Beyond black and white: Understanding the sociocultural dimensions of "healthy" food access in South Sacramento

By

DANIELLE BOULE

B.A (University of California Los Angeles) 2005

THESIS

Submitted in partial satisfaction of the requirements for the degree of

MASTER OF SCIENCE

In

Community Development

in the

OFFICE OF GRADUATE STUDIES

of the

UNIVERSITY OF CALIFORNIA

DAVIS

Approved:

Dave Campbell, Chair

Ryan Galt

Charlotte Biltekoff

Bruce Haynes

Committee in Charge

2012

i

Acknowledgments

First and foremost, I would like to recognize my thesis committee. Thank you, Dave

Campbell, Ryan Galt, Charlotte Biltekoff, and Bruce Haynes for your invaluable

guidance and insight. Each of you shaped my thesis, my experience at UC Davis, and

more broadly, my view of the world! Thanks to my fellow CRD classmates whose

commiseration and laughs kept me (somewhat) sane throughout this process. Thanks to

my parents, Ed and Linda Boulé, for their continual love and support. Finally, I want to

thank all of my friends who encouraged (and put up with) me over the past two years.

Table of Contents

Abstract

A growing fear of the obesity "epidemic" and diet-related disease has compelled policymakers, government agencies, and activist organizations to create countless policies and programs that aim to improve Americans' access to "healthy" food. There has been a particular focus on food access within low-income predominately non-White communities, whose populations often have higher rates of obesity and diet-related disease. While the attention paid to food access is positive in many ways, "access" is consistently and narrowly framed in terms of physical and financial considerations. This research expands the conceptualization of "healthy" food access by examining sociocultural dimensions of access and also by questioning the ideological framings behind "healthy" food. Using data from participant observation and semi-structured interviews in the low-income and racially diverse region of South Sacramento, California, this thesis examines the nuanced relationship between race, class, family, and various physical and figurative spaces that shape an individual's attitudes and behaviors around "healthy" food. The data suggests that food access is not a binary state but a multi-dimensional space consisting of micro-social influences, places, and the body. These dimensions shape and are shaped by certain cultural scripts and stereotypes that ultimately frame "healthy" food as rich and/or White food. Food access practitioners must critically examine how "healthy" food is defined, identify the cultural scripts and ideologies that frame those definitions, and consider the various sociocultural factors that influence one's access to "healthy" food.

Introduction

A growing fear of the obesity "epidemic" and diet-related disease has compelled

policymakers, government agencies, and activist organizations to create countless

policies and programs that aim to improve Americans' access to "healthy" food. There

has been a particular focus on food access within low-income predominately non-White

communities, whose populations often have higher rates of obesity and diet-related

disease. There have also been numerous studies that attempt to understand food access in

terms of why it exists, where it exists, and its impact. Research suggests that poor access

results in disparities in diet-related chronic disease, deficient cognitive development, and

poor educational attainment (Seligman and Schillinger, 2010; Murphy et al., 2008).

While the attention food access has received is in many ways positive, "access" has been

consistently and narrowly framed in terms of physical and financial considerations. This

creates an incomplete picture of access by ignoring the cultural scripts (e.g., Whites eat

that and Blacks eat this) that have resulted from unequal physical and financial access to

nutritious food. While physical and financial access is important, ensuring sociocultural

access is a challenge because many low-income people, often non-White, do not feel as

though the culture around "healthy" food is relevant, desirable, and/or available to them.

Additionally, food access work is often constrained in its ability to effect change because

of the narrow conceptualization of "healthy" food, which focuses primarily on the

biomedical and nutritional value of food. This ignores the cultural, historical, and

experiential value of food and provides rationale for labeling many ethnic foods as

unhealthy.

Using data from participant observation and semi-structured interviews, I demonstrate that "healthy" food access is far more complex than it is current conceptualization. I argue that in order to truly improve food access, one must question the different ideologies behind "healthy" food and also develop a stronger understanding of the sociocultural dimensions of food access. My thesis pursues these ends by examining the nuanced relationship between race, class, family, and various physical and figurative spaces that shape an individual's attitudes and behaviors around "healthy" food.

Project Background

My interest for this area of research developed while interning in South Sacramento with Alchemist Community Development Corporation (CDC), a non-profit organization based in the area. Since it was founded in 2004, Alchemist has focused on improving Sacramento residents' access to "healthy" food through farm stands, convenience store conversions, and a variety of other projects. Alchemist is currently a sub-contractor for Building Healthy Communities (BHC), a ten-year project funded by the California Endowment that aims to improve the health of fourteen communities in California. South Sacramento was selected as one of the priority funding areas due to its diversity, the low income and formal education levels of its residents, and its high level of community activism.

Within this section, I will provide a brief overview of South Sacramento, which is where my involvement in this region began (see Figure 1 for a map of the BHC region). Chapter 3 ("Description of the Settings") includes more detailed information on the region and

Oak Park neighborhood specifically, where the majority of my research took place. The southern area of Sacramento consists of 18 small neighborhoods and is home to nearly 70,000 residents. It is ranked as the third lowest out of 51 Sacramento County zip codes in per capita income and nearly half of all families in the area qualify for Medi-Cal, a state health insurance that provides coverage to low-income children, their parents, elderly, and disabled people in California. Nearly four in ten adults over the age of 25 lack a high school diploma and nearly nine in ten students (K-12) participated in the Free and Reduced Price Meals Program (California Endowment, n.d). The ethnic composition of the BHC South Sacramento area is diverse: 37% Hispanic, 22% White, 22% Asian, 13.54% African American, and 6% other.[1]

South Sacramento is a primary example of how space is organized by race and class. Through both explicit and "colorblind"[2] housing market practices dating back to the 1920's, many communities within Sacramento have become concentrated with non-White and low-income populations (Hernandez, 2009). This is a reflection of systematic segregation and concentrated poverty, a pattern identified by Massey and Denton (1993). Disinvestment in non-White and poor areas eventually led to various problems associated with limited physical access to "healthy" food, such as the flight of supermarkets and a high proportion of convenience stores and fast food. Moreover, the spatial food access problems within South Sacramento food are not new or unique; these patterns are common to many non-White and low-income cities across the United States (Nayga and

---

[1] This data was calculated by Social Compact for an internal report for the BHC. These numbers were similar to those I found by entering census tracks into the www.healthycity.org data tool, which uses 2010 Nielsen Claritas data.
[2] By "colorblind" practices, I mean practices that disregard race.

Weinberg, 1999; Morland et al., 2002). To combat spatial food access problems within Sacramento specifically, a number of community-based organizations and governmental agencies are working to address residents' physical access to "healthy" food.

South Sacramento is home to many food access projects ranging from urban gardens to farmers markets to nutrition education programs. Some of the organizations associated with such projects include: Alchemist CDC, Soil Born Farms, Ubuntu Green, Sol Collective, Asian Resources, Health Education Council, Fresh Producers, Pesticide Watch, and the Sacramento Food Bank. There are also active collaboratives in the area (Sacramento Region Food System Collaborative and Oak Park Food Collaborative) and city councilmember Jay Schenirer (District 5, which includes Oak Park) recently started WayFresh, an initiative to build community gardens in the area (WayUp Sacramento, 2012). Many of these organizations are involved in the BHC project and other projects and initiatives concurrently.[3] The recent attention paid to food access is in part due to an intense fear of obesity. "Healthy" food becomes "medicine" and the solution to the alleged threat of obesity (Guthman, 2011). This is part of the reason why I was interested in hearing residents' perceptions of "healthy" food and their ability (or inability) to access it. Understanding these perceptions can be used to question, inform, and strengthen food access work so that it adequately reflects the wants and needs of residents.

---

[3] Courtney Marshall of UC Davis is conducing research on non-profit practitioners and activists focusing on food access work in the area (Marshall, forthcoming).

As part of the BHC project, Alchemist is working to improve residents' access to nutritious food, with a focus on fresh produce. Alchemist is tasked with identifying what market-based solutions (convenience store conversions, farm stands, or a new produce market) will best address food access issues in the South Sacramento region. Alchemist is focusing on market-based solutions due to its experience with farm stands and also because that was the role assigned to the organization. While Alchemist has already implemented a pilot convenience store conversion, it is only in year two (i.e., within the planning phase) of the 10 year BHC project. I was hired as a paid intern to support the research for the planning phase of this project. As an intern for Alchemist, I conducted interviews, focus groups, participant observation, and secondary research to gain a better understanding of residents' eating behaviors and their ability to access "healthy" foods. I also visited convenience stores (and interviewed owners) in the BHC region to identify which stores offered produce, understand the challenges owners faced when selling produce, and learn about general demographics (race/ethnicity, age, gender) of the clientele at the stores. While this research was conducted on behalf of Alchemist for the BHC project, it also influenced the research for my Master's thesis because it provided me with background information about the area and residents' perspectives on food access. It also provided me with a site for participant observation; I observed at the convenience store where Alchemist had implemented a pilot conversion. So while both my internship research for Alchemist and my thesis research both dealt with food access, I did not conduct my thesis research specifically for Alchemist or the BHC project. I included information about Alchemist and the BHC project to provide background on the

geographic area, my work in the community, and to provide an example of the type of organization or project my research has the potential to inform.

