theme. Because lack of access to transportation is often a limiting factor in low-income neighborhoods, bringing the food to the community can increase the likelihood of purchase and consumption. Although the higher cost of food in many markets located near affluent areas has been a barrier, the participation of low-income consumers has been facilitated by making it possible for recipients of the Supplemental Nutrition Assistance Program (formerly known as food stamps) to buy food using Electronic Benefits Transfer (EBT) [4]. Special vouchers for senior citizens and for participants in the WIC program for women, infants, and children have also made farmer’s market food more accessible.

In addition, a number of creative distribution approaches are being tested to increase access. One program paired inner-city youth with rural farmers, with the youths serving as food vendors in their inner-city neighborhoods. The farmers and youth shared in the profits and had much greater reach than a stationary market. Mobile markets also bring food directly to neighborhoods, just as fish vendors in Europe and ice cream trucks in the United States do.

Members in community-based participatory research; working to improve access to primary care and preventive services through practice-based research networks; and using geographic information system (GIS) tools to better understand disparities at the neighborhood level.

Community-based participatory research has been identified as an ideal mechanism for improving community health, affecting social change, and ameliorating health disparities within disadvantaged communities. This framework can employ a wide range of methodologies, but key principles include fostering trusting relationships with community partners, building on strengths and resources within the community, promoting co-learning and capacity building among all partners, using equitable processes and procedures, using cyclic and iterative processes to develop partnerships and to build the research process, disseminating results to all partners, involving key stakeholders in all aspects of the research process from the outset, and ongoing partnership assessment, improvement, and celebration [21].

Practice-based research networks bring primary care providers together with community members and researchers to identify best practices for engaging communities in preventive health services and improving health outcomes. This is most likely to hold true when such networks utilize the community-based participatory research framework to better engage with the community and become more patient-centered and more community-centered.

GIS tools have the power to map variables within a community to demonstrate spatial relationships between health predictors and outcomes. In the past, mapping tools used to assess health have primarily focused on examining patterns of disease transmission. However, these tools can also be used effectively to evaluate patterns of health care access, to define community service areas, and to examine health disparities at the neighborhood level [22]. Additionally, using...
Community Supported Agriculture (CSA) is an increasingly popular model. Consumers purchase a “share” in a farm at the beginning of the growing season and then receive a weekly box of seasonal fruits and vegetables, and sometimes meat, seafood, eggs, or cheese as well. Because this approach typically requires upfront payment, it has been less feasible for fixed-income families. However, in a model currently under development in the Triangle area, a large, for-profit CSA with more than 6,000 customers (The Produce Box) has paired with a nonprofit organization (Community Nutrition Partnership) to leverage the aggregation and distribution system of the CSA, with the help of donations from CSA customers, to deliver weekly, fresh, affordable food boxes to low-income people through churches, day-care centers, and YMCAs.

Farm-to-institution programs have diversified from the original Farm-to-School efforts as a way of increasing market opportunities for farmers while also improving access to nutritious foods for consumers and providing educational opportunities. School classes visit farms, and local chefs visit schools to demonstrate cooking techniques. Worksites may purchase local food for their cafeterias while underwriting CSA membership as an employee benefit. Other efforts link small farms with small stores to provide produce now available through the WIC program.

In order to make use of seasonal fresh produce, cooking skills are essential, but these are becoming a lost art. Although food programs on television are watched by many, they don’t provide the basic skills needed to create a healthy meal from available affordable food. Therefore, many community-based organizations and agencies are sponsoring cooking classes, cooking demonstrations, and taste tests. Certified community kitchens and “value-added processing facilities” in many communities provide the equipment necessary for home canning, light prepping of vegetables for farm-to-institution programs, and opportunities for “food entrepreneurs” to create and market healthy food options for their communities. NCMJ

We are optimistic that the interventions developed through community partnership and engagement will be effective in overcoming both the physical environment and social dynamics that create health disparities. For example, data collected on environmental factors will be provided to community members and policymakers with the aim of improving neighborhood conditions by building parks or adding sidewalks. The community-based participatory research process itself is designed to change social networks by introducing new members with different health behaviors and by promoting group discussions about ways to best improve one’s health by directly altering unhealthy behaviors that were previously reinforced by both the physical environment and social contacts.

Conclusions

The future of health care depends on our ability to overcome health disparities and to change the underlying social