



“The Truth and the Facts”:

Food Inequality on Long Island



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Executive Summary

INTRODUCTION

WE LIVE IN A SOCIETY OF FOOD HAVES AND FOOD HAVE-NOTS. This division is readily apparent on Long Island, where more than 300,000 of our fellow residents live in food poverty, uncertain whether they will be able to eat an adequate amount of nutritious food each day. For many people already on the financial edge, the Great Recession pushed them into true economic hardship and, for those previously underwater, their economic situations have become even more dire. For these individuals, the pressures of daily life are often draining and overwhelming, posing significant threats to physical and mental well-being. In the face of such need, the creation of successful, cost-efficient strategies to help disadvantaged Long Islanders is one of our region's most critical challenges.

Too often, though, the voices of those in need are absent in policy discussions about food. While data exist on the numbers of people who are food insecure, we know very little about what it looks and feels like to be food poor, particularly in a region so well known for its affluence. And while we are able to map the location of food retailers across the area, we have little firsthand information about how people actually negotiate their food environments. Why do they access food where they do? What do they do when they have no money for food? How do these experiences affect outlooks on the future or personal autonomy? In what ways do people think their lives and their communities can be improved? These are some of the questions that require answers in order to think through new strategies not only to feed but to empower Long Island residents.

The Truth and the Facts: Food Inequality on Long Island represents the region's first comprehensive look at the experience of living in food poverty. It is a case study of one Suffolk County community—the Mastics and Shirley—which has been devastated by the Great Recession. Moreover, it is unique from most other academic or policy analyses of food environments in that it focuses on life in a suburb rather than an

urban area. At all times, the report is driven by the perspectives of residents, whose narratives highlight the manner in which economic insecurity and community dynamics intersect to affect experiences with food. It is also punctuated with photographs taken by participants in the study, who describe in their own words how the pictures relate to food in their daily lives.

In order to facilitate a broad understanding of food, we place food practices—like obtaining, preparing and eating food—within a social and economic context. Food practices both help shape and reflect socioeconomic disparities, and result in very real effects on individuals and communities in terms of physical health, mental health and the potential for action and change.

In addition, we highlight the ideologies or belief systems that influence people’s lived and localized experiences with food. These belief systems are transmitted through prescriptive messages that shape social expectations about what is “normal” and what is “right” around food. Two of these messages dominate people’s thinking about food practices: public health and ideal motherhood. In each case, people must reconcile their own, often contrary, behavior with mainstream guidelines, leaving many feeling inadequate, powerless or misunderstood.

Through this report, we aim to provide stakeholders with a detailed portrait of one Long Island food environment, bringing to light the complicated forces influencing food practices and food poverty. The ultimate goal of this report is to provide new information that can be used to create policies that address the food concerns of Long Islanders, particularly those in underserved or economically disadvantaged communities.

METHODS

Data Collection

Data for the study were generated through a range of qualitative methods, including ethnography, in-depth interviews, focus groups and visual storytelling techniques. Research began in the spring of 2011 and was completed in spring 2012. Data analysis took place during the summer and fall of 2012.

RESEARCH GOALS

- **ADD** rich community-level qualitative data to existing aggregate quantitative data on food practices and food poverty.
- **EXPLORE** the lived and localized experience of food poverty.
- **EXAMINE** how social, economic and environmental factors affect food practices.
- **IDENTIFY** community-specific barriers to food security.
- **ADD** new voices to food-policy discussions.
- **PROVIDE** information to allow for more critical and comprehensive policy debates about food poverty.
- **GENERATE** data to help inform new policies to improve access to food and to strengthen individual and community health.

Research was conducted in three phases. **In Phase One**, we interviewed 20 key informants in order to gain a better understanding of the Long Island food system and to hear what stakeholders thought about relationships between food, diet and health. Key informants included community group/civic leaders, farmers, hunger relief staff and organization directors, nutritionists and school food-program administrators. The interviews also provided an opportunity to refine data collection strategies and to identify issues to explore further in future phases of research.

In Phase Two, we conducted 35 semistructured, in-depth interviews with adult residents, stemming from both purposeful, convenience and snowball sampling. (Sample demographics can be found in Table ES-I.) For study objectives, we over-sampled individuals experiencing economic/food insecurity. During the interviews, we asked participants to draw a map detailing the locations of their routine food sources and to identify whether these sources were inside or outside of the community. Two of the maps are included in this report.

We also engaged in participant-observation at a number of local food sites, including food pantries, supermarkets and community events. Through this ethnographic work, we spoke to close to a hundred people, an experience that helped us to continually refine the investigation.

In Phase Three, we invited six low-income mothers to participate in a community-based participatory research (CBPR) method called Photovoice. A visual storytelling technique, Photovoice is used to both enhance conversation and actively include participants in the discovery process. In Photovoice, participants are provided digital cameras and asked to take photos on themes related to the study, in this case, motherhood and food. Later, participants are encouraged to tell their own stories using the photos they took and to write short narrative descriptions/captions for their photographs, focusing on what the photo was about and why it was important.

TABLE ES-1: INTERVIEW SAMPLE DEMOGRAPHICS

N=35		INCOME	
SEX		0-\$24,999	40%
Male	20%	\$25,000-\$49,999	33%
Female	80%	\$50,000-\$74,999	13%
AGE		\$75,000-\$99,999	0%
18-29	30%	\$100,000+	3%
30-49	30%	RECEIVE SNAP	
50-64	27%	Yes	40%
65+	3%	CHILDREN UNDER 18	
RACE/ETHNICITY		Yes	40%
Black	17%	COMMUNITY	
White	63%	Shirley	50%
Hispanic	20%	Mastic	23%
		Mastic Beach	27%

To ensure confidentiality, we have intentionally changed the names of interview participants. The names of the four main supermarkets in the area have also been altered and participant quotes and food maps have been amended to reflect this approach. With regard to all other retailers, we have kept actual names if they appear in the report in a descriptive fashion rather than in a positive or negative manner.

All phases of the research were approved by the Adelphi University Institutional Review Board (IRB). Consent forms for participation in research as well as subject participation in photographs were sanctioned by the IRB.

Research Setting

The research setting was selected for a number of reasons. Most important, we wished to situate our research within what we call the “food desert” debates currently taking place among academic and policy stakeholders. While there is no uniform definition of a “food desert,” the term generally applies to a geographic area where residents lack access to nutritious, affordable food. Proponents of the food desert model maintain that the absence of retailers providing inexpensive, healthful food puts residents at risk for poor diets and health, specifically chronic conditions like diabetes or heart disease. They typically advocate for market-based solutions, like supermarkets or farmers markets, to improve access. Critics of the food desert

notion reject the term on empirical grounds, pointing to the lack of strong and systematic evidence-based research linking neighborhood-based retail provision with diet and health. They propose finding alternatives to retail interventions as a means to address food insecurity.

Curious to see where food deserts might exist on Long Island, we reviewed existing GIS maps presenting a spatial overview of the locations of food retailers and underserved areas. One of these was the Food Desert Locator, an interactive mapping tool put out by the United States Department of Agriculture (USDA) (Figure ES-1). After viewing these maps, we were struck by the huge swaths of land marked as food deserts in Suffolk County and decided to base our research site in one of these areas. We were also curious to investigate how the current economic downturn had impacted food practices in a (possible) food desert and wished to conduct our research in an area that had a history of economic disadvantage compounded by the recent recession. Finally, we were interested in choosing a research site with a well-known (negative) reputation in the larger region, in order to assess how internal and external assessments of social status contribute to the local food environment. For all these reasons, we chose to locate our study in the Mastics and Shirley.

FIGURE ES-1: FOOD DESERT LOCATOR MAP OF LONG ISLAND



SOURCE: USDA

STUDY FINDINGS

The Local Food Environment Is an Important but Not Comprehensive Source for Food

Consumer perceptions, shaped by marketplace dynamics, drive food-related behaviors:

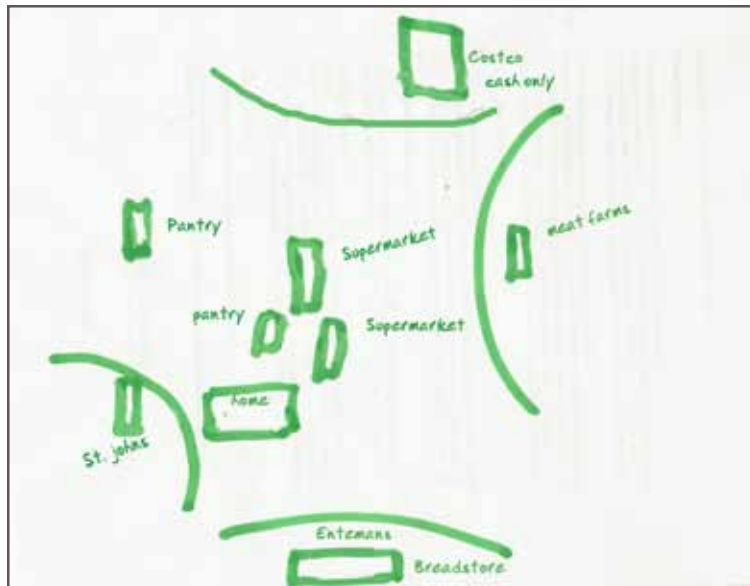
CONSUMER PERCEPTIONS OF THE LOCAL FOOD ENVIRONMENT ARE KEY FORCES INFLUENCING FOOD-RELATED BEHAVIORS: These perceptions exist, whether or not they reflect an objective reality, and understanding these views is important to devising policies that will resonate with consumers.

Some of these perceptions stem from feelings of powerlessness, given residents' socioeconomic status as well as the arrangement of the local food environment, which they feel provides limited options for affordable, nutritious or culturally appropriate food.

GEOGRAPHIC ACCESS IS NOT A MAJOR BARRIER TO ACQUIRING FOOD, EVEN FOR THOSE WITHOUT CARS: While a nuisance, study participants without cars traveled to supermarkets by walking, getting rides from friends or taking public transportation, often passing by closer stores to shop at those with preferred products or pricepoints.

TRAVELING OUTSIDE THE COMMUNITY FOR FOOD IS COMMON: People shopped in stores where they believed food was cheaper, fresher or more culturally appropriate. The distance covered to get to stores varied, but travel times to retailers outside the community were typically around 15 minutes. Figure ES-2 demonstrates one participant's food sources, with semicircles delineating pantries and retailers she considered outside the community.

FIGURE ES-2: FOOD SOURCE MAP



FOOD PRICES ARE A MAJOR ACCESS BARRIER: Name-brand products, fresh fruit and vegetables, milk and meat (specifically beef) were viewed as expensive; many people could not afford to incorporate them into their diet on a regular basis, even though they wished to do so. (This sentiment is captured in Figure ES-3.)

Only two of the four main supermarkets in the Mastic and Shirley were regularly visited by lower-income individuals. Prices in the other two stores were considered prohibitive. Food costs were also viewed as higher in local supermarkets than in other areas of Long Island, New York or the country.

FIGURE ES-3: BUYING HEALTHY IS...



SHOPPING AT MULTIPLE STORES IS NECESSARY: Cash-strapped participants regularly “made the rounds” of food stores in and out of the community, in order to get the most food for their money. Because of the need to travel from store to store, shopping was a long and arduous process, requiring the time to prepare for

the outing as well as to shuttle from retailer to retailer.

PRODUCT QUALITY IS UNEVEN: Even as most participants avoided the more expensive stores in the community, they preferred their products. With regard to the two supermarkets patronized by lower-income consumers, people noted that their food was not always fresh or attractively presented.

FOOD SUPPLIES ARE LIMITED: Some participants were frustrated with supermarkets' inability to keep up with consumer demand for products, especially items on sale. Some reported fierce competition between customers for sale products, often resulting in fights with other shoppers or store clerks.

Black and Hispanic participants reported difficulty accessing culturally appropriate food in local supermarkets and some traveled to other communities to purchase them.

A number suggested that local stores did not adequately stock "healthier" foods—specifically gluten-free or low-sodium products. Their absence made it difficult for people to adhere to dietary regimes established by health professionals for conditions like diabetes, attention deficit hyperactivity disorder (ADHD) or heart disease. When the food was available, people were frustrated by high prices and often had to forgo buying items altogether because they were too expensive.

PRODUCT QUALITY AND SERVICES ARE INCONSISTENT AT FOOD PANTRIES: While grateful for hunger relief efforts, people were not entirely satisfied with the food they received or the way it was distributed. These concerns included the limited number of available pantries, screening processes to obtain food, caps on visits per month, inconvenient service hours and extended wait times for food.

By far the greatest concern had to do with the inconsistency of items provided by pantries. Pantry visits were referred to as a "hit" or "miss," which either yielded useful products like meat, juice, milk, peanut butter, fresh or canned fruit and vegetables, or disappointing products such as pasta, bread, cereal and rice, seen as nutritionally deficient and insufficient to meet food needs. The comment below was typical:

The food pantries out here...they're giving you cereal. I mean, I understand cereal for breakfast. But they're giving you the same stuff every week. Who is going to go through a pound of rice a week? Who's going to go through a big box of cereal a week...I'm sorry. I'm trying so hard not to be an arrogant, selfish little....Come to my house, I'll show you what I have. I've got a stack of rice, I'm sick of that. I keep turning back the cereal. I don't want it, I don't want it. I don't want the cereal. You keep it, I don't want it.

LACK OF SIT-DOWN RESTAURANTS AND THE CONCENTRATION OF FAST-FOOD OUTLETS: A few, more affluent, participants were bothered by the density of fast-food outlets in the area and concerned that they were a stain on the community. Others suggested that the community needed more sit-down restaurants.

THE SIGNIFICANT ROLE OF DOLLAR STORES: For many lower-income participants, dollar stores have replaced supermarkets as their go-to food source. Bargains at dollar stores make these retailers appealing financially and critical to surviving on restricted means. The following quote illustrates this theme:

You know, I think that the dollar stores have been a great help because sometimes I look at the prices in the supermarket, and I'm like seriously? I mean, on what I'm earning there's just no way, you know, there really is just no way. It costs me \$200 a month to go to work, gas money, so if I'm making \$1500 and my rent is \$1350 without my electric, I'm spending \$200 in gas, what does that leave me?

USE OF PROBLEM-SOLVING STRATEGIES: In order to stretch limited food budgets, participants relied on a mix of approaches, including buying items on sale or in bulk, borrowing or receiving cash or food stamps from others, sharing food with family, friends and neighbors, visiting food pantries, attending community events with free food, pawning jewelry, recycling and stealing food from grocery stores.

Stigma and Stress Dominate Experiences of Food Poverty

Stigma is central to the experience of food poverty. Participants often felt at odds with normative expectations about so-called proper food practices (e.g., food should be obtained legally). The prescriptive messages of public health, which emphasize individual responsibility for maintaining well-being through specific dietary regimes, were especially powerful forces shaping individual relationships with food. Because such messages frame healthful eating as a moral duty, low-income participants often felt ashamed and engaged in self-blame when they could not adhere to nutrition guidelines. People attempted to bolster personal identities using a range of reactive and proactive coping strategies, but these typically failed to fully offset the stress of food poverty. The constant pressures of food poverty put individuals at increased risk for mental and physical health challenges. For example, several participants displayed physical manifestations of anxiety, like shaking hands or extreme thinness, because they were too worried or depressed to eat.

LOW-INCOME PARTICIPANTS SHARED THREE MAIN WORRIES AROUND FOOD:

- **HAVING ENOUGH FOOD TO SURVIVE:** Many were constantly afraid that they would not be able to feed themselves and their families. Anxiety was especially heightened for individuals enrolled in the Supplemental Nutrition Assistance Program (SNAP) during the third and fourth week of the month, when benefits ran out. In some cases, adults, mainly women, sacrificed their own food intake in order to feed other household members, typically children. In order to purchase food, many people had to cut back or eliminate expenditures on other necessities, such as medical care. As a result, their ailments worsened and emotional distress intensified.
- **HAVING THE “RIGHT” FOOD TO EAT:** Participants frequently expressed that they were not able to access “real” food, such as fresh fruits and vegetables, low-fat milk and other items that were not highly processed. This inability to make “real” food a staple of household diets created great worry for people, who feared negative health effects as well as the judgment of others. While much of the public health literature assumes that people do not know what constitutes a healthy diet, virtually all participants were aware of basic nutrition guidelines and considered them common sense.

Meat, in particular, was viewed as fundamental to a nutritious diet, signifying good health. Meat also symbolized high social status, and purchasing and serving meat was construed as a sign of affluence. Yet, restricted food budgets prevented many people from eating meat on a regular basis; in these cases, individuals interpreted their inability to buy meat as a sign of personal failure.

People also complained about the monotony of their diets and craved meat, especially red meat, as well as fresh fruits and vegetables, as a result.

- **HAVING THE ABILITY TO ACCESS FOOD IN SOCIALLY ACCEPTABLE WAYS:** A few participants were embarrassed to use their SNAP EBT card in public, fearing disapproval from others. Some were uncomfortable using the food pantry system. As noted, some food-insecure participants resorted to unconventional strategies to access food, including pawning personal possessions and stealing. At times, people reported feeling ashamed about this behavior, which diverged from normative standards.

STIGMA MANAGEMENT HELPS OFFSET STRESS

In order to deal with stigma, participants relied on one or a combination of cognitive strategies that allowed them to frame their experiences in a way that

addressed tensions between actual behavior and normative assumptions about food. These included:

SYMBOLIC BOUNDARY MAKING: Participants engaged in two kinds of boundary making, a cognitive process designed to enhance individual status by placing people and things into distinct conceptual categories.¹ In the first case, participants distinguished themselves from others they saw as less fortunate, but entirely deserving of societal sympathy and care, like children or the elderly. In the second case, participants separated themselves from those they saw as greedy or lazy, taking advantage of the social support system, for example. These people were classified as undeserving and their moral character was brought into question.

BELIEVING: For some people, faith functioned as a means to manage the stress of food insufficiency. People were able to call on their beliefs in order to lessen anxiety about food insecurity. Typical comments included “the Lord always provides” or “we are blessed” or “everything happens for a reason.”

RELATING: In contrast to boundary making, a number of participants found comfort in recognizing that they were not alone in experiencing difficulties with food and expressed comments such as “everybody is in the same boat,” “everybody’s hurting” and “we are just the same” when describing the situation of others.

ADJUSTING: Adjusting allowed participants to frame their predicaments as “just the way it is.” It acted as a strategy of resignation for people and allowed them to give up any attempt to control affairs out of their hands.

BLAMING: Some participants sought to hold someone or something else accountable for their food concerns. Blame or “anger” was directed at the self or at the wider society. Participants complained that the social safety net was not adequate to meet their needs and unavailable at times when it would have helped them to reach self-sufficiency. Some were also angry about moral judgment by others. They felt their need for assistance was misunderstood by some, who saw them as lazy and dependent on government handouts, when in fact the opposite was true—they worked hard to get minimal support in situations beyond their control. As one participant put it: “You’re practically giving your firstborn to prove you need help.”

Food, Place and Stigma Interact to Perpetuate Food Inequalities

Place—specifically localized interactions between people and the built environment—plays a key role in shaping the area’s foodscape. The community suffers from “territorial stigmatization,”² a term used to describe economically deprived areas further marginalized through social exclusion and discredited reputations. While

such negative characterizations do not necessarily capture what daily life is really like for residents, people often internalize these messages—creating more shame on top of the existing strain of living in poverty or near poverty. The need to manage territorial stigmatization impacts every aspect of life, including shopping and eating patterns, and, in some cases, reinforces negative perceptions of the community as well as social inequality. Such constant identity management creates potentially serious implications for personal and collective agency as well as health.

PEOPLE INTERNALIZE NEGATIVE VIEWS ABOUT THEIR COMMUNITY

Participants were quite outspoken about their views on the Mastics and Shirley as well as its reputation across Long Island. Common beliefs about the area—rampant crime and drug use and the pervasiveness of sex offenders—were often topics of conversation, whether they were referred to as fact or fiction. A number of participants talked about the Mastics and Shirley as a “low-income” area or even as a “low-class” area, repeating the negative assessments of others.

Among many participants, there was a sense that the community was being exploited by those in power because of its reputation and the vulnerability of its residents. This comment is typical:

We don't have a good name. We don't have a good rep, I don't think. The Mastics-Shirley area. Which I think is a shame because there's a lot to offer, there's a lot of history. But people don't look at that. They dump a lot of like...like criminals and what-not in the area. They have like a lot of sober homes in the area because the people that own those homes know that...it's okay almost in a sense, that the people in this area aren't going to fight as hard—or make that big of a deal, I suppose. Which is a shame, I think. I mean, there are people that do fight, they do, but I don't think it's as hard as say...a richer area.

SOCIAL ISOLATION, NEIGHBORHOOD DECAY AND LACK OF SOCIAL SERVICE SUPPORTS FUEL DISTRUST AND FEELINGS OF POWERLESSNESS

Participant's economic vulnerability helped foster social isolation. Due to limited funds, people had difficulty participating in social activities, including those involving food, developing social networks and feeling a sense of connection to place.

The area's harsh surroundings—stemming in large part from the unequal distribution of resources—produce a sense of alienation, separating people from their neighbors as well as from other Long Island residents. Some participants spoke about the lack of safety in their community, linking it with neighborhood neglect

and decay, specifically the many abandoned homes and shuttered commercial properties dotting the area's landscape—fallout from the Great Recession.

Social isolation featured prominently in discussions about social-service support in the area. Participants felt there were fewer community agencies or institutions providing assistance than in other locations. This comment was representative:

When you looked in Brooklyn you always had some kind of church, the area that I lived in, there's always some kind of Spanish church that whether you needed the food or not, they were like here. ...There was always somebody there to offer you something, where out here I feel it's a little harder. ...It's like a whole new world out here. I call this God's country. If you don't know God you don't know nobody here, because it's strange out here for me. ...I think out there in Brooklyn is so much easier if you are hungry, for the community to get together to help you, than it is out here. You actually have to know somebody. You have to be a part of a church to get something out there, where in Brooklyn to me it's so much more easier.

With rampant economic decline and few social supports, the Mastics and Shirley mirror the devastating impact of the economic downturn in working and low-income suburbs across the nation. But the situation is made all the more tragic in a community where intense social isolation makes people feel even more alone and invisible.

FOOD PRACTICES REPRODUCE CLASS DIVIDES AND SOCIAL INEQUALITY

Place, stigma and food clearly intersect in the practice of grocery shopping. Each of the area's four supermarkets has a clear-cut reputation; shopping at one or the other marks people's social status. As one participant described this phenomenon:

This (Supermarket A) is a lower class—this is how I was told. This is a lower-class food store. Supermarket C is like for the—and then Supermarket D, you've got the very rich that go to Supermarket D. Supermarket C is like—I'm in the middle class, but I just happen to like Supermarket A.

This socioeconomic ordering of stores was often coated with moral judgment, especially by the more affluent residents of the Mastics and Shirley. This comment was typical:

One of the main reasons I don't like Supermarket A...is I feel like a lot of the people in the store are kind of like pushy and a little bit...I don't want to say anything too negative, but like a little trashy, I guess.

These class-based demarcations were sometimes internalized by participants, who referred to themselves as “lower-grade” or “low-class” people because of where they shopped.

The actual process of supermarket shopping, especially at the area’s most devalued supermarket, also perpetuates class identities and divides. At this store, overcrowding, coupled with fierce competition to get the best deals, heightens tensions and sometimes results in verbal and physical confrontations between shoppers and store workers. These interactions act as clear reminders that individuals are at a distinct disadvantage in the marketplace and reinforce individual notions of economic and personal inferiority. The process of shopping at more expensive supermarkets also strengthens the class identities of affluent residents. As one participant noted:

People who go to Supermarket D don't really care about the prices. They just wouldn't be caught dead in Supermarket A.

Gender, Especially Motherhood, Plays a Central Role in Food Practices

Gender is rarely mentioned in food-centered policy discussions. Yet, this study confirms findings from previous research that “feeding the family”³ remains largely the responsibility of women; female participants were typically in charge of feeding husbands, partners and dependent children as well as parents, in-laws, adult children and other extended family.

FOOD POVERTY DEMANDS VIGILANT RESOURCE MANAGEMENT

Juggling food costs with other household demands was a constant challenge for lower-income women, who managed this job in all household types. It was especially difficult in households receiving SNAP, where resources were markedly scarce. SNAP mothers also noted how difficult it was to feed preteenage and teenage children on their allotted benefits, even while their children were enrolled in school food programs, due to overcrowding and busy classroom schedules that prevented children from participating in meals.

CARE, SACRIFICE AND LOVE ARE CENTRAL COMPONENTS OF FEEDING THE FAMILY

Women expressed care through food provisioning in a number of ways. Wives, girlfriends and mothers talked intimately about their loved ones' food likes and dislikes and, if money and time allowed, would go out of their way to satisfy preferences. Mothers sometimes referred to their children as "picky" eaters and talked about their efforts to cater to their tastes. When children refused to eat "pantry food" or generic-brand products, several mothers said they transferred the undesirable food into name-brand containers.

Sacrifice as a form of care came up frequently. Mothers often forewent food so their children could eat and this was understood as a central part of "good" mothering. Love was also associated with food provisioning. Cooking was an act that provoked mixed reaction; it ranged from being a central part of identity as wives and mothers to an oppressive daily chore, made more difficult from fatigue after a long day of work.

FAILURE TO LIVE UP TO IDEAL NOTIONS OF MOTHERHOOD, AS RELATED TO FOOD, UNDERMINES WOMEN'S IDENTITIES

Social understandings about motherhood—especially who is a "good" or "bad" mother—play a significant role in shaping food practices for women with children. These are related to a dominant construction of motherhood in which mothers are expected to be ever nurturing, selfless and knowledgeable about parenting advice. But a culture of blame attached to the ideal notion of motherhood means that women who cannot meet these expectations are seen as incompetent, selfish and morally bankrupt.

For many participants, their identities as mothers were undermined by the inability to successfully feed their families because of resource scarcity. They felt like parental failures because they could not find paying jobs or because their finances were stretched too thin to cover household bills. This quote is representative:

I feel like I'm an adult who is capable of working and I feel like, like you feel like a failure because you can't even support yourself let alone a child. And it's like, isn't that your job you're a mom?

A number also expressed a great deal of angst about being unable to meet their children's nutritional needs because they lacked the funds to access healthful food. Their unease reflected internalization of public health messaging which routinely targets women as responsible for advancing health within the family. As a result,

they described themselves as “bad” mothers.

While the stress of food provisioning causes lower-income mothers to feel inadequate, the ability to conscientiously negotiate the food environment and stretch limited resources was sometimes a source of pride. Mothers expressed pleasure at being able to shop wisely and time their purchases in order to get maximum food value for their dollar. And by carefully managing limited resources, lower-income mothers strived to make their children feel as if their diets and daily lives were almost “ordinary.”

NEXT STEPS

This report provides insight into possibilities for policy based on the study’s findings, as well as suggestions from participants. Running through most of what Mastic and Shirley residents had to say was a feeling that people in power did not take their needs or desires into consideration when developing programs. This sense of disconnect between “experts” and people on the ground was powerfully captured in a photo taken as part of the Photovoice Project (Figure ES-4).

FIGURE ES-4: “THE TRUTH AND THE FACTS”



.....
The truth is what we're really living and the facts are what they think we're living. A family of five can't live on what you think we can live on.

-Group discussion about photo

To truly attend to the crushing burden of food poverty, we need comprehensive policies that address disparities in housing, employment, healthcare and education, along with food access. This means moving away from focusing solely on market-based measures to considering a much broader range of reform, macro and micro, to improve life conditions for food-poor residents. Some policy options include:

1. SNAP REFORM

Increase SNAP benefits

Currently, there is a mismatch between SNAP benefits and actual food costs for recipients. Since SNAP benefits are based on the least costly of four USDA nutrition food plans—the Thrifty Food Plan—an easy remedy would be to link benefits to a more expensive plan, such as the Low-Cost Food Plan, in order to better address the food needs of low-income households, especially in areas where the cost of living is high.

Expand Eligibility for SNAP

Two means to bring more needy families into the program include increasing the federal poverty level, which is used at various thresholds to determine SNAP eligibility, and raising New York State's gross income screen for program eligibility. In New York, households in which there are no disabled or senior members (or where there are no child-care costs) must not earn more than 130 percent of the federal poverty line (FPL) in gross income or 100 percent of the federal poverty line in net income in order to qualify for the program. While the gross income test allows for certain deductions based on an applicant's expenses (e.g., shelter and child care), the amounts are predetermined and do not necessarily reflect the full extent of actual household costs. As a result, households in areas with high costs of living are at a disadvantage in the gross income test.

New York State has adopted what the USDA calls broad-based categorical eligibility as a way to increase household SNAP participation, including eliminating asset tests and raising the gross income screen up to 200 percent for some households based on composition (e.g., with seniors or disabled). However, it still has the option under federal law to increase the gross income test up to 200 percent FPL for all households when calculating program eligibility.

Cover Hot/Prepared Food

While SNAP rules forbid recipients from using benefits to purchase hot or prepared food, some states have passed exceptions to the prepared food restriction, specifically for the elderly, homeless or disabled. Normally there is no such exception in New York State, although, due to Hurricane Sandy, SNAP recipients were allowed to purchase hot/prepared meals, until this waiver was discontinued after February 28, 2013.

For cash-strapped individuals, the ability to purchase prepared foods at a local deli or a nearby restaurant would make it easier to save on the cost for fuel required to get to area supermarkets. There was also a feeling among participants that restrictions on food stamp use were overly paternalistic and limited personal control over funds. Finally, permanently expanding SNAP to cover some or all hot/prepared foods would also ease the time and labor demands associated with preparing and cooking food, which typically fall on women.

2. ADDRESS OUR “AFFORDABLE HOUSING DESERT”

Virtually all study participants reported experiencing severe housing-cost burden, paying more than 50 percent of their income toward housing costs. In fact, in some cases, their net incomes did not meet monthly costs.

With this in mind, we suggest that rather than thinking about “food deserts” on Long Island, it might be more useful to visualize the region as one large “affordable-housing desert.” Until the lack of low-cost housing in the region is addressed (particularly rental housing) and/or rental assistance is intensified by the counties, food poverty will persist for many low-income and middle-class families.

3. INCREASE CLIENT AUTONOMY AT FOOD PANTRIES

The community-based emergency food system is a lifeline for many poor and near-poor households. Among local agencies, differences exist in the way food is distributed, with some incorporating models of client choice and others maintaining more traditional setups.

We must continue to find ways of enhancing autonomy for clients at agency pantries. Pantries in the Mastic and Shirley, and in areas like them, should consider altering the way food is distributed, removing residency/prescreening requirements and implementing more client choice (e.g., doing away with prepackaged bags).

For Long Island as a whole, a representative survey focusing on the experiences

and needs of pantry clients across sites in the region would provide the means of assessment necessary to help improve any weak spots in the system.

4. IMPLEMENT DYNAMIC PLACE-BASED PROGRAMS

Even as they are popular, the track record for existing place-based or retail programs is decidedly mixed. One reason these programs stumble is that they do not factor in the dynamic complexity of place, which involves not just physical and demographic factors, but meanings, identities and relationships stemming from people's interactions with each other and the built environment. Simply placing a new supermarket in a neighborhood may do little to alter resident's diets, if the supermarket—its products, its reputation, its prices—do not resonate with intended consumers.

Future efforts to enhance offerings in local food environments must be more attuned to resident needs. While costly, this will require input from people on the ground, collected and analyzed in a systematic manner.

Data from the study do suggest some possible place-based programs that may be well received by residents of the Mastics and Shirley, including supermarket shuttles and dollar store and supermarket retailing interventions.

5. FOCUS ON IMPROVING HEALTH MESSAGING AND MENTAL HEALTH

For the most part, public health is concerned with the physical health effects of diets related to food poverty, particularly obesity. But, as this report's findings demonstrate, anxiety, depression and other forms of emotional distress often supersede or exacerbate physical health challenges. Consequently, we suggest that some of the energy currently directed at issues like obesity would be better redirected toward helping people cope with the indignity and mental anguish created by food poverty.

In addition, public health officials and policymakers need to be aware of how the language of individual responsibility (coded by gender) impacts self-regard and personal agency. We need to eliminate words like "choice" from food-based programs as a way of lessening the implication that practices around food are reflections of personal self-worth.

The way that nutrition programs are targeted and structured should also be altered. For example, programs which direct education only at mothers—while practically oriented—further reinforce gender roles and day-to-day stress for women. Moreover, programs that emphasize cooking from fresh ingredients, to the exclusion of still-nutritious canned, frozen and prepared food, put additional pressure on already overextended women.

Most nutrition programs—educational or retail—focus on the health benefits of increased vegetable and fruit intake. But interviews with lower-income participants revealed the symbolic importance of meat in people’s diets. Future initiatives aimed at improving diet might consider promoting full protein- and produce-based meals, rather than stand-alone dishes or food items, as a way to more closely align with the interests of intended audiences.

RESEARCH QUESTIONS

Finally, the findings of this report suggest future areas of study that might help provide additional insight into food poverty on Long Island. Some ideas for research include:

1. Analysis contrasting the food environments and experiences of food poverty in other communities on Long Island, either in Suffolk or Nassau County, in order to further understand the role of place in influencing food practices and dynamics
2. Evaluation of the implementation of one or more place-based interventions described in this Executive Summary (e.g., supermarket shuttles) in order to assess their impact and to determine when/where retail/place-based programs are most likely to be effective
3. Investigation into the embodied experiences of the food poor, specifically exploring how the experience of being fat or thin impacts health, identity and personal agency

Armed with information from studies like these, stakeholders will be better equipped to meet the food concerns of all Long Islanders, particularly those in economically disadvantaged communities.

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CHAPTER 1: INTRODUCTION

“Tell me what you eat, and I shall tell you what you are.”

- ANTHELME BRILLAT-SAVARIN, 18TH-CENTURY FRENCH DOCTOR AND GOURMAND

INTRODUCTION

WE ALL NEED FOOD TO SURVIVE. But food is much more than a physical necessity; food is symbolic and inherently social. It brings us together for meals. It tells us about our cultural identity, and it signifies national or religious heritage. The food we eat marks cultural notions of pleasure and taste, as well as distinctions between the acceptable and the forbidden, the “good” and the “bad.”¹ Who eats what and who gets enough to eat are also ways of gauging our collective well-being and measuring our ongoing commitment to social equality.