The possibility that the "culture" of "healthy" food acted as a primary barrier to its access was mentioned numerous times while talking to community members. A Reverend of a local Rastafarian church, for example, felt that many Black residents considered some "healthy" food "White" and also had hesitation to participate in community gardens due to the cultural memory of slavery, and specifically, forced labor on plantations. During a focus group, a Mexican-American woman labeled certain food as "White food" and some stores as a "White man's store." It was conversations like these that encouraged me to examine how race, among other sociocultural factors, impacted individuals' access to "healthy" food.

Given the presence of the BHC food access project (and others), my work with Alchemist, the socioeconomic and racial and ethnic composition of the area, and feedback from community residents, I believe that my research is timely, relevant, and grounded in my experience working in the community. I consider it timely and relevant due to the significant amount of food access work currently happening in South Sacramento and throughout the United States. Moreover, I had interned in Oak Park for a year before I started my own research; my research question was grounded in a year's worth of observation and conversations in the BHC region. Minkler and Hancock explain, "starting where the people are is critical not only for demonstrating to communities our faith in them but also ensuring that the issues we jointly address are the

ones that really matter" (2003, p. 136). My research aims to facilitate stronger

connections between the experiences of residents and the food access work of non-profit

organizations and governmental agencies in the area and beyond.

Chapter 1-Situating food access, "healthy" food, and food and identity within the literature

The goal of this chapter is to situate my work within three relevant literatures that investigate: "healthy" food access, the framing of "healthy" food and dietary advice, and the connection between "healthy" food and identity. The first section of this chapter will examine research on food access, as the core argument of my thesis is that the concept of "healthy" food access must expand to include sociocultural factors. The next section will describe the ideological formations associated with "healthy" food since it is these ideologies that shape perceptions about "healthy" food and food access work. Finally, since I argue that access involves more than proximity and affordability, I will include literature that explores the relationship between "healthy" food, culture, and identity. Understanding and critiquing each of these literatures will help us critically analyze and extend the current conceptualization of "healthy" food access.

"Healthy" food access

Research on food access is often narrowly framed in terms of a person's physical or financial access to "healthy" food. My research builds upon and critiques existing research and demonstrates the need to gain a deeper understanding of the various sociocultural dimensions that influence one's access to "healthy" food. We also must understand the relationship between sociocultural dimensions and the well-known physical dimensions of "healthy" food access. Within this section, I will briefly describe

the growth and limitations of the conceptualization of "healthy" food access, its research, and its application (field work by non-profit organizations and governmental agencies).

Before critiquing food access research, it is important to first acknowledge some of its strengths and opportunities. The first strength is that structural barriers (physical and financial) to healthy eating are being examined. Rather than claiming that individual characteristics, such as dietary preferences and consumption choices, are low-income and minority groups' primary barrier to "healthy" food access, structural barriers are now being considered (Munoz-Plaza et al, 2008). This work has uncovered serious inequalities in terms of who has physical and financial access to "healthy" food and who does not. The second strength is that some authors are considering "unconventional" outlets, such as corner stores and alternative agriculture institutions, when analyzing communities' food security and access to "healthy" foods (Short et al., 2007; Wegener and Hanning, 2010).

Research on communities' physical and financial access to "healthy" food has revealed significant inequalities. Numerous reports highlight the reality that poor and minority communities have fewer stores with "healthy" food options and pay higher prices for food as compared to White and wealthy communities (Lewis et al., 2005; Horowitz et al., 2004; Morland, et al., 2002). Research has also revealed that minority and low-income areas are often environments that are less conducive to healthy eating and lifestyles. For example, neighborhoods with a higher proportion of African American residents have a disproportionate number of fast food restaurants (Block et al., 2004). Additional studies

highlight the importance of taking a more holistic approach by considering things like advertising and health care when evaluating the food (and more broadly health) environments of communities (Pratt and Pratt, 1995; Stokols, 1992).

Research on physical access has also expanded by considering alternative food outlets, such as farmers markets, as a venue for "healthy" food access. Since numerous studies have found that individuals with better physical access to grocery stores tend to have healthier diets (Galvez et al, 2007; Cheadle et al, 1999; Laraia et al., 2004), more recent research has evaluated the physical access provided by alternative outlets (Wegener and Hanning, 2010). One particular study examines the perspectives of African American patrons regarding the access to fresh produce provided by a local farmers market. The study finds that the majority of shoppers felt that they were underserved by local stores and conversely, were more "satisfied with access to fresh fruits and vegetables provided by the summer farmers' market than they were with the access, quality, variety, and prices of products available to them year round through local stores" (Suarez-Balcazar et al., 2006). This study frames access in terms of physical proximity, but also considers quality, cleanliness, variety, and prices, as sub-components of access.

While the concept of access has expanded and changed in some ways, its conceptualization is still limited. Research has shifted so much attention to the built environment and affordability that it often ignores the sociocultural dimensions of access. There is also a failure to understand the relationship between sociocultural dimensions and the physical dimensions of "healthy" food access. The following examples from the

USDA and the alternative agrifood movement demonstrate how sociocultural factors have not been adequately incorporated into "healthy" food access.

A study by the USDA, for example, narrowly frames access as a physical and financial consideration. Under a directive by the Food, Conservation, and Energy Act of 2007, the USDA conducted a year long study to "assess the extent of areas with limited access to affordable and nutritious food, identify characteristics and causes of such areas, consider how limited access affects local populations, and outline recommendations to address the problem" (USDA, 2009, p. i). In its final report submitted to Congress, the USDA never defines access but implicitly refers to physical access. The report highlights "food deserts," transportation, and money, as barriers to food access but fails to consider any social dimensions of access. Access is solely associated with economics and the built environment and is something that can be quantifiably measured; social factors are ignored (USDA, 2009). The underlying assumption is that if "healthy" food is physically present and affordable, people will eat it.

Over the past decade, the alternative agrifood movement has attempted to increase "healthy" food access in low-income areas through alternative food institutions like farmers markets. Recently, there has been more critique of the "access" provided by the movement. While these projects may increase the physical (and sometimes financial) access to "healthy" food, many scholars critically examine how Whiteness (defined as the invisible privileges and perspectives of people with white skin) interacts with the spaces and motives of the movement, thereby limiting its success in low-income communities of

Color (Slocum, 2007; Alkon, 2008; Guthman, 2008b). Many alternative agriculture institutions have a limited focus on racial and economic equality and even those who do must ironically rely on affluent (often White) consumers for their existence (Alkon, 2008). Many of these institutions operate on the "if only they knew" attitude in terms of alternative food practices such as buying organic and local (Guthman, 2008b). This attitude suggests that "if only they [non-Whites] knew" how good local and organic food was for them and the environment, they would buy that food. This mentality produces exclusionary tendencies and the stigmatization of non-Whites. Additionally, many of the motives and discourses that influence participants of these movements reflect colorblind mentalities and Whitened cultural histories (2008a). As a counterargument to these critiques, Tregear believes that the unrealistic expectations placed on localism initiatives impose a "heavy if not unrealistic burden of pre-conditions and responsibilities upon participants in terms of skills, aptitudes, dispositions, etc." (Tregear, 2011, p. 425). In other words, the current idealized vision of the alternative food movement places unrealistic expectations on its participants to change deep-rooted and complex problems.

Even if hyper-critical, I believe that the current critique of the alternative food movement highlights some important complexities around food access. There needs to be a better understanding of food access from both the standpoint of the consumer *and* the "supplier" (food access practitioner, nutritionist, etc.). While understanding the perspective of the low-income consumer was the focus of my study, I also had to consider the perspective of the supplier in order to understand the current conceptualization of "healthy" food access. Marshall will extend this work by examining

how food access is conceptualized and constructed by non-profit practitioners and activists in Sacramento (Marshall, forthcoming). The next section will briefly explore scholarly work that investigates competing frameworks for defining "healthy" food within the United States and will examine how these frameworks inform individuals' definitions of "healthy" food and food access work.

"Healthy" food and dietary advice

This section of the literature review will focus on two frameworks that are particularly prevalent in food access discourses. The two frameworks include the nutritional and biomedical framing of "healthy" food (represented by the USDA) and the ethical and ecological framing of "healthy" food (represented by the alternative agrifood movement), as the majority of food access projects are guided by these paradigms. These perspectives are important to my study because they illustrate how dietary guidance, and specifically food access work, is politically, culturally, and historically situated. The frameworks also provide a base from which to compare and analyze participants' definitions of "healthy" food.

Many scholars have criticized the overly reductionist and binary framing of "healthy" food in the United States. Food has been understood primarily by its biomedical value rather than its spiritual, emotional, social, and cultural value. Crawford coined the term "healthism" to describe the ideology promoted by the United States government in the 1970s that divided all human activities into "healthy" and "unhealthy" and placed responsibility of one's health entirely on the individual (Crawford, 1980). One reason

why food access work is currently so prominent is because eating "healthy" food is seen as an individual responsibility and also a way to attain health. The food that will allegedly promote good health is that which is grounded in science. Scrinis used the concept of "Nutritionism" to explain the American ideology that encourages Americans to focus on (and obsess about) the nutritional composition of food rather than other values it may hold, such as those associated with culture and sensuality (Scrinis, 2008). While biomedical health and spiritual, emotional, social, and/or cultural health are not mutually exclusive, they are often framed as such within discourse about "healthy" or "good" food. The perceived association between food and health and the emphasis on nutrition over other values of food guide food access work.

While nutrition is framed as an objective science; scholars argue that it has served (and continues to serve) as a tool to establish middle class identity and impose specific values and morals. According to Biltekoff,

> The language of dietary health has historically played an important role in establishing the identity and character of the American middle class and has done so in part by setting up an ongoing contrast between its members—responsible, good eats—and the bad eaters among the lower classes whose dangerous diets require both scrutiny and intervention (Biltekoff, manuscript forthcoming).

By teaching the lower class about "healthy" food and lifestyles, the middle class is able to stabilize their own standing as "healthy" eaters and people. This classification of good and bad food and eaters occurs at the level of the individual, institution, and society. Jessica Mudry argues that since the early 20th century, the USDA has used science and a "discourse of quantification" to encourage Americans to eat according to science and numbers, rather than by taste, tradition, or seasonality. By focusing on a discourse of

quantification, the USDA removed subjectivity and personal judgment from the act of

eating in order to create an "American eater" (Mudry, 2006). A "good" eater has been

defined as one that eats according to science (nutrition). A similar phenomenon occurred

within the New Negro movement, which also took place during the early 20th century.

This movement sought to revitalize African America through the pursuit of middle class

family norms. New Negros were taught to embrace the norms of contemporary American

dining through nutrition and diet programs (Mitchell, 2009).

Still today, people are classified as "good" or "bad" eaters and by extension, good or bad

citizens. The current focus on obesity reminds us of the responsibility placed on

Americans to be healthy, or at least "look" healthy. "Good" people and citizens are

healthy and of "normal" weight. Ferrell shows how over the past two hundred years,

"good" citizens have been coded as thin and White while "bad" citizens are coded as

overweight and Black or Brown (Ferrell, 2011). While there are important and real health

disparities to consider, the stereotyping of Black and Brown bodies as unhealthy and fat

is likely a driving force behind attempts to improve the diets and health of non-White

communities. "Healthy" food and access to "healthy" food are framed as a solution to

"unhealthy" overweight bodies (Guthman, 2011).

Similar to how the nutritional framing of "healthy" food ignores its complexities, the

alternative agrifood movement creates clear parameters around "good" and "healthy"

food. Compared to the traditional framing of nutrition, as illustrated by the USDA, this

movement reframed dietary health as an ecological (not nutritional) concern and an

ethical (not biomedical) responsibility (Biltekoff, manuscript forthcoming). Rather than

solely asking if the food is healthy for the eater, an ecological nutrition perspective also

considers if the food is "healthy" for the environment, for animals involved, for other

human beings, and for the local economy. It attempts to look at the intersections of food,

nutrition, and health at a broader level.

The ecological and ethical dimensions of "healthy" food promoted by this movement

create a clear dichotomy between good and bad food and "between the sunny rural days

or yore and the grey industrial present" (Laudan, 2001). Laudan argues that while

industrialization of the food industry, which she calls "Culinary Modernism," has

provided the "food of the elite" (which historically was processed and packaged food) at

an affordable price, the alternative agrifood movement reduces the options of others and

imposes "elite culinary preferences" of minimally processed, local, and organic food on

the rest of the population (Laudan, 2001). Food justice advocates, like those in Oak Park,

are trying to address this gap in part by making healthier food options more affordable,

physically accessible, and culturally relevant to low-income communities, particularly

those of Color. Despite these efforts, the movement is critiqued because it still defines

injustice in terms of food (rather than education, housing, etc.), which results in a

"civilizing mission" where the solution is "'bringing good food to others' or 'teaching

people how to eat'" (Guthman, 2011).

The abovementioned frameworks (biomedical nutrition and ecological nutrition) illustrate

some of the cultural politics behind dietary advice that guide food access projects and that

influence individuals' perspectives of "healthy" food. Additionally, literature that

examines and critiques "healthy" food and dietary advice focuses on the perspective of

the organization or social movement, such as the USDA or the alternative agrifood

movement. When the food consumer is explored, it is often from the perspective of White

and/or middle class people (the "privileged"). I argue that in order to understand food

access within low-income and marginalized communities, it is important to listen to and

appreciate the perspective of people living within those communities. We must

understand what shapes their definitions, perceptions, and attitudes towards "healthy"

food. The next section looks at literature that considers how perceptions about "healthy"

food interact with a person's race, ethnicity, class, and identity.

"Healthy" food and identity

Since I argue that food access is far more nuanced than its current conceptualization, it is

important to understand how food relates to one's identity. Food serves as "a symbol

calling forth diverse associations that carry with them patterns of emotions, attitudes,

ideas, and beliefs" (Lyman, 1989). As such, the phrase "healthy food" evokes a unique

set of feelings, emotions, and meanings from one individual to another. At the same time,

people who share similar habitus are likely to have similar feelings or attitudes about

"healthy" food. The studies included in this section suggest that if "healthy" food is

interpreted in a way that does not appeal to one's individual or collective identity, it may

be resisted.

Additionally, since eating is a communal act, the meaning and feelings we derive from

food often come from our interactions with others in food-related activities (Mead, 1934).

Therefore, food can serve as social markers of status and membership. The accessibility

of "healthy" food looks different from one group to another. Food represents "different

degrees of hierarchy, inclusion and exclusion, boundaries and transactions across

boundaries" (Douglas, 1972). Within this section, I will look at literature that examines

food as it relates to identities created around race/ethnicity and class.

Race and ethnicity

Information on race and ethnicity that is currently utilized within food access research is

primarily demographic; census data is used to identify patterns in food access according

to race and ethnicity. Most of this research focuses on minority neighborhoods' limited

physical access to "healthy" food options and their higher prevalence of fast food

restaurants (Galves et al., 2007; Block et al., 2004). As such, it is important for me to

leverage the growing body of literature that examines the relationship between food and

racial/ethnic identity and analyze how this might impact access to "healthy" food.

Appadurai and Weismantel assert that the production and maintenance of racial identity

depends on keeping certain food habits and tastes that "belong to" racialized groups or

nations (1988; 1989). History and the evolution of food culture over time is a primary

reason why many foods belong or do not belong to certain groups of people. For African

Americans specifically, "the dietary habits, food choices, and cooking methods . . .

evolved from a long history of slavery, persecution, and segregation" (James, 2004, p.

351). Certain foods "belonged" (often due to constraints of choice) to Blacks while others did not. Mitchell explored the racialization of food during slavery, stating that:

> As racial norms and racist beliefs emerged, social interactions and cultural patterns were inscribed with meaning and difference. Food, despite its scarcity at times . . . could be racialized, too. . .both enslaved Blacks and poorer Whites recognized a collective identity expressed in this case through foodways (Mitchell, 2009).

In this passage, Mitchell describes how race influenced the meaning and collective identity of food for both poor Whites and enslaved Blacks.