Put simply, we live in a society of food haves and food have-nots. And what we eat and why we eat it cannot be understood in isolation; food practices, such as obtaining, preparing and eating food, are always shaped by (and help to shape) broader social forces. Social and economic disparities are reflected in food practices and, as a result, these practices have very real effects on individuals and communities in terms of physical health, mental health and the potential for action and change.

This report takes a broad understanding of food and employs this approach to explore its multiple meanings, uses and discontents in three contiguous communities on Long Island. Our research is a case study, conducted at an especially grave time in Long Island’s economy and within a low-income area devastated by the consequences of the current economic downturn: unemployment, hunger, foreclosure and homelessness. As a result, the report is particularly concerned with food have-nots. It includes the narratives of area residents, who describe how economic insecurity and community dynamics interact with food practices on a daily basis. In short, it is an examination of what researchers call a “foodscape”—the dynamic, culinary culture of a particular location.²

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FOOD PRACTICES

are activities surrounding the production, distribution, acquisition, preparation and eating of food.

Data for the study were generated through a range of qualitative methods, including ethnography, in-depth interviews, focus groups and visual storytelling techniques, to obtain residents' views on food and food access, as well as their solutions to these issues. While our study is informed by a number of academic disciplines, principally sociology, it is always driven by the perspectives of the individuals who participated in various stages of the research. Indeed, in the visual storytelling phase of the research, participants actively chose themes for exploration and analysis and used these themes as a guide to taking photographs about the role and meaning of food in their daily lives. These photos, along with captions written by participants, can be found throughout this report. (This process is called Photovoice and is discussed in more detail in the Methods chapter of this report.)

This study represents the first comprehensive look at the relationship between social and economic forces and food practices on Long Island. Moreover, it is unique among most other academic or policy analyses of food environments in that it focuses on life in a suburb rather than an urban area. The perspectives and experiences of people in our study are profoundly shaped by what it feels like to be poor in a suburban context. They struggle every day with social constraints like limited access to services, housing-cost burden and a history of haphazard and sprawling development that has created disparities in personal and community resources, including access to food. Moreover, they feel penalized by the "myth of affluence" on Long Island and unfairly judged against wealthier areas. They sense that they are being blamed for their own economic insecurity, even as they are unjustly exploited by those in power, who (they feel) "dump" problem individuals on the community in order to maintain the affluence and goodwill of other towns and villages. All of this contributes to social isolation and powerlessness which profoundly influence food practices and daily life.

Overall, this experience is negative, although there are occasions for personal expression and collective action, even in the face of external control. For example, simply by sharing their stories with us, individuals took part in a politically engaged process. What's more, in their interviews, a number of people expressed anger at social injustices and voiced a desire to help find new ways of meeting community needs. Finally, even as they felt the cards were stacked against them, many people showed incredible grit and determination, doggedly fighting to hold on to houses and jobs, making the most of any breaks they received and taking care of their loved ones to the best of their abilities.

By focusing on food practices in a specific place, we do not mean to downplay

larger structural forces—national and global policies and economic systems—that shape how and whether people can obtain food. By the same token, we argue that ideologies (or belief systems) cannot be divorced from understandings of people’s lived and localized experiences with food. These belief systems are perpetuated through language—what we call prescriptive messages—that shape social expectations about what is “normal” and what is “right” around food. Two of these messages dominate people’s thinking about food practices: public health and ideal motherhood. In each case, bias exists against those who do not act according to mainstream guidelines, as people are held individually responsible for their behavior and viewed as moral failures. On top of constantly dealing with tight material resources, low-income people, especially women, spend incredible energy trying to manage the stigma that comes with not meeting social expectations, leaving them emotionally and cognitively drained and at risk for health problems.

The ultimate goal of this study is to obtain information that can be used to help better meet the food and health concerns of Long Islanders, particularly those who live in underserved or economically disadvantaged communities. It is our hope that by creating a detailed portrait of one Long Island food environment—seen in the context of larger political, social and economic trends—we can help relevant stakeholders become better aware of the complicated dynamics of food access and use. Through our study, we aim to provide data that stakeholders can draw on to create nimble and diverse responses to people’s varying food needs. In sum, we intend our study to complement the important “food work” already being done on Long Island, including hunger relief, food stamp outreach and local/alternative food provisioning.

WHY FOOD? FOOD POLITICS, POLICY AND POVERTY: MISSING DATA

Recently, discussions about food have taken on an increasing urgency in policy debates. There are several reasons for this, including concerns about high rates of obesity, corporate control of the food system and growing food insecurity, especially during the current economic downturn. Even as the traditional farm lobby and food industry maintain significant influence over national agricultural policies, the alternative/local food movement has gained greater public awareness and political traction, especially at the community level. Indeed, in some cases, municipalities have turned to local agriculture as a means to address both health and food access

issues, through farmers markets, community gardens, Community Supported Agriculture and Farm-to-School Food programs. The growing import of the local food movement is perfectly embodied in First Lady Michelle Obama's "Let's Move" campaign, which promises to solve "the epidemic of childhood obesity within a generation." The campaign borrows strategies from the movement, like the White House community garden, as well as rhetoric, including exhortations to build "healthy communities" by creating greater access to "affordable, quality and nutritious food."³

The local food movement offers a compelling alternative to our current industrialized and depersonalized global food system and a powerful vehicle for building community capacity and strengthening local economies. But, as critics have noted, it is not always best positioned to deal with social justice issues, since its market-based policy approach (community gardens, farmers markets, etc.) tends to obscure systemic inequalities that create food access barriers and differences in eating patterns.⁴ This creates something of a dilemma, for, at the very time the local food movement is gaining currency, poverty is rising in America, posing great structural challenges and straining an already thin social safety net. Practically speaking, this means that market-based solutions to food access and insecurity are useful, but likely insufficient to meet the growing needs of this population.

Nowhere is poverty and near poverty—incomes above the poverty level but below the cost of basic needs—growing faster than in the country's suburbs. As a recent Brookings Institute report noted, as of 2008, the largest and most rapidly growing population of poor people resided in suburbs.⁵ And with regard to the near poor, in 2010, nearly half of the 51 million Americans with incomes less than 50 percent above the poverty line lived in suburbs.⁶ The increase in poverty is evident in both older, inner-ring suburbs and newer, outer-ring suburbs, located farther from the city center. Concurrent with the upsurge in poverty, many suburbs are experiencing rising rates of unemployment, crime, food insecurity and health concerns.⁷

The increase in suburban poor and near poor has been driven in part by demographics, specifically greater numbers of Americans living in suburbs. But the growth has also been spurred by the recent economic decline, including the erosion of jobs in sectors such as construction and retail, and the end to the housing bubble which attracted numerous individuals and families to the suburbs from the start. For many people already on the financial edge, the Great Recession and continued downturn have pushed them into true economic hardship.

On Long Island, poverty rates have remained relatively flat in recent years. How-

ever, near poverty has swelled, especially in Suffolk County. From 2006–2010, individuals making between 100 percent and 150 percent of the poverty line grew by 44 percent in Suffolk County, while the overall population grew by just 1.6 percent.⁸ The number of people earning incomes in the same range grew 5 percent in Nassau. The group making between 100 percent and 200 percent of the poverty line expanded by 26 percent in Suffolk and 37 percent in Nassau.⁹

Despite this transformation, suburbs continue to lack many of the basic supports available to the inner-city poor. In the suburbs, public transportation is often inadequate, housing is expensive and fewer community agencies provide social services.¹⁰ With regard to poverty on Long Island, a recent *New York Times* editorial discussed both the changing nature of the suburban poor as well as the incredible demands being placed on an already lean social safety net:

Debt counselors across the island juggle a mix of clients: immigrant families undone by predatory lenders and middle-class professionals impoverished by illness, layoffs or credit-card bills. Families who once donated food now wait in line to receive it at pantries that empty out week after week. Homeless women with children move in with relatives or into motels, the government-paid shelters of last resort. The deepening of suburban poverty is putting new strains on government agencies, parish outreach programs and other institutions in the suburbs' gauzy safety net. At the Suffolk County Department of Social Services, which handles programs like food stamps, Medicaid, emergency housing and cash assistance, needs have increased across the board. ...The suburbs were not designed for the poor. And even now, local governments are not equipped to see, much less answer, a lot of their needs.¹¹

As *The New York Times* suggests, the rise in near poverty has put intense pressure on local social service agencies and not-for-profits to meet heightened demand for assistance with housing, food and healthcare costs. But because of strapped finances, Nassau and Suffolk Counties have eliminated or reduced funding for vital programs.¹² This in turn has overextended community organizations already operating with constrained budgets. One of our region's most critical challenges is creating successful, cost-efficient initiatives to support Long Islanders in need.

It is within this climate that food has become one of most important community organizing issues on Long Island, a locus for facilitating social and economic change. At this time, there are numerous organizations engaged in initiatives to increase food access—and ultimately improve community health. Some are relatively new and focus on sustainable agriculture and local foods consumption. Others are more

traditional hunger relief and social welfare organizations concerned with food security and food assistance programs. There are also hybrid groups focused on the relationship between economic inequality, community development, food access and health inequalities (part of what is referred to as the “food justice” movement). While differences in perspectives and strategies exist, they are all committed to enhancing the well-being of Long Islanders, especially those in hard-hit communities.

Even as there is immense energy directed at local “food work,” the community projects described above are often hampered by the lack of robust data to help inform, guide and evaluate them. Most regional not-for-profits and groups simply lack the resources to conduct thorough needs assessment, community research or evaluations of their existing programs. When organizations do draw on existing databases, the information is usually regional or countywide (e.g., obesity or diabetes rates for Nassau and Suffolk) and cannot be disaggregated to the community or subpopulation levels. The data used are also typically “objective,” meaning they do not take personal experiences or interpretations into account, thus limiting the ability to adapt interventions to specific community needs. Furthermore, planning and community development in food work is often conducted without awareness of current social scientific knowledge about the ways in which diet and health are determined at both an individual and community level.

Given these gaps in information, we have an incomplete picture of food access and nutrition issues on Long Island, as well as programs and policies that by their design cannot fully address the range of food needs in the region’s different populations and communities. With funding resources scarce, the stakes are incredibly high to identify and implement cost-effective, workable and sustainable programs and policies. The gap between research and practice means that while some of these efforts may work, others may not, and valuable time and money are wasted while community needs remain unmet.

WHAT WE KNOW ABOUT FOOD ON LONG ISLAND

Long Island has been crushed by the nation’s economic downturn. Belying the region’s reputation for affluence, low- and middle-income Long Islanders are increasingly being forced to make difficult decisions about how to make ends meet with their dwindling financial resources. Should they pay the rent but forgo health care? Should they make a car payment but ignore a LIPA bill? Is there enough money to cover both child care and household fuel expenses? These tough decisions

inevitably result in trade-offs between food and other necessities. And for many, they engender the condition of “food poverty” defined as “the inability to acquire or eat an adequate quality or sufficient quantity of food in socially acceptable ways, (or the uncertainty of being able to do so).”¹³

A quick look at enrollment data for the Supplemental Nutrition Assistance Program (SNAP), formerly known as Food Stamps, shows just how burdensome paying for food has become for many of the region’s households. Between October 2008 and October 2012, individual enrollment increased 116 percent in Nassau and 168 percent in Suffolk. Approximately 182,000 people now receive SNAP benefits on Long Island.¹⁴

What’s more, this incredible increase in SNAP applications, coupled with county budget difficulties in Nassau and Suffolk, has resulted in staff layoffs and/or flat hiring, overwhelming the system and, at the time of this report, creating a backlog of unprocessed applications.

The surge in need is also evident in growing enrollment in other federal and state programs, such as public school free and reduced-price breakfast and lunch. These rates rose 11 percent in Nassau and 17 percent in Suffolk over the past four years.¹⁵

But looking only at government enrollment data misses many of the people who remain underserved because they have not applied for assistance even though they are eligible. A review of both SNAP and census data shows that on Long Island roughly 74 percent of those at or below the poverty level are receiving benefits, while only about 40 percent of those at 125 percent or below poverty receive these benefits.¹⁶ (The cutoff to receive SNAP is 130 percent of the federal poverty level.) Clearly, as income rises, individuals and families are less likely to participate in the program. Lack of involvement may be due to a number of issues, including stigma associated with the program or unfamiliarity with eligibility or enrollment processes. Even for naturalized American citizens who are eligible for SNAP, or undocumented residents with eligible, U.S.-born children, fear of immigration authorities may keep them from participating.

SNAP enrollment data also fail to account for food-insecure

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Defining hunger is a difficult thing to do. The Federal Government defines **hunger** as a physiological condition, specifically “an uneasy or painful sensation caused by a lack of food.”

But hunger also has social dimensions and can occur for a number of reasons, whether intentional, such as in dieting or fasting, or unintentional, due to lack of access—mainly for financial reasons—to food.

Instead of hunger, the federal government uses the term **food insecurity** to refer to hunger in a socioeconomic context.

FOOD INSECURITY refers to “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”

FOOD POVERTY has been defined by food activists as the inability to acquire or eat an adequate quality or sufficient quantity of food in socially acceptable ways (or the uncertainty of being able to do so).

This report uses food insecurity, hunger and food poverty interchangeably.

individuals and households who earn too much income—perhaps just a few dollars—to qualify for the program based on federal eligibility standards. Thus, determining the full size of the region’s population at risk for hunger is challenging. A 2011 study by Feeding America attempted to assess this number and arrived at an estimated 9 percent of the population in Nassau and 9.1 percent of the population in Suffolk—or roughly 254,000 people in total. Feeding America further identified food-insecurity across the income spectrum, noting that approximately 61 percent of the region’s food insecure households make above 185 percent of the federal poverty level or more than \$41,348 for a family of four.¹⁷

This finding is not entirely surprising in a region where the cost of living is so high. In fact, it is quite possible that Feeding America’s estimates are conservative. As research has shown, the self-sufficiency standard on Long Island—the income required for basic economic security—is about \$90,000 for a family of four.¹⁸ High local taxes, inflated food prices, fuel expenses and onerous housing costs all contribute to a situation where meeting basic expenses is beyond the reach of a growing number of residents.

As the data in the sections above indicate, food insecurity is a pressing problem on Long Island. And not all families and individuals are getting the aid they require. But how does this play out in people’s daily lives? What are the emotional, social and health impacts on our fellow Long Islanders? What is it like to be food insecure in a region so well-known for its affluence? What does it do to people’s outlook on their futures and their sense of personal autonomy? How do they think their lives and their communities can be improved? These are some of the questions that require answers in order to think through new programs and strategies not only to feed but to empower Long Island residents.

FOOD DESERT DEBATES

As an exploration of a foodscape, this research is inevitably concerned with what we call the “food desert debates” currently dominating policy discussions about food access/food insecurity and negative health outcomes. The term “food desert” first officially appeared in a Scottish government report on nutrition in 1995¹⁹ but has only more recently become a major topic of inquiry and discussion in the United States, where the concept of “food insecurity”—poor access at a household or individual level—was long the dominant conceptual framework.

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FOOD DESERT is a term used to describe a geographic area where residents have limited access to nutritious, affordable food.

Even as the term has been widely adopted by researchers and policymakers, its definition varies across fields and analyses.²⁰ One researcher who reviewed the academic literature on food deserts found at least ten categorizations of the phrase.²¹ Depending on the approach, food desert studies may evaluate the number, type and size of food stores in a community or analyze the price and quality of local food. Often supermarkets are used as a proxy for access to nutritious, affordable food, but researchers have also included other types of stores, like delis and big box chains, in their analyses. These different means of measurement have led to some confusion about how to identify and then assess food deserts and, ultimately, they have contributed to a debate about whether food deserts actually exist. But, in general, the basic definition of a food desert involves a geographic area where residents have limited access to affordable, nutritious food.

The working assumption in the food desert model is that limited access to food is largely the result of factors in the local food environment, namely the absence of food retailers or sources providing affordable, nutritious food. As a result, food deserts put residents at risk for poor diets and health, specifically chronic conditions like diabetes or heart disease. Policy prescriptions then typically focus on changing consumption patterns, through market-based measures, such as the development of new supermarkets and farmers markets with the aim of improving individual and community health outcomes.

With regard to the assumption that diet and health are related, there is indeed ample evidence to suggest a link exists between the consumption of fresh fruits and vegetables and reduced risk for cardiovascular disease, diabetes, certain types of cancers and obesity.²² In addition, high grain intakes have been associated with reduced heart disease and cancer rates.²³ Conversely, diets high in fat, sugar and sodium have been associated with poorer health outcomes.²⁴

Researchers have also found that diet is patterned socioeconomically, with lower-income and black and Hispanic households less likely to eat fresh fruits and vegetables.²⁵ It is these same groups—blacks, Hispanics and lower income—who are also most at risk for obesity or diet-related health conditions like diabetes.²⁶ Diet has also been shown to be related to location of residence; living in a low-income or underserved area has been independently associated with higher obesity rates and less healthful diets.²⁷ What is not clear is why a relationship between diet, health and location exists, and what role, if any, the local food retail environment plays.

In general, American studies describing the local food environment have demonstrated that it is configured differently, depending on the demographic

characteristics of residents.²⁸ Disparities exist in the types of food stores situated in communities based on the race or income of residents. For example, chain supermarkets tend to be more concentrated in areas where the population is comprised of white and middle- and higher-income individuals. Lower-income communities and communities of color have fewer chain supermarkets and more convenience stores and smaller grocery stores. In addition, prices are often higher at these smaller stores than in supermarkets, and the range of healthful products—such as low-fat milk, produce or high-fiber bread—is smaller or nonexistent.²⁹ Moreover, residents of rural areas also face challenges, whether due to limited supply of fruits and vegetables or lengthy driving distances to supermarkets.³⁰

While much research has indicated that food environments are not equal, it is also important to note the handful of studies that have documented the central role local stores and ethnic groceries play in communities of color. These establishments may provide culturally appropriate food not available in larger stores and, when well stocked and priced, offer a wide network of community options.³¹

As mentioned earlier, the notion of a food desert is increasingly contested. Challenges come from two main directions. First, some in community food work have rejected the desert metaphor because they feel that, by invoking a phenomenon which is naturally occurring, the term obscures the deliberate social and economic inequalities which actually create barriers to food. These advocates have reframed food access in terms of food equity or food justice. And others, mostly scholars, reject the term on empirical grounds, seeing it as nothing more than an oft-repeated truism that has been enthusiastically adopted by policy makers before there is any strong and systematic body of evidence-based research.³² This position is more widespread outside the United States, where robust studies show less empirical evidence to support the existence of food deserts in urban areas.³³

However, a recent *New York Times* article entitled “Studies Question the Pairing of Food Deserts and Obesity,” may have fired the first mainstream salvo in an assault on the hegemony of the food desert logic. The piece highlighted two new academic articles, both finding no relationship between the types of food and retailers available in a community and obesity rates among children and adolescents. As *The New York Times* noted, “It has become an article of faith among some policy makers and advocates, including Michelle Obama, that poor urban neighborhoods are food deserts, bereft of fresh fruits and vegetables...[however] some experts say these new findings raise questions about the effectiveness of efforts to combat the obesity epidemic simply by improving access to healthy foods.”³⁴

Given the significant political investment in the food desert scenario, the *Times* article inevitably generated backlash. Despite objections, the overall state of the current research leaves many unanswered questions about the relationship between the environment, food access and diet. To some degree, this is a result of conceptual and design limitations, particularly in American research, including loose operational definitions of food deserts, competing units of analysis (zip codes, census tracts or census blocks), as well as an overwhelming focus on spatial or area-based analysis of the food environment. Much of food-desert research uses GIS mapping to identify the locations of food retailers in communities and makes assessments about food access based on their proximity to neighborhood residents. Critics argue that this approach obscures the much more dynamic and diverse ways in which people access and consume food. For instance, administrative definitions of what a neighborhood is do not necessarily correspond to the ways in which people experience their environments. A person in one zip code or census block may in fact routinely cross an adjoining zip code or census block to access food. Moreover, people do not rely on neighborhood retailers as their only source of food and area analyses miss the multiple exposures to other food environments people encounter daily as they travel to work and to school. In terms of findings, much of the academic work, especially in the United States, relies on quantitative, cross-sectional (moment in time, large survey sample) analyses which do not allow for making any causal claims about the relationship between food deserts/environments and diet-related health conditions.³⁵ In light of shortcomings in existing food desert studies, a recent report by the United States Department of Agriculture (2009), issued in response to a request from Congress for a study on food deserts, called for more research. The USDA report also advised increased analysis of interventions designed to improve access to food.³⁶

In the United Kingdom, where food desert research has been more integrated into the public policy-making process, experimental evaluations of retail interventions have shown only modest, if any, changes in resident food buying and consumption behaviors. For example, a study in Leeds interviewed residents both before and after the opening of a new Tesco supermarket and found some evidence of a change in fruit and vegetable intake among surveyed individuals, but the average increase was quite small, about one-third of a serving. A controlled before-and-after study conducted in Glasgow, Scotland, with an intervention and a comparison community, found little evidence that the introduction of a new supermarket in the intervention community had any statistically significant effect on residents, overall

fruit and vegetable consumption, including those residents who switched to the new store as their main food source.³⁷

The limited success of these well-designed interventions suggests that the relationship between food access and diet/consumption is highly complex. And it is with this understanding that we undertook our research. As stated, our goal was to add new information to policy discussions about food, including those concentrating on food deserts. As part of this process, we looked at food and food poverty using a sociological lens to allow for a more dynamic and relationship-centered analysis. And, equally as important, we employed community-based qualitative methods in order to add the voices of residents living in a “food desert” to public debate.

LONG ISLAND FOOD DESERTS?

Given the current popularity of the food desert paradigm, two projects have sought to highlight food deserts in our region. Like many other food desert studies, they rely on GIS mapping to present a spatial overview of the locations of food retailers and underserved areas. Both projects were produced for research and community planning purposes.

Putting questions about method and empirical evidence aside, we were curious to see what these maps might reveal, particularly given the great amount of political attention given to food desert remedies. The first, the “Food Desert Locator,” is an interactive mapping tool put out by the United States Department of Agriculture (USDA). Part of Michelle Obama’s Lets Move! initiative, the Food Desert Locator allows users to identify food deserts anywhere in the United States, down to the census tract level. In order to qualify as a food desert, census tracts must be both “low income”³⁸ and have at least 500 people who reside more than one mile from a supermarket or large grocery store.

A map of food deserts on Long Island generated by the Food Desert Locator can be seen in Figure 1. The map suggests that virtually all of the food deserts on Long Island exist in Suffolk County. Places like Roosevelt or Hempstead, thought of as food deserts by many regional food work organizations and activists, are noticeably absent.

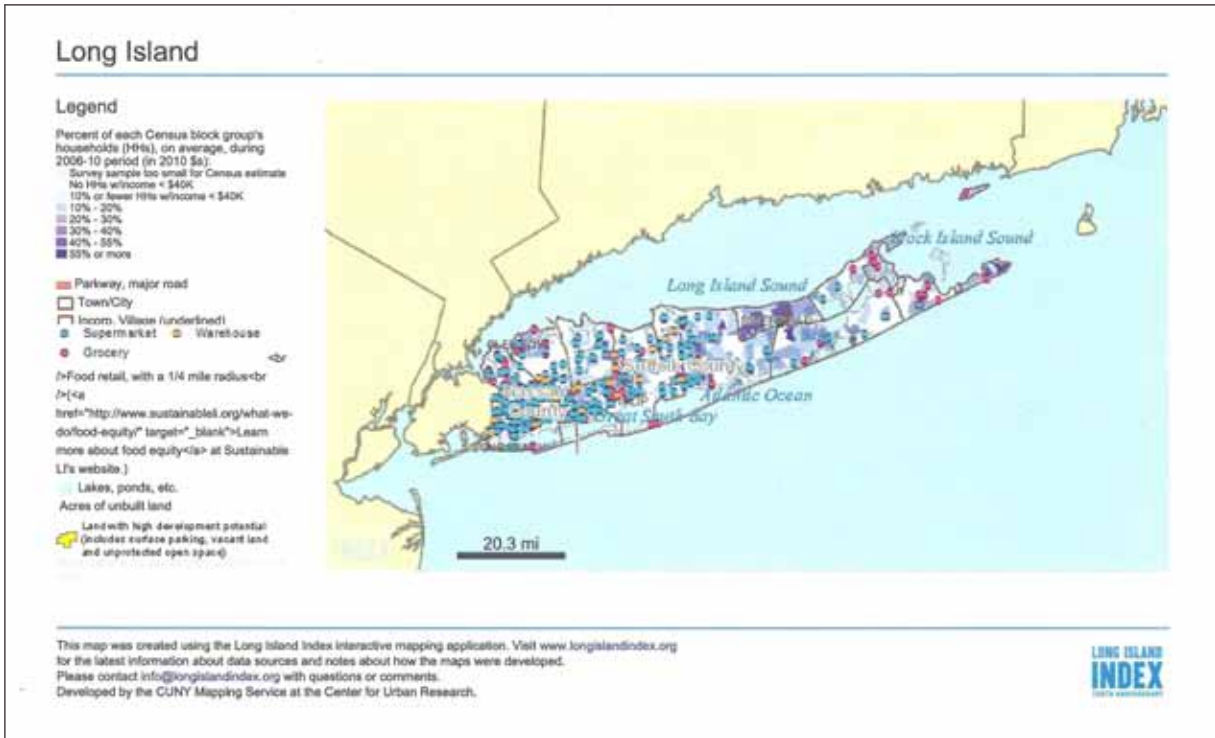
FIGURE 1: FOOD DESERT LOCATOR MAP OF LONG ISLAND



SOURCE: USDA

The second project, the “Food Access Map,” created by the local not-for-profit Sustainable Long Island, in partnership with the Long Island Index, plots locations of supermarkets across the region. The map does not directly label areas as food deserts, but does allow users to create layers using such variables as density, low-income households and households with no cars. Again, the map indicates that Suffolk has more areas with limited access to supermarkets but does show some communities in Nassau with possible food access issues, including Hempstead and Elmont (Figure 2).

FIGURE 2: SUSTAINABLE LONG ISLAND/LONG ISLAND INDEX FOOD ACCESS MAP OF LONG ISLAND



SOURCE: SUSTAINABLE LONG ISLAND/LONG ISLAND INDEX

After viewing these maps, we were struck by the huge swaths of land marked as food deserts in Suffolk County and decided to base our research site in one of these areas. We were also curious to investigate how the current economic downturn had impacted food practices in a (possible) food desert and wished to conduct our research in an area that had a history of economic disadvantage compounded by the recent recession. Finally, we were also interested in choosing a research site with a well-known (negative) reputation in the larger region, in order to assess how internal and external assessment of social status contributes to the local food environment. For all these reasons, we chose to locate our study in the Mastics and Shirley.

SETTING THE SCENE

The hamlets of Mastic and Shirley and the village of Mastic Beach—or “the Mastics and Shirley” as they are sometimes called—are located in the town of Brookhaven in Suffolk County, about 90 minutes outside of New York City. While each has its own government structure,³⁹ they share a similar past, a common identity and

multiple amenities and services, such as a local community center, library and school district.⁴⁰

Sparsely populated for much of its history, the first wave of growth in the area took off with the development of Smith Point Beach at the turn of the twentieth century. The beach made the area a tourist destination point, and businessmen began selling affordable tracts of land to New York City residents interested in purchasing inexpensive seaside residences.⁴¹ In the 1950s, in the midst of the postwar suburban boom, entrepreneur Walter T. Shirley devised an ambitious plan to turn Mastic Beach and its environs into a thriving seaside resort composed of multiple subdivisions—a sort of “Atlantic City on Long Island.”⁴² While Shirley’s company sold some lots and built homes, his grand scheme never came to fruition. Despite this, population in the area grew but lack of suburban planning resulted in indiscriminate development. From the beginning, the Mastics and Shirley were a white working-class community, composed of residents who were employed at nearby companies and establishments rather than in New York City like fellow Long Islanders in more affluent suburbs.

Today, the trihamlet area, as it is often called, has a combined population of about 56,000 people. Shirley is the largest hamlet with a population of 27,854, followed by Mastic (15,481) and Mastic Beach (12,930).⁴³ The area has had significant population growth over the past decade. The greatest increase has occurred in Mastic Beach, which grew 12 percent between 2000 and 2010. The Mastics and Shirley have also seen their populations become more diverse over time. While still predominantly white, black and Hispanic residents are much more common than in years past. (The number of black and Hispanic residents has grown rapidly in the past 10 years, especially as immigrants have moved out to Suffolk County seeking cheaper housing and cost of living than found in Nassau or New York City.)

Median household incomes in all three communities, adjusted for inflation, increased between 2000 and 2010. However, they remain below the median household income for Suffolk County. Given Long Island’s high cost of living, the median household incomes in Shirley (\$82,762), Mastic (\$75,306) and Mastic Beach (\$67,462) are less than what is needed for economic self-sufficiency. Many families are working class and, among these, significant numbers live in financial hardship. Poverty rates in the Mastics and Shirley range from 8 percent to 13 percent. Near-poverty (households at or below 200 percent of poverty) is 18.5 percent in Shirley, 26.2 percent in Mastic and 25.3 percent in Mastic Beach (Table 1).

TABLE 1: SHIRLEY, MASTIC AND MASTIC BEACH DEMOGRAPHICS

	SUFFOLK COUNTY	SHIRLEY CDP	MASTIC CDP	MASTIC BEACH CDP
Population*		27,854	15,481	12,930
Population, percent change from 2000 to 2010*	5.21%	9.7%	.3%	12%
Racial/Ethnic Composition*				
Black	8.1%	7.2%	9%	9.5%
White	85.9%	81.5%	76.5%	80.5%
Asian	3.6%	2.6%	2.1%	1.5%
American Indian	.6%	.4%	.7%	.4%
Hispanic	17%	17.2%	21.8%	15.6%
Two or more races	1.7%	3.4%	4.3%	4%
Individuals below poverty level **	5.7%	8.1%	12.6%	12.8%
Households at or below 125% Poverty**	7.7%	10.9%	13.3%	16.9%
Households at or below 200% poverty**	15.9%	18.5%	26.2%	25.3%
Median household income**	\$84,506	\$82,762	\$75,306	\$67,462

SOURCE: *2010 CENSUS; ** 2006-2010 AMERICAN COMMUNITY SURVEY FIVE YEAR ESTIMATES

The recent recession and prolonged economic downturn have greatly impacted the Mastics and Shirley. The area’s mortgage delinquency and foreclosure rates are among the highest on Long Island. As of September 2012, Mastic Beach was ranked fourth, Mastic was ranked seventh and Shirley was ranked ninth. All three were in the highest quintile (10 percent or above) for foreclosures.⁴⁴ A drive through the area reveals strip malls comprised of shuttered commercial properties and neighborhoods replete with abandoned homes.

The mixed demographics of the area have resulted in a range of housing styles and types. In addition to weekend beach homes, there are sturdy and tidy family dwellings, along with smaller, more ramshackle properties, boarded-up residences—victims of the foreclosure crisis—and group homes and halfway houses. Outside the area, the Mastics and Shirley has a reputation as a downtrodden, undesirable place to live. Even many locals see their community as a home to gangs and the drug trade as well as a dumping ground for registered sex offenders.

But negative characterizations are not universal. Some of the residents we spoke with expressed pride in their community, extolling its growing diversity, its proximity to the beach and other conveniences. The complicated and sometimes antagonistic attitudes toward the Mastics and Shirley inform the local foodscape in important ways and will be a theme we explore later in this report.

WHAT WE HEARD

In the chapters that follow, we synthesize data from all stages of our research—ethnography, interviews and Photovoice—to describe the role of food—or the effect of its absence—in the Mastics and Shirley. We focus our chapters on several important themes:

In **Chapter 2**, we review the study’s methods and elaborate on the research design and data analysis process.

In **Chapter 3**, we look at how residents perceive their local food environment, recording their impressions, interpretations and problem-solving strategies with minimal use of conceptual frameworks. We do this in order to directly share people’s opinions and experiences so that their voices can be heard by those in decision-making positions. We also wish to make the point that perceptions matter in terms of driving food practices, whether or not they can be objectively assessed.

In **Chapter 4**, we explore what it feels like to live in food poverty. We consider how people handle the stigma of poverty and nonnormative food practices through the use of management strategies such as conceptual distinctions and interpretive schemes. As we show, people draw on these strategies to frame experiences in a way that addresses tensions between actual behavior and normative assumptions about food. However, these strategies are not always entirely successful and feelings of shame and stress dominate in people’s accounts.

In **Chapter 5**, we examine the role of place in shaping food practices and, ultimately, health inequalities. We highlight how perceptions of community as well as interactions within it create food inequalities and social states that are harmful to individual and community well-being. In specific, we consider how living in a “discredited community”—a place that has developed a reputation as a “problem place for problem people”—impacts food practices, personal identity and social discrimination.

In **Chapter 6**, we return to some of the themes discussed in previous chapters but view them through a gender lens. We are especially interested in the process of “feeding the family,” which largely remains the work of mothers, who assume pri-

mary responsibility for obtaining, preparing and serving food. The degree to which a woman is able to perform and accomplish these tasks significantly shapes her self-regard, both as an individual and as a care provider.

Finally, in **Chapter 7**, we offer reflections on our data as well as recommendations for policy change. These recommendations include suggestions from study participants as well as proposals of our own based on study findings.

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CHAPTER 2:

Methods

INTRODUCTION

THIS STUDY WAS CONDUCTED by the Institute for Social Research and Community Engagement (iSoRCE), the research arm of Adelphi University's Center for Health Innovation. Research began in the spring of 2011 and was completed in spring 2012. The report, based on the study's data, was written in the summer and fall of 2012.

The purpose of the study is to explore the lived experience of people residing in a Long Island community with significant food poverty and food access challenges. (In fact, this community has been identified as a "food desert" by the United States Department of Agriculture.) As a case study, it highlights individual perceptions and feelings about the local food environment and examines the manner in which they impact personal and collective well-being. The study is also concerned with the problem solving and stigma management strategies people employ to make sense of their lives—lives which are often out of step with normative ideas about what day-to-day existence should be like. In our analysis, we focus on how the dynamics of place, economic hardship and moral messaging work to affect personal well-being and self-regard, as well as the possibility for individual and collective agency.

The study uses a qualitative approach in order to address research questions such as:

- How do people perceive their food environment?
- How do they feel about their food environment?
- What barriers to accessing food exist in the community?
- Have barriers worsened as a result of the Great Recession?
- How do residents strategically adjust their behavior to access food?
- How do residents respond to normative messages about "appropriate" ways to access food?
- How do residents respond to normative messages about "appropriate" food and diet?

- How does living in a low- to moderate-income suburban area affect daily food practices and personal and community identity?
- In what ways do social and economic factors interact with environmental factors to drive food practices like obtaining, preparing and eating food?