Connecting the history of slavery to Black women's current eating patterns, Liburd found that Black women with Type 2 diabetes may have a hard time changing dietary habits due to the historical and ritualized experience of eating certain foods. As slaves, "power over production, consumption, and distribution of food likely served to affirm . . . personhood and identity . . . in an environment that relegated them to the status of property" (Liburd, 2003). This study highlights the important role that foods and rituals have in identity formation, particularly within restrictive and/or oppressive environments. Similarly, another study that conducted focus groups with African American males and females found that eating healthily meant conforming to the dominant culture and abandoning some of the African American cultural heritage (James, 2004).

Zafar describes how "eating Black" is becoming more important to the identity as African Americans communities become more stratified and diverse over time (Zafar, 1999). While younger African Americans may not identify with the history of Black America through food, there is a clear disassociation and/or dissatisfaction with food

products or movements that reflect privileged (often White) perspectives, such as vegetarianism and veganism (Bailey, 2007; Harper, 2010). These studies demonstrate how eating a certain way affirms racial or ethnic identity, culture, and freedom of choice.

Recently in popular media, the intersection of race, identity and the culture of "healthy" food has received attention. A new cookbook by Bryant Terry, a Black activist, chef, and vegan, is featured in an article in *Colorlines*, a daily online news site about race (Hing, 2012). The title of the article is "Bryant Terry's 'Inspired Vegan' Shows that Healthy Food Isn't Just for White Folks." Terry advocates for sustainable food options in low-income communities of Color because "White people didn't invent healthy cooking and sustainable eating." In fact, Terry believes that the traditional foodways of people of Color have the ability to address some of the food justice issues we face today. He wants to prove that "healthy" food isn't "White" or "snooty or tasteless" but something that can be relevant and enjoyable to everyone. "Through the central pleasures of the table," people of all backgrounds can become more excited about and invested in "healthy" food and food justice (Hing, 2012).

While Terry talks about changing the culture of "healthy" food through commensality, others are attempting to create this change by altering the images of the stores that sell it. A brother and sister duo in Atlanta is trying to change the corner store experience in order to increase local residents' access to nutritious food. The sister, Allison Cross, wrote an article in *Grist* explaining the goals and concepts behind the store. Sharing my own sentiment, she felt that the "food justice movement tends to define [access] narrowly, as

in one's proximity to a store" (Cross, 2012). Similar to Terry, Cross challenges the White framing of "healthy" food. Believing that culture is a "much bigger factor than income," they asked themselves: "What if we used branding to treat organic sensibilities like an object in a Jay-Z rap?" (Cross, 2012). Interestingly, they are targeting middle-class and educated people of Color because "the food [access] movement is looking at low-income people and telling them to eat better, but not necessarily including the people who CAN afford to eat better but don't think it's important or don't connect with how it has been presented thus far" (Henry, 2012). Their ultimate goal is to change the culture and lifestyle of eating organic so that "preserving one's health [is] an accessible idea" to Black and Latino people, for whom food-related diseases are "both accepted and acceptable," in Cross' opinion (Cross, 2012).

I build upon the work of these scholars and activists by looking at the intersections of "healthy" food, race, ethnicity and identity. Through the narratives of participants, I will both examine and challenge the common framing in the literature of food and eaters as "White" versus "Black" (or Brown). Race and ethnicity do not tie that neatly to food. By also examining class and other sociocultural considerations, I will demonstrate that identities and habitus created around "healthy" food are influenced by many factors.

Class and status

Similar to race, the social aspects of class are often under-examined or absent from food access research and practice. Class is primarily considered in terms of economic capital (i.e., is "healthy" food economically accessible to working class people?) as opposed to

symbolic or social capital, such as class identity or status (i.e., is "healthy" food culturally accessible to working class people?). When issues of identity or status are explored, the focus is commonly on the perspectives of privileged peoples versus people from lower classes. I believe my research will explore this under-examined perspective by considering how "healthy" food relates to status and identity in a low-income community. This section will provide a brief overview of the literature that examines how class identity and food interact.

In *Distinction*, Pierre Bourdieu argues that tastes (broadly speaking) are not only *related* to social position, but are *acts* of social positioning. In this vein, eating serves as a way to differentiate one's self from people of other classes. While exploring the world of "foodies," Johnston and Baumann (2010) demonstrate how food can be used to perpetuate social hierarchy and inequality. Foodies experience two "stories" of food; one that depicts food as democratic because good food can be found anywhere and another that illustrates how food "operates as a marker of status and distinction for the cultural and economic elites" (Johnston and Baumann, 2010, p. xv). Bourdieu explains how those who have more cultural capital (usually those of higher socioeconomic status) legitimate the forms of consumption to which they have more access. The authors find that foodies not only teach us about eating but also about the "cultural politics of belonging, exclusion, and status" (Johnston and Baumann, 2010, p. 2). While foodies embrace multicultural cuisine, the foodie culture in the United States features the demographic of "white and relatively affluent" as the normative ideal (Johnston and Baumann, 2010, p. 15-16). Using food as a symbol of status, foodies distinguish themselves from "different"

eaters: those who do not have the opportunity to or do not chose to follow foodie principles.

While foodies represent a particular middle class sub-culture, broader stereotypes about the relationship between food and class exist. Pat Crotty examines the stereotypes of eating patterns according to class. Her study found that despite diminishing differences in class-based diets, the diet of lower socioeconomic groups is perceived as uniformly "unhealthy" whereas the diet of higher social classes is viewed as "healthy." Crotty describes how conceptualizing difference through food has been a common process through history. Wilbur Atwater, the "father" of nutrition in the United States, believed that people who lived on high carbohydrate diets in India and Chine were not only physically malnourished, but also intellectually and morally ill nourished. With the hindsight of history, Crotty states, "it is easy to identify the association of upper-class prejudices with lower-social-class food behaviour" (Crotty, 1999, p 138). Expanding on this idea, Crawford describes health as a key component to the formation of middle class identity, whereby the stigmatizing (healthy) self imagines her/his difference from the stigmatized (unhealthy) other (Crawford, 1994). Only by creating an "unhealthy" other can a "healthy" self exist.

The abovementioned research highlights two different perspectives to consider: individuals' perceptions of eating behaviors and health of their own class, and perceptions they have of people of different classes. The common perspective researched is that of people from higher socio-economic classes. This is important to consider

because it is often privileged people who spearhead "healthy" food access projects and initiatives. However, equally important to understand is the perspective of low-income and/or marginalized peoples who are often framed as the "bad" eaters. I believe the perspective of those targeted or "served" must be understood in order to effectively improve food access. My research attempts to partially address this need by examining how class and class distinction shape perspectives of "healthy" food and food access for low-income people.

In this chapter, I have demonstrated the limitations of the current conceptualization of "healthy" food access and research. To better inform the concept and shape future research and practice, we must draw upon literatures that examine food access, the cultural politics of food and health, and the relationship between food and individual and collective identity. My research explores the intersection of these three literatures, thus expanding the concept of "healthy" food access to include both a critical examination of "healthy" food and an exploration of the relationship between "healthy" food and identity within a low-income and racially and ethnically diverse community.

Chapter 2- Why "healthy" food access is important: Statement of focus

Drawing upon the themes included in my literature review, my research examines emic perceptions of "healthy" food and access in the low-income and diverse community of Oak Park in South Sacramento. As "each of our perspectives [are] shaped in relation to our race, ethnic, class, and gender experiences" (Hidalgo, 1998, p. 105), I wanted to understand how "healthy" food was conceptualized and acted upon based on the lived and embodied experiences of some of the residents in Oak Park.

In so doing, I broaden the conceptualization of access. Access is often framed in terms of larger structural forces (rather than individual agency) and is also seen as a binary state (someone either has access or they do not). To address this inadequate conceptualization, I will frame access as a fluid space that is comprised of both absolute spaces (e.g., a grocery store) and relative spaces (e.g., social relations within a grocery store). Within this, I will explore race, ethnicity and class, and the "deeply embedded place of agents" (Ortner, 2006) to better understand "healthy" food access.

My core research question is: How do sociocultural factors impact an individual's access to "healthy" food? I operationalize this question through the following sub-questions:

1. How do individuals in South Sacramento define and appraise "healthy" food?
   - Who or what influenced these perceptions and appraisals of "healthy" food?

- How do individual definitions of "healthy" food compare to and interact with widely promoted definitions of "healthy" food (such as those represented by the USDA or the alternative agrifood movement)?

2. Do race or racialized conceptions of food impact an individual's access?

   - How does racism shape an individual's cultural access to "healthy" food?
   - Do consumers associate "healthy" foods with certain races or ethnicities? If so, what impact does this have on people who do not identify with those races or ethnicities?

3. To what degree does class, status or other sociocultural considerations impact an individual's attitudes and actions around "healthy" food?