RESEARCH SETTING

The Long Island research site—the Mastics and Shirley—was intentionally selected for several reasons. First, since we were interested in the dynamics of food poverty, we chose a location with a significant number of residents living in economic hardship. In order to situate our study within the current food desert debates described in Chapter I, we also decided to look at an area categorized this way by the USDA. In addition, we wanted to investigate the Great Recession’s effects on daily life and food practices in an area with (possible) food access challenges, so we selected the Mastics and Shirley, due to the area’s history of economic disadvantage and its high mortgage delinquency and foreclosure rates—fallout from the prime and subprime mortgage crises. Finally, we were interested in choosing a site with an acknowledged negative reputation on Long Island, particularly one characterized by the socio-economic status and living conditions of the area. We wished to assess how negative perceptions of the community contribute to the local food environment. For all these reasons, we elected to conduct our research in the Mastics and Shirley.

RESEARCH DESIGN

Research consisted mainly of qualitative methods. (Some demographic information about the research site supplement the qualitative findings.) We chose to employ qualitative methods for two main reasons. First, existing regional data on food poverty is entirely quantitative, making it highly aggregated and lacking nuance that might help devise programs to better address the food needs of specific populations and communities. By contrast, qualitative data are rich and descriptive, relying on individuals’ interpretations of their surroundings and providing insight into the diversity of feelings and experiences not well captured by quantitative approaches. Moreover, a key reason for conducting this study was to insert the voices of people experiencing food inequality on Long Island into discussions about possible policy and program solutions. Qualitative research—particularly the community-based

participatory method we employed and will discuss shortly—was the best means to achieve this goal.

RESEARCH CONSISTED OF THREE PHASES:

In **Phase One**, we interviewed 20 key informants in order to gain a better understanding of the Long Island food system and to hear what they thought about relationships between food, diet and health. Key informants included community group/civic leaders, farmers, hunger relief staff and organization directors, nutritionists and school food-program administrators. The interviews also provided an opportunity to refine data collection strategies, generate community interest in the study and identify issues to explore further in **Phases Two** and **Three** of the study.

Some of the issues covered in **Phase One** included:

- Goals, approaches and activities of key informants' businesses, agencies or organizations
- Collaboration among food system stakeholders and, if relevant, ways to improve linkages
- The existing Long Island food system and/or, if relevant, the food system as related to underserved Long Island populations and communities
- Challenges to and opportunities for changing the current regional food system and/or community food system, with a special focus on economic, political and social barriers to reform
- The relationship between food, nutrition and health—at a regional and/or community level

In **Phase Two**, we conducted 35 semistructured, in-depth interviews with adult residents of the Mastic and Shirley, stemming from purposeful, convenience and snowball sampling. (Samples of interview questions are available in Appendix A.) In order to reach out to potential participants we attended community events (e.g., fairs) and visited local supermarkets and food pantries. We also posted notices at the area library and in neighborhood supermarkets asking for study volunteers. In some cases, potential participants were recommended to us by people who had already participated in interviews.

For the interviews, our goal was to talk with people across the income spectrum but to oversample individuals experiencing economic/food insecurity. We chose this approach since household income and community disadvantage are important components in the conceptualization of food deserts and food poverty.

In terms of structure, our in-depth interviews lasted anywhere from one to two hours. Most interviews took place at participants' homes, although several were held at the local library or in community diners and coffee shops, at the request of participants. All interviews were audiotaped with the participants' permission. Two of the interviews were conducted in Spanish with the aid of an interpreter fluent in Spanish and English.

During the interviews, we asked participants to draw a map detailing the locations of their routine food sources. We also requested that participants identify whether they considered these locations inside or outside of their community. Two of these maps are included in this report.

In the course of our study, we talked with male and female participants, ranging in age, income and race/ethnicity. We spoke only to adults, since they are largely responsible for procuring food for themselves or their households. We chose not to include any elderly participants (over the age of 65) in order to limit the scope and focus of interviews.

The vast majority of participants were white (63 percent) and female (80 percent). Many participants lived either in poverty or near poverty. The people we interviewed came from all three communities—Shirley, Mastic and Mastic Beach—with the greatest percentage residing in Shirley (50 percent). About 40 percent of participants lived in homes with children under the age of 18. In addition, 40 percent received food stamps/SNAP and many received Women, Infants and Children (WIC) benefits. Several of the participants' children were enrolled in the free and reduced lunch program at their schools (Table 2).

Participants were paid \$50 for participating in the interview. We determined that this amount was appropriate remuneration for the time commitment involved but not too much to put undue pressure on individuals to participate in the study.

During this phase of research, we also engaged in participant-observation at a number of local food sites, including food pantries and supermarkets and at food-centered community events. Through this ethnographic work, we spoke to close to a hundred people about their lives and food in the Mastics and Shirley and the experience helped us to continually refine our investigation. Moreover, at various points throughout the report, we directly share insights from this ethnographic research.

TABLE 2: STUDY PARTICIPANT CHARACTERISTICS

N=35		INCOME	
SEX		\$0-\$24,999	40%
Male	20%	\$25,000-\$49,999	33%
Female	80%	\$50,000-\$74,999	13%
AGE		\$75,000-\$99,999	0%
18-29	30%	\$100,000+	3%
30-49	30%	RECEIVE SNAP	
50-64	27%	Yes	40%
65+	3%	CHILDREN UNDER 18	
RACE/ETHNICITY		Yes	40%
Black	17%	COMMUNITY	
White	63%	Shirley	50%
Hispanic	20%	Mastic	23%
		Mastic Beach	27%

In **Phase Three**, we reached out to English-speaking, low-income women, all mothers, who had been involved in **Phase Two** of the research. In some cases, we were not able to reach previous participants because they had moved or their phones were out of service. In the end, six women agreed to join the Photovoice project. We chose to invite women/mothers to join the Photovoice project because the iterative process of the study—which involved continually reviewing study aims, questions and data—made clear that gender played a prominent role in the experience of food poverty and we wished to explore this issue in greater detail.

Community-based participatory research (CBPR) is a qualitative method that aims to conduct research as a partnership between formally trained researchers and members of the community. CBPR recognizes that community members are experts in their own right, especially when it comes to the conditions of their daily lives. The goal of CBPR is not just to produce data but to generate outcomes that are useful to the community in which the research is taking place.¹

For our study, we elected to use Photovoice as a CBPR tool. Increasingly, academic and policy-based researchers are relying on more visual and graphical ways to elicit detailed information about underlying meanings in events and social interactions. Photovoice is one of the methods gaining currency as a means to simultane-

ously enhance conversation and empower traditionally marginalized groups.²

In Photovoice, individuals enter into research as active participants, shaping the direction of the discovery process. Photovoice participants, often called co-researchers, are provided digital cameras and asked to take photos reflecting the general theme of the research study. During a subsequent focus group, co-researchers are encouraged to tell their own stories using the photos they took. The photos serve as a the basis for collective and reflective group dialogue and offer the means for co-researchers to provide their own frames of reference around topics and themes most meaningful to them. The Photovoice discussions as well as the pictures become data for analysis. But beyond this, the photos act as advocacy tools, particularly through exhibits and/or as the basis for presentations to policy makers.

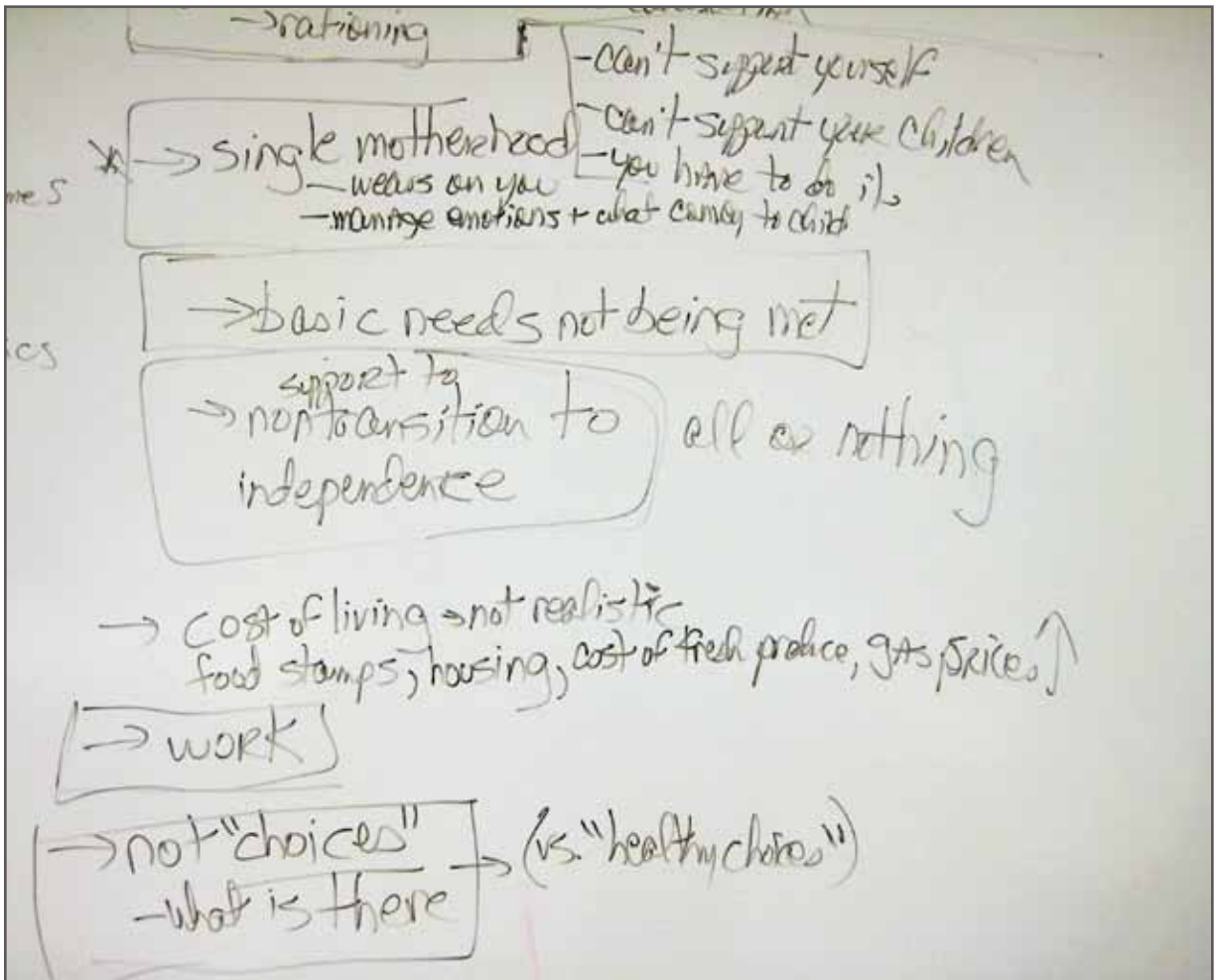
In our study, we held two Photovoice sessions. Both sessions were audiotaped with the permission of the co-researchers. At Session I, co-researchers were introduced to one another and the purpose of the project was shared. Co-researchers then brainstormed about themes for the photos, relating them to food in their daily lives and in their community. (Figure 3 shows thoughts from the Photovoice brainstorming session.)

At this meeting, everyone present came to an agreement about the topics to be explored through photography and to be discussed in the subsequent session. Co-researchers were then given cameras and consent release forms needed for taking photographs. A discussion about the ethics of photography, consent/release procedures and all other relevant ground rules ensued. (See Appendix B for Photovoice instructional materials shared at sessions.)

At the second session, co-researchers debriefed about their photography experiences. Each co-researcher discussed five to ten of their pictures and group dialogue followed. Later in the session, co-researchers wrote short narrative descriptions/captions for three to five of their photographs, focusing on what the photo was about and why it was important.

All co-researchers were paid \$125 for taking photos, writing captions and attending the two sessions. Again, this amount was assessed to be appropriate for the significant time required for participation (10-plus hours) in the project, but not too much to put undue pressure on individuals to participate.

FIGURE 3: PHOTOVOICE BRAINSTORMING



DATA ANALYSIS

All interviews and Photovoice sessions were audiotaped, allowing researchers to take notes, listen carefully to answers and ask follow-up questions and probes. After each interview, researchers discussed with one another the themes they heard from participants and considered how the interview process/questions might need to be altered, either in terms of structure or content, for future interviews. All interviews were transcribed. Transcripts were read and coded by theme. The coding served as a means to categorize units of meaning in the data and to allow for reflection on their relation to one another. After all stages of coding were completed, coded sections were uploaded to the mixed methods software tool Dedoose to help organize information for use in conducting the analysis.

IRB APPROVAL

All phases of the research were approved by the Adelphi University Institutional Review Board (IRB). Consent forms for participation in research as well as subject participation in photographs were sanctioned by the IRB.

RETAILER, PANTRY AND SUBJECT IDENTITIES

Throughout the report, participants discuss their perceptions of area retailers and food pantries. These views are important because they shape daily food practices and impact community life. However, for confidentiality purposes, we have intentionally changed the names of interview participants, except in the case of the Photovoice participants, who consented to have their first names used in the report.

The names of the four main supermarkets in the area have also been changed. They are referred to as Supermarkets A, B, C and D. The food pantries are also not identified by name. Participant quotes and food maps have been amended to reflect this approach.

With regard to all retailers mentioned in the study, except for community supermarkets, we have kept actual names if participants refer to them in a descriptive fashion, rather than in a positive or negative manner.

STUDY LIMITATIONS

As with all qualitative research (or indeed any research), there are limitations to this study. First, there is always the possibility of bias in research and the risk that researchers will bring their own preexisting ideas and opinions into the field as well as into the analysis of their data.

Second, the difference in socioeconomic background between the researchers and participants (both researchers were white, female professionals) may have made some interview participants uncomfortable and less likely to share their stories fully. This risk was at least partially offset by the Photovoice project, which was an effort to empower co-researchers and allow them to become invested in personal storytelling. The use of semistructured interviews was also intended to create a more relaxed, give-and-take process between the interviewers and participants.

Finally, given the nonrepresentative nature of our sample, it is difficult to generalize the findings to larger populations. We see this as a minor issue, since we con-

ducted a very place-bound case study. Rather than suggest that our findings apply to other people or locations, we offer information to help policy analysts and policy makers think more critically and comprehensively about efforts to address food poverty.

ENDNOTES

- ¹ Minkler, M. & Wallerstein, N. (eds.). (2011). *Community-based participatory research for health: From process to outcomes*. Jossey-Bass.
- ² Wang, C., & Burris, M. A. (1994). Empowerment through photo novella: Portraits of participation. *Health education & behavior*, 21(2): 171-186.

Perceptions of the Food Environment

INTRODUCTION

THIS CHAPTER LOOKS AT HOW MASTICS AND SHIRLEY RESIDENTS PERCEIVE THEIR FOOD ENVIRONMENT. What do they feel about the types of retail options that are available? How does this affect accessing and eating food? Do residents see their community as a “food desert”?

It also documents many of the problem-solving strategies individuals employ to manage (scarce) resources—either their own funds or the supply and distribution of food in their community.¹ How do residents respond if they cannot afford foods or cannot find the foods they want? How do they adjust strategically?

Within the burgeoning food desert literature, there is surprisingly little research exploring consumer perceptions of food environments. And even less is known about the impact of these perceptions on diet and health.² For the most part, studies incorporating residents’ perceptions concentrate on the presence or absence of supermarkets, overlooking other food venues like convenience stores, restaurants and food pantries.³ This narrow focus stymies both the understanding and analysis of the dynamics at play when people must negotiate complex food environments. All this, in turn, hinders efforts to devise policies that address food poverty, especially access to nutritious, affordable products.

The purpose of this chapter is not so much to analyze the sociological implications of the research participants’ perceptions and experiences as it is to share them, so that their voices can be heard. Future chapters will use conceptual frames to better interpret the underlying dynamics of food practices in the Mastics and Shirley. We are also not setting out to challenge participants’ assessments. The issue of whether or not they are accurate or can be objectively measured through other means misses the point of our endeavor. Perceptions matter and they, along with other factors, drive consumer behaviors and affect food practices.

We do think it is useful, however, to introduce a notion popular in consumer-behavior and marketing research: consumer vulnerability. Generally speaking, the term suggests that certain types of people are at a disadvantage in the marketplace, although the approach to assessing vulnerability has changed over time. Traditionally, researchers tried to determine how individual characteristics, like age, race, disability status and income, influence consumer behavior and outcomes. But, more recently, the literature has shifted to include attention to psychosocial characteristics, such as self-concept or self-esteem, individual states, such as grief, and external conditions beyond the control of the individual, including distribution of resources, discriminatory practices, stigmatization and situational logistics.⁴

Vulnerable consumers often experience a “state of powerlessness,” due to imbalances in market structure and their inability to exert much, if any, control over affairs.⁵ Many Mastics and Shirley residents also feel powerless, given their socioeconomic status as well as the arrangement of the local marketplace/food environment, which they feel provides them with limited options for affordable, nutritious or culturally appropriate food. But even in this bind, most consumers do not act entirely passively. Rather, they employ a series of creative and adaptive problem-solving strategies to manage their vulnerability. With regard to food poverty, scholars have written extensively on decision making in food-insecure households, noting specific behavioral strategies such as seeking social support, making trade-offs, adjusting resources or reducing food consumption.⁶ Study participants engaged in all of these strategies and others.

THE MASTICS AND SHIRLEY PHYSICAL FOODSCAPE

Before learning about resident perceptions of their food environment, it is useful to have a better sense of the physical layout of the Mastics and Shirley foodscape. The description that follows does not include any evaluation of the appearance or atmosphere of stores and other food sources (although we’ll see how these issues matter later in this chapter). It is simply a straightforward explanation of their geographic arrangement.

As discussed previously, the USDA has identified large swaths of the Mastics and Shirley as food deserts, depending on whether census tracts have adequate access to supermarkets. To be classified as food deserts, census tracts must be both “low income” and “low access.”⁷ A review of the Food Desert Locator map suggests that

much of the Mastics and Shirley has food access challenges (Figure 4). These areas are highlighted in pink.

FIGURE 4: FOOD DESERT LOCATOR MAP OF SHIRLEY, MASTIC AND MASTIC BEACH



SOURCE: USDA, ECONOMIC RESEARCH SERVICE

In terms of retail food, the Mastics and Shirley are served by four main supermarkets, three of which, Supermarkets A, B and C, are clustered on a major roadway. The final grocery store, Supermarket D, is located on another busy street. All four supermarkets are in census tracts identified as food deserts or on the border of a food desert. While four supermarkets may appear to be significant for a community the size of the Mastics and Shirley, it is important to note that their grouping along major roads and near one another leaves most area residents some distance away from these stores.

According to census data, there are a total of 14 grocery stores—smaller outlets and the four large supermarkets—in the Mastics and Shirley, with the majority located in Shirley. A number of these smaller markets target Hispanic consumers. The area also has 25 convenience stores, including those in gas stations, as well four meat markets and one fish store. No big-box stores (e.g., Walmart), natural food markets or farmers markets operate in the Mastics and Shirley. There are several dollar stores throughout the area, including branches of two of the three biggest chains.⁸

In terms of restaurants, there is a large concentration of fast-food places on major thoroughfares. Pizzerias and take-away Chinese eateries are also widespread. The area has few sit-down dining establishments, just a number of diners and a national chain restaurant.

With regard to emergency food, there are a few options. These include a pantry run by an area social welfare organization in tandem with a local church and a mobile food truck which visits Shirley weekly. A local Native American reservation also has a pantry, but none of the study participants lived on the reservation, and so were not eligible to use it.

THE MASTICS AND SHIRLEY FOODSCAPE: WHAT THE RESIDENTS SAY

When we asked participants to describe the food environment in the Mastics and Shirley, we received no shortage of commentary. A very small minority felt that the area had varied and plentiful food choices and had no complaints. But for the rest, concerns about the local food environment were common. These issues varied, depending on the socioeconomic status of participants, but some cut across class lines. The negative perceptions of the food environment involved several themes:

- Prices in all the stores, but especially in two area supermarkets
- Inability to purchase items at just one location
- Uneven quality of food in some supermarkets
- Unavailability or limited supply of certain kinds of food
- Product quality and dynamics at food pantries
- Lack of sit-down restaurants and the concentration of fast-food retailers

While all of these concerns are related to food access, missing from virtually all people's accounts was any mention of mobility issues, for example, whether or not they could easily get to a supermarket. Geographic access—the main focus of the food desert literature—was a relatively insignificant issue for most people, even for those who did not own cars. While an inconvenience, people without cars walked to supermarkets, got rides from friends or took public transportation, often passing by more proximate stores in favor of others providing preferred products or price points.

In the sections that follow, we will examine more closely resident perceptions of the local food environment in the Mastics and Shirley. When relevant, we will also detail the problem-solving strategies participants used to try to negotiate food access issues.

FOOD PRICES: “WE GOT TO TRIM THE FAT”

To nearly a one, participants were acutely aware of how much items cost, sensitive to even slight variations in pricing. This keen consciousness meant that people were ever mindful of how much they could spend on each trip to the store and how much they could pay for a particular product. Dawn, a white, married mother of two school-age sons, works as a bus driver and is her household’s sole breadwinner. She brings home approximately \$50,000 a year and finds her food options restricted. She noted:

Things are just limited by price. Because they are there in the store...but I can't afford to buy it. You know, like if a piece of beef is \$4.99 or \$5.99 a pound I can't touch it. You know, but if it's \$2.99 or \$3.99 maybe, you know, I could squeeze it into my budget somehow, but, you know, there are certain price points that I can't even touch.

For those individuals with even fewer financial resources, “choices” were more constrained. June, a white, single mother of three, receives SNAP and employer-paid disability as her main sources of income. She struggles to feed her family and finds beef almost always beyond her reach. June commented:

And it's like you buy your meat, but you buy what's on sale. The sale meat and stuff, but the meat is expensive. So I eat a lot of chicken, and I eat a lot of whatever's on sale. We don't eat a lot of beef. My kids were brought up on chicken and sausage and sometimes I have pork chops on sale. Things like that. Hot dogs. Yeah, like beef is expensive.

As the quotes above indicate, sales were critical to helping many participants make the most of their food budgets. These included manager’s specials, discounts on day-old goods and deals advertised in circulars and coupons. In addition, “family packs”—supersized packages of meat or other products, offered at a reduced price per pound—allowed people to stretch both their dollars and, later, their meals.

But like beef, other items were typically unaffordable and rarely put on sale. Chief among these were fresh fruit and vegetables, which most lower-income participants said they would like to more fully integrate into their diets, but simply could not due to the expense. Jackie, a white, unemployed, single mother, lives on unemployment and SNAP benefits, together totaling just under \$900 a month. She discussed this dilemma:

I do, you know, sometimes buy fruits and vegetables. Like my son likes apples and bananas, you know what I mean. Usually you can't get them on sale. I mean like when you buy like four or five bananas you're looking at over \$2 for bananas, and it's like what? You know, I do know he likes grapes; I'll look for sales, and if they were 99 cents I'd get them, because I am not paying \$1.99 a pound.

In one of her Photovoice pictures, Jackie also highlighted the difficulty she has buying milk for her son (Figure 5). When the local deli has milk on sale, at a price far lower than supermarkets in the area, Jackie can purchase it. However, when milk is not on sale, she cannot.

FIGURE 5: "LOOKING FOR SALES"



.....
This helps with the food stamp budget. I look for sales because food stamps don't cover the cost of food within a month's supply. My son goes through a gallon of milk within a week. And the local store has it on sale usually every other week. If not on sale, no milk.

-Jackie

Many participants also noted that over the past several years, rising food prices, combined with stagnant or declining household incomes, had made it increasingly difficult to feed their families. As a result, they developed new approaches to food shopping. For example, Dawn conscientiously goes through her cupboards and refrigerator before each trip to the store and writes out a very specific list detailing the items her husband, the principal grocery shopper, must buy, leaving no room for deviation:

For the past six months I have only looked at the things I need, whereas maybe a year ago I would take advantage of sales and things I haven't had before and tried it. ...So I was just talking to my husband the other day. I said I'm going to make a list. This is the things we always have in the house and before you go shopping and check this off, make sure we have it. If we don't, then you buy it and that's it. You know we're not experimenting, we're not....We got to trim the fat 'cause this is all we have to work with, so we get what we know works or you know that everybody likes.

Dianne, a white, married mother of triplets, was recently laid off as a teacher's aide and the family lives on her husband's salary as an electrician. Due to the household's change in finances, Dianne has transitioned to buying store-brand products rather than name-brand products in order to save money:

I noticed if I have to buy when, the macaroni and cheese I have to get, if it's two for a \$1 or 3 for a \$1, then I'm going to get more, where before I would get Kraft, the name brand, you know, the name-brand vegetables and stuff. I would get frozen vegetables, now I have to get the store-brand cans, now I have to shop wisely. Before I just, I didn't care how much it cost to get stuff, where now I do have to worry.

Other strategies participants used to reduce food costs included buying items in bulk, borrowing or receiving cash or food stamps from friends and family, sharing food with family, friends and neighbors, turning to food pantries for help, pawning or selling jewelry for money, earning cash through recycling and, in one case, stealing meat from one of the area's supermarkets.

George, a white, single man living on SNAP and Supplemental Security Income (SSI), had a singular approach to saving on food costs. Like others, George visits food pantries and uses his Electronic Benefits Transfer (EBT) card, the debit card containing his SNAP allowance, at local delis and a nearby Sam's Club. But as a member of Alcoholics Anonymous, he also relies on anniversary meetings around the Island for food, despite not owning a car. George explained why the AA meetings are so important to him:

I: Why do you like anniversaries so much? What about them appeals to you?

George: *A, is there are people that you don't know. People you, you don't know, from all around. And the fact that I don't have the money, I can't feed myself that much. With the food, I can eat. Like there's great food. They had swordfish at Quogue. They had Mako. I haven't eaten Mako since I was this tall.*

I: So, who's bringing the food in? The group?

George: The group. Yeah. Well, Quogue is a very wealthy area. So they bring in...the group brings in all the food. I mean they don't just have burgers, fries, you know, chicken and dogs and all that. Salads...I went back last weekend to Mineola. It was called hot-dog week. You go there and every day they have a meal at noon. And they have cookies and cake and all that, but they have these two big vats full of hot dogs. And sauerkraut. And rolls. And that's what they call hot-dog week. All you want.

A number of participants noted that prices were higher in local supermarkets than in other areas of Long Island, New York or the country. Yvonne, an Hispanic, married mother of two young children, recently lost her job, and her family lives on her husband's \$40,000-a-year salary as an animal lab technician. She compared food prices in the Mastics and Shirley to the neighborhood she lived in previously:

When I first moved to Long Island, I noticed that, unlike in Queens, the meat was very expensive because over there I used to buy, you know, like a package of steak. I don't know, I want to say, I don't remember anymore but like for \$4 and in here, it's Supermarket A which was the closest supermarket that I knew, and it was \$15 for three steaks. And I was like, wow. So for me it was a shock. It was a lot. Very, very expensive.

While quite a few participants felt this way about meat, others commented on the high price of produce. Rachel, a white recent college graduate working as a nanny, compared food prices in the Mastics and Shirley to food prices in her mother's neighborhood:

I definitely think here is more expensive than other places. When I go visit my mom in places that are also expensive, like New Jersey, it's still more expensive here, and it's kind of crazy. I know when I go visit my Mom they have some stores that I wish that we had here. There's a store called the Apple Tree and it's just like, I guess, kind of like a farmers market. It's all produce and flowers, and it's just insane. You can fill up your whole shopping cart with produce and it's like \$30. ...So I like that place a lot. I wish that we had more access to cheaper produce, and I wish it was close by.

Rachel's desire for a local store that provides cheap and plentiful produce was repeated by several participants, particularly those who had larger disposable incomes. We'll address this issue in a later section of this chapter. Also, as we'll see

shortly, the (perceived) high price of food in local stores leads many people to leave the Mastics and Shirley and travel to other towns to do their shopping, even as far as Queens in one instance.

INABILITY TO PURCHASE ITEMS AT JUST ONE LOCATION: “MAKING THE ROUNDS”

One of the most common grievances people expressed was that food shopping required visits to multiple stores. Because so many study participants were cash-strapped, small price differences between items—often just a few cents—dictated shopping patterns. It was not uncommon for individuals to “make the rounds” of stores in the area (and outside it) in order to get the most value for their money. These rounds were organized based on existing knowledge about what stores had to offer product- and pricewise, as well as up-to-the-minute awareness of sales gleaned from circulars, coupons, online promotions and other sources.

Wendy, a black, married mother of two sons and grandmother of one, works in a social service agency and provides her family of five with their only source of income. Her salary, about \$32,000 a year, makes her family ineligible for SNAP by just \$21 a month. Without federal assistance, Wendy’s food budget is very tight, and she needs to compare prices in stores both inside and outside of the Mastics and Shirley. She observed:

We kind of do the flyer thing. Like where the sales are. I do a lot of Internet coupons. ...Even now the majority I'd say is Supermarket A. Supermarket C I don't really do. Yeah Supermarket B. And then for the larger things, like for the baby items, it's Sam's Club (in Medford).

While seemingly counterintuitive, shopping for food in other communities makes economic sense to participants. Even with the additional cost of fuel for the trip, people who carefully matched the best-priced products to certain stores cut costs significantly, thereby justifying the journey. In an earlier comment, Yvonne discussed being shocked by the high price of beef in the Mastics and Shirley, after moving to the community from Queens. Eventually, Yvonne addressed this problem by traveling an extra 15–20 minutes to shop at another store:

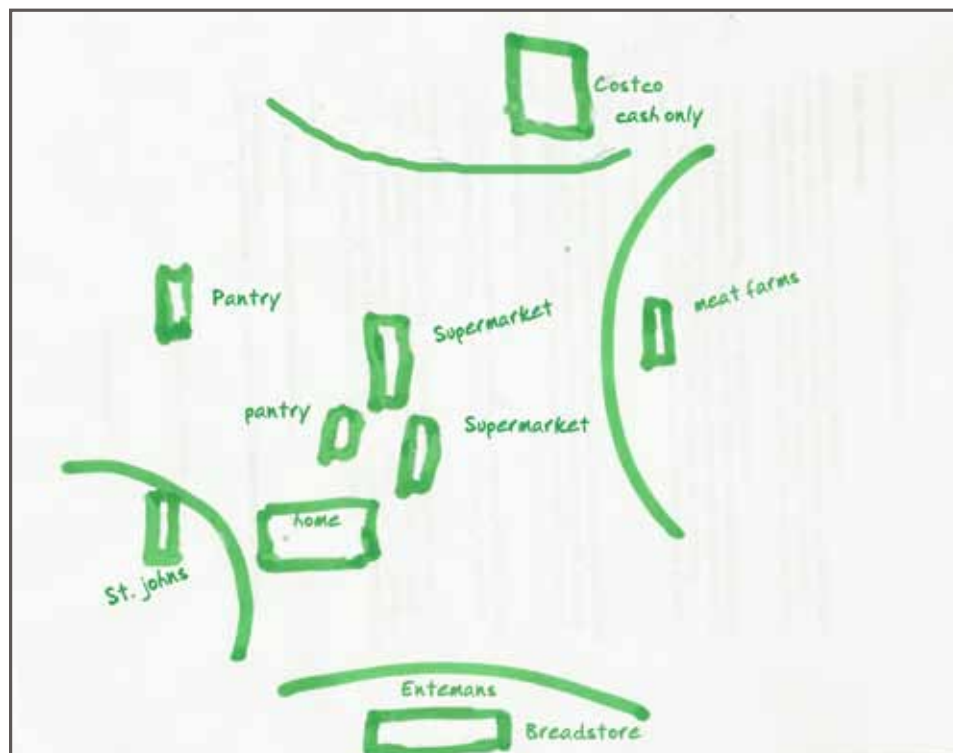
So, of course, we limited our meat in the beginning because it was very, very expensive. And maybe less than a year after we moved, they opened Compare which is on Horse Block Road. I

don't know if that's Medford. I'm not sure. ...It's not in Shirley. ...And I was, like, okay, good. And we were able to buy, you know, kind of like a Queens supermarket where we bought like grapes and all the fruits and vegetables a little bit cheaper, and plus the meat there. So we started to go all the way there for food shopping.

The travel required to get the best deals was visually captured in the mental mapping process we asked our participants to engage in during their interviews. In this exercise, people drew a diagram identifying the location of their food sources, so that we could gain insight into the full scope of their food environment.

In the map drawn by June, she demonstrates that her food sources—both pantries and retail stores—are relatively widespread. And again, she relies on this mix of sources to feed her family. Interestingly, June carefully delineated the food sources she views as outside her community by placing semicircles around them. These include a Costco in Holbrook, a bread store in Bay Shore and an independent grocer, Giunta's Meat Farms, in Medford. Again, June's need to "make the rounds" in order to obtain food through pantries and retail outlets runs counter to conventional assumptions in the food desert literature that people remain in their immediate communities to do their food shopping (Figure 6).

FIGURE 6: JUNE'S FOOD SOURCE MAP



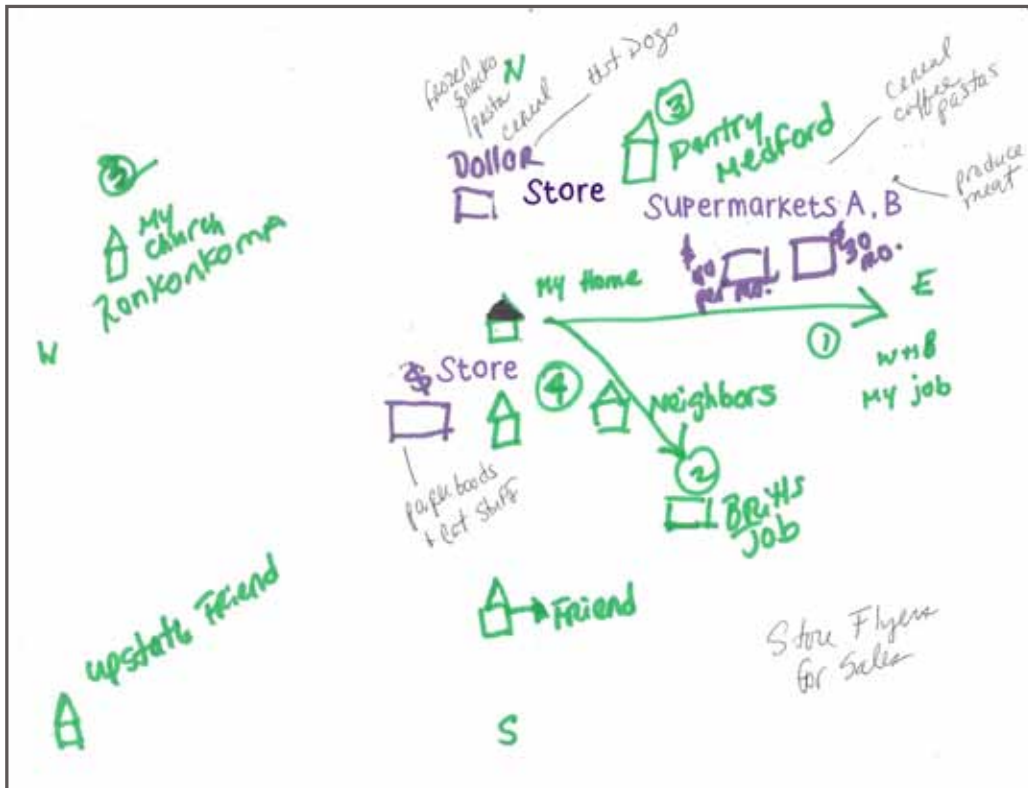
For those traveling to multiple food retailers, shopping is an arduous and exhausting process. It requires time to prepare for the outing, including combing through print or online sales information, creating detailed shopping lists, planning meals in advance and mapping out the most fuel-efficient routes. Moreover, the trip itself may take hours, as people shuttle from place to place. Shelley, a white, stay-at-home mother of three young children, expressed her exasperation with “making the rounds”:

Yeah, I hate shopping at five different stores. I usually go shopping once or twice a month, you know, then you pick up the little things. ...It's just crazy. ...When I do the one day of big shopping it takes me...I usually...like we just did it a couple of days ago. The first day at school, kids on the bus. We didn't get done until six o'clock that night. And the kids were on the bus by eight-thirty a.m. And that's shopping, you know, that's shopping at the different stores, having to come home, having to put everything away. You know, it's a long day.

For many participants, shopping rounds were increasingly involving dollar stores. With food prices rising, the bargains at dollar stores—where units are priced at or below a dollar and are meant to be bought in bulk—make them appealing financially and critical to surviving on restricted means. While dollar stores do not offer produce, they sell frozen and shelf-stable food and household products at deep discounts and offer a mix of name and non-name brands.

One of the study's participants, Janet, is a good example of someone who regularly relies on dollar stores. Janet is a 51-year-old divorced mother who lives with her grown daughter in a two-bedroom apartment. She and her daughter pool income from their two jobs in order to try to cover monthly necessities. Once earning around \$100,000 a year, Janet's financial means have been greatly reduced due to job layoffs and subsequent spells of unemployment. Now her savings are gone, and her house was recently sold in a short sale. In Janet's new job, she earns about a quarter of the salary she made before the recession, and she struggles to pay all the household bills. Janet's map outlines the many sources she counts on for food, both in and out of the Mastics and Shirley (Figure 7). The sources include local supermarkets, two pantries, cash assistance from an upstate friend, food from neighbors, as well as two dollars stores. It also clearly illustrates the types of food she obtains at supermarkets (produce, meat, coffee) as opposed to dollar stores (hot dogs, pasta, frozen foods and pet and kitchen supplies).

FIGURE 7: JANET'S FOOD SOURCE MAP



Janet described her motivations for shopping at dollar stores:

It has really gotten to the point now where you know, I have become a lot more humble, a lot more frugal. I try you know, just to get the biggest bang for our buck, no matter where we shop, which lately hasn't even been the supermarkets. We go to the supermarkets, pick up like one or two things, usually some meat or produce and then we shop at, you know, the cheapie stores, the dollar stores, wherever we could get, you know, the most food for the least amount. Lots of pasta, lots of pasta, lots of potatoes, whatever, you know, is filling.

In her account, Janet acknowledges that diminished earnings have compelled her to shop at dollar stores and to find foods that are cheap and “filling.” She suggests that this is a “humbling” experience, hinting at the theme of food, feelings and stigma discussed in the next chapter. But she also went on to talk about how vital dollar stores are to feeding her family:

You know, I think that the dollar stores have been a great help because sometimes I look at the prices in the supermarket, and I'm like, seriously? I mean, on what I'm earning there's just no way,

you know, there really is just no way. It costs me \$200 a month to go to work, gas money, so if I'm making \$1500 and my rent is \$1350 without my electric, I'm spending \$200 in gas, what does that leave me?

Attracting more dollar stores to the community was a high priority for many participants struggling on limited incomes. This desire for more dollar stores runs in contrast to a few well-publicized efforts by community activists elsewhere—Germantown in Philadelphia, for example—to prohibit dollar stores from opening in their neighborhoods due to objections about the stores' "unhealthy" foods.⁹ We will explore this incongruity in perspective in Chapter 7 when we focus on policy.

UNEVEN QUALITY OF FOOD IN SUPERMARKETS: "IT'S NOT ALL BANGED UP"

While most participants were concerned about (rising) prices in general, they were also wary of costs in two of the area's supermarkets. Virtually all participants avoided these stores because of their products' expense. Shelley explained:

Like, even like my in-laws and everybody else, like a lot of people I know won't shop there because of the prices. I will only shop there if there's absolutely something really good on sale, and I have coupons to go with it.

Yet participants also regretted not being able to visit the more expensive stores because they felt these retailers offered more attractive, fresher food. Maryanne, a white, married mother of three grown children, is now her family's main breadwinner, since her husband has been laid off from his job. She works at one of the area supermarkets as a clerk and contrasted prices and food quality between it and other area stores:

This [the supermarket where she shops and is also employed] is convenient and cheaper, but I would like to shop there at Supermarket C. They have nice meats and everything...but it's more expensive and Supermarket D is off the charts. You might pay for like, let's say, vegetables, you might pay 99 cents here or you might pay 99 cents there, but if I'm there, why should I spend the gas to go to over there? Supermarket D would be \$1.59.

June, too, would prefer to buy groceries elsewhere:

If you walk in Supermarket D, and I think probably you'll agree, definitely the meat in Supermarket D is way better than the meat in Supermarket A. Way better. It's clean. It looks cleaner. There's not so many—it's not all squished together, and it's just presented better. But definitely the quality of it. Any time I've had money that I could buy, I would go there if I could buy meat. The produce is arranged better, it's presented better. It's not all banged up, but it's more expensive.

While most people thought the more expensive supermarkets provided superior products, this view was not universal. Some people felt that the offerings at the less costly supermarkets were adequate; others preferred to buy specific items at one or the other store. A number appreciated Supermarket B's broad selection of affordable produce as well as their "fresher" meat. A few noted that the supermarket stocked more Latin products than other area retailers. Still, some people commented on Supermarket B's "funky smell" and complained it was "dirty." As for Supermarket A, it was widely viewed as the store with the best prices. And many purchased "staple items"—milk, cereal, canned food, eggs, bread and frozen food—there.

The process of choosing one supermarket over the other is also driven by other factors which are closely tied to price and food quality: class identity and patterns of social inequality in the Mastics and Shirley. We will address these issues in Chapter 5.

UNAVAILABILITY OR LIMITED SUPPLY OF CERTAIN KINDS OF FOOD: "IF THE COMPANIES WANT US TO BUY THEIR PRODUCT, THEN THEY SHOULD MAKE IT ACCESSIBLE"

A number of participants commented on the limited availability of certain kinds of food in local stores. There were three principal concerns. First, lower-income people expressed frustration with supermarkets' inability to keep up with demand for products, especially items on sale. We heard many times that advertised products were unavailable and, even when consumers were given rain checks—meaning they could come back to the store another time and get the sale item once it was in stock—the product was still missing. Shelley explained:

Like I think it was around Fourth of July weekend, they had paper towels, the Mark Out eight-roll on sale for \$2.99. And I had a dollar-off coupon, but they doubled their dollar coupon, so it was

like I only paid 99 cents for an eight-roll. But the thing was, though, is I went in there, got some, and went back the next day to get more, there was none. And then you had to get rain checks, and every time I went in there was none in there for over two months. And it's like you put these items out but you don't have enough product. And they were like, "Oh, there's going to be some in tomorrow." You go in the next day, there's still nothing in there.

Moreover, some participants reported that the fierce competition between consumers for sale products could result in disturbances at stores, as customers battled one another and clerks in the high-stakes game of shopping on a meager food budget. Kate, a white, single mother receiving SSI and SNAP as her principal means of income, described the situation:

But you can go to Supermarket A and the sale item, and it's out already. It's like cutthroat...You go to Supermarket A and there's always somebody fighting with somebody. There's always something going on. Fighting over a price, or cashiers getting nasty, or whatever. That's Supermarket A. ...Because it's cheap and you've got to get there or else they're out.

For some Hispanic and black participants, the lack of culturally familiar food in area stores was an issue. While Supermarket B had some Latin products and ingredients, many noted that the selection was better at supermarkets in other towns. This exchange with Wendy and her husband centered on their challenges finding foods that are part of traditional/southern African American cuisine:

I: And what about—you talked about collard greens. Can you get those at Supermarket A?

Husband: There's actually one name brand I get. That's it, nothing else. There's only one brand at Supermarket A, and I wouldn't eat them.

I: And are there places, other than Compare, where you can get the kind of seasonings and different kinds of things you like? Are there other things that you wish that you had closer to you?

Wendy: And as far as with Compare, because we eat some weird things. We eat ox tails. Not very often that Supermarket A have it. We like sage sausage. Supermarket A very rarely has it. Salted pork.

I: And who has that?

Wendy: Compare.

And in this excerpt, Yvonne explains why she travels to Compare for Latin ingredients:

I buy mostly everything in Compare. But if I go to Supermarket D, I won't be able to find more. Like they're more Americanized. I guess if you go to where more Spanish live, then...and I think where that supermarket [Compare] is in Middle Island, there's a lot of Spanish population around there.

Finally, a number of participants felt that supermarkets in the Mastics and Shirley did not adequately stock what they termed “healthier” foods—gluten-free or low-sodium products. Many of these people or members of their families had health issues, like attention deficit hyperactivity disorder (ADHD), diabetes or heart conditions. In some cases, health professionals had instructed them to change their diets. Yet, the absence of these types of food made it extremely difficult to adhere to dietary guidelines. When the food was available, even in limited supply, participants were frustrated by high prices and some were forced to forgo buying items altogether because they were too expensive. Shelley described her experience trying to get gluten-free food for her son:

***Shelley:** And then when my son was diagnosed with ADHD, his doctor wanted him to go on a gluten-free diet. Well, the thing is, it's hard to find gluten-free foods in a regular grocery store. And the only one that I remember is Wild By Nature, and that's all the way...I know it's past West Hampton. But it's like I'm not driving all the way up there just to get the foods. My grocery store should have it in there. But even so you're paying double the amount of money.*

I: Right. So, what do you do in terms of the gluten-free stuff?

***Shelley:** We don't, because it's too expensive. Feeding a family of five on one income is not easy.*

Laurie is a white, married mother with two young children living at home. She recently changed her family's diet after her husband was hospitalized with increased fluid around his heart. Laurie, too, expressed frustration with the paucity of “healthy” foods and the cost of those that exist. She has taken steps to try to manage the high prices, such as buying a large freezer where she can store (lean, fat-free) meat items purchased in bulk through a specialty meat company. She has her own garden in the backyard of her home and saves money by eating the produce—lettuce, tomatoes, cucumbers—she grows there. But when we last met with Laurie, she was finding it increasingly difficult to afford produce in stores and, when she could find them, low-sodium products. As part of the Photovoice project, she created a

montage to capture the challenges she and others like her encounter shopping for affordable food (Figure 8). During a Photovoice session, Laurie described one of the images in the tableau—the elderly couple putting groceries in the car, as the man holds his wife’s pocketbook:

I saw this elderly couple when I was leaving the store. ...We checked out and everything and when I saw them loading the car I stopped them and I asked them, “Can I take your picture?” Because while I saw them shopping, I saw them going back and forth and picking up one thing and putting it back and then going to the next type of exactly the same thing. And when I took this picture, it just really hit me—the pocketbook. It is hitting you there when you are trying to find healthy food, that’s where it hits us.

FIGURE 8: “BUYING HEALTHY IS...” BY LAURIE



Kevin, a white college student, recently diagnosed with a fatty liver, discussed his attempts to find food for his revised fat-free, vegetable-rich diet:

There's definitely access to food out here but whether it's the highest quality or not, that's the issue. You can go to any store and buy a box of cookies, that's not a problem, but it's getting the higher quality stuff, like the vegetables and stuff like that. Even the produce sections—I've noticed from being in another area of the country—the produce sections here are a little bit smaller than most areas.

Kevin also expressed a sentiment shared by other participants, namely that the socioeconomic status of Mastics and Shirley residents translates into fewer “healthier” options in stores:

I've done a lot of reading of certain areas, the income in the area versus what stores are in the area and what types of restaurants that you find there. There are a few areas that are kind of like... they don't really match up, but, for the most part, the higher the income, usually the higher quality food that's available in the area.

What's more, Kevin argued, the food industry exploits people in low-income areas by keeping them reliant on cheap, processed foods. He noted:

...from what I see it's almost like these companies, they feed off of the lower-income areas because, yes, we'll make it real cheap so they keep coming back for that same food, so you keep buying it over and over and over. And whether it's necessarily on sale or not, you really get addicted to that one type of chip, or whatever it is, you're going to keep buying it all the time.

Unlike most participants, Kevin has some flexibility with his food budget, since his parents pay for college and he lives rent-free with his in-laws. Given his different background and experiences, his thoughts on why people in low-income areas become “addicted” to certain kinds of food (“that one type of chip”) likely differ from the views of other study participants. As we've shown, people with limited means find it nearly impossible to be brand loyal because they cannot afford these products. Still, Kevin's sentiments about corporate manipulation were shared by other people, albeit from a different perspective. For example, Shelley offered her thoughts on industry control of the food environment, specifically with regard to gluten-free food:

So, it's like, you know, if they want us to use these items, they should put them in our neighborhoods. If the companies want us to buy their product then they should make it accessible in our grocery stores.

FOOD PANTRIES

Food pantries play a vital role in feeding many low-income people. In our study, participants with household incomes up to \$75,000 a year depended on pantries for food, unable to cover rent, food, medical expenses and other necessities without this assistance. To a one, people expressed gratitude for having access to free food. And many stated that they were aware that in the current economy food donations had decreased and pantries were having a difficult time keeping supplies on hand. Yvonne was so moved by the generosity of a local pantry that she took a photo of the boxes of food they provided the community. Jackie also snapped a photo of the same mobile food pantry and commented on its critical contribution to the area (Figure 9). June praised the munificence of a different community pantry, commenting on its wide range of products. She took a picture of the pantry's philosophy, posted on their entryway wall (Figure 10).

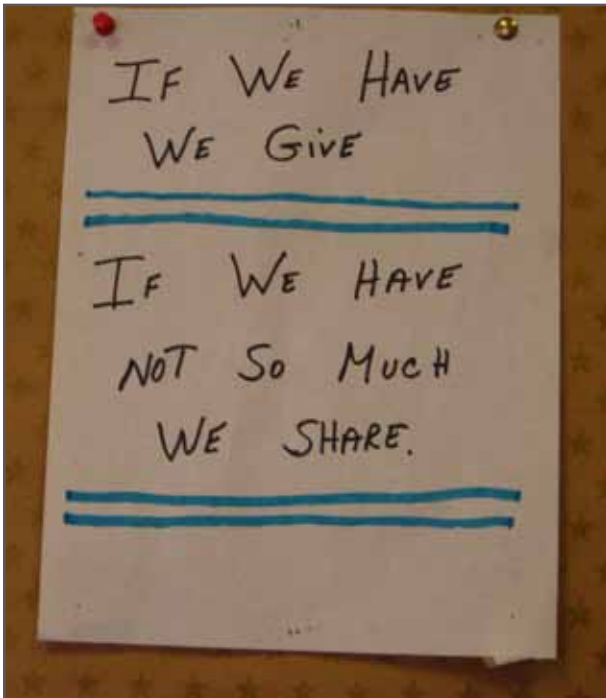
FIGURE 9: "FOOD LINE"



.....
I go to the pantry truck on Thursday afternoons to help stretch the food budget. Many people are in need in the area. As the weather gets warmer, the line gets longer.

-Jackie

FIGURE 10: "PANTRY WITH TOILET PAPER"



.....

Here you are given meats, like three pound of chopped beef, fruits and veggies, fresh when available, canned, if not. Toilet paper, deodorant and shampoo are given when they have them because of donations. You are allowed to go once a month and I generally go toward the end of the month once my food stamps run out.

-June

However, such profound gratitude did not necessarily mean that people were entirely satisfied with the nature of pantry food or the way it was distributed. Their main concerns included the limited number of pantries in the immediate area, screening processes, caps on visits per month, inconvenient service hours, inconsistency of products and wait times.

As we noted at the start of this chapter, these are the perceptions of study participants. In no way do we share their stories in an attempt to take away from the very important work of hunger relief. However, these narratives are important because they are so rarely heard in mainstream policy discussions. In addition, as we have argued, perceptions, accurate or not, influence how and where people attain their food, with potential effects on individual and community health.

LIMITED NUMBER OF PANTRIES: "WHERE ARE THEY SUPPOSED TO GO?"

The majority of participants identified just two pantries in the Mastics and Shirley that they could regularly use. As a result, people traveled to pantries in other areas in order to obtain supplemental food. Carol is a black college student who lives with two roommates and receives rental assistance from the not-for-profit housing

agency Concerned Housing. She expressed her frustration with limited food assistance in the area:

Well, I know there's a lot of people in the area that they don't go in this area because there's no food, there's no pantries available in this area. ...Like, there used to be available, but they're not. ...And they. ...Where else are they supposed to go and you know nobody knows, so they just. ...Often times they go back to the Bellport area again and they get stuff from them again because they don't have any more food in this area. ...There's no pantries in this area.

SCREENING PROCESSES:

“THEY’RE JUST TRYING TO GET FOOD”

Participants repeatedly relayed to us that they found screening processes at pantries off-putting. They complained that the requirement to show proof of residency in the area in order to receive food was unnecessarily onerous and insulting. Carol captured this sentiment in the following quote:

I went about a month ago, they wanted verification that I lived in the area or something. ...I really didn't have verification and I've lived in the area, 'cause who runs around with envelopes with their names stamped on them, you know...so I only had one ride to get there, so it was like I have to go all the way back to my house to get, you know, verification that I live there. ...And then even, I got verification, 'cause I have a license that says, you know, I lived in the area and whatever, and they didn't want that. They wanted mail that I lived in the area and I'm like, you know, I don't have all time to be going back and forth getting mail, and I mean all this sort of stuff. I'm like, you know, forget it.

Carol also theorized that because the screening process, it deters some people from getting much-needed food. It is intrusive and shaming She shared:

And that's another thing. Most of these...when Social Service gives you these papers that have these places that belong to churches, they want verification you live in the area. They want verification that you need the food from Social Service. They want verification about how many people are in your household and people. ...You know, if they're trying to get food, they don't want to admit they need food, and they don't want to, you know, verify how many people live in their household and all this other information, when they're just trying to get some food.

This was a sentiment expressed by other participants who said they preferred to use the area's mobile food pantry because no screening process—and thus less shame—was involved. We will talk more about stigma and its effects in the next chapter.

CAPS ON VISITS PER MONTH TO PANTRIES

Participants also expressed some frustration with pantry-imposed limits on how much food they could receive. With regard to the pantry using a screening process, people complained that they were only allowed one visit every month or three weeks. Moreover, at these visits, individuals were given just enough food to feed their households for three days; most felt that this simply was not enough. This was especially the case for individuals receiving SNAP. Typically, SNAP recipients spend the bulk of their benefits at the beginning of the month when they receive their payments. Feeling flush with funds, they stock up on staples, fruits and vegetables and meat. But by the third or fourth week of the month, provisions begin to run dry and, with money short or nonexistent, food is difficult to obtain, diets change and hunger may be present. This is known as the “food stamp cycle.”¹⁰ As June put it:

Beginning of the month you may be eating broccoli and cauliflower and stuff like that. The end of the month, you'll be eating canned corn and liking it, you know. So that's my gig.

While June and other participants were thankful for the food the pantries provided, they did not understand why caps on visits and amounts of food had to be so stringent. As a result of these rules, many participants felt compelled to turn to other pantries, in their community or outside of it, in order to get much-needed food for the lean period before their next SNAP benefit arrived.

INCONVENIENT PANTRY HOURS

A number of people noted that pantry service hours were inconvenient. Pantries were accessible only a few days a week or for a few hours during the day. Jackie argued that these restrictions made it difficult for working people to get food:

I think it would be beneficial to have a food pantry that's open at night, you know, because a lot of food pantries are open during the days, I think, You know, I think something at night would be beneficial to working people in struggling families.

On one day that we turned up to do field work at an area food pantry, it closed down entirely and turned people away, claiming lack of food. In fact, the pantry did have food on its shelves—granola bars, pastas, canned soup, etc.—but the pantry’s volunteer manager explained that they did not have the kinds of food people were expecting, such as peanut butter, tuna, meat and milk. This did not prevent people from becoming angry or disappointed when they were told the pantry was closed. However, as we’ll learn, there is overlap in the manager’s viewpoint and clients’ opinions about what kinds of food people want and do not want from pantries.

UNEVEN QUALITY AND VALUE OF PRODUCTS: A “HIT OR MISS”

Far and away, the concern we heard most often had to do with the quality and usefulness of pantry products. One participant complained about rotted vegetables, food past its sell-by date and containers of rice and pasta infested with bugs. But many more were discouraged by the inconsistency of the offerings, noting that sometimes they received items that were of use—meat, juice, milk, peanut butter, fresh or canned fruit and vegetables—but such bounty was unreliable. As Kate told us, the process of obtaining pantry food is “hit or miss.”

In terms of a “hit,” Kate described the joy she felt when the food was nutritious and plentiful, calling it like “Christmas day.” She continued:

Sometimes you call it a score. Sometimes it’s like, “Wow. I scored.” Like you’ve got two kids and you’ve got enough. Like bags and bags of stuff. I’ve gone to two pantries. I’ve gone to one pantry in the morning and another in the afternoon, and I’ve gotten so much stuff. Boxes of milk, canned milk, like that stuff that you use for sauce, chicken. Sometimes they give you chicken. Sometimes they give you hot dogs. Sometimes you get meat.

At the time of our interviews, the local mobile food pantry had recently given away pears during one of their weekly visits to the community. Virtually all participants who brought up pantry food noted their pleasure at receiving this fresh fruit.

Far more often, however, pantry clients walked away with goods like pasta, bread, cereal, cookies and rice—perceived as a miss. These items were disappointing for two main reasons. First, some were concerned about the food’s lack of nutritional value. And many thought that the products were poor supplements to their meager food supplies. They wished for more “substantial” help and greater amounts of what

they termed “real” food. Toni, a 51-year-old white woman, recently remarried and living on food stamps and SSI, summed up these views:

The food pantries out here, even though there’s a lot of them, they’re not as...oh, Jesus, give me the right words. They’re not as...can’t use that word. Stingy. They’re stingy. They give you, I don’t know where they’re getting the supplies from or what, but they’re giving you a lot of fattening foods. They’re giving you rice, they’re giving you Powerbars. They’re giving you cereal. I mean, I understand cereals for breakfast. But they’re giving you the same stuff every week. Who is going to go through a pound of rice a week? Who’s going to go through a big box of cereal a week, especially when you’re riding down, there’s only two of you in the family? I’m sorry. I’m trying so hard not to be an arrogant, selfish little. ...Come to my house, I’ll show you what I have. I’ve got a stack of rice, I’m sick of that. I keep turning back the cereal. I don’t want it, I don’t want it. I don’t want the cereal. You keep it, I don’t want it.

June questioned the reasoning behind the decision to structure the distribution of food in a way that did not meet community needs, especially for those receiving SNAP:

It just seems like it should be able to be distributed differently or more evenly or something. Or like especially at the end of the month, they have to know that a lot of these—I mean a lot of these people—face it. We won’t be standing in line if we had the money. We wouldn’t be standing around. So by the end of the month, we’re out of basic, normal stuff. You would think that a food pantry or a community service would be more taking care of—like, she said, do we have juice in the house? Do we have milk in the house? In my mind, in a normal setting, like when we have our food stamps in the beginning of the month we can splurge. By the end of the week, by the end of the month, what you really have left is the stuff that you can get. Like you can always buy pasta for a dollar. You can always buy pasta sauce for a dollar. You can always buy a bag of rice relatively cheap. Bread, maybe. Those things are not the need of the community.

Toni suggested that perhaps it would make more sense for pantries to allow clients to choose the food they need, rather than simply present a prepackaged box or bag of groceries full of uniform products.

I mean, I’m not the one who come up into the refrigerator and the freezer, you know. They go in and pick for me. They should ask you, “What do you want? Do you want this, do you want this? Do you want this?”

In fact, the model of food delivery described by Toni is called “client choice” among those who work professionally in the area of hunger relief and there are pantries on Long Island that operate in this fashion, although not in the Mastics and Shirley.

Later in her interview, Toni contrasted her experience with pantries in two different areas: the Mastics and Shirley, and a pantry in another Suffolk County town, where she used to live. She shared her pleasant memories of the pantry in her old community, stressing how much she appreciated the quality of products as well as the caring staff:

They gave me bread and cake. They gave me toilet paper, paper towels, laundry soap, dishwashing soap, toothpaste, toothbrushes, shampoo, conditioner, soap for your body and, because at that time I was going through a nervous breakdown, an emotional breakdown, they went with me shelf-by-shelf, product-by-product, and if it took me two hours to go through that food pantry, they very slowly went with me. “Do you need this? Do you want this? Take your time. How did you get here?” “I walked.” “Well, would you like one of us to drive you home?” “No, I can walk back.” “How are you carrying those bags?” “I’m going to carry them.” They gave me a backpack and they put everything in that backpack. They gave me Christmas presents, Thanksgiving presents, Easter baskets, clothes for the kids. ...They were an awesome, awesome food pantry. I miss them so much. Not just for the. ...it’s not even the food I miss. I miss the people.

Toni’s comments—“It’s not even the food I miss. I miss the people”—hints at an important theme—community and social isolation—which we will explore more closely in Chapter 5.

WAIT TIMES AND LINES:

“IF YOU WANT IT THAT BAD, YOU CAN HAVE IT”

A number of participants expressed irritation with the wait time to receive food at the mobile pantry. Mothers with young children, like Yvonne, found it difficult to stand in lines often lasting up to one hour. If they took their children with them, kids could be difficult to manage or to keep entertained. Some mothers with tight schedules had only small increments of time free during the day, between dropping off and picking up children from school and other activities. As Maggie, a 65-year-old Hispanic woman noted, the long waits, coupled with the desperate need for food, often resulted in unpleasant dynamics among clients:

And it's... Sometimes I'm standing...because I see people who are disabled and what not and they go up to the front and everything and I'm for that...but I see people who try to sneak in ahead of everybody. ...And I'm saying—we're standing and freezing...and these come from all over and they've had fights. ...I've walked away. I literally walked away, because I will not get into that type of situation. If you want it that bad, you can have it.

A couple of participants suggested that the lines were not handled fairly by those in charge of the mobile pantry. Because the pantry is affiliated with a faith-based organization, they believed that members of the church were favored and brought to the front of the line. As June commented:

And that's kind of not fair to the people who aren't affiliated with that church, and that's where we were. So by the time we get there, we're lucky if we're getting bread. And we waited on the line. A lot of them didn't.

A few people also said that they were “bothered” by the sermon that was delivered before they could line up for food and did not appreciate being told to be quiet when the pastor was speaking. And while some chose to come late in order to avoid listening, this put them at the end of the line and at risk for receiving less food as supplies dwindled.

FAST FOOD OUTLETS AND SIT-DOWN RESTAURANTS: “I WOULD LIKE TO SEE A PLATE OF FOOD”

For the majority of participants, sit-down meals at restaurants are a luxury. Even sit-down or take-out fast food is an extravagance that many limited food budgets do not permit. Trudy, a white, single mother of three young children who works part-time at a deli, explained how her insubstantial funds keep her from buying fast food for her kids:

They love pizza. They love McDonald's. That's their favorite foods. All of 'em. And every time we pass by a McDonald's, can I have a Happy Meal, can I have a Happy Meal? And I have to tell 'em no, I don't have the money. Like, the other day I had a little bit of extra money in my pocket. I went out with my friend and she treated her daughter to McDonald's. I said, all right, I'll treat you guys to McDonald's. Not every week, just this time.

Dawn also told us that that her family cannot afford to buy fast food, although she is less concerned about this than others because she has changed the family diet for health reasons:

It's just not affordable. It's more affordable to stay home and cook the stuff you buy than to... We could feed the whole family on 8 or 9 bucks, rather than 15 bucks up at the fast food. So that's why we've cut back less. Plus, we try not to eat that stuff anymore. ...Anything cooked in a fast food really. French fries, hamburgers, the kids like Taco Bell. First to save money 'cause it's very, very tight right now. And secondly, it's just to cut back on the...for healthy eating.

Fast food can be found throughout the Mastics and Shirley, with a concentration of chain restaurants—McDonalds, Burger King, Taco Bell and others—centered where two large roadways meet in Shirley. A few participants were bothered by the density of fast-food outlets in such a small space. They felt that the glut of retailers was a blight on the community and encouraged residents to become dependent on fast food. Rachel shared:

I feel especially in this town...when I go to other towns, they're spread out. But there's a place for literally and like, a little, tiny radius there is Burger King, McDonald's, Taco Bell, Wendy's, Kentucky Fried Chicken, Boston Market and Checkers, well, at that intersection. It's crazy. It's nice if you just want to go get fast food, but it's also like easy to just go get fast food instead of trying to not eat french fries for three meals a day.

Like Kevin, Laura, a white, single, library worker who grew up in the Mastics and Shirley, believes the community has been targeted by big business, specifically the fast-food industry:

I don't know if they just looked at the clientele of the area—like, I don't know if they just...I don't know, it's strange, because it's just...growing up, we only had McDonald's. And I don't know. Actually, no, we didn't even have, like, when I was little all of this did not exist. But I remember sitting in Wendy's and they were building Taco Bell next door or something, or vice versa. ...And then they built the McDonald's. It's just...why, I think they just saw that there was a lot of people who live in the area. ...So somebody saw the opportunity to just...like jump on that.

In addition, a couple of participants were disappointed by the lack of dining establishments in the community. Even though Carole cannot afford to eat at a restaurant, she felt that having more full-service eateries might make a difference in people's diets:

I think it would encourage more people to, you know, like, go out and eat more food and like. ... People like to have like a plate setting of food. ...I know we live in the fast-food world, but I would like to see a plate of food. ...They would be able to see the food, and I think they would choose more healthy options being able to see the food.

For people with more means, the lack of dine-in restaurants was a logistical difficulty. Rachel explained the situation:

I feel like there's not really very many restaurants here at all. There are a million fast-food restaurants, and I can really only think of a couple sit-down places and they're not even in Shirley, they're in, like, Mastic or Moriches. ...When my family came to visit, I wanted to bring them out to dinner somewhere, and it was, where can we bring them? We don't want to bring them to Pudge's or Burger King or something like that. You have to drive a good 15 minutes to get some place where you actually want to eat out, if you have people up here.

CONCLUSION

In this chapter, we have heard what residents think about their food environment, principally informed by the challenges they have accessing food. We have also touched on some of the problem-solving strategies people use to negotiate this environment in combination with the restrictions of their own food budgets. In the next chapter, we will explore more fully the experience of living in food poverty. This analysis will involve a closer look at how residents feel about their lives, especially anxieties around accessing and eating enough food, as well as obtaining and consuming the so-called "right" kinds of food.

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Food, Feelings and Stigma

INTRODUCTION

THIS CHAPTER EXPLORES WHAT IT FEELS LIKE TO LIVE IN FOOD POVERTY. Most studies on food poverty assess degrees of food insecurity, exploring behavioral strategies to access food and evaluating health outcomes due to diet. When it comes to the health effects of food poverty, research is largely quantitative in design (relying on cross-sectional studies) and unable to determine causality or to place relationships between variables in any kind of spatial or structural context.¹

People’s feelings about food poverty are rarely examined in academic literature or policy reports. A few studies have examined the perceptions of people in specific demographic groups, such as single mothers, the elderly and the homeless.² A classic study in 1992 used a qualitative design “to develop a conceptual framework and definition for hunger in women and children based upon the experiences of the hungry,” and to construct indicators based upon that definition.³ Results from the study guided the creation of the Household Food Insecurity Measure subsequently adopted by the United States Department of Agriculture (USDA). Much qualitative work following the 1992 study has compared qualitative findings to this measure.⁴

In these studies, the highly stressful nature of poverty is often a topic of concern. But the lens of sociology is rarely applied to understand this phenomenon. In fact, we know very little about the experiences of people who literally embody the consequences of food insecurity (through mental and physical health conditions). Likewise, we have scant insight into how they try to make sense of it conceptually or deal with it emotionally.

In order to understand the coping mechanisms people use to manage poverty—as well as the food practices that go along with it—we employ the concept of stigma. In sociology, stigma is defined as a

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STIGMA is defined as a “deeply discrediting attribute” that people possess when they do not meet normative expectations. Stigma is central to identity and may be thought of as a gap between who we are (our actual identity) and who society wants us to be (virtual identity).

“deeply discredited attribute” that people possess when they do not meet normative expectations. Stigma is not an innately deficient characteristic; rather, it is a social construct developed by those in power. Stigma—especially if it is an attribute that is visible—damages the way others see us and limits full participation in society. In this way, stigma is central to identity and may also be thought of as a gap between who we are (our actual identity) and who society wants us to be (virtual identity).⁵ This discrepancy can damage self-perception and cause feelings of negativity, powerlessness and anxiety that are then alleviated through stigma-management strategies.

PUBLIC HEALTH, POVERTY AND STIGMA

The experience of being poor or near poor often puts people at odds with societal norms about so-called proper ways to live. One of the ways in which poor people may come to be stigmatized is by engaging in food practices that differ from those judged as socially acceptable. While there are a number of standards concerning socially acceptable food practices (e.g., food should be obtained legally), the prescriptive messages of public health, specifically nutrition, resonate powerfully, especially the field’s emphasis on individual responsibility for maintaining health.⁶ The message from experts—and from other sources who repeat what experts have to say—is that we are each accountable for making “healthy choices” about the food we eat, and that our health, good or bad, is the result of our actions in this regard. This focus on individual responsibility drives public discussions about health, as well as health promotion activities like nutrition education, where the goal is to help individuals make “better choices” about food consumption in order to combat chronic disease.