   - How important are sociocultural factors relative to physical and financial factors when considering a person's access to "healthy" food?
   - Has limited financial and physical access to "healthy" food resulted in stereotypes that reduce sociocultural appeal?

4. Finally, what does all of this imply about how "healthy" food access projects are conceived, implemented, and received within communities?

   - How can/should residents' experiences and perspectives inform food access work?

Before tackling these questions, I want to briefly mention how I use "healthy" food, race, and class in my study.

Framing "healthy" food

Literature included in Chapter 1 and data from this thesis demonstrate how the same descriptor, "healthy," can simultaneously reflect different ontologies, ideologies, values, and practices. To remind us of the variation and complexity behind the concept of "healthy" food, I have placed the word "healthy" in quotations. The goal of my study is not to create a succinct definition of "healthy" food. I will primarily focus on individual (the participants') perceptions of "healthy" food but will also use widely accepted and promoted "healthy" foods to help ground the term. For example, even though the USDA and the alternative agriculture movement may use different criteria, both perspectives consider fruits, vegetables, lean proteins, and whole grains to be healthy. While "healthy" food is in no way limited to the above-mentioned foods, they will be considered as I examine how participants define, perceive and access "healthy" food.[4] I am using the "healthy" food frames utilized by the USDA and the alternative agriculture movement because they represent two major influences of "healthy" food access and their work often overlaps. Considering these two frames for my research is important because within the BHC region, the alternative food movement (represented by the non-profits already mentioned) is leading various "healthy" food access projects, many of which are in part funded by the USDA or other organizations, like the California Department of Public Health, that utilize a biomedical definition of "healthy" food.

---

[4] Additional information about both health/nutrition paradigms (biomedical versus ecological) is found in Chapter (1)

Framing race

I use Omi and Winant's racial formation theory and racialization to frame race in my paper. Racial formation theory describes race as "a concept which signifies and symbolizes social conflicts and interests by referring to different types of human bodies" (Omi and Winant, 1994, p. 55). Omi and Winant describe racial formation as the "sociohistorical process by which racial categories are created, inhabited, transformed, and destroyed" (Omi and Winant, 1994, p. 55). To the authors, racial formation is the process that connects structure and representation. They also use the term "racialization" to describe the process whereby racial identities are ascribed to a previously unclassified person, job, etc. Applying these concepts to my own research, racial formation is apparent within food and food access; healthier foods are often limited within non-White communities due to structural conditions, which results in limited representation of people of Color as healthy eaters. This results in cultural scripts and the racialization of "healthy" food, which is often perceived as White. I define Whiteness as "white skin privilege," a conceptualization which considers the many ways in which light skin "both signifies and underwrites various kinds of social, political, and economic advantages in the United States and elsewhere" (Rasmussen et al., 2001, pp. 2-3). The racialization and cultural scripts created around "healthy" food will be discussed in greater detail in the Chapter 5.

I also found racial formation theory helpful for conceptualizing the embodiment of race and food practices. The racial categories ascribed upon bodies can result in

discrimination and real consequences. In other words, even though race is a social construct, it ultimately impacts who has spatial and financial access to "healthy" food and what cultural scripts develop. Similar to how "racial inequality becomes embodied— literally—in the biological well-being of racialized groups and individuals" (Gravlee, 2009), my research identifies how perceptions of "healthy" food become embodied by individuals due to various physical (e.g., built environment) and social (e.g., what people around them eat) factors.

Framing class

I will utilize Bourdieu's concept of class because of his focus on habitus, culture, and "social space," all of which are relevant tools to understanding eating behavior. Habitus can be understood as the mental schemas and "know-how" that people develop as a result of practice and lived experience. This term will be useful when considering people's patterns of eating and attitudes towards "healthy" food. Similar to my conceptualization of food access as a space, Bourdieu (1984) posits that people are positioned in a three-dimensional social space according to various forms of capital, including: economic capital (money, goods, and potential), cultural capital (skills with a cultural and market value), symbolic capital (status), and social capital (useful ties and connections). The space is created by volume of capital, composition of capital, and change over time (Bourdieu, 1984). People with similar amounts of capital form class clusters and develop habitus around these clusters. A person's position "within" "healthy" food access is similarly impacted by the different types of capital Bourdieu describes. Economic,

cultural, symbolic, and social capital all impact a person's relationship to "healthy" food. People with similar amounts of capital develop a similar food habitus.

Similar to Weber, Bourdieu believes that class shapes both life chances and lifestyles (culture). Extending this idea to "healthy" food, my research demonstrates how class shapes an individual's ability to eat healthily and the habitus and cultural scripts created around "healthy" food.

Chapter 3- The where, the how and the me: Methodology and positionality

Description of the settings

Oak Park

While my work on behalf of Alchemist took place throughout the BHC region of South Sacramento (see Figure 1), the majority of my thesis research occurred within the neighborhood of Oak Park. Oak Park is a fascinating neighborhood; despite (or potentially because of) the challenges it has faced over the past century, many people are passionately dedicated to its vibrancy and the wellbeing of its residents. A brief look at its history sheds some light on its demographics and the challenges it faces.

Housing policy and redevelopment activities dating back to the 1920's eventually resulted in a concentration of poor people and non-Whites within Oak Park. A case study by Jesus Hernandez described four key practices that "established the racial geography that now defines the Sacramento area: the explicit use of racially restrictive covenants, the informal enforcement of those covenants, central city urban renewal programs, and mortgage redlining" (2009, p. 292). Hernandez outlined four distinct phases of redlining that occurred between 1920 and 200(4) The "Racializing Housing Credit" phase from 1920 to 1950 was a period in which the use of racially restrictive covenants resulted in racial geographies within Sacramento; areas with the covenants remained White whereas ones without the covenants became increasingly non-White. During the "Redevelopment

and Relocation" phase from 1950 to 1980, private commercial development was a higher priority than low-income housing. Within redevelopment areas, non-Whites were often relocated to older racially unrestricted neighborhoods like Oak Park. This increased the racialization of geographic space in Sacramento. For example, in 1950, only 6.5% of Oak Park residents were non-White but by 1970, this number had grown to 48% (Hernandez, 2009, p. 301). Adjacent neighborhoods that still had racial covenants remained homogeneously White.

Complementing redevelopment activities, public highway construction also played a role in the racial and social geography of Sacramento. In the 1960s, interstate freeway expansion programs and subdivision of historic neighborhoods created isolated areas of poverty. The construction of Highway 99 created a barrier between poorer and non-White neighborhoods that did not have restrictive covenants, like Oak Park, and wealthier and White neighborhoods that did have restrictive covenants, like Curtis Park. Hernandez argues that the "massive transportation thoroughfares, along with urban renewal plans [accelerated] change to the city's racial landscape and ultimately the way Sacramentans would organize their lives and communities" (2009, p. 302). According to one resident who lived in the area at that time, the "freeway was like building a wall around the neighborhood." He felt that the neighborhood became a destination for gangs, drugs, theft, street crime, and associated dysfunctional activity.

In the late 1960's and early 1970's, growing tension between Blacks and Whites resulted in riots in Oak Park and eventually led to public hearings to address the housing

challenges and broader neglect of non-White neighborhoods in Sacramento (Hernandez, 2009, p. 302). The final redlining phase, "Deregulation and the Subprime Mortgage Market" (1980 to 2004), was marked by mortgage redlining and racial and spatial concentration of subprime loans in Black and Latino areas. These areas eventually had higher rates of foreclosures as well. While housing and lending practices seem unrelated to food access, they explain the socioeconomic status and racial composition of Oak Park. Spatial organization by race and class provides important insight into the sociocultural dimension of "healthy" food access. Oak Park did not become a non-White and low-income neighborhood by accident; this reality is rooted in historical and current practices that perpetuate segregation, disinvestment, and limited physical and financial access to "healthy" food. This is important to keep in mind when I discuss the "othering" of "healthy" food and the food habitus (shared experience and culture) of residents from Oak Park to whom I spoke.

While Oak Park still faces many challenges, residents believe that crime and violence are improving with the dedication of many community organizations, like the Oak Park Neighborhood Association (OPNA) and over 100 churches. As one community member who is active on the OPNA board said, "community activism runs deep in Oak Park" and community members are "doing their part to guide the neighborhood back."[5] This sentiment was echoed by numerous people I spoke to. Another resident who works for a local non-profit said that residents of Oak Park are "fighters" who have a "we'll do it ourselves" attitude. All interview participants resided in Oak Park, with the exception of one man who lived in nearby Curtis Park (the neighborhood immediately to the west).