The implicit assumption behind this “healthy choice” message is that many consumers possess a “knowledge deficit” when it comes to eating. Experts presuppose that by filling in that gap with missing information individuals will change their dietary attitudes and behaviors. But does this model hold? Consider a recent article published in *The New York Times* titled “Told to Eat Its Vegetables, America Orders Fries.” As the article notes, despite a decade’s worth of public health initiatives largely focused on educating the public about the benefits of healthy eating, the average intake of fruits and vegetables has barely changed. Today, only 26 percent of Americans eat vegetables three or more times a day.⁷

This reluctance to bring behavior in line with expert knowledge confirms what many scholars have long documented. Despite the presentation of seemingly ra-

tional, scientific information, publics do not necessarily behave as experts wish. A variety of factors, among them past experiences, personal value systems, competing interests and trust and confidence in authorities, interfere, either to construct alternative understandings of policy issues or to create resistance to them.⁸

Moreover, people are often nonresponsive to expert opinion, not because they are unaware of it, but because the material conditions of their lives prevent them from acting on that advice. As we will discuss, many study participants were aware of nutritional standards and strove to obtain fruits and vegetables or low-sodium, nonfat food whenever they could afford to do so. However, their constrained food budgets prevented them from achieving this objective on a regular basis.

Despite some public opposition, public health continues to strengthen its grip on social messaging and social institutions. And, as this occurs, personal responsibility for health is increasingly being framed as a moral obligation.⁹ Individuals are regularly encouraged—by their employers, by educators, by the media, by government officials—to dutifully practice good health by following professional guidelines for healthy living (e.g., good nutrition and exercise). This dedication to good health in turn creates personal identities centered on health assessment and management, which further reinforces dominant expectations about healthy living.¹⁰ But when individuals are unable to engage in prescribed “healthy” practices—when they cannot afford to buy vegetables and fruit and must eat boxed macaroni and cheese instead—they are held morally accountable for conditions beyond their control. Moreover, this moral judgment (stigma) threatens to undercut individual identity and often takes an acute mental toll. For people who cannot reconcile their perceptions, actions and living conditions with expected behaviors, stigma management is vital. This may involve trying to hide differences from others or it may involve framing experiences in a way that addresses tensions between individual behavior and normative assumptions about health and food. Many study participants actively engaged in this process, even as they told us their stories.

One of the most obvious ways in which society judges (perceived) differences in eating is through widespread disparagement of obesity. Within public health, obesity is considered a leading cause of preventable death and is believed to be caused by poor diet (high in fat, sugar and calories and low in fiber) and a lack of exercise. Experts typically decry what they see as an obesity “epidemic” in this country and the language used to describe obesity is typically dramatic.¹¹ Like diet, obesity is seen as an outcome of personal responsibility and is often read as a sign of moral failure. (In fact, the stigma of obesity is arguably greater than the stigma of food and diet

since it is virtually impossible to hide.)

Recently, academics and “fat” activists have challenged the medicalization and moralization of obesity on several grounds, including the way obesity is measured, which is seen as arbitrary¹² and the manner in which it further marginalizes already disadvantaged groups like women, the poor and people of color, who are more likely than others to be fat. However, despite this backlash, obesity continues to be treated as a deviant condition and overweight people regularly face censure and discrimination. Complex coping strategies are then required to mitigate the stigma of obesity.

How people manage stress/stigma has profound implications for health. As research has shown, people living in food poverty experience more emotional distress and mental health issues.¹³ Studies also suggest that stress is associated with poorer physical health among low-income/food-insecure Americans, although the pathways by which this occurs are not well understood.¹⁴ From a policy perspective, we argue that decision makers need to pay more attention to people’s feelings about food insecurity. In our view, public health’s preoccupation with the physical health effects of diet (e.g., obesity) is misplaced; at least some of that energy would be better redirected toward concern about the indignity of food poverty as well as the mental anguish it creates.

STRESS AND DAILY LIFE

In their interviews, many people revealed that they experience stress on a daily basis. Participants used words like “anxious,” “tired,” “worried,” “scared,” “terrified,” “panicked” and “depressed” to describe their emotional states with regard to food poverty and related conditions. Each day, they struggled to manage scarce resources in order to pay for food, as well as competing necessities like housing, health care, heat and gasoline.

For most, the economic downturn had heightened anxieties. Those with jobs feared that they might soon lose them. Those without jobs were concerned that they might not ever be employed and could not survive much longer on their limited funds. Some faced bankruptcy and dealt with housing issues, such as mortgage delinquency and foreclosure. A number of people routinely missed payments on rent or electricity and were only managing to keep a roof over their heads because of the tractability of landlords or other bill collectors. In several cases, individuals were skipping needed medical care because they could not afford co-pays or deductibles,

causing their ailments to worsen and emotional distress to build.

With scant resources, many participants were forced to choose between food and other needs. Each choice had the potential to create negative health outcomes. In her photo titled “Mold on My Ceiling,” Diane found a visually powerful way to highlight competing claims on her family’s income (Figure 11). Having to decide between fixing her moldy roof and paying for food, Diane has opted for the latter, but her family’s well-being has been compromised as a result.

FIGURE 11: “MOLD ON MY CEILING”



.....
The mold is growing on the ceiling at my house. The roofer wants \$6,000 to fix my roof and I don't have it. My entire family has asthma brought on by the mold. I have to decide do I pay for food or save money to get my roof fixed?
-Diane

Yvonne, too, felt overwhelmed by her family’s bills and, as a result, sought advice from a pro bono financial planner. Alarmed that Yvonne and her husband were diverting money from the family food budget to pay for other bills, the financial planner encouraged Yvonne to file for bankruptcy (Figure 12).

FIGURE 12: "BILLS"



.....
These are all my bills. This is real. But when we went to visit a financial planner she said, "What are you doing? You're taking food from your children's mouths to pay this and you're still not even paying it all." And she was right.

-Yvonne

WORRIES ABOUT FOOD

A recent study of low-income, African American women in Philadelphia focused on differing states of hunger and their impact on health. In their work, the authors described a "hunger of the mind" that stems from interpersonal or societally inflicted trauma that leads to feelings of depression and hopelessness and a "hunger of the body" that refers to literal hunger pangs that disrupt daily functioning. The study concluded that "hunger of the mind" exacerbates "hunger of the body" and ultimately has a more powerful effect on well-being.¹⁵

Among study participants, we also found that "hunger of the mind" had the most deleterious effects on daily life. But we also discovered an interesting interplay between the mental and physical manifestations of hunger for participants: at times, their sadness and anxiety were literally worn on their bodies. A number of participants were exceptionally thin, either due to diet or because they were too stressed or depressed to eat (a theme also noted in the study discussed in the above paragraph). One woman, who had suffered a nervous breakdown, had scabs and sores all over her arms. Others presented with hands that visibly shook (from nerves, hunger or both?) throughout the interview.

While we have talked about missing voices in policy discussions about food, it is equally important to point out that bodies are absent. While there is a public health fixation on diet and obesity, the focus is actually disembodied, meaning that it looks at bodies separate from human subjectivities. In other words, the body is seen as a site for intervention or change, without regard to conditions that create the bod-

ies or how bodies are experienced by individuals moving about in time and space. While it is beyond the scope of this work to fully explore food and embodiment, there is a critical need to do so in future scholarship and public health work.

Returning to this study, we found that anxiety about food centered on three main themes:

- Having enough food to survive
- Having the “right” food
- Having the ability to access food in socially acceptable ways

While these themes can stand as separate categories, they often overlap to affect mental and physical health.

HAVING ENOUGH FOOD TO SURVIVE: “I GO INTO PANIC MODE”

A number of the study’s poorer participants regularly worried that they would not have enough food to eat. They reported staring into empty cupboards and refrigerators, unsure about how to stock them. At these moments, terror ensued. As Janet explained:

I go into panic mode. When I open up my freezer and there’s no food in there, you know, it’s an empty ice cube tray or just, you know, ice cube trays, it’s scary.

For those on food stamps, anxiety was especially high during the third and fourth weeks of the month, when benefits ran out and money was short. Many had to scramble to put food on their tables and reported eating broth, peanut butter and jelly sandwiches and, in one case, “German pancakes”—a fried mixture of flour, water and eggs—so that they could make it until their next SNAP disbursement date.

However, sometimes the food shortage and concomitant anxiety started earlier in the month. As Maggie described:

It’s, will I have enough to stretch out for the month. Because sometimes I go, and I buy coffee, whatever, whatever from Supermarket A, because I can’t find it anywhere else. And my Food Stamps are gone. And I’m standing there, and this is the beginning of the month, and I’m thinking, “Oh, Jesus, what am I going to do?”

In fact, Maggie is an extremely savvy consumer who very effectively stretches her dollars. Moreover, she is a talented cook who is able to produce numerous meals

with only a few ingredients. However, even with these strategies, Maggie and other participants found that they were simply not able to feed everyone in their households and, as a result, stress was ever-present.

As mentioned previously, many participants were apprehensive about paying for food in addition to other necessities, like rent or gas. At times, people made the difficult choice to forgo purchasing food so that they could cover other bills. When asked if she ever worried about not having enough food, Jackie replied:

Yes, sometimes I do, yeah, yeah. You know, because it's like sometimes, well, do you decide to go and get milk or do you decide to put gas in the car. Well, you need gas to go and look for work, you know, or you need gas to take him [her son], you know, to an activity or something, you know, locally, or do you get milk? Yeah, I've experienced that several times.

Adults, usually women, also shared that they rationed food or skipped meals so that others in the household, typically children, could eat. This is an issue we will explore in more depth in Chapter 6.

In keeping with the last chapter's findings, people reported that pantries were inconsistent sources for food. While a visit to a pantry might be a "score" one week, with protein and vegetables on offer, the next week might be a "miss," during which people took home unwanted and valueless products, such as pasta or a can of Ajax.

In a few cases, participants conveyed that they experienced hunger pangs. This was not uncommon for SNAP recipients, given the feast or famine cycle of benefits. As Paula explained: "It's just like kind of...that's when I'm really kind of feeling kind of hungry there, like the last two weeks of the month." It's at this point that Paula begins to make her German pancakes.

Janet found it especially difficult being around her coworkers when she had little to eat. As a recent employee at a social services agency, hired for a low-wage position, Janet is less financially secure than other employees. She rarely eats in the office, but her colleagues do not seem to notice and are oblivious to her physical and emotional discomfort. Janet shared:

It's like, oh, God, you know, you know, sometimes they'll be heating up food at work, and my mouth is watering, and I'm like, "Okay, what am I going to have today?" you know, and since I try to keep like fast things in my drawer at work, like I'll keep a pack of Chiclets and if I can down some crackers or something, but sometimes it really sucks, you know, and you're smelling other peoples food, and you're hungry.

On the days when she does have food, Janet elects to eat in her car, in order to manage her embarrassment about the size of her lunch—one (or two, if lucky) hot dogs.

HAVING THE “RIGHT” FOOD: “A VEGETABLE WITH EVERY MEAL”

Many participants were also anxious about the kinds of food they were eating. People worried about the nutritional value of foods, as well as what others might think about their diets. Participants frequently expressed that they did not have enough money to buy “real” food or that the pantries did not provide enough of it.

For participants, “real” or “healthy” food included the types of food recommended by nutritionists, such as fresh fruits and vegetables, low-fat milk and other items that were not highly processed. While much of the public health literature assumes that people do not know what constitutes a healthy diet, virtually all participants were aware of basic nutrition guidelines. Moreover, the majority believed that there was a relationship between diet and health. Trudy’s comments were representative:

If people don't eat right, then you're not gonna be healthy... . Eat your meat and your vegetables. Eatin' the right meats, eatin' basically the right foods, but like with vitamins and protein in it.

Like Trudy, other participants invoked “vitamins and protein” as critical to “real” food. But they also mentioned other nutrition concerns, such as high-fructose corn syrup, sugars and sodium. Jackie explained why she limits her son’s soda intake out of concern for his dental health:

So let's say he has a soda on Monday night, I won't allow him to have a soda maybe until like the following Monday or like midweek. He's not going to have a soda like every single day, and he's not going to have three sodas in one day. There's just no way. He knows like soda's like a special treat. Because his father's a very heavy soda drinker, and his father's teeth is rotted out, and I think he kind of remembers that actually.

When asked where they had received their nutrition knowledge, participants pointed to several sources, including their families, the Internet, TV and health professionals. But, in most cases, it was considered a given, something everyone recognized, since the information was everywhere and “basic common sense.” In

the following exchange, Wendy and her husband discuss specific foods and the preparation of specific dishes as nutritionally good or bad.

Wendy's H: So you asked what's healthy? Salad. Baked foods.

I: So the preparation is what you're talking about?

Wendy: Yeah, because you can—like a perfect example. You could take a salad. You have a simple lettuce and tomato salad. Or you can have a chef's salad. But then you add your meat, you've got your cheeses. You've got your heavier dressing versus the light. So, it still goes to the preparation of it.

Wendy's H: And then you talk about the cholesterol with the eggs. I only use egg whites now.

Having the “right” food also meant presenting it as part of a well-balanced meal, ideally a combination of vegetables, a protein and possibly a starch. (Few participants mentioned whole grains as an essential part of diet.) Several emphasized the importance of “home-cooked meals,” viewing them as more nourishing. As Carole described:

I think the more home meals you eat the more healthier you are... . Like more vegetables, salad, you know like greens and stuff you eat...the healthier you are. That's what I try to now eat...a vegetable with every meal, like they're cooked because before it used to be like—oh ,we're going to have like chicken and macaroni, what happened to the vegetable? I don't know.

MEAT: “IT’S LIKE A TREAT ALMOST”

Meat, in particular, was viewed as fundamental to a nutritious diet and, for many people, signified good health. In fact, the value placed on meat (especially red meat, as we’ll see) runs counter to mainstream health positions on the dangers of red and fatty meat, which are linked to heart disease. These issues were not addressed by most lower-income participants and represent the only instance in which ideas about food deviated from the position of health experts. Instead, as a protein, participants felt meat provided them with necessary nutrients that they could not get in other ways. Diane summed up the opinion of many participants:

When we were growing up my father said we had to have meat with every meal...I guess that's an Italian thing, but meat is important. I think that it helps them with vitamins, you know, because they don't always take vitamins, you know, the jar is there—it stays, it collects dust.

Dianne's comments hint at a possible underlying cultural component to the value of meat ("I guess that's an Italian thing") but other participants discussed meat in a similar way, although they always pointed to childhood as influencing their perceptions. Yvonne talked about why she regards meat highly and always serves it at meal times:

I don't know, that's the way I was raised. We always had meat in the house. It didn't have to be expensive meat, but it had to be meat. It could be chicken or beef, so I always, always have meat and rice at my table, no matter what.

What became clear as people talked in more detail was that meat was imbued with rich meaning about social status. For many participants, eating meat was a sign of affluence and conferred prestige on the consumer.¹⁶ Yet, given their restricted food budgets, a number of participants reported that they were only able to afford meat a few times a month. As a result, the lack of meat on their table was interpreted as direct evidence of their economic and personal failure.

People also created a hierarchy of meats, with red meat at the top as the most healthful and treasured compared to pork and chicken. Hot dogs and canned meat like tuna or chicken were seen as substandard. Fresh fish, for many, was not even an option, given its cost, but it too was highly valued, particularly among Hispanic participants. June described how the "food stamp cycle" leads her family to eat less meat or less desirable meat as the month wears on:

Definitely the first two weeks are good. Maybe three, depending on what we bought, you know? But definitely by four we're—not that we're not eating healthy. We're still eating healthy, but there's no—an egg is healthy, so you can't say it's not healthy. It's just not—there's nothing like the first of the month when you sit down to a meal and say, "Wow. We're having London broils," or like this past summer—hamburgers used to be the lesser food. When we had hamburgers this year it was a big, "Oh, we're sitting down to hamburgers with fresh sliced tomato and fresh lettuce to put on your burger," so that it was—it's like a treat almost.

June's comments are interesting because they contain a hint of defensiveness about what constitutes "healthy" food and suggest somewhat conflicted engagement with public health messages. They intimate that June may be aware that eggs, in recent history, have had a dubious reputation among health experts due to cholesterol concerns. She attempts to rebut this ("an egg is healthy, so you can't say it's not

healthy”) but ultimately remarks that meat (with fresh vegetables) is a healthier (and preferable) alternative.

When we asked people what they would think if someone served them a meal without meat, those with limited financial resources said that they would assume their host could not afford it. As Brenda noted:

I would probably think they're exactly in the position we're in. That's exactly what I would think because my mom cried that one night. She said, "I can't believe that our cupboards are this bare, and I can't believe this and I busted my butt for so long and now I'm a 52-year-old woman and I can't afford to put food on my table."

Brenda's comment stands in stark contrast to the views of the study's more economically comfortable participants, who exert greater control over the foods they purchase. For them, meat, or too much meat, represents a health threat, again in line with expert opinion. At the same time, meat is interpreted as the product of an inhumane practice, given the way many animals are raised and slaughtered. Boycotting meat, then, becomes a political statement. Rebecca's remarks were typical:

I'm not really a meat person. I love to try new things as long as they're like plant based, you know, I like vegetables and fruits but I'm not, I don't really like to think about where meat is coming from or what it is, while I'm eating it. Meat just kind of grosses me out...it just doesn't seem right honestly to me, because I just love animals so much so it's just, I feel like I could do without it just as easily as have it, so why would I kill a cow?

REPETITIVE DIETS

Another theme expressed by food-insecure people involved the monotony of their diets.¹⁷ People complained about having to eat the same canned and frozen foods time and again. Given their affordability, hot dogs and prepackaged macaroni and cheese came to dominate meals. Brenda described the tedium of eating the same foods repeatedly:

It's a little boring eating the same thing over and over and wishing that you could go out and you could go and get steak and you could make some nice steaks and have mash potatoes, not the instant kind, the real kind and having meals like that instead of just always eating on the run and eating fast things and mac and cheese. We have like three different kinds of mac and cheese and

I actually commented to my mom the last time she went shopping, we had literally three different kinds of mac and cheese.

Jackie also mentioned the boring consistency of her diet: “I say it’s hard because, you know, it’s like what do you like, and it’s hard to eat pasta all the time.” When food-insecure people were asked what they would buy if they possessed more money, virtually all said they would purchase meat, especially red meat, as well as fresh fruits and vegetables. They craved these foods for their health benefits, taste and social value. Maggie discussed the joy of finding and eating an avocado:

To eat an avocado here you need to be very careful how you buy it, because usually they’re no good. And when I do get one, I’m very selfish. I will eat it alone. ...My son goes, “Mom can I have some?” “You can have a sliver.” But it’s because they’re very expensive.

The inability to make “real” food a staple of household diets—combined with the repetitive consumption of “unhealthy” food—created great worry for people. They feared external judgment and engaged in self-blame. For instance, when Janet hides from her coworkers at lunch time she does so not just because her lunch is small, but because she is embarrassed to be eating hot dogs, which she fears her colleagues will view as nutritionally void and, by extension, a reflection of her lack of moral character. In another example, Brenda described an evening when her mother broke down crying after serving canned chicken for dinner, holding herself accountable for not being able to afford the “right” kind of food:

My mom made chicken and rice with the canned chicken breast. She heated it up. She had a cream of chicken, cream of mushroom. She mixed it all together with rice and it actually tastes really good. But she’s really depressed at that moment. I asked her, “What’s the matter, why are you upset?” She said, “I can’t believe we can’t even afford to buy real chicken to have chicken and rice.” I said, “It tastes really good and I was really enjoying it.” I said, “It’s really good though.” She said, “I know, but it’s not even real chicken.”

Sometimes fear about moral judgment was intermixed with concerns about health. As part of the Photovoice project, Yvonne took a picture of her family’s weekly groceries, acquired at a dollar store (Figure 13). Because she shops at dollar stores, Yvonne frets that her family is not getting the nutrition they need. Her photo shows a collection of products—frozen vegetables and fried chicken strips,

eggs, prepackaged luncheon meats, boxed snacks—that she deems “unhealthy choices,” mirroring the language of public health. Her caption reads as part sarcastic commentary on her family’s economic troubles (“stretch those dollars”) and part sad reflection on her inability to serve her husband and children more socially acceptable foods. As we’ll explore in more detail in Chapter 6, Yvonne views herself as a “bad” mother—unable to meet the standards set by public health—and worries not only about her kids’ well-being but about her capacity to care for her family.

FIGURE 13: “DOLLAR STORE”



.....
This is a \$27 shopping spree that will last for four days to one week. Can't purchase more food until my husband's next biweekly check. And I can't afford to buy anywhere else, stretch those dollars. ...No name products, unhealthy choices, limited meals, children's snacks not my first choice.

-Yvonne

Other people expressed direct concern about specific health conditions. Carole, who is diabetic, said she is worried that shopping at dollar stores is compromising her well-being:

They have food, but it's not like really...they have mostly canned food...and like stuff that's already prepacked and things...so there's nothing like really you can eat. ...It's like all sugary and you know like Pop Tarts and macaroni and cheese and all that kind of stuff. ...I have diabetes, I'm not supposed to eat sugar.

Maggie, who underwent a gastric bypass after developing diabetes, is anxious about the quality of her current diet, much of which comes from food pantries:

Oh, God, I miss eating fish. But it's too expensive. So I have a thyroid condition. ...I also have fibromyalgia...I also had gastric bypass. I'm supposed to be eating fish instead of all the other meats I eat. But I can't afford it. My diet...long gone, because I'm eating potatoes, I'm eating rice, because it's the only thing I can get. But if my doctor ever saw me now, he'd have a heart attack. Because I almost died, and I had to have the gastric bypass. I worry.

FAILURE TO ACCESS FOOD IN SOCIALLY ACCEPTABLE WAYS

Compounding the failure to eat “real” food is the stigma associated with how food is accessed. Participants usually experienced this form of stigma when they interacted with others, necessitating immediate management of the situation. Foreshadowing our section on coping strategies, some participants commented on their feelings of embarrassment when using EBT cards, issued as part of the SNAP program, to buy their food. Unlike the older food stamp coupons, EBT cards are less distinct from mainstream forms of payment, since—as loaded cards—they resemble credit or debit cards. However, people said they still felt that others judged them for using the cards and tried to keep them hidden for as long as possible before making a purchase.¹⁸

Still more people reported feeling “embarrassed” or “mortified” or “sad” about having to use food pantries. In one interview, a participant omitted reference to her pantry visits, and we only learned about them when someone else explained that she had seen this person standing on line for food. (The person who saw the participant was the interview’s Spanish-English interpreter.) A few times, people claimed they had only gone to pantries once or twice, but it later became clear, as discussion continued, that pantry food was consumed on a more regular basis. Sometimes negative interactions with pantry volunteers heightened shame. June described an encounter at a local food pantry. During this interaction, June complained to the staff that they had not provided her with milk. In return, a volunteer took five dollars out of her wallet and threw it at June. As June remarked, “I’m like, ‘Do you think that that’s what I?—like, it was very degrading. It was very degrading.’”

Shame also accompanied other types of food transactions/interactions. Brenda talked about her embarrassment at paying for meals with coins rather than dollar bills:

I eat often at the McDonald's near my job. It's literally right across from where I work and I go there a lot. Last week I paid for a McChicken with pennies, nickels, dimes and a quarter, and I was embarrassed. That's not the first time that's happened, and I'm sure it won't be the last.

As we discussed in the previous chapter, some food-insecure participants resorted to unconventional strategies to access food, including recycling cans for money, pawning personal possessions and even stealing. In many of these cases, people reported feeling ashamed about their behavior, which diverged from established social standards.

STIGMA MANAGEMENT

In order to deal with stigma, participants relied on one or a combination of strategies that allowed them to make sense of their situations. Chief among them were:

- Symbolic boundary making
- Believing
- Relating
- Adapting
- Blaming

SYMBOLIC BOUNDARY MAKING:

“I WON’T GO UNLESS I REALLY NEED IT”

In order to create and maintain identities, boundary making is often required. By drawing mental boundaries and putting people and things into distinct conceptual categories, individuals are able to produce meaning and enhance status, while also excluding individuals who are classified as other.¹⁹ While symbolic boundary making is abstract, the distinctions it creates can help cement social relations and beat back competing interests in social power.

In our research, we found that people engaged in two kinds of boundary making as they tried to make sense of their food practices and shore up identities at odds with social expectations. In the first case, they distinguished themselves from others they saw as less fortunate, but entirely deserving of societal sympathy and care. Often these groups included individuals seen as more dependent or helpless, such as children or the elderly. In the second case, participants separated themselves from those they saw as greedy or lazy, taking advantage of the social support system, for

example. These people were classified as undeserving and their moral character was judged as less worthy than those making the assessments. This distinction between the deserving and the undeserving is reminiscent of historical attitudes toward poverty that contrast those who are deserving of assistance with those who are not, due to beliefs about their poor moral fiber.²⁰

DESERVING OTHERS

Even as they recognized their own food poverty, people expressed concern for individuals with even fewer resources. George shared that he only visits pantries when “I look in the drawer and see there’s nothing in the cupboard. Like okay, there’s crumbs and a few roaches running around.” He explained that as a single man his needs are secondary to families with children:

I won’t go unless I really need it. I let it go, and it’s like I let you and your kids go before I go. I don’t need it that much. ...Okay. I put people ahead of me.

Janet readily admits that she could easily go to food pantries twice a week to obtain more food. Yet she also minimizes visits out of concern for others:

Because I know there are people that have it worse than my daughter and I. Some people that don’t have a job. Some people like, when I was on an appointment, I had no insurance. Some people are disabled, you know.

Sometimes people registered displeasure when another member of the household made use of pantry food, which they felt rightfully belonged to the less fortunate. Brenda explained how she became angry with her mother for going to a food pantry:

She came home with a big box of food one time, and I asked her, “Why did you go and get all that stuff?” She said, “We needed it.” I said, “Well, there are a lot more people that need it more than we do,” and I got mad at her and then we got into a fight about it. So she doesn’t go in there as much.

People's sympathy for deserving others also meant that, on some occasions, they shared food, even if they needed it themselves. Maggie described her efforts to help a disabled man at the food pantry:

I feel bad for those that are with me, you know, I know they need it as bad or worse as I do. ...And then there's one guy, he goes to therapy for his leg and he comes to the pantry, and he's always the last one. ...You know, near the last one. ...And there's times I'll look in my thing and I have two cans of something or whatever and I know that his bag has nothing. ...So when he puts his bag in the back, I just start throwing things into it.

In each of these examples, participants expressed genuine compassion toward people in need. In Janet's case, for example, she empathizes with people who are uninsured, since she too has been in this position. But by creating symbolic boundaries between themselves and others seen as more impoverished or disadvantaged, participants were also able to lessen personal stigma, enhance self-esteem and feel more like a part of mainstream society.

UNDESERVING OTHERS

While participants were very clear about their desire to attain economic self-sufficiency, some decried others whom they saw as "lazy," or "abusers" of the system. When asked if people had a right to food, we often heard that food was something individuals had to "work" toward getting. In most cases, work literally meant labor for wages, although it could mean giving back to the community in some way, however one was able.

Janet expressed frustration with people who receive SNAP benefits but do not hold jobs:

I do think there are some people that you know, have the means to work and just, you know, and it's unfortunate because it hurts everybody that way...sometimes I'll be in the supermarket counting my pennies, praying to God that I have enough, and somebody will be ahead of me with a benefit card and they have like two shopping carts and it's all like the best of the best, and here I am working my tail off and praying that I have enough to pay for the few items that I have, and it just seems unfair, you know, it seems really unfair. I think that you know, that as long as you're able to earn a living, you should. And you know, my parents, I mean they struggled at times but they always said welfare was for people that really couldn't work.

In fact, Janet's passage reveals some confusion about the purpose and breadth of the SNAP program. She is seemingly unaware that SNAP eligibility is related to household income rather than work status. (In fact, she conflates SNAP with welfare or, as it is now called, Temporary Assistance to Needy Families.) Janet assumes that people on SNAP have it better than she does ("the best of the best"), while she, who "works her tail off," must count her pennies, creating an unfair double standard, where people are rewarded for doing nothing—although, in fact, they may be working and simultaneously receiving SNAP.

Later in her interview, Janet was even more explicit about people on food stamps, while discussing her ambivalence about applying for benefits. She criticized them for making "bad choices" as consumers and consequently exploiting the social safety net:

I have a real hard time with that, it's like really swallowing my pride. ...I think that a lot of people on it abuse the system and that's part of why the economy's in the toilet because people live on plastic, beyond their means, and make bad choices.

Other people used similar tactics to distinguish themselves from the less deserving and, in their minds, more morally questionable individuals. Maggie's comments illustrate this theme:

Yes, we have a right to food, but we have to earn it. And it could be the simplest thing. It could be help a neighbor to clean up their yard or whatever...you serve the community, you help out, you do odds and ends, you take people places that they need to be taken...but work for it. My thing has always been I don't like to give handouts to people who do not deserve them. If you sit in your house, you've got a big TV, you're sitting there and you get up and you come to the pantry, but you don't do anything for it...and yet you're wearing gold. When I see people with all this gold, sell the damn thing...pay up your car. I know times are rough but take those things seriously.

In Wendy's case, she would very much like to receive food stamps, but her family's income is too high for eligibility. Rather than questioning the moral worth of SNAP recipients, she is disdainful of people who use an underground economy to switch their EBT benefits to cash in order to purchase items SNAP does not sanction:

You'll see them go in there and get beer and different stuff. And they have to just hand them their EBT card and everything's run up on it. Cigarettes, beer... . You go up to the deli with a Food

Stamp card, so the guy, they take it. And these people abuse it. And they abuse it... . And they've all got little kids. They're running around, no clothes on, crying, hair all over the place, not taking care of them. They don't need the kids or the money, because they're doing nothing with it.

In her remarks, Wendy equates the purchase of beer and cigarettes with “doing nothing” and questions the parenting capabilities of people who buy them. (“They’re running around, no clothes on, crying, hair all over the place.”) For Wendy, this behavior indicates lack of character.

On one occasion, boundary work was so intense that it resulted in cognitive dissonance. Recently, Maryanne’s household income was dramatically slashed, when her husband lost his security job. She now works two food-service jobs and the family struggles to get by each month. Since the onset of the recession, one of Maryanne’s adult children has been unemployed and he currently receives food stamps. But in her interview, Maryanne was adamant that her family had always managed to make ends meet without government assistance, even while discussing her use of WIC:

There's a lot of people don't deserve to be on it [SNAP], but a lot of people—you see the food stamp card go from person to person to person and it's not supposed to happen that way. They're working, but I don't know how they're getting the food stamps and working. And here my husband and I, we brought up five kids and never asked anything from the government. I was on the WIC program, which I think is a fantastic program, that WIC program. But these other people, they're working a full-time job just like me. I'm working two jobs, my husband was working a very good job, and they're buying things like lobster and beef and things we can't get and here we are working all our lives and everything and we can't afford to buy it and it bothers me. It really bothers me.

BELIEVING: “GOD WILL PROVIDE”

For some people, faith functions as a means to manage the stress of food insufficiency. People were able to call on their beliefs in order to lessen anxiety about having enough food to eat. In their interviews, individuals commented that “the Lord always provides” or “we are blessed” or “everything happens for a reason.” Several provided specific examples of times god had helped them, by arming them with the strength to continue living each day or by bringing certain people into their lives. As Janet explained:

He has put the right people in my path so many times. I have a neighbor that I guess, maybe my daughter might have said something to her. I came home from work just two weeks ago like I was worried, like we had nothing home, I came home from work and there's all these grocery bags on my bench by my door...that has actually given me a lot of strength and a lot of confidence and I do feel like, you know, my prayers are not falling on deaf ears. ...God, thank you, thank you, thank you, you know, he heard me.

Others reported praying when they began to worry about food and “giving thanks” for the times when they were not hungry. Still others saw a silver lining in the economic suffering around them and observed that tough times might make people more religious. As Mary, a single white woman commented, “I pray that more people will come to know God through all of this hardship because I think that if maybe people start, you know, right there with prayer, that’s a good starting point.”

RELATING: “EVERYBODY’S IN THE SAME BOAT”

In contrast to boundary making, a number of participants found comfort in recognizing that they were not alone in experiencing difficulties with food. We call this management strategy relating, and identified it through comments such as “everybody is in the same boat,” “everybody’s hurting” and “we are just the same,” when people described the finances of others they knew. By finding common ground with people in similar circumstances, participants were able to help offset anxiety that they could not meet normative expectations.

A variant on the theme of shared pain was the notion that “this could happen to anyone.” This perspective was especially common among participants who had only recently experienced economic difficulties, usually as a result of the recession. Yvonne expressed this sentiment in the caption accompanying one of her Photovoice pictures (Figure 14). Unlike other lower-income participants, Yvonne is college educated (but unemployed) and struggles to reconcile her family’s reduced financial circumstances with personal expectations about how they should be living. In her caption, Yvonne lists a string of personal calamities, from job to health concerns, and ends with the plea, “Don’t judge, this can happen to anyone, no status is saved.” In an effort to save personal dignity, and to ward off outside disapproval, Yvonne cautions others that they too are at risk for economic hardship.

FIGURE 14: "DON'T JUDGE"



.....

These are boxes from the pantry that served 75 families seconds ago. I lost my job, the kids have disabilities...got sick with portal vein thrombosis, LIPA had a power surge and I lost two refrigerators in one month...Don't judge, this can happen to anyone, no status is saved.

-Yvonne

ADJUSTING: "HONEY—TAKE YOUR PRIDE AND PUT IT IN YOUR POCKET"

Adjusting is a strategy of resignation for people; it involves giving up any attempt to control what appears to be out of one's hands. Adjusting often went hand-in-hand with other management strategies, and people moved rhetorically in and out of narratives of adjustment as they told their stories. But no matter what other methods of stigma management people employed, they inevitably sought, at some point, to frame their predicament as "just the way it is." Moreover, a number of participants commented that they were "used to" or "made do" with food and financial insecurity. When discussing pantry food, Toni stressed that she did not like it, but had to adjust: "I'm not crazy about the canned fruit but, you know what, when push comes to shove, fruit is fruit, you know." Maggie instructed her daughter-in-law, who was hesitant to visit a food pantry, to adapt to a new way of living: "I says, 'Honey, take your pride and put it in your pocket.'" Jackie drew on adjustment as a management tactic when talking about her son's disappointment with the food options in her house:

But it is hard, especially, you know, like when my son eats, you know, I'll say to him, okay, digest and if you want it you can have something later, because I need to make this last as long as I can,

you know. So if I feed him, whatever, and he's hungry, then I'll tell him, "Have a bowl of cereal." He may not be thrilled, but it's better than nothing.

While adjusting is a means of making sense of and adapting to powerlessness, very rarely did participants expressly bring up issues of individual control or self-determination when describing these strategies. An exception to this was June, who commented: "But we're put in circumstances that were beyond my control. It was more I wanted—I didn't want to grow up and be on disability, but I was and I've had to live that way, you know?"

BLAMING: "I FOUGHT HARD TO GET WHERE I AM, AND YOU'RE GOING TO PUT ME BACKWARDS"

At times, participants sought to hold someone or something else accountable for their food poverty, as well as the stigma associated with it. Sometimes blame or "anger" was directed at the self, usually for making "bad choices" in the past. People reported "making mistakes," like taking on mortgages they could not afford or buying what they viewed as unnecessary consumer goods in the past. Maggie described it this way: "I'm angry at myself. If I had lived differently, I might have avoided falling into the pit, where I have no money." Janet was also upset with her past behavior:

I used to always get my French manicures, French pedicures. I think how foolish I used to be with my money now. I understand now the biblical saying that you should dig your wealth before the drought, so you know, I've learned a lot. I try to make better choices.

Some participants placed blame on others, specifically wider society. In some cases, they made sophisticated structural arguments, such as insisting that the social safety net was not adequate to meet their needs and unavailable at times when it would have helped them to obtain self-sufficiency. And they provided graphic descriptions of the manner in which they had been ill-treated. Several years ago, Jackie was able to gain job training through Suffolk Works Employment Program (SWEP), a locally administered public assistance program funded with block grants from Temporary Assistance to Needy Families (TANF). Eager to establish independence, she left SWEP to work part time, only to be laid off shortly thereafter. Because Jackie worked part-time, her unemployment payments are now minimal. She

was also denied rental assistance by Social Services. Today she is frustrated with her situation and angry at what she views as an unsupportive system:

According to the Department of Social Services my rent exceeds 358 bucks, and because I exceed 358 bucks they can't do anything. I said, "Okay, tell me where I'm going to go find an apartment for \$358?" I said, "Are you telling me you'll put a 12-year-old and me on the street?"...I said, "Explain that to me, explain that to me, tell me." I said, "How am I supposed to live on \$153 a week, which is about \$700?" They just look at you. I said, "After six years of what I worked hard to get for, they tell me I have to become homeless again?" I said, yeah, so I said, "Explain to me why I fought hard to get where I am for six years and you're going to put me backwards?"

June volunteered that she had recently been denied SSI by the federal government, even though she had been forced to leave work and go out on employer disability after suffering a nervous breakdown. Turned down for disability assistance from the government but still barred from returning to work because of her mental health, June felt stuck in a terrible dilemma:

Because in government's eyes and government standards, the mentality is, if you can work, we can't help you. And for me, I'm struggling with do I just say screw it? Do I just go out there and work and if I have another nervous breakdown, oh well? Because that's about where I'm at right now. It really screws with your mind. Big time. And I don't want to end up, you know, for the rest of my life, taking drugs to function and you know what I'm saying, but help me in the meantime.

A number of people commented on what they saw as an increasing economic divide in the country and noted the failure of government to safeguard their well-being. Maggie shared:

And then they ask us for more and more and more and people who are paying taxes, like yourself, are dishing out an exuberant amount of taxes for this, this and that, and there's people out on the street. There's a lot of homeless because they're on drugs or they're in different things or whatever. But if you were a hard worker for 20-something odd years and you lose your job...and after you've gone through the money you had saved up, and you find yourself out on the street, no home, no nothing, that's horrible. ...And the government can't bother to help you.

Janet shared similar feelings but also held the wealthy responsible for income disparity:

There's the haves and the have-nots. There's no middle class any more. It's like gone, it's off the face of the map, no gray area, and I don't believe in people that are very wealthy being bitter...in the past, they've always gotten the bigger tax breaks, whereas the working-class people pay up the teeth....you know, so I never understood that really but now that things are coming to a different realm where they are being taxed more, maybe they'll start understanding the struggles that, you know, the have-nots have to face daily.

Several participants pointed to specific kinds of people they felt were ignored by society and expressed anger at this oversight. Maggie was outraged at the mistreatment of older people:

I get angry at society...because people my age have to go through so much shit to eat. I've seen on the...I've seen young families with a bunch of kids...that I know. And then I see people older than me...nothing. And it breaks my heart because I think that I got clothes on...I see them with tattered things, holding onto themselves like this and my heart is breaking.

People were also angry about moral judgments. They felt their need for assistance was misunderstood by others who saw them as lazy and dependent on government handouts, when in fact the opposite was true—they worked hard to get minimal support in situations beyond their control. As Diane stated, “You’re practically giving your firstborn to prove you need help.” June felt the same way:

You've got to work for stuff. It's like you know what I mean? It doesn't come easy. We've got to stand in a line, you got to get up early in the morning, you've got to do certain—it's not like we sit back and get checks, or what some people think. We just sit back and get checks is far from the truth. We go through a lot. There's a lot of degradation sometimes, and for all the stuff that you go through you've got to put your whole life on the line. They ask you a million questions. You have to go with all your paperwork. It's not just—like I want people to realize that I'm in this position because I got sick. It's not a position I want to be in.

As discussed before, some participants were dissatisfied with the products at area food pantries. This disappointment could also flare into anger. Toni made the following remarks:

Come to my house, I'll show you what I have. I've got a stack of rice, I'm sick of that. I keep turning back the cereal. I don't want it, I don't want it. I don't want the cereal. You keep it, I don't want it.

CONCLUSION

This chapter has examined people's anxieties around accessing food—whether it is enough food, the right kind of food or food obtained in socially acceptable ways. We have argued that this stress is consuming, as is the emotional and cognitive energy required to manage it. In order to retain as much dignity as possible, people who find that they cannot meet social expectations concerning food and food practices engage in a range of reactive and proactive coping strategies, with varying degrees of success.

In the next chapter, we will continue to examine the issue of stigma, looking more closely at how feelings about life in the Mastics and Shirley impact understandings about food practices, personal identity and social difference.

ENDNOTES

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- ¹¹ For an example of this language consider the following quote from the Let's Move website: "The physical and emotional health of an entire generation and the economic health and security of our nation is at stake. This isn't the kind of problem that can be solved overnight, but with everyone working together, it can be solved. So, let's move."
- ¹² There is not universal agreement about the way obesity is measured. At issue is the body mass index used to determine obesity, which is based on an equation of weight divided by height squared. Critics contend that the BMI is flawed, with arbitrary weight cutoffs and simplified and crude understandings of body fat (e.g., looking at body fat without regard to sex). These defects, critics argue, distort public health statistics on obesity. See Guthman, 2011.
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- ¹⁶ The symbolic power of meat as representing power and affluence is also discussed in: Fiddes, Nick. (1992). *Meat: A natural symbol*. New York: Routledge.
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Food, Place and Stigma

INTRODUCTION

THIS CHAPTER EXPLORES THE ROLE OF PLACE in helping to shape food practices and, ultimately, health inequalities. Place is generally understood by geographers to include both the physical characteristics and the population makeup of an area. But there is also a more dynamic way of thinking about place that focuses on how people feel about their environments and how this influences interactions with one another and the built surroundings. This more relational and perceptual concept of place¹ again enables us to look past geographic and physical access as the main drivers of diet (the sole focus of food-desert studies) and examine how other forces influence food practices.

This chapter then extends some of the report’s previous analysis by examining how interactions and feelings are place-bound (i.e., shaped by the dynamics of the Mastics and Shirley) and in turn affect food and daily life. As such, we are especially concerned with what sociologist Loic Wacquant calls “territorial stigmatization,” or the process by which certain places develop discredited reputations, largely as a result of changes in economic and government policies such as the weakening of the federal safety net.² In his work, Wacquant focuses on urban spaces as sites of territorial stigmatization, where unskilled workers reside, assets are limited and competition for scarce resources is fierce. All of these conditions create “neighborhoods of exile,” tainted with the “blemish of place.”³ In our analysis, we extend this concept to the suburban context of the Mastics and Shirley, where many of the same forces are at play.

First, actual on-the-ground conditions in the Mastics and Shirley powerfully shape daily life.⁴ Harsh surroundings—stemming in large part from the unequal distribution of resources—produce a sense of alienation, separating area residents from their neighbors as well as from people in other parts of Long Island.⁵ Moreover, the area is the subject of negative characterizations, both inside and outside the

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PLACE includes both the physical characteristics and population makeup of an area. But it also involves how people feel about their environments and how they interact with one another and their built surroundings..

Mastics and Shirley. Places like the Mastics and Shirley acquire their undesirable reputations when external perceptions clash with normative guidelines about what constitutes a good place to live. These guidelines include notions about the “right” kinds of people and the “right” kinds of behavior. While negative characterizations do not necessarily capture what life is really like for residents day to day, people often internalize these messages, creating more shame on top of the existing strain of living in poverty or near poverty. The need to manage territorial stigmatization impacts every aspect of life, including shopping and eating patterns and, in some cases, reinforces negative perceptions of the community as well as social inequality. Such constant identity management creates potentially serious implications for personal and collective agency as well as health.

THE MASTICS AND SHIRLEY OFFLINE AND ONLINE REPUTATION: “A VERY DYSFUNCTIONAL AREA”

When telling friends and colleagues about our research in the Mastics and Shirley, we received many responses along the lines of, “Oh, yeah, that’s the trailer park area” or “Oh, yeah, the nasty part of Long Island.” We also found that these kinds of descriptions were rampant on the Internet. By simply Googling “Mastics and Shirley reputation,” we uncovered a litany of comments about the area on websites like citydata.com and newsday.com, usually in response to an article about the community. For the most part, posters at these sites made disdainful remarks, linking sex offenders, drugs, gangs, fast food and other “dysfunctions” with the community. The following are examples of these types of messages:

Well, let me start off by saying that I just moved to Mastic (Shirley=Mastic=Mastic Beach) and let me tell you, this is unlike any other place I’ve lived in NY...at least once a week you’ll get a letter about a registered sex offender that moved to the area, not exaggerating at all. Hey, if you like fast food, you’ll have your choice of just about anything you want, there’s even a Roy Rogers, I thought those were extinct. They’re all within 100 yards of each other, probably satisfy all the stoners and their munchies. I would say at least 70% of the people are on drugs or alcoholics, all it takes is a trip to the grocery store to see that.

From my perspective, the area is an absolute disgrace. I thought the poster who said 70% of the people were on drugs and alcohol was being conservative. I would estimate that at a much higher percentage! On a more positive note, this place is a feast for anyone interested in sociology. I

need only walk out on my deck to watch a freak show for free, lol. It's much better than it was when I first moved here. Then there were prostitutes and crack houses all over the place. That led me to get protection dogs just to be able to sleep at night. My post sounds negative, but this is just my opinion and my observation of this very dysfunctional area.

I grew up here in the 70's and 80's. I left so fast it made your head spin. Mastic-Shirley has the most screwed up people! It's Deliverance, NY! It must be the water...If you say Mastic or Shirley, people make a funny face. It's like saying you live in Mississippi. There may be a lot of stereotypes about Mastic, but ALL stereotypes have a shred of truth.

In these passages, and in the many more we read online, there was a tendency to connect the perceived problems in the area—absentee landlords, Section 8 housing, crime, fast food—with the moral integrity of the residents in the Mastics and Shirley (e.g., “70 percent of people are on drugs or alcoholics”). Terms used to refer to area residents included “white trash” (since the majority of residents are white) and “riffraff.” A similar sentiment is captured above by the poster who describes the Mastics and Shirley as “Deliverance, N.Y.” in reference to stereotypes depicted in the 1970s movie about that inbred, backwater place and its people.

But not all online comments were negative. A few praised the neighborhood. In one exchange, two writers posted the following in response to the negative tone of the previous remarks:

Isn't it tiring to hear the same garbage about the Shirley Mastics area. We moved here in 1998 and have loved it. We came from Medford but our house was in the Bellport school district. We did not want that for our kids. My dh is in law enforcement and preferred William Floyd schools to Bellport. Trust me he knows where the crime comes from. I don't see kids hanging on corners smoking pot. I have all my teeth. My kids can read and write well. It's ridiculous. I had to defend this area on another site that rates schools. The only comment about the schools was that all children are on welfare or reduced lunch. Isn't that insane? It is beautiful out here with the beach in the summertime. Your children will get a great education and ignore the close-minded snobs! Enjoy!!

I live in Mastic Beach. My Daughter goes to Wm. Floyd Paca! Our community is a lot of “GOOD PEOPLE” There has got to be a “REAL IDIOT” who calls us a “SLUM”! People that talk “BAD” LIKE THAT about somewhere that they don't know anything about is to make themselves feel better.

In these posts, the authors directly take on some of the stereotypes used to portray the area (“I have all my teeth”) and even question the motivations behind the attacks. They also celebrate the quality of local schools as well as amenities such as the beaches.

Other commenters attempted to put the adverse conditions in the community in a sociopolitical context:

Without naming names, I would like to comment on a previous (very negative) post. Because the area is so affordable, many investors come into town only to buy property to turn it into a sober house. This is where many of the sex offenders reside. That is why there are so many in this area. It's not like they're bred here. It's because our neighbors are selling their homes to people who live hundreds of miles away and will never invest in our area. They only want their rent check. Believe it or not, instead of just complaining about it - you can get involved in any one of the numerous civic groups we have to fight them or even just make a few phone calls or write letters on your own to your elected officials.

In this excerpt, the writer is very clear that he thinks the area is being taken advantage of by wealthier outsiders, whose investments harm the community. Rather than accept this imbalance of power, the writer encourages community activism.

As we will show, the range of comments online reflect the attitudes of the residents of the area we interviewed. In fact, it was not uncommon for people to hold contradictory positions about their community, both praising and dismissing it at different times.

IN THE FIELD

People who live in the Mastics and Shirley are well aware of the negative characterizations of their community. In the first stages of our fieldwork, we met with two prominent civic leaders to talk about the project and to receive their input on issues important to residents. During our conversation, the topic of the area's reputation came up and the civic leaders expressed concern that a study of the area might turn out to be another effort to paint the community in a bad light. In response to their concerns, we made clear that our intention was to work with the community to capture and convey their perceptions and views, so that they could be heard by policy makers. After listening to this answer, the civic leaders provided assistance, connecting us with community sites and contacts to help our research. But as we

undertook our research, their remarks continued to resonate. Later, feelings about the on-the-ground conditions of place, as well as territorial stigmatization, significantly shaped the Photovoice project. To all of us, researchers and project participants alike, the subject of food was inextricably linked to feelings about neighbors and neighborhood, power and the inability to change community conditions and social hierarchies inside and outside the Mastics and Shirley.

THE MASTICS AND SHIRLEY: “WE’RE THE LOWLIFE”

Throughout our research, participants were quite outspoken about their views on the Mastics and Shirley as well as its reputation across Long Island. Common beliefs about the area—rampant crime and drug use and the pervasiveness of sex offenders—were often topics of conversation, whether they were referred to as fact or fiction. A number talked about the Mastics and Shirley as a “low-income” area or even as a “low-class” area, repeating the moral judgments made by people who live outside the community and hold it in contempt. The following exchange illustrates this process, as Kate and June discuss attitudes toward the area:

Kate: Oh, this area has a terrible reputation. People don’t even come here.

June: We’re the lowlife.

June: We’re the lowlife. My son says the drug addicts and—what does he say?

Kate: Pedophiles.

June: Drug addicts and sex offenders. I said, “I’m sorry, but this is my house. I raised you in this house. How can you?”

Kate: And I live here because I can’t afford it. I couldn’t afford to live—the way I live and the home I live in, I could not live in another neighborhood. I couldn’t.

As their comments suggest, Kate and June feel demeaned by their adult children, who live in other parts of Long Island and look down on the Mastics and Shirley. Kate, in particular, wishes her children respected the economic calculation behind her decision to stay in the area. Moreover, Kate and June, who have fallen on very difficult times, underscored later in their interviews that their adult children had not been brought up seeing their mothers “standing on food lines and stuff like that,” and consequently had no understanding of their current struggles. But their judgments clearly stung all the same. Kate offered:

They don't know what pantry food is. When you look, they didn't know that, you know? I've noticed that my son, since he's gotten older, and even my daughter—because I don't work and because I'm on the system and stuff, they have a bad view of it. So we're bad people.

Consider an example from another perspective. Beth is an African American, married mother of two school-age sons. She does not work for pay but is very involved in volunteer activities, especially at her children's schools. Beth was the most affluent of the study's participants, and her husband earns an income in the six figures. When we asked Beth to describe her neighborhood (in Shirley), she did so in the following way:

My community's funny because we have some people, we have the homeless, people who make six figures and everything in between, so it's a very diverse community when it comes to economics, and we all live side by side hopefully in conjunction with others. ...We have a lot of renters and we also have a lot of those...what are those?...those like halfway houses. Yeah, like residential, which is not a good thing because then you get a lot of the riffraff with those with the addicts and the offenders.

In Beth's comments, she first puts forward a view of her community as a sort of diverse collective where people get along harmoniously. However, as her remarks progress, she begins to delineate between the "riffraff"—addicts and sex offenders—and other people in the neighborhood, suggesting that some people are less worthy than others. We'll see in a moment how this type of demarcation features prominently in one important food practice: supermarket shopping.

Whether residents internalized or knowingly repeated negative characterizations of the area, there was a sense among some that the community was being exploited by those in power because of its reputation and the vulnerability of its residents. Laura discussed this issue:

We don't have a good name. We don't have a good rep, I don't think. The Mastics-Shirley area. Which I think is a shame because there's a lot to offer, there's a lot of history. But people don't look at that. They dump a lot of like...like criminals and what-not in the area. They have like a lot of sober homes in the area because the people that own those homes know that...it's okay almost in a sense, that the people in this area aren't going to fight as hard—or make that big of a deal, I suppose. Which is a shame, I think. I mean there are people that do fight, they do, but I don't think it's as hard as say...a richer area.

In these comments, Laura portrays outside forces—government (“they dump a lot of like criminals in the area”) and absentee landlords (“people that own those homes”)—as actively hurting the community. What’s more, she argues that Mastics and Shirley residents are more inclined to accept this misuse than people in prosperous communities and, as a result, the area is unlikely to see any positive change.

Kate and June also touched on the theme of passivity while talking about pedophiles in the area:

Kate: Yeah. You get notes from school and stuff. They call you from a school and say a sex offender’s moved into the neighborhood.

I: So the school calls you and tells you?

Kate: Yeah.

I: And then what? Do you know who it is?

Kate: Then you go, “There’s another one in town.”

I: You just know?

Kate: Sometimes they don’t disclose who it is. Only if it’s a level three, and a level three means that it was like a perpetrator that did time. Like it was a criminal. Like it was more than once.

I: Right. And so you feel like there are more pedophiles here?

Kate: Absolutely.

June: Oh yeah. Yeah. Because other neighborhoods wouldn’t accept it, you know? Or they wouldn’t put them there. This is just our area. This is low income. We’re used to it.

In this exchange, Kate and June express irritation with the way the community is notified about sex offenders. But they also admit that the prevalence of sex offenders results from their conditioned acceptance—“we’re used to it.” In their conversation, there is a noticeable suggestion of defeat, a sense that they cannot push back against what is happening since “this is just our area.”

Kate and June’s comments harken back to sentiments expressed by participants discussed in earlier chapters about outsiders’ exploitation of the Mastics and Shirley. As part of the Photovoice project, Diane decided to take several pictures of the shuttered businesses dotting the Mastics and Shirley landscape. She did so in order to capture what she sees as a pervasive environment of neglect which informs the experience of living in the area. In one of her captioned photos, Diane wrote about her annoyance with new businesses imposing their interests on the community rather than meeting its needs (Figure 15).

FIGURE 15: "CLOSED DOWN CHICKEN PLACE"



.....
This was a local fast food chicken place that closed down. It's said it will become a bank. Do we really need another bank when I don't have any money to put in it? I could use another 99-cent store which is convenient for me.

-Diane

PLACE AND SOCIAL ISOLATION: "NOBODY GIVES TWO HOOTS ABOUT YOU HERE"

The high degree of social isolation in the Mastics and Shirley was a subject often touched on by participants. While some felt a bond with their neighbors or felt a sense of connection with the wider community, many did not. The majority who felt this way explained that lack of funds contributed to their social isolation, confirming previous research showing a strong relationship between poverty/low-income and social exclusion. As in other studies, cash-strapped participants had greater difficulty participating in social activities, developing social networks and creating the strong social ties that create a sense of belonging to a place.⁶ A number of participants felt they had few people to turn to for help. Paula, who relies on her ex-husband for financial support, talked about his recent cancer diagnosis and what it might mean for her future:

I'm really scared. You know, because my father just died. He just died last year. My mother is not doing very well at all, and now him? It's like I'm going to be stuck with nobody, you know what I mean?

Several participants depended on similarly unstable means of financial and emotional support. Jackie receives some money from her mother, but it is minimal, given that she too is on a tight budget:

How do I fill in? Well, now that I'm not working, I guess sometimes my mom will help me out if I can't, you know. She'll help me out with, you know, but it's hard for her. She's a single person too, so she has her own responsibilities, you know, but if I really run short, if I don't have money, she'll give me money for, you know, if I need milk, you know.

People also identified ways in which their restricted incomes directly contributed to social isolation. These included the inability to pay for social or civic activities, often centering around food, as well as limited mobility due to the lack of a car or funds to purchase gas. Jackie mentioned that she and her son had been unable to attend her temple's Passover seder because she could not afford the \$20 per person fee. Maggie, who moved to the area out of economic need after her husband died, talked about her limited social life:

I'm losing my mind, that's another thing. Not having money, you don't go nowhere. So my social life has become very diminished. And there are times I feel so lonely that I sit in that room and I cry and cry and I have no control over it. ...And then all of a sudden I get angry at myself and I said—no get in the car, just drive, but then you have no gas.

A number of participants also commented on how difficult it was to host get-togethers or have people over to their house for a meal. People shared stories about asking family members who were staying with them to leave their home when they began to run out of food. Others watched nervously when their children's friends came over to visit, afraid that they would eat too much of the family's food supply. Jackie commented:

It's hard. And then when my son would have people come over and I'd have no food to feed them, I didn't want to feed them my food because I didn't have enough. So I had to experience that too. Like people coming over and then they would drink the juice, and then I would not have replacement.

Sometimes economic constraints meant that people did not have the space to host guests. Paula, who lives in a small rental apartment with several of her

adult children, explained how the physical dimensions of her home kept her from socializing:

...it's kind of difficult because I don't have a kitchen. I have a kitchen, but you can't eat in the kitchen. Because there's not enough room for a table. And the living room, there is no room for a table. So you eat like this. You know, on your lap. So, I don't usually have people over.

But beyond social isolation due to income constraints, some people pointed to specific ways in which the Mastics and Shirley impeded personal connections. For some, there was a sense that the area was particularly unwelcoming. Beth described her neighborhood in the following way:

We're lucky if we say hello to each other. It's a different world. When I grew up, it was everybody knew each other. Now it's just hello, good-bye, everybody stays to themselves and everybody keeps to themselves.

A few participants compared their current neighborhood in the Mastics and Shirley with other locations on Long Island or in the state. Diane described a disappointing effort to get to know her neighbors when she first moved to the area from Brooklyn:

You know, when I went across the street one day, I wanted to introduce myself, you know, and they were like, "Ah, it's nice to meet," okay...and then I was, "Do you know anybody here?" They were like, "No." I'm like, "How long have you lived here?" "All my life." Lived here all your life and you don't know anybody here on this block, where two doors down the women had three sets of twins, now one of the sets of twins has had triplets, you know, so I went over there and I asked, "When does the garbage go out?" "Well, we don't know." I said, "How long have you lived here?" "All our lives." All your lives and you don't know when the garbage goes out, you know they're not too friendly.

Toni also talked about the remoteness of her current neighbors. But she went even further, questioning her safety and alluding to carrying a gun ("packing") for protection:

This community is...oh, my heavens. This is super nasty. My last neighborhood was quiet, polite, caring. Heavens. This is like, oh. This is like the total opposite from where I used to live. It really

is. You didn't have to watch your back. Everybody knew everybody. You walk down the street, somebody would come over and give you a ride. You didn't have to wait. You left your doors open. Here you have to lock your doors, you have to watch your back. Forget it. You walk down the street, you are packing or you...never mind. You don't know anybody, nobody knows you. You could drop dead on the side of the road and everybody'd walk over you. Nobody gives two hoots about you here. Nobody.

Other participants also spoke about the lack of safety in their community, sometimes linking it with economic decline and neighborhood decay. As part of the Photovoice project, Diane chose to take a picture of an abandoned house behind her property. In addition to being an eyesore—drug bags and needles litter the lawn and the windows and doors are boarded—the residence is inhabited by squatters, who, she feels, are unruly and threatening. As a result, Diane fears for her family's security. In addition to the picture of the abandoned home, Diane took a shot of the weapons she keeps on hand, a baseball bat and a machete, in case she needs to protect her home. Her Photovoice caption describes in her own words how the two photos are connected (Figure 16).

FIGURE 16: "SQUATTERS"



.....
Squatters living in this house, they party all night, do drugs and fight. Twice the cops came and threw them out but they came back. I live in fear because it's behind my house and I use the machete and bat to protect my family from these squatters.

-Diane

Social isolation, as a result of both economic constraint and place, overshadowed discussions about social service support in the Mastics and Shirley. For example, as we mentioned in a previous chapter, some people were unhappy with pantries in the area and complained about residency restrictions. Participants also contrasted a lack of helpful community agencies or institutions in the Mastics and Shirley with other locations. Diane compared the community organizations—especially churches—in Brooklyn with those in the Mastics and Shirley:

When you looked in Brooklyn you always had some kind of church, the area that I lived in, there's always some kind of Spanish church that whether you needed the food or not, they were like here...there was always somebody there to offer you something, where out here I feel it's a little harder. ...It's like a whole new world out here. I call this God's country, if you don't know God you don't know nobody here, because it's strange out here for me.

When asked to explain specifically what she meant by “God’s country,” Diane stressed the key role churches play in providing support—emotional and material—to people in the Mastics and Shirley, but only if they are congregation members:

I think out there in Brooklyn is so much easier if you are hungry, for the community to get together to help you, than it is out here, you actually have to know somebody, you have to be a part of a church to get something out there, where in Brooklyn to me it's so much more easier. When we lived in Brooklyn, me and my husband alone, before I had the kids, the building that we lived in, everybody was like, “Oh, if you ever need, you could call us.”...Everybody was super friendly, always offering, here, we have extra this, you want this, you want that, once I had the triplets it was...people were coming up, “Oh, look what we got for the triplets, what can we do.”

Church/religious groups are indeed an important part of a number of participants’ lives and provide social relationships and resources, like food, that are missing for other people not connected in the same way. For example, Maggie talked about how she had received much-needed aid through her church:

Yeah. So through them I found out about their pantry. ...'Cause when I got there, they told me, “Maggie, come and get food.” I said, “What do you mean come and get food?” I made food. “No, no, no we have a pantry.”

During a Photovoice session, Yvonne shared two pictures related to the theme of isolation and place, particularly challenges accessing services. In order to illustrate what her life looks and feels like, Yvonne photographed a house in foreclosure to reflect how ubiquitous these abandoned buildings are in the community. Yvonne then juxtaposed this picture against a shot of her house, which she nearly lost to foreclosure after falling behind on two mortgage payments (Figure 17). Yvonne was brought to tears as she described the process she went through to finally save her home from the bank. She noted that the most devastating part of the experience was how alone she felt throughout the two-year effort. Unable to persuade the bank to halt the foreclosure, Yvonne had a difficult time finding agencies to advocate for her. Ultimately, Yvonne's dogged perseverance paid off and she kept her home, but she believes most other people would not have been successful. She credits her know-how and skills with the positive result:

So I went to the county and I was crying and I told them, I said, "Listen, I am not going to let them take the house away from me. I don't have anywhere to go, now I'm going to start crying, help me." So he gave me this paper with like six different agencies, like HUD or whatever. And thank god that I have the knowledge, but most people don't have this knowledge, that I had the knowledge to go to every single agency, because I was determined not to lose it. And on the paper it said if you already have an agency working for you, don't go to another one because we do the same thing. Well, let me tell you, thank god I didn't listen to that because you had to submit like about 100 documents to each agency and I went and I made them make the copies because I didn't have the money to do it, and I went there and I sat and I gave them all my papers and I begged them. Finally, I went to one agency out of the whole list that he had a contact person who was a supervisor for the bank and he was able to email her and she was able to literally get her hands on my file and remove it from foreclosure.

FIGURE 17: "FORECLOSURE"



.....

A house that has been foreclosed for a while, probably an eviction happened based on the sign on the door. It touched me because it took me back to my two-year ordeal with the bank and my not being able to pay them for my mortgage. They put me through hell. These homes represent lives, children, generations. What was accomplished by throwing people out? Now they need all services—food, shelter, money.

—Yvonne

In her caption for the photos, Yvonne conveys frustration with what she sees as the needless eviction of people from their homes and the ensuing burden their needs place on an already thin social services system. In this way, the Mastics and Shirley mirror the devastating impact of the economic downturn in working-class and low-income suburbs across the nation. But the situation is made all the more tragic in a community where social isolation and elusive support render people particularly alone and invisible.

A final point made by participants centered on the impact of stress on food

dynamics. Although the answer was apparent to us, we asked Photovoice co-researchers why so many of their photos were about the appearance and atmosphere of their community rather than food in and of itself. The answer was what we expected, namely, that there is an inextricable relationship between food poverty and other life domains. As Yvonne put it, when we asked her how her foreclosure experience was linked to food:

It just affects everything. I mean if you can't have your home stable, it just trickles, you know. If your home is not stable, your food is not stable. The economy's not stable, your family's not stable. Your jobs are probably not stable because how do you go to work with a good mind when you have all this going on?

The inseparable tie between food insecurity and other aspects of life—often the result of structural forces—points to the need for more comprehensive approaches to food poverty, rather than well-meaning but more piecemeal efforts that are typical. This is an issue we will explore in Chapter 7.

PLACE AND FOOD PRACTICES: SUPERMARKETS

As we suggested earlier, place, stigma and food clearly intersect in the practice of grocery shopping. Each of the area's four supermarkets has a clear-cut reputation; shopping at one or the other marks people's social status. Moreover, the process of shopping, especially at the most devalued supermarket in the Mastics and Shirley, plays an important role in perpetuating self-regard and class divides.

We first learned about distinctions between area supermarkets when we met with the two community leaders at the start of our study. One leader remarked that she shopped at Supermarket C and the other offered that she usually bought her food from Supermarket A. This set off an intense discussion about the differences between the two stores and an assessment about the type of people who frequent them. These distinctions came up repeatedly during our interviews with residents as well.

To the extent that food-insecure people have very little choice about where to acquire food, differences between the supermarkets have little impact on consumer behavior. Out of economic necessity, people must shop at stores they would prefer not to visit. Still, their experiences in these stores shape understandings about the self and an individual's places in the existing social hierarchy. Moreover, regardless

of socioeconomic status, participants communicated very specific ideas about each supermarket's reputation. Supermarkets C and D were consistently referred to as "cleaner," "nicer" and "more attractive" than other supermarkets, in terms of their overall layout and lighting, as well as the appearance of their products. People, even regular customers, called Supermarket A "dirty," "dingy" and "dark." Supermarket B had mixed reviews; some liked its large produce section, while others thought it too was "dirty" and "smelled." There was also agreement that aisles in Supermarkets A and B were too narrow and, due to their popularity and size, often congested, making it extremely difficult to maneuver a shopping cart.

In addition to varying reputations based on product quality, prices and ease of shopping, supermarkets were defined by the socioeconomic status of people who shopped there. Maryanne described the supermarkets this way:

This (Supermarket A) is a lower-class—this is how I was told. This is a lower-class food store. Supermarket C is like for the—and then Supermarket D, you've got the very rich that go to Supermarket D. Supermarket C is like—I'm in the middle class, but I just happen to like Supermarket A.

Dawn shared her thoughts on Supermarket A:

Well, Supermarket A definitely has a reputation, I guess. So, you know, you mention you go there—"Oh I hate that store," so I think it's, at Supermarket A, based on the people who shop there. ...Yes, yes. Supermarket A and even Supermarket B has a...like Italians and all the people are in Supermarket B and food stamps and you know the WIC checks and even the group homes with five wagons, you know it's totally different.

This classification of stores by consumer socioeconomic status was often coated with moral judgment, especially by the more affluent residents of the Mastics and Shirley. Rachel's comment was typical:

One of the main reasons I don't like Supermarket A...is I feel like a lot of the people in the store are kind of like pushy and a little bit...I don't want to say anything too negative, but like a little trashy, I guess.

Beth, the study's most well-heeled participant, talked about why she refused to shop at Supermarket A:

I only go to Supermarket A if you want to fight because there are always people begging or asking for money or riffraff around there. Usually, I'll go out of my area to go to Supermarket A just because that one over there (in Shirley) is absolutely ridiculous.

In their comments, both Rachel and Beth use derisive terms when talking about Supermarket A patrons (“trashy” and “riffraff”). What’s more, Beth’s comment suggests that she actively chooses to go to other supermarkets more appropriately aligned with her class identity (and offering products and atmospheres she likes better). Laura, who actually works part-time at Supermarket A, spoke about why she dislikes it and buys her groceries at Supermarket C instead:

There's lots of characters there. It's just not a very friendly building. It's just scary. ...I just never liked that store. Just always like dirty...the characters that walk around. And it's always crowded and...it's just, I don't like that. There's always something going on. Just...just...people are very dramatic, there's always just like, I don't know, just the way people act. I don't know. Just very strange. You don't find that in Supermarket C.

For those who have no choice but to shop at Supermarket A, the experience can also be “scary” and “strange.” And they recognize that the store’s overcrowding, coupled with fierce competition to get the best deals, heighten tensions. Some participants shared stories about getting into altercations with other shoppers over items on sale. A few felt they were mistreated by store workers. Kate shared:

Standing in a long line, people have attitudes. You see a lot of attitudes. My daughter worked there for a while, so she would see attitudes with people. And I was there, and I saw this lady was fighting with this other lady. I don't know why, but she was fighting with one lady that worked there, and she was being really mean and really nasty. And I'd never seen anything like that at Supermarket D.