[5] All quotes from this section are from an interview that occurred on 3/12/12, unless noted otherwise.

My Market, the convenience store where I conducted my participant observation, is located in Oak Park as well.

My Market

From summer 2011 to March 2012, I worked with My Market to increase the produce offerings in the store. I was in charge of ordering and merchandizing (stocking and throwing out) fresh produce at the store. A new intern for Alchemist assumed these responsibilities in March 2012.

The store is small (about 1500 square feet) and includes a wide variety of snacks (chips, candy, nuts), fast food (pre-packaged sandwiches, it will soon have nachos and hotdogs), canned goods, home supplies, and tobacco paraphernalia (cigarettes, cigars, wrappers, lighters). Through the work of Alchemist CDC, the store now has produce on a three-shelf stand to the left of the cash register. The stand contains five to ten produce items, such as bananas, apples, pears, onions, potatoes, sweet potatoes, bell peppers, persimmons, and garlic. One section of the refrigerator has been allocated to fresh produce as well. This section often contains many of the items that are on the small produce stand, in addition to more perishable produce such as collards, chard, carrots, broccoli, lettuce, and so forth. The produce is primarily seasonal but the store often stocks certain items that are popular year-round.

The store is owned by a man who emigrated from India and there are two male employees who work there seven days a week. The first male, Sam[6], is Israeli (Arab) and in his 50s, while the second male, Jon, is Indian and in his mid 20s. Through participant observation, I counted that store patrons were nearly 60% African American, 21% White, 13% Latino/Latina, and 6% Asian.[7]

Given my existing involvement with the store and its location in Oak Park, a racially and ethnically diverse low-income neighborhood, this site was ideal for participant observation and the solicitation of interview participants. While some participants knew that I stocked produce in the store, they did not have extensive knowledge of my involvement or motives. So while participants may have assumed that I supported fruit and vegetable consumption, I do not believe that this significantly influenced their answers about what they considered to be "healthy" or "unhealthy" food. Participants spoke about the people and institutions that "taught" them about "healthy" food; their ideas about "healthy" food were already formed. However, it would be interesting to know if participants would have spoken differently about "healthy" food had I been a non-White interviewer.

Data Collection

Data collection occurred via participant observation at My Market, interviews and a photo exercise with community members (most of which were recruited at My Market), and informal interviews at various settings both within and outside of Oak Park. These

---

[6] All of the names of participants in this report are pseudonyms to maintain confidentiality.

[7] I counted but had to guess race.

settings included My Market, a coffee shop in Oak Park, neighborhood association meetings in the BHC region, focus groups organized by Alchemist, and a food security conference in Oakland, California.[8] While my primary focus will be on the data collected at My Market and the interviews with Oak Park residents, I will include other conversations to provide relevant context and perspectives. I believe that the variety of my ethnographic approach is a key strength of my study; "using multiple data collection methods is a way to complement and enhance the knowledge gained from any one method" (Israel et al., 2005, p. 271).

Participant Observation

From October 15, 2011 and February 15, 2012, I visited My Market once a week on average to stock and replace the produce and conduct participant observation. Each observation ranged from 30 minutes to an hour and a half. I visited the store between 11am and 6pm. Since my observation occurred during "standard" business hours, it is possible that the participants I recruited were more likely to have abnormal working schedules than patrons visiting the store before 9am and after 6pm. At the site, I also conducted numerous informal interviews with store employees.

Since I had a "job" (merchandizing produce) within the store, I believe my presence was less conspicuous than had I been solely observing. Shifting between stocking the produce and taking notes, I observed: who entered the store (presumed gender, race, age), what they purchased, and any comments or conversation I heard. While I cannot be positive of patrons' age, race, ethnicity, or gender, I did my best to accurately capture this data. I

---

[8] Details about this setting and interviews can be found in Appendix B

made observations at various locations within the store, but primarily took notes on the empty display case about ten feet away from the register, in the walk-in refrigerator, or standing in the back of the store. I felt that those locations were the least obvious and/or intrusive. I eventually organized my data by actor; I noted her or his gender, race/ethnicity, and age, what they purchased, and her or his dialogue with others in the store. I wrote shorthand notes either during my observation or shortly thereafter in the store or in my car. While writing expanded notes, I categorized my observations into "observational notes," "theoretical notes," and "methodological notes."

In addition to this formal observation, I visited over 15 corner stores in the BHC South Sacramento region during the previous year to assess what types of product were offered and sold, who owned the stores, what atmosphere they had (whether the stores were clean, cluttered, etc.), and customer demographics. This information was collected to understand what type of food environment convenience stores offered customers and also to identify potential stores to partner with for the BHC project.

Interviews

Store Employees

Informal conversations with store employees occurred during my time observing and working at the store and were initiated by me or the employee. There were no set questions or interview guidelines, but different questions arose depending on what I was doing and what was happening in the store. I took shorthand notes either during or shortly after the conversations and later expanded them. Using my interview protocol (a set of

questions I asked every participant), I also conducted a "formal" interview with one of the employees. (The complete protocol can be found in Appendix A.) I felt it was important to talk to him because of his role at the store and also because he is Indian (Punjabi). He offered a unique perspective on race, citizenship, and American food culture.

Community Members

I recruited more than half (9 of 15) of the interview participants at the convenience store. While at the store, I randomly selected 5-minute periods during which I asked everyone who entered the store (who appeared over the age of 18) to participate in my project. I provided a brief description of the project and incentives, which included a $10 gift card to Wal-Mart for completing the photo exercise and a $20 gift card to Safeway for completing the interview.[9] For the customers who agreed to participate, I gave them a disposable camera and we decided upon a deadline to complete the photo exercise.

For the photo exercise, participants were asked to take pictures of "healthy" foods they ate and "healthy" foods they did not eat. Rather than asking participants to take pictures of "healthy" and "unhealthy" food, I wanted to work under the assumption that every participant ate some "healthy" food. I did this to avoid an automatic "othering" of "healthy" food.

---

[9] These incentives were made possible by grants from the White Family Graduate Student Awards and Orville Thompson Research Awards.

After participants completed the photo exercise and returned the camera to me, I developed the film and then scheduled the interviews. During the interview, I asked core questions from the protocol to provide an opportunity for comparison but I also provided space for the participants to lead the conversation in a direction they wanted. The interview questions were grouped into four sections. The first section included broader questions about what participants liked to eat and where they liked to shop and why. The second section included questions structured around the photo exercise. The third set of questions asked participants about any associations they made between "healthy" food and race, ethnicity, class, age, gender, etc. In the fourth section, participants were asked if they had heard the terms "White food" and "White man's store" and if they knew what they meant. These semi-structured interviews ranged from 30 minutes to 2 hours long. I had multiple encounters (whether they were interviews, serendipitous run-ins, car rides, etc.) with all but two of the participants.

Additionally, I worked with a nearby community clinic (less than a mile away from My Market) to set up a focus group with native Spanish-speakers who lived in Oak Park. I was not confident enough in my Spanish fluency[10] to recruit native Spanish-speakers from the store but wanted to include them in my study because they represented a decent portion (13%) of the clientele and of South Sacramento (37%). I also wanted to provide perspectives that included more than the African American and White perspective. I had a partner/translator lead the focus group interviews but I spoke primarily in Spanish as well. Since the participants of the focus group arrived at different times (even though

---

[10] I minored in Spanish for my B.A. and spent a year abroad in Barcelona, Spain. I currently do not use Spanish very often.

there was a set start time), the focus group became a series of interviews. I interviewed the two Spanish-speaking Latinas together, and then I interviewed each of the two English-speaking Latinas one-by-one. These interviews lasted between 30 minutes to an hour. To get clarification and ask a few additional questions, I had brief follow-up telephone interviews (in Spanish and English) with three out of four of the participants from the clinic.

The composition of participants of the semi-structured interview process was: 7 women, 8 men, 3 Blacks, 5 Whites, 5 Latino/as, 1 Indian, and 1 person who was multi-racial and didn't self identify with any one race or ethnicity.[11] All but one of the participants qualified as low-income (or lower) per the U.S. Department of Housing and Urban Development (HUD) "FY 2012 Income Limits Summary" for Sacramento County (2011). The one participant who surpassed the median income level for Sacramento County ($76,100) was Black and lived in Curtis Park. I will identify any responses from the middle class participant; otherwise it should be assumed that any participants mentioned are low-income.

For all of the interviews, I either used my computer or notebook to take notes. I digitally recorded all but one (per the request of one participant) of the interviews. I looked over my notes and transcribed sections, or entire interviews that I felt were most significant.

---

[11] While the self-identification of participants can be identified, I had to estimate the race/ethnicity and age of people I encountered during participant observation. I unfortunately may be misrepresenting people in this process.

I should also note that of the 18 cameras handed out, only 8 were returned. Ten people who had initially agreed to participate with both the photo exercise and interview dropped out of the participation process. The 7 participants (of the 15 who completed the semi-structured interviews) who did not complete the exercise included the 4 focus group participants and 3 participants who were willing to be interviewed but preferred not to complete the photo exercise primarily because it was a greater commitment. One participant who farmed said he currently did not have enough food to take pictures of. Additionally, some of the participants did not follow the directions of the photography exercise. They took pictures of "healthy" *and* "unhealthy" food, rather than "healthy" food they eat and "healthy" food they do not eat. This could have happened because the instructions weren't clear, or potentially because when people are asked to think about "healthy" foods, they automatically think about their "unhealthy" counterparts as well. Also, participants may have thought I was a nutritionist (even though I told them I was a Community Development Master's student) who was trying to assess their knowledge of "healthy" food. While the directions weren't followed, I think the photos produced richer data because the food participants photographed and labeled as "unhealthy" was primarily food they ate. This not only provided me with information regarding food they considered unhealthy, but it also gave me insight into their diets. Although participation for the photo exercise did not have the numbers I had hoped for, it still provided fodder for discussion and good insight into participants' diets and perceptions of "healthy" and "unhealthy" food.[12]

---

[12] Since the quality of the disposable camera photos are so poor, I will not be included them within my thesis.

I also collaborated with community leaders who live and work in Oak Park. I shared my

core findings with them to get their feedback and to brainstorm recommendations, i.e.,

What can we do with these findings? The community partners included: two social

justice activists (Black male/female partners), a farmer and activist who works with

various community-based organizations and local government (Chicano male), and the

Executive Director of a local non-profit (White female). Hereinafter, I will refer to these

people as "community partners." Since they are the people who do "field work" in the

area every day, I considered their perspective crucial in interpreting the results and also

creating realistic and relevant recommendations. Kieffer et al. argue that "returning

results to the community" is "essential to maintaining… trust and the success of

subsequent activities" (2005, p. 162).

Data Analysis

Participant Observation

While observing at My Market, the broad categories of "money," "purchases," and

"employee/customer dynamics" became apparent. As I took notes, I paid particular

attention to these categories but included other observations as well. I first read through

all of my observational notes without attempting to analyze them. During a second read

through, I extracted relevant categories that were not already apparent during data

collection. Once I identified the broad categories of: "monetary limitations," "hierarchical

discourse and dynamics between employees and customers," and "typical purchases," I

reviewed my notes again to identify what data fit into said categories. I indexed my notes

in two ways: (1) I highlighted sections of my notes according to the categories in which they fit, and (2) I started a new document that organized key observations according to the category to which they belonged. I also created tables to calculate the following occurrences: purchases (what was purchased), perceived race of patrons, what items were purchased, and instances where "money" or "cost" was referenced. I read over my notes another time to identify any other categories or important observations/comments I had previously missed.

My participant observation at My Market was not intended to be my primary method for data collection. Rather, it provided context for my interviews; the space and interactions within the store were illustrative of macro and micro dynamics that I would further explore through interviews. I used this information to help design my interview protocol.

<u>Interviews</u>

For interview data analysis, I looked for broad themes within each interview. I noted these themes in a separate Word document. I then went through a few of my interviews at a time and coded sections I considered content rich. I did not use the same codes for all interviews because I did not want to limit myself to one set of codes. I wanted to provide a space for new themes to emerge from different interviews. After considering the various coded sections and the theme documents I had created for about half the interviews, I searched for emergent categories and patterns. I indexed my notes according to the following categories: "Biomedical vs. 'natural' perspective of 'healthy' food," "Mixed feelings on the healthiness of ethnic foods," "Relationship between ethnic foods

and/or conflation with processed food," "Cultural food as food with value," "Cultural food as flexible," "Multiple meanings of White food," "Qualities of Whiteness," "Spaces" (then I broke it into "Family Space," "Neighborhood Setting," "Body," and "Generational component"), "Raced food and spaces" (broken down into "White food," "White stores," and "Blackness"), "Personal responsibility/agency," "Addiction to processed and sugary foods," "Structural issues," and "Solutions."[13] I then went back to notes that I had not yet analyzed to see how the data corroborated or contradicted the created categories and I adjusted them accordingly. This iterative process is consistent with Glasser and Strauss' (1967) grounded theory methodology.

Positionality

I want to briefly discuss my relationship to the setting and the issues I am studying. I am female, White, college-educated, able-bodied, and come from a middle-class background. I also live in Davis, which is culturally, racially, and economically different from South Sacramento despite some physical proximity. Residents of Oak Park have told me that they knew I was not from the area because I am White (with blond curly hair) and also because of how I dress. Visually, I think that I stand out in Oak Park.

Over the past five years, I have become more engaged with the alternative agrifood movement. And my own perspective of "healthy" food reflects the ecological nutrition perspective (as represented by the alternative agrifood movement) more so than the biomedical and nutritionistic perspective (as represented by nutritionists and the USDA).

---

[13] I used a few other categories such as "Healthy depends on needs; it's relative" and "Influence of perceptions of healthy" but things in these categories either fit into the more prevalent categories or they were deemed less salient.

As I asked people about "healthy" food, I had to search myself for its meaning. To me, "healthy" food is food that makes me feel good. It fills me up and is as pure as possible, with minimal chemicals, additives, pesticides, dyes, and so forth. If I were to name "healthy" foods, what comes to mind include: fruits, vegetables, whole grains, "clean" proteins (free of hormones), and other foods that are ideally organic and minimally processed.

A few years ago, I was someone who possessed the "if only they knew" mentality (Guthman, 2008b). "If people only knew how corrupt the food industry was," or "If people only knew how bad this food was for them," then they would care. But I soon realized (through job experience and graduate school) the unacknowledged (often White) privileges and assumptions that accompanied my "if only they knew" mentalities. In order to have the freedom, or in order to access the "space" around "healthy" food, race, class, identity, resources, family experiences, and so forth must be considered. This has made me seriously question any attempts I make to "bring good food to others" (Guthman, 2008a).

While I know my own definition of "healthy" food impacts my desired outcomes of this study, my own conceptualization of "healthy" food has expanded. I enjoy cooking and eating all types of food. I have never labeled certain types of racial or ethnic foods as completely unhealthy, but I did tend to assume that traditional Black food, or soul food, and Mexican food were less healthy than other ethnic foods, like Japanese food, or my own "Californian" cuisine. As a result of this study, I recognized my own misplaced

judgment and blame on this ethnic food, which I believe results from the negative

societal framing of Black and Brown (particularly African American and Latino/a) food

and people. I will explain this in further detail in Chapters 4 and 5.

Additionally, I began the study with a primary focus on race. It appeared to be the most

salient (and intriguing) issue. However, as a result of interaction with participants, I

quickly realized that I needed to consider other dimensions such as class and family

upbringing. Further, I needed to consider these dimensions as they related to limited

physical and financial access. By not reducing the problem to a single determinant, I

would increase the accuracy and depth of my research, because many different factors—

individually and in combination with each other—impact food access.

I also found it challenging to promptly separate myself from the participants after one

interview. While that was all that was "required," I really enjoy the development of

relationships and I did not want my project to be (or feel) solely extractive. It could be

argued that this was selfish, but I genuinely cared about the participants and tried to

demonstrate that by giving them rides to the grocery store, cooking dinner with them, or

just checking in to see how they were doing. I saw half of the participants at least a few

times after the initial interview.

While I attempted to be self-aware of my positionality throughout this research process,

my data collection and analysis were inevitably influenced. For example, I initially

assumed that participants would have a clear idea of "White food" and I assumed that it

would be uniformly "healthy." By even using the terms "White food" and "White man's store," I was implying that these things existed and was potentially reifying them. While this was a possibility, the stories shared suggest that "healthy" food and stores were indeed racialized and classed, independent of me possibly introducing these concepts. In terms of analysis, I initially focused on sensational stories and comments that clearly supported my hypotheses. To balance these stories and comments, I went back to my data to look for counterpoints and data that described a more nuanced account of the sociocultural dimensions of "healthy" food access. While my positionality influenced this research, I believe that my continual self-reflection reduced its influence on my findings.