June had a similar experience while standing in the checkout line:

I had had a really traumatic experience in Supermarket A, as far as I was concerned...don't treat me like I'm—because it was over coupons, and it was over the manager's special things. And the woman treated me like I was trying to steal from her. I said, “Look. I'm just using these coupons,” I said, “I have the manager's specials stuff. Don't make me feel like I'm trying to steal from you.”

For Kate and June, fights with other shoppers and insults from store workers are a clear reminder that their economic status puts them at a distinct disadvantage in the marketplace. In addition, it reinforces their belief that they are considered “less than” by those with more money or in positions of authority. In other words, just as the study’s more affluent participants choose supermarkets to bolster their class identities, shopping at Supermarket A acts to solidify poorer participants’ understanding of their social station. As Kate noted, “People who go to Supermarket D don’t really care about the prices. They just wouldn’t be caught dead in Supermarket A.”

In the following exchange, June and Kate talk about how, as Supermarket A customers, they are labeled as “lower-grade” people. They also refer to themselves as “lower-grade,” echoing the biases of wealthier area residents:

Kate: Supermarket A’s got an element...

June: We’re saying, we’re calling ourselves lower-grade people, but we are lower-grade people. We have less, so we...

I: Less money?

Kate: Yeah.

June: We have less of everything.

Some participants also noted feeling out of place when they shopped in places that did not fit with their economic status. Not only were the prices high, which made them uncomfortable, but the stores themselves made them uneasy because they were not consistent with class identities. This quote from Toni illustrates this theme:

My husband loves Supermarket D because their meat is fresh, but you have to understand. My husband is, he’s Italian and he was raised fresh, fresh, fresh, fresh, fresh, fresh. He was also raised with money, money, money, you know, and I’m sorry. You married somebody who didn’t, who wasn’t born with a silver spoon in her mouth, and I can’t seem to impress that on him.

While actually shopping at Supermarket A marks individuals as “less than,” people also felt that the products they bought there were inferior and bad for their health. Kate observed:

I don't have the privilege to buy non-gluten this and all that, you know. I get my food stamps. I can't afford it. My kids don't eat like that. I think it's a poorer diet because you can't, you don't have the money, so you spend five dollars on a box of cereal that's all nutritious, like that's what people who shop at Supermarket D do.

This comment circles back to observations made in Chapter 3 in which participants complained about the lack of “healthy” food in area supermarkets (although for Kate, even if stores were to stock these items, she couldn't afford them). But it also returns to one of the themes of the previous chapter—the language of public health—and demonstrates again that when low-income people fail to meet normative expectations about proper food to eat, both their diets and their sense of self are impaired.

The role that supermarkets play in reinforcing class identities as well as place inequalities has profound importance for public health. In much of the food desert/epidemiological literature, an assumption exists that improving supermarket access will change consumer shopping and eating patterns. In an earlier chapter, we discussed the faulty reasoning in this logic and showed that geography and density of supermarkets has minimal impact on food access, at least in the Mastics and Shirley. But an issue we have never seen addressed in the literature is this: For an area that truly lacks access and requires new supermarkets, how do we go about determining the best retail fit for residents? In other words, what kinds of grocery stores are people likely to visit? As we've seen, not all supermarkets are perceived equally. And in the process of putting more supermarkets in place, how can we avoid creating unpleasant shopping environments or symbols and sites of class distinction? Will putting a supermarket in an underserved and disadvantaged neighborhood simply become another way to erode people's sense of self and their feeling of autonomy?

Two stories are relevant and serve to highlight how service providers and policy makers are often unaware of the specific dynamics of place and its effects on food inequalities. First, several participants told us that a local social service agency had recently given away \$50 gift cards for food. While the gesture was appreciated, the cards could only be used at Supermarket D, which meant less food for the money. Moreover, people did not understand why a service agency would issue gift cards for a supermarket that was so far out of their daily repertoire. In a second example, June discussed an unpleasant experience at Supermarket A. This event involved fighting and name calling, causing her extreme distress. Looking for support, she shared her feelings with a therapist, but the reaction left her feeling misunderstood:

Oh, in therapy one time, I was flipping out and they said to me, “Well, do you think,” they said, “do you think this would have happened if you shopped some place other than Supermarket A?” I said, “Well that’s not my option. I can’t afford to shop someplace else.” I can’t pay—where soda may be 99 cents in Supermarket D, it’s 89 cents in Supermarket A. I have to shop in Supermarket A. If I’m buying two sodas, that’s 20 cents. You know, people don’t think like that. But people like us just become used to it.

CONCLUSION

This chapter has highlighted the role of place in perpetuating food/health inequalities. Place is made manifest in people’s interactions with one another and their surroundings. But in the Mastics and Shirley, alienation and social isolation are often the result. Social exclusion creates additional burdens on individuals already trying to survive in adverse circumstances. A (perceived) lack of community services further erodes people’s ability to meet food needs. And negative characterizations of the area—as well as a firm economic and moral hierarchy within it—influence food practices, specifically grocery shopping, and reinforce class identities and conceptions of self-worth, potentially damaging individual and community well-being.

In the next chapter, we turn our attention to a dimension overlooked in most policy discussions about food—the saliency of gender, and especially mothering, in food practices. While we will revisit some of points established before, this time we will look at people’s behavior through a gender framework.

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Motherhood and Food

INTRODUCTION

THIS CHAPTER EXPLORES THE ROLE OF GENDER, specifically motherhood, in shaping food practices and perpetuating health inequalities. While the academic literature examines women and food from a variety of perspectives, gender is rarely mentioned in food-centered policy discussions. Yet the process of “feeding the family” remains largely the work of women, who assume primary responsibility for obtaining, preparing and serving food.¹

Social understandings about motherhood—especially who is a “good” or “bad” mother—play a significant role in shaping food practices for women with children. Traditionally, the notion of the “good” mother was based on a white, middle-class ideal, where women stayed out of the public sphere and tended to children and domestic chores at home. Over the past century, traditional ideas about “good” mothering have been challenged from a number of quarters. Moreover, social changes—including the rise in female workforce participation—have shifted cultural views about working mothers and appropriate childrearing. Despite these transformations, a dominant construction of motherhood remains in which mothers are expected to be constantly nurturing, aware of expert advice on parenting and continually selfless, placing their children’s needs before their own.²

Often, for reasons beyond their control, such as paid work and other time demands, women are not able to live up to ideals of motherhood. But a culture of blame attached to the ideal notion of motherhood means that women who fail are seen as incompetent, selfish and morally bankrupt.³ Moreover, as scholars have argued, the language of health promotion uncritically perpetuates stereotypes about gender, including norms about motherhood. As a result, women, mainly mothers, have the principal responsibility for advancing health within the family. For example, nutrition initiatives routinely target mothers, despite the fact that the general prescriptive message of public health is that all individuals, regardless of gender, have a responsibility for promoting health.⁴ As a result, women are more at risk

than men for feeling guilty when they are unable to live up to this standard; in other words, they feel like “bad” mothers.⁵

One of the key demands of domestic work is “provisioning,” which involves “securing resources and providing the necessities of life to those for whom one has relationships of responsibility.”⁶ Provisioning naturally becomes harder when people have fewer resources and feel that they fail to successfully take care of others. Food provisioning—work that is done to manage the range of activities that go into feeding a household⁷—is an important part of domestic work provisioning, but it is not done in isolation. Managing poverty is an all-consuming project of which food provision is only one part. But as with food provisioning, this task typically falls on women/mothers.⁸

Gendered analyses of food also take note of the centrality of “care” in food provisioning. Creating shopping lists, obtaining food, planning dishes, cooking and cleaning up after a meal all require not just physical or mental labor but emotional commitment. And normative beliefs about women and caring sometimes clash with the ways lower-income women/mothers demonstrate care for their families. For example, buying a McDonald’s Happy Meal may be anathema to an affluent parent due to the nutritional as well as ethical and political implications of the purchase. However, for a mother in poverty or near poverty, the purchase of a Happy Meal may be the ultimate expression of love, representing an opportunity for family togetherness and a significant financial sacrifice.⁹

In the pages that follow, we’ll look at how women—some single without children but mainly married or unattached mothers—manage resources like money, food and time to try and keep their households together. While we have looked at some of these issues before, we will now do so through the lens of gender. In addition, we will explore how women’s attitudes toward food provisioning, in the context of overall resource management, impact their identities as mothers as well as household food practices overall.

GENDER AND PROVISIONING

As already noted, the job of food provisioning typically rests with women. They are responsible for feeding husbands, partners and dependent children, as well as parents, in-laws, adult children and other extended family in some cases. Some mothers we interviewed routinely cook more than they and their partners/spouses need, so that adult children feel free to stop by and eat. In fact, Maryanne’s son,

who receives food stamps, was in the house eating dinner with his girlfriend when we came to conduct her interview. Maggie, who lives with her adult son and his wife, is tasked with feeding the household and even sends what little extra food she has in care packages to other relatives. She described mailing food and cooking instructions to a granddaughter for Christmas:

Christmas I gave her...I made a big box of rice, beans, this, that, that and said... I put how to make different things. ...'Cause she likes to cook. And I told her if you do this the way I'm telling you, you'll have three meals. ...So you divide it, put it in the freezer, she told me—"Grandma, I ate."

As we've discussed in earlier chapters, juggling food costs with other household demands is a constant challenge for lower-income people. Both single and partnered women took on this chore for their families, whether they had paid jobs or not. In fact, many married women rarely saw their spouses, since husbands worked long shifts six or seven days a week. As a result, these women were responsible for paying household bills, a near impossible job. Lynne talked about her need to make food sacrifices in order to cover other expenditures:

That is the biggest issue which aggravates me. It's ridiculous. First of all, right now I'm about to come into some serious renovations on my house. I have to cut back money. Where is that going to come from? Can it come from gas? No. Can it come from this? It's probably going to come from my food because that's what most people do. They buy less expensive food, less expensive detergents, less expensive food, less expensive this, less expensive clothes. You can cut back everywhere if you need to. I have to put new windows in my house and a whole bunch of things, so I have no choice.

Each month, Diane struggles to find the money to pay for groceries, given other claims on her funds, especially health costs for her disabled son. As a result, she uses pantry food to supplement her family's diet:

I'm the mother of twelve-year-old triplets. It's hard for me because I have one who's deaf and he needs hearing aids, so I have to decide do we eat, save enough money to buy groceries or do I have to pay off his hearing aid because it's five thousand dollars for his hearing aid, and we just don't have it to give up front. So I have to balance off how much we eat. I mean I met you guys on the food line, right there in the parking lot.

Janet shared a particularly poignant story about a close friend who felt so unable to take care of her family that she resorted to crime and was now in prison:

One of my very best friends recently robbed a bank. She has cancer, and she's got school-age children, and she was in the process of losing her house, she had no electric in her home, so she robbed a bank in Patchogue. She's now in jail, but at least she's getting the health care she needed. I went up to see her in jail and gave her \$20 for the commissary, in case she needed anything. And I wasn't looking to cast judgment on her, I just said, "Briana, what the hell were you thinking?" You know, and she goes, "Janet, I was just desperate."

Once she heard about Briana's incarceration, Janet, who had few resources of her own, not only put \$20 toward her friend's commissary needs, but also took it upon herself to make sure Briana's children were receiving adequate care:

And I took my cross, my good cross and some other jewelry and pawned it, and I took her kids school shopping. I went to their house and I did their papers for a free school lunch.

As we discussed in prior chapters, the "food stamp cycle" requires individuals to manage their resources closely throughout the month until the next disbursement of benefits. However, the small amounts people receive do not begin to cover household needs, leading to a period of food insufficiency at the end of the month. Again, it is women who characteristically take charge of managing SNAP benefits and stretching existing food. Maggie talked about how she tries to make what little food her family has last:

I do the best I can and I stretch it as much I can. I always buy tuna fish and little ham cans if I get them...towards the end of the month. 'Cause that will be sandwiches. I usually try to keep the broths...soup broths for the end of the month too, because you'll have a sandwich, and you'll have some soup. At the beginning of the month, we'll have chicken, and if we're lucky and there's a nice piece of rough steak, I'll take it home and beat it to death. And the same with the chicken. If I buy chicken I can stretch out. ...Honey, I take that poor chicken, and I beat it to death. But that's in the beginning of the month. I say we eat like kings then. End of the month it gets down to little sandwiches and soup. For we eat. That's my attitude. My family eats.

A number of women receiving SNAP noted how difficult it was to feed preteen-age and teenage children on their allotted benefits. They observed that their kids were constantly hungry, even when they had free breakfast and/or lunch at school. June spoke to this theme when discussing her son:

And the 18-year-old is a boy, and food for him is like—you know, you could feed him and half an hour later he's hungry. And when you walk through the door: "Ma, can I have a bowl of potato chips?"

Jackie also talked about her son's large appetite:

This is what I'm saying, he's a big eater. Then he goes to school and, you know, because he's on a lunch program, he's eligible for breakfast so he leaves, he has his oatmeal, goes to school, has his breakfast. And then he has his lunch in school. Then he comes home. Sometimes he'll have a snack and sometimes he won't, and then it's dinner. He'll have fish steaks and then he'll have ravioli, or it can be pizza bites and ravioli, or it could be something else. And then at nighttimes, sometimes he'll have another glass of milk and either graham crackers or whatever. And then on weekend, for breakfast, he can eat anywhere between one to five to six bowls of oatmeal. And there's only 10 in the package, okay?

Finding ways to feed hungry children became yet another aspect of managing household resources. Kate explained both the pressure it put on the family budget as well as her feelings as a mother who wishes to provide for her family:

There's not enough 'cause they eat—I mean he can go through a gallon of milk and how do you tell them, "Don't drink the milk"? How do you tell them, "Don't"?

SNAP mothers with older children tried to understand why they could receive WIC until their kids were five years old but could not get supplemental food assistance during another important period in their offspring's development. They felt this way even when their children were enrolled in school food programs, observing that overcrowding and busy classroom schedules prevented their children from eating one or even two free meals at school. And they thought that they were unfairly asked to shoulder the burden as a result.

PROVISIONING AS CARE

Women expressed care through food provisioning in a number of ways. Wives, girlfriends and mothers talked intimately about their loved ones' food likes and dislikes and, if money and time allowed, would go out of their way to satisfy preferences. Mothers sometimes referred to their children as "picky" eaters and talked about their efforts to cater to their tastes. When children refused to eat "pantry food" or generic brand products, several mothers said they transferred the undesirable food into name-brand containers. And, as we noted above, even when resources were tight, some mothers felt restrained from telling their children to cut back on portions. Birthdays and major holidays were viewed as especially important times to put thought into food, although these could also be anxiety-inducing events from a financial perspective. Shelley explained how she tries to simultaneously please family members and keep costs down during celebrations:

You know, I like to make sure that everybody has something. So, it's like...and then we have an aunt who can't eat cheese. So it's like I've got to make sure that there's a dish or two that doesn't have cheese. And so sometimes it can go from, you know, spending \$100, all of a sudden you're spending \$300 that you didn't want to spend. For one day. So the boys' birthdays are actually 10 days apart, so we combine their parties together.

Brenda relayed a story about her last birthday, when her mother managed to save enough cash to buy her a luxury birthday present—dinner at a local chain restaurant. Brenda discussed the episode in the following exchange:

Brenda: *My mom didn't get me a birthday present. It was Olive Garden. And the year before she didn't get me a present, she took me out to Appleby's and the only reason why she took me out to Appleby's is because my uncle gave her the money to take me out to Appleby's so that was it.*

I: *So it's a very special occasion?*

Brenda: *Yes. She really struggled to get that money together to take me out to Olive Garden and that was her gift to me because I hadn't been there in two years and I love Olive Garden. It's my favorite.*

Diane shared a picture during a Photovoice session that sparked a lively conversation about the importance of holidays, food and family. She had been touched when a close friend invited her family over for Passover, especially since the friend had little money of her own (Figure 18).

FIGURE 18: "PASSOVER"



.....
This is my friend. She's also struggling. She was kind enough to invite my family over to join her family at the Passover table. I thought it was nice because she barely had food for herself and she said, "Why don't you guys come over for Passover?"

-Diane

Sacrifice as a form of care came up frequently as a theme for lower-income mothers. Mothers often forwent food so their children could eat and this was understood as a central part of "good" mothering.¹⁰ As Lynne commented: "You know, we'll go without before they will." At one point in her interview, Brenda recalled that her mother often ate less than other family members:

I remember going to Friendly's when we were little and my mom would just get coffee and we would eat or just having hot dogs and mac and cheese and her eating what we didn't eat. She did that a lot. Whenever I said I'm done or my sister said she's finished, she would just eat the leftovers of what we had after she would make my dad a plate. That's how it's pretty much always been.

Women who rationed their food intake were not only able to better feed their children but found they could set money aside to make other purchases, like school clothes or supplies for extracurricular activities. Trudy told us that she skipped meals in order to buy her children Halloween costumes:

That's another thing I also told my daughter. We can always get a costume...I mean, \$4.99 for a costume. As long as they have a costume, by all means. As long as there's food in the house for them and if I have cash, I can spend my last little bit of money to get costumes. I'll do that.

While rationing food was a tactic used by all lower-income mothers, it was most crucial for those receiving food stamps. Maggie shared:

There are times towards the end of the month where I stay hungry. Because my son is working, he needs to be fed. I stay hungry. But it's because I make sure that they eat. If it was just for me...I mean I could buy a package of...you know, the 12 pieces of thighs and whatever...that would last me for three or four meals. 'Cause I need two little pieces, half a cup of rice...a little bit of beans, I'm ready to go.

Maggie's passage is interesting because it highlights her narrative justifications for staying hungry, which include devaluing her own work as well as downplaying her need to eat. For example, Maggie clearly views her son's paid work as more important than her own, which is also vital to feeding the family. In addition, Maggie insists that she requires little food to function at the same time she admits she is hungry. Employing narrative strategies like Maggie's was a common tool women used to explain their actions, even when those actions harmed their well-being.

Jackie talked about her difficulty feeding the household at the end of the SNAP cycle. Her comments address an issue discussed in a previous chapter but put it in a gendered context. Namely, food poverty has profound effects on women's mental health, leading to compromises in nutrition:

Sometimes, yeah, sometimes I don't eat because either I'm depressed or I'm not in the mood or I feel he needs it, yeah. You know, it's just a struggle, it's just like, well, I guess at the end of the month, you know, it's hardest.

Love was also associated with food provisioning. The connection between food and love was made most explicit by Hispanic women, who told us that preparing and cooking food was an expression of affection and devotion to their family. Agata expressed her feelings in the following way:

I like to make my family happy. I like to make sure that they eat. I do it with love so they can feel good and happy at home.

But women also showed love through many of the rituals related to food provisioning, including family meal time. Several mothers stressed their role in managing food as key to keeping the family united. Maggie told us:

Food has been always in our family as the catalyst to keep us together. All our celebrations is never just eat. It's talk and eat. Our food is glue. It keeps the family together.

Shelley talked about why dinner is important in her household, whether her husband returns home in time or not:

Everybody's home. But then there's some nights where it's just I have to feed the kids and then I wait for my husband to come home from work. But I still stay at the dinner table with them, so at least they have that, although I might not necessarily be eating with you, but I'm there.

A number of women recalled the centrality of meal times in their families of origin and they continued the practice as adult mothers. Isabella noted:

Food was very important for my family...Because it was a time to be united. It was important for us to be together. Every single night. Everybody, children, kids, adults. We talked about things, we were happy. It's the same now as when I did it at home. We still sit together. My daughter is still with us and we also joke around and talk.

Cooking was an act that provoked mixed reactions from female participants. For some, it was central to their identities as wives or mothers and, again, a way of conveying love. In Toni's case, she and her husband sometimes cook together, and she views cooking as a joyful demonstration of their devotion to one another:

He'll sit there and he'll start chopping, chopping, chopping, chopping, chop, chop, chop. Wait a minute. I'm getting stuff thrown at me. So I'll be, I'll sit there, and I'll be stirring, stirring, stirring, stir, stir, and he'll be looking around going, "Wait, it's snowing fried onions."...And I've turned around and I'm like [clears her throat] "What do you think you're doing?" "Nothing, honey. Nothing, honey."...So he'll grab me and swing me and put me facing the table, and I'll turn around facing him and he'll grab like the salad forks and he'll come [makes a sound] and I'll look at him and go, "What do you think you're..." "Oh nothing, honey," and he'll put them behind his back. "You know, it's a good thing I love you 'cause you look like a monster" [laughs]. It's like, "Honey...I love you too, sweetie."

For others, cooking was an opportunity to express creativity or individuality, at the same time that it was a requirement. Dawn talked about regularly trying new cooking techniques in order to stay interested in cooking:

I love to cook. I mean I have to do it anyway...so I try to make it interesting. I try new things all the time. Lately I've tried,...working on techniques more so than recipes...such as browning things or, steaming, or, you know, different approaches. I find it interesting when people try to cook fresh food, let's say, like my neighbor next door, she was making chicken and she pounded it and I'm like I haven't pounded a piece a chicken in a long time but then the piece of chicken comes out this big and you started out this big...So, I was like, okay, that's an interesting trick.

During her interview, Maggie proudly discussed her culinary skills, at the same time admitting how time- and labor-intensive cooking can be:

I'm giving you yellow rice, with corn...and then I'll make you a batch of beans on the side, but my beans have been cooking all day...and if they can't, I take the broth out, put some potatoes in it, put some, put some pumpkin...Oh holiday...During Halloween and all that, when you got all these pumpkin...Mm, I get up at 6 o'clock in the morning to cook. I'm exhausted. I'm already exhausted, I've been up since 6 o'clock this morning. Cleaning, cooking and doing stuff...

Not all women were enthusiastic about cooking. A few shared that they “hated” cooking and felt oppressed by the expectation that they prepare new dishes daily. Yvonne commented:

I'm not a very good cook. I don't love to cook, and I do it only for, forced, because we have to eat. So I don't really do recipes and things like that because I don't like it. I always find that no matter what I do, even if I do it to the T, it doesn't come out the same. Maybe it's because I really don't love it, put the love in it.

Even women who were knowledgeable about cooking or liked to cook admitted that their busy schedules and overwhelming fatigue sometimes made it difficult. Shelly talked about when she likes to cook and when she doesn't:

You know, there are just some days I don't want to. And then there's other days where I have moods, where I just want to cook all day long. ...It all depends. You know, with school schedules and picking my husband up from work and doctors' appointments, you sometimes don't have that 30 minutes to put together a big dinner. So, it's like sometimes it's something easy and small. See, there it is. Like today was—the past couple of days have been hectic. So, it's just like forget it.

And Brenda discussed how exhaustion from working all day made her disinclined to cook:

When you're working eight and 10-hour days and you're tired especially when you're on your feet, running around like I do. ...I don't sit down at all during the day. I just run, which I guess is good because it's pretty much the only exercise I get now, but at the end of the day I'm so exhausted I just want to sleep. So when I get home, I don't want to cook. I just want to sit down and relax, watch some TV, hang out.

FEELING LIKE A FAILURE:

“ISN'T THAT YOUR JOB, YOU'RE A MOM?”

For many lower-income women, their identities as mothers were undermined by the inability to successfully carry out (food) provisioning because of resource scarcity. They felt like failures as parents because they could not find paying jobs or because their finances were stretched too thin to cover household bills.

Jackie's story is illustrative. After leaving her husband several years ago due to domestic abuse, she managed to find emergency shelter and eventually a home and a paying job through welfare and job training assistance. But recently she has been laid off from her place of employment and has begun to doubt her competence as a mother:

I feel like I'm an adult who is capable of working and I feel like, like you feel like a failure because you can't even support yourself let alone a child, and it's like, isn't that your job you're a mom?

In the following exchange with Paula, she explains how she felt when her children were small and her food stamps began to run out at the end of the month:

Paula: *It never seems to be enough. You know? I always ran out of milk and stuff like that, you know.*

I: *What happens when you run out of milk when you have five kids?*

Paula: *Nothing really. There's nothing I can do. It feels awful.*

I: *Yeah. How do you deal with your children when that happens?*

Paula: *Um, they understand. You know, that mom just can't cut it, I guess.*

Trudy described her sadness at no longer being able to afford to buy McDonald's Happy Meals for her kids:

They love McDonald's. That's their favorite foods. All of 'em. And every time we go past McDonald's, can I have a Happy Meal, can I have a Happy Meal. And I have to tell 'em, no, I don't have the money.

Even if they had grown up in poor families, lower-income mothers often felt that they were not able to provide their children with the same comforts or even basic necessities they had received from their parents. Mothers were often ambivalent about whether society had changed or whether their parents were simply better at managing household resources. June spoke to this point:

We never not had heat. We never—I mean I grew up on a farm in the Midwest, but we always had it. And like she said, back then you had fireplaces, so that we were never without heat. There was never an issue of you would be without electricity. There was never an issue of food. Our parents knew how to juggle it so that you could make it through to the end of the month, you know? Like maybe eat say, London broil on Thursday and then on Saturday you ate hot dogs. But that's just how you—and you learn how to do that. It's like you learn how to turn the cereal into something that they think, "Oh, this is good," you know? I'm sure that the way she grew up too is the same. Our parents just kind of knew. We never—I never felt that struggle that my kids are in.

When women had experienced a loss in status—falling from a once more middle-class existence into poverty or near poverty—they also felt they had let down their families. As Janet explained:

And I used to have a great income, I lost my home and now I worry about people, my daughter and my son, I mean it's been very hard. ...It's just been really hard on us. I worry that I can't feed my daughter and myself and that, you know, has never been an issue in my life.

Accepting loss in status was a long and difficult psychological process. In the end, like the more chronically poor women we interviewed, many of these women came to understand that economic forces hindered their ability to succeed, but they still blamed themselves for failing as mothers.

Many women also went to great lengths to hide economic worries from their children. Even if kids were aware that their mothers had financial difficulties, they often did not know the full extent. Keeping these concerns from children in families with single mothers was more difficult without the buffer of another adult presence. Jackie talked about her desire to protect her son:

Yeah, I don't want him to worry. I don't want him to worry. You know, because when I found out that I wasn't getting food stamps, not food stamps, I wasn't getting rental assistance, I was like for two days crying in the bedroom. He knew something was up, but I wouldn't tell him, and I could tell it bothered him but, you know, it's not his responsibility to worry, if I'm going to be able to pay my rent, and it's not his responsibility, if I'm going to be on the street. It's not. I don't need to worry him; he needs to be 12.

A number of mothers also expressed a great deal of angst about being unable to meet their children's nutrition needs, whether they were single mothers or married women responsible for monitoring health in the family (and in both cases internalizing the gender-specific messages of public health).¹¹ Sometimes this was because of interference from a partner who actively counteracted efforts to manage the family diet. Beth shared that her husband's attitudes toward fruits and vegetables affected her two sons:

So, when you get those two, when you get them together, with my husband, he wins. I used to try and fight. I used to fight my kids and my husband. If I put vegetables on the plate, my husband told my son you don't have to eat that. And my older son, I can fight with him all I want, he won't do it and his father's told him he didn't have to so now there's nothing I can say to him. ...The only thing I can do is thank God spaghetti sauce has two vegetables in it. [Laughter]

The fact that Beth's children do not eat many fruits or vegetables makes her feel that she's doing a poor job as a mother:

But, as for eating, it's absolutely horrible in my house. I told you, I said I feel really bad. I feel like a really bad mom. Oh, you can get them to do this, and I watch the TV shows and you can—like when my oldest one was younger, I used to give him, because he liked chicken nuggets and I used to fry the vegetables and give him the fried vegetables, he'll eat the vegetables. Yeah. But his father told him that they were fried vegetables, and then he stopped eating them. [laughter]

In Beth's case, her negative emotions stem from the fact that she cannot get her children to eat like "the TV shows" (reflecting the messages of public health) prescribe. Although she has not been entirely successful, Beth has the resources to try to alter the diets of her children to match expert advice, despite the intrusion of her husband. Beth buys her children deli sandwiches each morning for breakfast to make sure that they are well-fed before going to school. But many mothers simply do not

have the money to buy the food they would like their children to eat. June described the panic she feels when her daughter arrives back home after school:

It's very nerve-wracking sometimes. It's like I have to kind of prepare myself. Like what do I have to offer her when she walks in the door? And I know she's hungry, you know? Lots of times you think a bag of potato chips, but I'm sorry, a bag of potato chips is \$4. That's not really a snack anyway, you know? That's not what I want to offer her when she walks—I'd like to have maybe a piece of fruit and a granola bar, or a cereal bar, or something halfway nutritious. But my meals—breakfast and lunch is just kind of whatever we have, and dinner we do together.

Yvonne suffers from a thyroid condition as well as deep vein thrombosis, and she is determined to make sure that her children do not develop similar health issues:

I'm trying lately, when I can, to incorporate salads and fruit. Well, we always had fruit. But I just don't like vegetables. When we were growing up, we just never had vegetables. But I promised myself that when I had kids that wasn't going to happen, because, um, I suffer. I wanted them to be more healthy, you know.

Unfortunately, Yvonne also calls herself a “bad” mother because she cannot always provide her children with fruits and vegetables, again reflecting the powerful hold the message of health promotion has on women and the subsequent sense of failure that results when they cannot adhere to it.

SUCCESSFUL MOTHERING AND PRIDE: “MAKING IT WORK”

While the stress of food provisioning causes lower-income mothers to feel inadequate, the ability to conscientiously negotiate the food environment and stretch limited resources can also be a source of pride. Many mothers expressed pleasure at being able to shop wisely and time their purchases in order to get maximum food value for their dollar. Some came to interviews with receipts showing just how much money couponing or sales had saved them on their last shopping trip. Shelley credited her shopping savvy with preserving her marriage. She talked about reuniting with her husband after a temporary separation:

Like we had split up for a couple of months, and he's like, “I hated it when I had to go grocery shopping by myself,” because he was living with his parents and shopping with them and every-

thing. And he goes, “I hated it because you always went in, you could take \$100 and get so much. And we go in and spend \$100 and it’s like we get nothing.” I go, “That’s because they don’t shop like I do. And I’m getting my money’s worth on what I’m buying.”

By carefully managing limited resources, lower-income mothers strived to make their children feel as if their diets and daily lives were almost “ordinary.” For example, June said she was proud of her ability to make use of manager’s specials, giving her family meat for meals, especially at the beginning of the month. As part of the Photovoice project, she chose to take a picture of the manager’s specials from her last shopping trip, noting in her caption that, “It gives me the ability to provide ‘normal’ so no one feels deprived” (Figure 19).

FIGURE 19: “MANAGER’S SPECIAL”



.....
Being mindful of “special” or “manager’s special” means reduced price. Usually close to last date of sale. If I buy it, freeze it, I have options of what to prepare with a variety of meals. It gives me the ability to provide “normal” so no one feels deprived.

-June

The capacity to successfully manage scarce resources, as we’ve seen, is not easy; it requires immense planning, devotion and, at times, sacrifice. In another caption accompanying a photo, June describes her pride in “making it work,” by planning how to use her SNAP benefits judiciously and effectively, stretching food throughout the month. She specifically notes her delight that meticulous planning provided her daughter with limes so that she could make a “treat” of flavored water (Figure 20).

FIGURE 20: "FRUIT AND WATER"



.....
The effort of making it work as a mother makes it worth it to have my daughter so proud of herself creating a treat. For me, I'm grateful because I don't have \$3 to see her to the deli, and it's okay. The overall thought process of abundance in the beginning of the month to achieve success right through to the end of the month by purchasing the limes when the food stamps came in. I was able to see the benefit of "thinking" the purchase through, giving us both a sense of pride.

-June

CONCLUSION

This chapter has highlighted the role of women—especially mothers—in “feeding the family.” The time and emotional commitment food provisioning requires is made all the more intense for women who live in economic hardship, as they juggle scarce resources to make sure their partners, relatives and children eat, often sacrificing food for themselves in the process. Food provisioning, then, as other academic

work has shown, becomes an expression of care, itself a component of the ideal of “good” motherhood. Thus, when mothers fail to live up to societal expectations about proper forms of care, they feel like social and moral failures. At times, this sense of failure is offset with a sense of pride, such as when lower-income mothers manage their resources successfully to give their children an experience of “normalcy” and empowerment.

In the next section, we turn to a review of the findings of this report, along with a discussion about recommendations for program and policy change based on the data we have examined. These recommendations will include suggestions from the study’s participants as well as ideas of our own.

ENDNOTES

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Summary and Next Steps

SUMMARY

THIS REPORT HAS BEEN A CASE STUDY of the food environment in one Long Island area—the Mastics and Shirley. Through a participatory, qualitative approach, we have highlighted residents' perceptions of their community's foodscape and provided insight into how they negotiate it on a daily basis.

While we have recorded the views of informants from a range of income levels, we have concentrated primarily on the lived experiences of those people dealing with food poverty, both materially and emotionally.

Our analysis began with a look at how Mastics and Shirley residents regard their food environment. The USDA has identified the area as a food desert, meaning that a large number of low-income census tracts house residents without adequate access to a supermarket. Yet, conversations with participants did not indicate that people interact with their food environment in a way that is consistent with the food desert model. While participants had a long list of concerns about food access, geographic distance from supermarkets was not a significant issue. In fact, a number of people said they left the Mastics and Shirley to shop in stores where food was cheaper, fresher or more culturally appropriate. With regard to the local food environment, people were far more concerned with food prices at supermarkets (affordability); uneven quality of products across supermarkets; limited supply of certain kinds of food (low sodium or sales items, for example); and product quality and dynamics at food pantries.

We also identified the many problem-solving strategies people employ to manage scarce resources and to ensure that they can stretch food budgets (and food) as much as possible. Chief among these were shopping sales, traveling to multiple stores for affordable products, depending on friends and family for food and economic support, rationing food, using pantries, visiting dollar stores, pawning possessions, buying in bulk, freezing food, stealing food and attending community events for meals.

After presenting people's perceptions of their food environment, we explored

their feelings about food insecurity. We also noted the coping methods participants used to manage the stigma associated with food poverty, a condition in which individuals find themselves at odds with societal norms about acceptable ways to live and eat. We emphasized the highly stressful nature of food poverty, noting three main worries around food: having enough food to survive; having the so-called right food (defined by the language of public health/nutrition) and having the ability to access food in socially acceptable ways. When individuals were unable to fully address these worries, they were at risk for both physical and mental health issues. Mental health challenges—*anxiety and depression, for example—severely undercut self-esteem. Attempts to bolster personal identity involved a range of coping strategies, including symbolic boundary making.*

By including place, we made our analysis of the Mastics and Shirley foodscape more dynamic and relational, taking into consideration the way in which interactions between people and the built environment affect food practices. In particular, we examined how territorial stigmatization—the process by which certain areas develop discredited reputations—shapes daily life. In addition to the uneven distribution of resources, which affects market structure, negative characterizations of the Mastics and Shirley—both inside and outside the community—shape social patterns and reproduce social inequality. Many residents in the Mastics and Shirley feel exploited by people in other parts of Long Island and looked down on because of their lower socioeconomic status. People’s economic vulnerability, coupled with lack of community services, fosters social isolation, which is further intensified by high levels of distrust and widespread feelings of powerlessness. The stigma of food and place intersect quite clearly in the practice of shopping at each of the local supermarkets, which have distinct reputations along socioeconomic lines. The very process of shopping plays an important role in sense of self and in solidifying class divides—as well as access to resources—in the area.

Finally, unlike most other policy reports, we looked at food access and food poverty through the lens of gender. Even as women remain largely responsible for “feeding the family,” obtaining, preparing and serving food—policy makers often treat food insecurity as a gender-free matter. However, women—specially mothers—play a key role in managing resources—money, food and time. Moreover, the notion of “care” is central to feeding the family and involves not just physical and mental labor but emotional commitment as well. When women feel like they fail as “good” mothers—when they cannot adequately care for their households—their sense of self

and emotional well-being is threatened. This adds an additional layer of strain on top of the already demanding job of managing the daily grind of poverty.

NEXT STEPS

This report is an important first step in putting a face to the condition of food poverty. But where do we go from here? In this section, we explore possibilities for policy based on the findings of this study, as well as suggestions from participants. Typically, these insights—ours and our participants’—intersect or build on one another. Running through most of what Mastic and Shirley residents had to say was a feeling that people in power did not take their needs or desires into consideration when developing programs. This sense of disconnect between “experts” and people on the ground was powerfully captured by Yvonne in a photo she took as part of the Photovoice project. As soon as Yvonne shared this picture in the group discussion, other participants affirmed her feeling that people in authority do not appreciate the difference between the “the truth and the facts,” where the truth represents the real, day-to-day needs of poor households and the facts represent the unrealistic assumptions of policy makers (Figure 21).

FIGURE 21: “THE TRUTH AND THE FACTS”



.....

The truth is what we're really living and the facts are what they think we're living. A family of five can't live on what you think we can live on.

—group discussion about Yvonne's photo

With the “the truth versus the facts” in mind, we will outline various programs and policies to better address the food/nutrition concerns of people living in the Mastics and Shirley and, where applicable, other disadvantaged communities on Long Island.

IMPEDIMENTS TO CHANGE

Before turning to policy specifics, we think it is important to put the potential for change in context. As we’ve shown in this report, food poverty cannot be separated from other facets of people’s lives. Each aspect intersects with others to create conditions that protect or threaten individual identity, agency and physical and emotional well-being. Ideally, we need comprehensive policies that address disparities in housing, employment, healthcare and education, along with food access, to truly attend to the crushing burden of food insecurity and economic hardship. Many of these policies would require measures by the federal (and, in some cases, state and local) government—but this sort of wide-ranging action is politically implausible at this time. Not only are we in the midst of an economic crisis, resulting in political pressure to cut rather than expand social programs, but we continue to experience a decades-long devolution in federal responsibility for social welfare, coupled with an ever-increasing focus on market-based measures to address social issues instead.¹ This market approach currently shapes most attempts to address food poverty and is likely to continue to do so in the near future. Many of these measures may be helpful and, indeed, replicable around the country, but they cannot by themselves solve the problem of food insecurity or negative health outcomes. This does not mean they should be abandoned; rather, they should be coupled with government-based efforts to expand opportunity and access for everyone.

While we may not yet be able to construct far-reaching policies to address food poverty, there is currently a challenge to dominant thinking about food underway in the academy. This report has incorporated these critiques when relevant, and used many of their ideas as conceptual devices to analyze data. As such, we hope that in some small way this report acts as a springboard for more nuanced and systemically based policy conversations in the future. And, despite financial and political impediments to change, we offer a range of policy/program ideas, macro and micro, structural and place-based, to help improve life conditions for our region’s most disadvantaged residents.

PROGRAMS/POLICIES

When asked how their food environment could be improved, participants provided a range of responses, including suggestions for economic and political reform and retail/market structure change (Table 3). These suggestions varied in some cases, depending on the socioeconomic status of individuals. While there were exceptions, lower-income people were more likely to be focused on SNAP reform, affordable housing, hunger relief and reduced retail pricing, while more financially secure informants were concerned with improving access to local or organic produce.

TABLE 3: RESIDENT RECOMMENDATIONS FOR CHANGE

SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)
<ul style="list-style-type: none">● Increase monthly allotment.<ul style="list-style-type: none">◆ Currently too small to meet individual and family need—“not realistic”.◆ Does not meet nutrition requirements of school-age children—can’t purchase enough food and school food programs do not fully address need either.● Change eligibility requirements.<ul style="list-style-type: none">◆ Increase size of gross income eligible for program (i.e., raise above 130 percent FPL).◆ Do not use gross income as basis for eligibility.● Make more food—like hot and prepared food—SNAP-friendly.
HOUSING
<ul style="list-style-type: none">● Make more affordable (rental) housing available.● Increase amount and types of rental assistance available from county.
PANTRIES
<ul style="list-style-type: none">● Increase number of pantries serving the area.● Increase hours pantries are open (include evening hours).● Provide food desired by clients, such as fruit, vegetables and meat.● Remove residency requirements for pantries.● Remove caps on visits per month.● Introduce client choice.
PUBLIC TRANSPORTATION
<ul style="list-style-type: none">● Increase frequency of bus service in area.
RETAIL
<ul style="list-style-type: none">● Make grocery items more affordable, but especially produce and meat.● Bring affordable gluten-free and low-sodium food into supermarkets or other stores.● Open farmers markets in area.● Incentivize development of dine-in restaurants.● Open more dollar stores.

SNAP REFORM

1. INCREASE MONTHLY BENEFITS FOR SNAP

Study participants generally agreed that SNAP benefits need to be increased across the board. Currently, SNAP benefits are based on the Thrifty Food Plan, the least costly of four USDA nutrition plans, which also include the Low-Cost Food Plan, Moderate-Cost Food Plan and Liberal Food Plan (highest cost). All four plans are based on market baskets for different ages and genders and take consumption behaviors, food price data and dietary recommendations into consideration for their models. Based on data from October 2012, the USDA estimates that each month, a family of four would require \$627 for the Thrifty Food Plan, \$822 for the Low-Cost Food Plan, \$1,024 for the Moderate-Cost Food Plan, and \$1,243 for the Liberal Food Plan.²

Much research supports the assertions of participants that the monthly SNAP budget does not adequately address lower-income household needs.³ The mismatch between SNAP payments and actual food costs is the result of faulty assumptions used in modeling the Thrifty Food Plan. Some of the chief problems with the plan include impractical lists of foods (such as a high number of raw ingredients or the lack of frozen foods), unrealistic expectations about the ability to access and afford food (including fresh fruits and vegetables) and time available to prepare food.⁴

SNAP benefits are also inadequate for many recipients because the Thrifty Food Plan is determined by a national average of food prices, rather than based on regional or local costs of foods. Because food prices tend to be higher in urban settings as well as in the eastern and western parts of the country, people in these areas find it harder to purchase a nutritious diet, since their purchasing power is diminished.

One of the ideas put forth by activists and politicians includes substituting the Thrifty Food Plan for the Low-Cost Food Plan as a means to provide SNAP beneficiaries with more funds and to eliminate the negative health effects of the “food stamp cycle.” This is a good first step toward addressing the food/diet needs of low-income households in high-cost areas like the Mastics and Shirley.

2. EXPAND ELIGIBILITY FOR SNAP

Participants would also like to see SNAP program income-eligibility requirements reformed. Two means by which this might be done are by increasing the federal poverty level and by expanding the SNAP/Food Stamp “categorical eligibility” rules to reach more households.

Eligibility for SNAP is based on a range of financial and nonfinancial factors,

including legal/immigration status, age and household composition. In terms of income, households must not earn more than 130 percent of the federal poverty line (FPL) in gross income or 100 percent of the federal poverty line in net income in order to qualify for the program. (There is more flexibility in percentage of gross income for households in which there are disabled or senior members or where child-care costs exist.)

Critics of the existing food stamp program point to problems with this approach. First, the FPL, to which SNAP is linked, is considered an inadequate measure of economic hardship in the United States. When the FPL was originally developed in the 1960s, it was based on the assumption that families of three or more spend about one-third of their income on food. As a result, poverty limits were determined by multiplying a low-cost food budget by three. Since its inception, the plan has not been significantly altered. However, families today spend only about one-seventh of their income on food and require much more government assistance to cover all necessities.⁵

Second, the use of gross income as the basis for SNAP eligibility often works against potential recipients. While the gross income test allows for certain deductions based on an applicant's expenses (e.g., shelter or child care), the amounts are predetermined and do not necessarily reflect actual household costs. For SNAP recipients, benefit amounts are based on the maximum benefits allowed for household size and net income after gross-income test deductions. As a result, households in areas with high costs of living are penalized in the gross-income test as well as in the amount of support they ultimately receive.

States may take advantage of a federal option known as "categorical eligibility," which broadens the scope of households qualified to have their SNAP applications processed by the state, although the gross income test remains in place.⁶ New York State has adopted what the USDA calls broad-based categorical eligibility as a way to increase household SNAP participation, including eliminating asset tests and raising the gross income screen up to 200 percent for some households, based on composition (for example, seniors or the disabled). However, it still has the option under federal law to increase the gross income screen up to 200 percent FPL for all households when calculating program eligibility. By doing so, many needy households currently ineligible for SNAP would qualify for the program.

In the photo below, Yvonne sums up the opinion of a number of study participants about the stringent requirements for SNAP eligibility (Figure 22).

FIGURE 22: "MY HUSBAND'S WALLET"



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My husband takes home \$1,300 every two weeks. Four days after his paycheck, this is all we have left until the next pay day. Gross amount is not a real income or a good way to screen for programs.

-Yvonne

3. COVER HOT/PREPARED FOOD

SNAP rules forbid recipients from using benefits to purchase hot or prepared food. Some states, such as Rhode Island, have passed exceptions to the prepared food restriction, specifically for the elderly, homeless or disabled.⁷ Normally there is no such exception in New York State, although, due to Hurricane Sandy, SNAP recipients were allowed to purchase hot/prepared meals through a waiver which was discontinued after February 28, 2013.

During interviews, a number of participants expressed a desire for a permanent exemption to hot/prepared food, noting that when gas money runs out toward the end of the month, having the opportunity to purchase prepared foods at the local deli or a nearby restaurant would help supplement their diets. There was also a feeling that restrictions on food stamp use were overly paternalistic and denied recipients control over their funds. Maggie, who is 65, and would be eligible for the Rhode Island exemption, addressed both points:

It's like your food stamps, but it's not your food stamps, because that I can use in any store. 'Cause there's only some stores that you can use food stamps. Like you go to the deli, here, for example... I get food stamps, but I can't buy hot food. So if I had no gas right now, or something happens that I don't have, I can't eat. ...I would give an arm and a leg for that one to change. When there was no gas, I was living on peanut butter and jelly. When I could have taken my little

food stamps, gone to the restaurant...the Spanish restaurant. ...Okay we're not going to go eat steak and stuff like that, but a hot soup, a sandwich...

Although this point was not raised by any participants, we also argue that expanding SNAP to cover some or all hot/prepared foods, especially hot/prepared foods at grocery stores, would ease the time and labor demands associated with preparing and cooking food, which typically fall on women.

AFFORDABLE HOUSING

Virtually all study participants reported experiencing a severe housing-cost burden, paying more than 50 percent of their income toward housing costs. In fact, in some cases, their net incomes did not meet monthly costs. Not surprisingly, housing support/assistance was of great interest to many people.

On Long Island, it is common knowledge that there is a lack of affordable housing; the subject has long been a concern for politicians and policy makers. Yet despite much discussion, low-cost housing remains elusive, particularly rental properties. Currently, only about 17 percent of the region's housing stock is rental and much of it is priced out of reach for poor and near-poor people.⁸ Moreover, both counties have long wait lists for Section 8 housing—housing for low-income households—and both these lists are currently closed. This situation poses serious threats to the well-being of lower-income Long Islanders.

Rather than thinking about “food deserts” on Long Island, we suggest it might be more useful to visualize the region as one large “affordable housing desert.” Until the lack of low-cost housing is addressed—particularly rental housing—and/or rental assistance is intensified by the counties, food poverty will persist for many low-income and middle-class families. A recent report from the Suffolk County Welfare to Work Commission makes several concrete suggestions for improving the housing landscape for people with limited incomes. Among the report's recommendations is the idea of forming a Legislative Task Force to consider “rent control law to stabilize rents for low income households.”⁹

EMERGENCY FOOD

On Long Island, as across the nation, a highly localized emergency food system has grown over the past 30 years. This system, comprised of soup kitchens and food

pantries, food banks and rescue programs, came into being during the recession of the late 1970s and early 1980s and was fuelled further by the cutback of social safety net programs during the Reagan administration. Today, emergency food is largely made available through the hard work of committed staff, a dedicated network of volunteers and generous donations from private and corporate sources.¹⁰ As this report has indicated, hunger relief is critical to poor and near-poor people's diets. When SNAP benefits or money run out, pantry food is often the sole means by which people are able to feed themselves and their families.

Within the academy, emergency food programs have been criticized for their inability to alleviate food insecurity, as well as for their role in weakening federal responsibility for social welfare. For example, in her book *Sweet Charity*, sociologist Janet Poppendeick argues that the localization of hunger fails to address larger structural issues which contribute to poverty and food insecurity and, as a result of their dependence on hunger relief, poor people are unable to develop full self-sufficiency or personal autonomy.¹¹ Moreover, as Poppendeick and others have noted, the growing bureaucratization of emergency food networks, coupled with limited community food supplies, has contributed to residency/prescreening requirements and caps on visits.¹² All of these conditions can make the process of accessing pantry food stressful and sometimes dehumanizing for clients.

Even as there is a difference of opinion about the community-based emergency food system, it remains a lifeline for many poor and near-poor households. And on Long Island, the largest hunger relief organizations focus not only on food distribution but on more wide-ranging services like food stamp outreach and employment training, in order to increase client self-sufficiency.

Among local agencies, differences exist in the way food is distributed, with some incorporating models of client choice and others maintaining more traditional set-ups. In the Mastics and Shirley, as we've seen, people have a complicated relationship with food pantries. While grateful for support, they reported some displeasure with food quality and distribution. (Table 3 includes this list of concerns.) Their comments made clear that they would prefer to interact with agencies that more fully took their needs into account and allowed for greater personal control during the process of accessing pantry food. Toward that end, local pantries should consider altering the way food is distributed, removing residency/prescreening requirements when they are in place and implementing more client choice in foods (e.g., doing away with prepackaged bags).

There are also steps that can be taken to better coordinate the distribution of

food across the Island and more effectively respond to client needs. While potentially a costly endeavor, a representative survey focusing on the experiences and needs of pantry clients across sites in the region would provide the means of assessment necessary to improve any weak spots in the system.

DYNAMIC PLACE-BASED PROGRAMS AND RETAIL INTERVENTIONS

As discussed previously, place-based interventions—especially retail change—are currently very popular policy solutions to food-access challenges. However, the track record for existing place-based programs—whether in health/nutrition, housing, education, etc.—is decidedly mixed. While there have been some modest measurable results, there is generally no evidence of long-term success. One much celebrated policy innovation has been the 2008 introduction of green carts—mobile vendors selling fresh fruit and vegetables—in New York City, as a means to improve access to produce and enhance the diet of the city’s disadvantaged populations. While there has been no comprehensive evaluation of the innovation, the city’s internal documents suggest that green carts may have made little to no dent on public health. From 2008–2010, the percentage of people in green cart neighborhoods who reported eating no fruits or vegetables the previous day increased from 17.1 percent to 18.1 percent, while the percentage decreased from 10.7 percent to 9.5 percent in non-green cart neighborhoods.¹³

We maintain that one reason so many place-based programs fail is that they do not factor in the *dynamic complexity* of place. Food environments are affected by many forces, including those that are unique to particular locations and populations. But beyond simply reflecting differences in demographics and conditions of the built environment, place is actualized through people’s interactions with one another and their surroundings, which gives geographic areas specific cultures, identities and meanings. Simply placing a new supermarket in a neighborhood may do little to alter resident’s diets if the supermarket—its products, its reputation, its prices—do not resonate with intended consumers. As we’ve shown, people would rather travel to other areas to access food if their local food environment is not consistent with their economic, social and emotional needs.

During interviews, participants communicated a number of examples of place-based or retail-driven programs that failed to make a difference in their shopping and eating patterns. For example, Yvonne shared her experience with the WIC Veg-

etables and Fruits Check Program, which provides mothers and children with monetary supplements to shop at farmers markets. Yvonne relayed that a staff member at her Suffolk County WIC office had recently confided in her that officials were perplexed by the program's low use rate. The staff member then asked Yvonne why she thought the program was not more popular. In fact, Yvonne had previously participated in the program, but no longer did so because she felt it was not a good use of her time. She provided the WIC staff member with a list of the program's challenges, including logistical barriers such as "weird" hours of operation that worked against her busy schedule. Moreover, Yvonne was unimpressed with the make up of items at farmers markets, particularly the limited selection of produce. She noted:

It was hit or miss. When you got there sometimes there were only potatoes or cucumbers or apples. It wasn't like they had that much of a selection like at a supermarket.

While well-meaning, and spurred by the desire to offer WIC clients the opportunity to purchase local produce, the Vegetables and Fruits Check Program essentially became more of a burden than a help. From Yvonne's vantage point, going to the farmers market took up too much time, was inconvenient (given the "weird" hours) and failed to offer food that was an improvement on grocery store items.

As Yvonne's story suggests, future efforts to enhance offerings in local food environments must be more attuned to residents' needs. While costly, this will require input from people on the ground, collected and analyzed in a systematic manner.

POSSIBLE INTERVENTIONS

Even as we maintain that retail interventions are only one piece of a comprehensive policy approach, data from our study do suggest some possible place-based programs that may be well-received by residents of the Mastics and Shirley. We outline these in the following sections.

SUPERMARKET SHUTTLES

One idea that has been successfully implemented in other municipalities is free transportation to area supermarkets or grocery stores. In these models, supermarkets provide free transport home after a purchase of a predetermined amount. Not only do free shuttles help residents save money (whether or not they own cars) but they are also cost efficient for supermarkets, as increased store purchases more

than offset the cost of running the service.¹⁴ While we have argued that mobility/geographic access is not a key factor in driving shopping patterns, a shuttle system might provide cash-strapped people a way to save on fuel costs.

Through our case study of the Mastics and Shirley, we learned that low-income residents are most likely to visit Supermarkets A and B when they shop in the community. These are clearly the sites at which a shuttle service would be most welcome. However, people also travel to several favored stores in other towns, generally within a 15-minute driving radius, and shuttle services to and from these stores would also be useful. Moreover, unlike supermarkets in the Mastics and Shirley, stores in other areas do not have the same rigid reputations along class lines. Giving more people the opportunity to shop outside of the community might lessen the intensity of supermarkets' reputations and increase individual empowerment.

In their interviews, most low-income participants indicated that they would prefer to shop at the two more expensive supermarkets in the community. These supermarkets should be encouraged to perform their own market-feasibility studies in order to determine (a) whether cutting prices or increasing sales may boost revenue in the long run, and (b) whether they would benefit from participating in a shuttle service, both from a financial and promotional standpoint.

Specifics as to the hours of operation and radius of any service could be determined based on the budget of the shuttle service and the shopping patterns of clientele. One idea would be for local supermarkets to partner with another entity (the county or a not-for-profit) to sponsor the program.

DOLLAR STORES

Dollar stores are often overlooked in food access studies as viable food outlets.¹⁵ Moreover, they are derided by some activists and public health professionals for the low quality of their food (e.g., abundance of processed food). In fact, some participants in this study felt this way. Yet, for most low-income people, the deals at dollar stores make them a vital part of their shopping repertoire. As a result, we argue that instead of trying to eradicate these critical sources of food, future public health interventions might seek ways to tweak their offerings. For example, county or not-for-profit programs to help incentivize sales of cheap, fresh food at dollar stores might help improve economic access for residents at what is already a well-trafficked location. And even if fresh food cannot be made available, dollar stores might be encouraged to expand the range of canned and frozen vegetables and balanced meals.

PRICING AND “HEALTHY” FOODS

Many of the lower-income people in this study wished to consume more fruits and vegetables but could not afford to do so, based on prices in local supermarkets. Moreover, a number complained that they were not able to find, or afford, “healthy” foods in stores, such as low-sodium and gluten-free products, threatening dietary regimes recommended to them by health professionals.

Recent research suggests that price reduction strategies, which promote specific foods by lowering their cost, may help alter dietary behavior, although more research on this issue is needed.¹⁶ In partnership with the county, a university or a not-for-profit, local supermarkets might experiment with lowering prices on produce and stocking more gluten-free and low-sodium items. Given consumer interest, there may be a noticeable monetary return on this investment. In addition, an evaluation of this type of intervention would be helpful in order to determine whether it is successful and whether or not it could possibly be replicated in other locations.

POVERTY, HEALTH MESSAGING AND MENTAL HEALTH

As we’ve argued, living in food poverty is emotionally draining. In many cases, the experience leads to depression and hopelessness, despite coping strategies meant to neutralize potential impacts. The strain of living in food poverty is compounded by the language of public health/nutrition, which holds individuals accountable for failing to meet mainstream dietary standards. The result is that poor and near-poor people experience stigma when they cannot match expert expectations around “healthy” or “proper” food or food practices. The issue of stigma is often greater for women who assume the job of “feeding the family” and feel the pressure to live up to modern ideals of “good mothering.”

Currently, public health is primarily concerned with the physical health effects of diet, especially obesity. But as we have argued elsewhere in the report, this focus is to some extent misplaced, given the profound mental health consequences of food poverty. Greater efforts should be made to help people manage the indignity, stress and mental anguish that food poverty creates.

Public health officials and policy makers also need to be aware of how the language of individual responsibility (coded by gender) impacts self-regard and personal agency. As we’ve shown in this report, most people have a fundamental understanding of basic nutrition. Educational campaigns to change diet are unlikely to shift consumer behavior, since such behavior is rooted not in lack of knowledge

but in material and cultural conditions beyond individual control. We need then to eliminate words like “choice” from food-based programs as a way of lessening the implication that practices around food are reflections of personal self-worth.

The way that nutrition programs are targeted and structured should also be altered. For example, programs which direct education only at mothers—while practically oriented—further reinforce gender roles and day-to-day stress for women who feel they do not have enough time to cook or shop. Moreover, programs that emphasize cooking from fresh ingredients, to the exclusion of still nutritious canned, frozen and prepared food, put additional pressure on already overextended women.

Most nutrition programs—educational or retail—focus on the health benefits of increased vegetable and fruit intake. But interviews with lower-income study participants revealed the symbolic importance of meat in people’s diets. Future initiatives aimed at improving diet might consider promoting full, protein- and produce-based meals, rather than stand-alone dishes or food items, as a way to more closely align with the values of intended audiences.

CONCLUSION/RESEARCH QUESTIONS

Finally, the findings of this report suggest future areas of study that might help provide additional insight into food poverty on Long Island. Some ideas for research include:

1. Analysis contrasting the food environments and experiences of food poverty in other communities on Long Island, either in Suffolk or Nassau County, in order to further understand the role of place in influencing food practices and dynamics.
2. Evaluation of the implementation of one or more place-based interventions described in this chapter (e.g., supermarket shuttles) in order to assess their impact and to determine when/where retail/place-based programs are most likely to be effective.
3. Investigation into the embodied experiences of the food poor, specifically, exploring how the experience of being fat or thin impacts health, identity, and personal agency.

Armed with information from studies like these, stakeholders will be better equipped to meet the food concerns of all Long Islanders, particularly those in economically disadvantaged communities.

ENDNOTES

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APPENDIX A

Institute for Social Research and Community Engagement (iSoRCE)

Sample Community Resident Interview Questions and Themes

Note: This is not a structured interview schedule. It lists the themes and types of questions to be covered in interviews.

INSTRUCTIONS

Good morning (afternoon). My name is _____. Thank you for participating in this interview. The purpose of the interview is to hear about your experiences obtaining, preparing and eating food in your daily/ community life as well as to hear about your views on the relationship between food, diet and health. There are no right or wrong answers. Please feel comfortable saying what you really think and how you really feel. If you feel uncomfortable about answering a question, you may decline to answer it at any time during the interview.

TAPE RECORDER INSTRUCTIONS

If it is okay with you, I will be tape-recording our conversation. The reason I am using the tape recorder is so that I can get all the details of our discussion but also carry on an effective conversation with you. I assure you that all your comments will remain confidential. I will be compiling a report which will contain all informants' comments without any reference to individuals.

CONSENT FORM INSTRUCTIONS

Before we get started, please take a few minutes to read this consent form. (Hand participant the consent form. After participant returns the consent form, turn tape recorder on.)

I. COMMUNITY MEANINGS

1. Could you tell me a little about this community?
 - a. What kinds of people live here?
 - b. What is special about this community? (Probe: culture, diverse population, urban or rural qualities, natural environment)
 - i. What are the geographic boundaries of this community?
 - ii. Has the community changed in any way since you have been living here? How?
 - iii. Are these changes good or bad, in your opinion?
2. How would you describe the quality of life in your community?
3. How do you think other people on Long Island view your community?

II. FOOD ACCESS/RESOURCE MANAGEMENT

4. Who does the grocery shopping or acquisition in your household?
5. Does this same person also make decisions about which foods to purchase/access?
6. How are decisions made about which foods to purchase/access?
7. What, if anything, do you do to plan for meals ahead of time?
8. How are decisions made about where to purchase/access food? (i.e., What are the factors that influence the decision about where to buy/acquire food?)
9. Where does your household purchase/obtain most of its food?
10. Why does your household shop at this store/shop/outlet?
(Probe: convenience/location, transportation, prices, accepts SNAP, quality of food, etc.)
11. What did you buy on your last visit to this store?
12. Does your household ever have any difficulties finding or purchasing food or ingredients where you usually shop?
13. Do you have difficulty accessing food or ingredients in your neighborhood generally?
14. Why do you have these difficulties? (Probe: time, lack of transportation, lack of food variety, lack of affordable food, etc.)
15. Many people have had times when their food money/SNAP, etc., has not lasted as long as needed. Has this happened to you in the past year? If yes, can you describe this situation? (Probes: What caused this to happen? What did you do?) If no, how do you keep this from happening?

16. Was there ever a time in the past year that you or another member of your household ate less than you think you or that person should because there wasn't enough money/SNAP, etc., for food? (Probes: Why did this happen? Did this happen more than once?)
17. Do you ever visit food pantries? Could you describe a typical visit?
18. What kinds of food do you take home from food pantries?
19. Could you tell me a little bit more about the types of food outlets in your neighborhood/community?
 - a. Where are most of them located?
 - b. What types of food are sold or distributed at these outlets?
 - c. What is the quality of the food sold/distributed at these outlets?
 - d. Is the food affordable?
 - e. If relevant: Do all or most accept SNAP/WIC?
 - f. How do the food stores/sources available in your neighborhood/community compare to food stores/sources in other parts of Long Island?
 - g. If there are differences, why do you think these differences exist?
 - h. What could be done to improve the food outlets in your neighborhood/community?
20. People's access to fresh, healthy foods is related to a lot of different things. Do you think that your level of access to fresh, healthy foods has anything to do with:
 - a. Your race and/or the racial makeup of your community/neighborhood?
How so?
 - b. Your social class and/or the social class of your community/neighborhood?
 - c. Your gender and/or the gender makeup of your community/neighborhood?
 - d. Your age and/or the age makeup of your community/neighborhood?
How so?
21. Do you feel that you have a right to food?
22. Has the economic downturn affected your ability to purchase/acquire food?
In what way?

III. FOOD PREPARATION/CONSUMPTION

23. Who does the cooking in your household? Why?
24. Do you enjoy cooking? If yes, how often do you cook and what food do you prepare?
25. If no, what types of food does the person who cooks in your household usually prepare? What do you most often eat?
26. Describe your typical breakfast, lunch and dinner.
27. What factors contribute to how food is prepared in your home?
(Probe: time, number of people, gender roles, etc.)
28. If there are children and adults in the home—how do their diets differ?
29. How often do you eat meals prepared in your home?
30. How often do you take out food or eat out of the home?
31. Where do you go to take out food or eat out of your home?
32. What is your favorite food to eat and why?
33. What is your least favorite food to eat and why?
34. What is your favorite drink and why?

IV. FOOD AND SOCIAL DYNAMICS

35. Who or what do you think influences the food you eat? In what way?
36. What food traditions are special in your family? (Probe: food at holidays, recipe from grandparents, favorite vegetable to grow, etc.)
37. Do you have a particular memory or story associated with these traditions?
Please describe.
38. What were the main staples of your family's diet when you were growing up?
39. Do you remember times when you were growing up that your family did not have enough food to eat?
40. How important is food/eating in your social, business, intimate and family interactions?
41. How often do you use food as a gift or to celebrate a special occasion?
42. What foods are cooked or purchased for these occasions?
43. Are there specific neighborhood/community events that serve food and when are these events held?
44. How would your relationship with your friends and family change if you radically changed your diet to eliminate these foods?

V. FOOD MEANINGS AND IDENTITY

45. Do you see any relationship between the types of food you eat and your ethnic heritage?
46. Can you tell anything about another person based on what he or she eats?
47. Are there certain foods that you think are associated with wealth or status?
48. What foods are associated with the poor or lower status?

VI. FOOD/DIET AND HEALTH

49. Are there any foods you like to eat but think you shouldn't eat?
50. What is a healthy food?
51. What is an unhealthy food?
52. What is a healthy diet?
53. Do you choose what foods to eat based on your health?
54. Have you ever consciously changed your diet? Why? Did it work? Why or why not?
55. Do you think food is related to diabetes? Obesity? Heart disease?
56. What do you think could be done to support people who want to change their diet for health reasons?
57. Do you recall any past efforts at promoting healthy food in your community? What has worked? What may need to be changed?

VI. FOOD SYSTEM/ALTERNATIVE FOOD SOURCES

58. Is buying locally grown food important to you? Why or why not?
59. Where do you buy local food? (Probe: farmers markets, roadside stand, CSA, etc.)
60. Are any of these outlets in your community/neighborhood?
61. Does your household have a vegetable garden or raise animals for food? If so, what do you grow or raise?

APPENDIX B

Photovoice Instructional Materials Adelphi University iSorce Photovoice Project

WHAT IS PHOTOVOICE?

Photovoice blends a grass-roots approach to photography and social action. It provides cameras, not to specialists or policy makers, but to community members so that they can have a say about what is affecting their lives.

PHOTOVOICE HAS THREE GOALS:

- It helps people to record and reflect on their community's strengths and problems.
- It identifies important issues through group discussion and photographs.
- It gets the attention of politicians and other policy people.

STEPS IN PHOTOVOICE PROCESS:

1. Attend first group session.
 - a. Discuss purpose of project.
 - b. Discuss themes for project.
 - c. Discuss photo-taking.
 - d. Receive cameras.
2. Take pictures and complete SHOWED worksheets.
3. Attend second group session with photographs.
 - a. Discuss photos.
 - b. Create descriptions for photos.
 - c. Discuss future use of photographs.

TALKING TO PEOPLE

Friendly greeting	“Hi there. How are you?”
Talk briefly about Photovoice.	“I’m part of a project called Photovoice. We are trying to make things better in Mastic, Mastic Beach and Shirley by taking pictures. We are looking at food in the local community. We’ll be showing these pictures in public photo displays or to government officials.
Ask permission.	“Can I take a picture of you?” “Can I take a picture of your _____?”
Have person sign a consent form if needed.	“Before taking your picture, I’ll need you to sign this form.”
Offer person a copy of the picture.	“If you write down your address, I can send you a copy of the picture.”
Thank the person.	“Thanks for letting me take that picture. Watch for our picture display, to be out soon.”

PHOTOVOICE GUIDELINES

I. Stay safe.

- Don’t take any risks.
- Don’t go anywhere you wouldn’t usually go or do anything you wouldn’t usually do.
- Take a friend.
- Be aware of what’s around you.
- Be respectful.
- Always ask first, even if this means missing the perfect shot.
- You must have permission before taking pictures of people.
- Remember, the goal is to connect with others and share ideas.

Don’t upset people.

2. Large crowds, landscape or scenery

- You do not need a Release Form if people are too small to be recognizable.
- It is still a good idea to ask permission before taking a picture of private property (someone’s house or yard, for example).

3. For pictures with people
 - Have your subjects sign a Release Form before taking any pictures.
 - Be especially careful when taking pictures of children. Talk to the parents first and have a parent sign a Release Form.
 - Do not take pictures of people who are “in private,” such as through a window into their home.
 - Ask yourself, “Would I mind if someone took a picture of me in this situation?”
 - Remember to offer the person a copy of the picture.

WHAT DO I TAKE PICTURES OF?

Photovoice is your chance to share your ideas about where you live and how you live. Think about our theme and then some of these ideas to get you started.

- What do you see in your everyday life? You could take your camera with you and make a photo essay about a typical day for you. Afterwards, look at the pictures and see what stands out for you.
- Pretend you are taking pictures to send to a pen pal from another part of the world. What would you want to share about yourself and where you live?
- Start with an opinion or idea. Have you ever wanted to write a letter to the editor of the newspaper? What would you say? Now, try to create a picture that gets your idea across.
- Make a collection of pictures showing all the things you are proud of in your community.
- Make a collection of pictures showing all the things about your community you are disappointed with.
- Use your emotions as a cue. Consider where you live and how you live. What gives you a strong emotional response, for example, excited, angry, afraid, sad? Tell the story.
- What do you contribute to your community? Do you make a difference? Show this in pictures.
- Spend some time really looking around you. Repeat the first item from this list (pictures of a typical day), or take a walk around your neighborhood, only this time take pictures of things you have never noticed before.
- What is important to you? What is a big part of your life?
- Take pictures of objects, possessions, people, services, places.

SHOWED

Name of Photographer _____

Title of Picture _____ Date _____

S	"What is Seen here?" (Describe what the eye sees.)
H	"What is really Happening?" (The unseen "story" behind the image)
O	"How does this relate to Our lives?" (Or MY life personally)
W	"Why are things this way?"
E	"How could this image Educate people?"
D	"What can I Do about it?" (What WILL I or WE do about it?)

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