Chapter 4- The multi-dimensional space of "healthy" food access

The world of ""healthy" food access" is as complex as I imagined. I initially tried to connect all of my findings in a linear fashion, but I eventually realized that reality was more three dimensional than two. The data pushed me to imagine "healthy" food access as a multi-dimensional space as opposed to a point. In other words, rather than imagining "healthy" food access as a binary position (someone either has access or they do not) it is more accurately conceptualized as a space created by physical (e.g., built environment, grocery stores, neighborhoods, etc.) and relative (e.g social relations within those physical spaces) dimensions stretched across time. The dimensions I will focus on are: micro-social influences, with an emphasis on family; places, with an emphasis on neighborhood; and the body and its interaction with food, people, and places. These three influences overlap and interact with one another and are stretched across time. Other forces that are active within each dimension include: race, ethnicity, class, and structure and agency. These forces aren't necessarily their own dimension but they play a key role within micro-social influences, places, and the body.

I will first provide a brief summary of what participants considered "healthy" food. Next I will describe how each of the above-mentioned dimensions and their interrelations influenced the perceptions of "healthy" food. While the themes of: race, ethnicity, class, structure and agency, and temporal space will be discussed throughout the different dimensions, I will describe each of them in greater detail in their own sections.

Throughout the next two chapters, I aim to provide evidence to support the following findings:

- Sociocultural factors play a significant role in access to "healthy" food. Issues associated with race, ethnicity, class, culture, and identity impact perceptions of and behaviors around "healthy" food.

- While the majority of participants defined "healthy" food in terms of its nutritional components and biomedical value (e.g., this food is healthy because it is low in saturated fat), this information was not always important, understood, positive, or actionable to them. Participants expressed other values of food that were associated with family, commensality, tradition, and culture. This challenges the effectiveness of defining "healthy" food in terms of its biomedical value.

- Participants made associations between "healthy" food and class, race, body type and activity level. For some participants this resulted in the "othering" of "healthy" food. "Healthy" food was commonly seen as White and/or rich food.

- Participants wanted different things from "healthy" food and wanted to acquire it in different ways. Their priorities ranged from wanting food that was filling to food that healed the body to food that helped people become less reliant upon the industrialized food system. Most of the participants wanted healthier and cheaper options at large chain grocery stores while a few others were interested in growing their own food or participating in cooperatives.

- Many participants displayed a limited sense of agency in their ability to eat healthily. This was attributable to various reasons such as structural challenges (e.g., high cost of nutritious food), place (e.g., discrimination in grocery stores), micro-social influences (e.g., growing up with parents who didn't cook), and a limited and/or "othered" conceptualization of "healthy" food (e.g., "healthy" food is low-fat, low-cal, food that rich people eat, etc.).

- Racial discrimination plays a role in people's access to "healthy" food. Even if food is physically present and affordable, discrimination is still a barrier to access. *All* Black participants who I spoke to had experienced racial discrimination at restaurants and/or major chain grocery stores. As a result, a few of them have decided not to frequent those food places.

"Healthy" food

While I will get into more complex definitions and conflations of "healthy" food, I will first begin with what food was referenced as "healthy" early on in the interviews. These were primarily the foods mentioned during the photo exercise and while answering the question: "What does the phrase 'healthy food' mean to you?" Fruits, vegetables, leaner proteins (primarily chicken), and whole grains were the most commonly cited "healthy" foods. Preparation of the food was also considered; food that was baked was healthier than food that was fried. Participants primarily relied on the biomedical nutrition perspective as evidence of healthfulness; "healthy" food is "grounded in some sort of research" and "fulfills all requirements of your body" (each quote is from two different participants). All participants referenced the nutritional components of foods to

demonstrate their healthfulness (or lack thereof). "Healthy" foods were "low in saturated fat," "high in vitamin A," "low in cholesterol," and so forth. These responses reflect the ideology of Nutritionism which holds that the scientifically identified nutrients in foods are what determine their healthfulness (Scrinis, 2008). Participants learned about this information from the media (two women cited Dr. Oz), nutrition labels, family, school, doctors, and nutritionists. While many participants used biomedical language to describe the value of food, only three (of 15) provided ample reasoning as to why those biomedical qualities were important. Most participants didn't know why vitamins and minerals are "good" and cholesterol or saturated fats are "bad." For example, one participant said that candy was bad because of its sugar content but did not know why sugar was "bad." Participants didn't know exactly why foods were "good" or "bad" but they believed those categories existed and had an idea of which foods belong in each category.

When participants did not know the biomedical details of foods, they often relied on "natural" evidence, like "what's green is good."[14] One participant said she didn't know why fruit was healthy, but thought it was "because it grows from the ground, I guess."[15] In my study, the only processed foods that participants labeled as healthy included: "quiche bars" (per Carrie, a 24 year old multi-racial female), CLIF bars (per Bobby, a 27 year old White participant), and dairy products (per Maurino, a 48 year old Latino). Interestingly, quiche was also considered White food according to a few Black

---

[14] Interview on 2/3/1(2)
[15] Interview on 1/26/1(2)

participants. Participants may think that additional processed foods are healthy, but these are the ones that came up during interviews.

While all participants valued fruits, vegetables, lean proteins, and minimally processed foods, various factors prevented them from eating these foods. Barriers included: the high cost of nutritious foods as compared to highly-processed or poor quality foods; limited cooking knowledge and time; poor quality of food sold at nearby stores; and cultural perceptions of these foods. These barriers highlight the various facets of "access" and will be discussed in further detail in subsequent sections.

"Healthy" food was primarily seen in terms of consumption; few participants had an ecological perspective of "healthy" food. Only three of the fifteen participants (two White males and one Black male) mentioned "organic" as a component of "healthy" food and those same three either directly or indirectly referenced the ideal of "local" food, either via growing it themselves or through a retail co-operative that sold local produce.[16] Additionally, two participants who were partners (David, a White 24 year old male and Nikki, a White 28 year old female) recognized structural factors involved in the cost of "healthy" food, primarily poor crop yield and fair wages, which will be discussed in further detail in the "Structure and Agency" section.

Eight out of 15 participants also questioned the healthfulness of racial or ethnic foods, primarily due to perceptions of high fat and salt content. (No interview question asked about the healthfulness of ethnic or racial food so the initial comments were unprompted.

---

[16] Interviews on 2/3/12 (two people participated) and 2/6/12

However, if a participant said that ethic or racial food or certain people were unhealthy, I then asked why they believed that to be true.) Some participants questioned the food that belonged to their own racial, ethnic, or cultural group while others questioned food that belonged to different groups. For example, Carrie (24 year old Black/Mexican/Italian female) did not consider dirty rice healthy but thought it was "very very delicious" and was something "[she] can't shake." Dirty rice is a Cajun dish made of white rice with bits of meat (traditionally chicken and liver), which makes it look "dirty." Carrie's family grew up in the South and cooked many dishes that are common to this region, like collard greens and hogmog. Carrie considered this food soul food, which she identified as the strongest element of her food culture, which will be discussed in greater detail in a subsequent section. When I asked Carrie why she thought it was unhealthy, she said it was because it included two different types of meat and had a lot of seasoning. Interestingly, she then revealed that it was boxed food[17] and that "Zatarain measure it, but we don't really know all that's in there."[18] Carrie partially conflated the health of her ethnic food with boxed food; dirty rice was unhealthy because it used two types of meat and also because it was boxed. Carrie didn't trust boxed foods but was also dependent upon them because she didn't know how to cook. She lacked a sense of efficacy in her ability to reduce her dependence on food she considered unhealthy.

The reliance on boxed food, frozen foods, and fast food was prevalent with about half (8 of 15) of the participants. A variety of boxed foods were mentioned: top ramen, Stouffer's frozen lasagna, frozen pizza, Hamburger Helper, Rice-A-Roni, pizza bites, etc.

---

[17] Boxed foods are meals in a box, such as Macaroni'n'cheese, Hamburger Helper, and Rice-A-Roni,
[18] Interview on 1/20/12

(Participants mentioned boxed food without a prompt from me. For future iterations, I would want to determine the extent to which each participant relied on boxed food.) As Carrie's response demonstrates, sometimes there was also a conflation of racial or ethnic food, boxed food, and/or "unhealthy" food. These foods were often referred to in the same sentence or segment of the conversation, thereby making it unclear as to which foods were considered unhealthy. When I asked Francisca (36 year old Latina) about food she identified with, she said:

> I have a lot of connections. . . I like mole, tacos, but I have to stop. . .I used to eat all that fat things, like go to McDonald's and get all that fast food. It just made me gain weight.[19]

While Francisca makes the direct connection between the fast food and weight gain, it is interesting that just seconds before, she said she needed to stop eating mole and tacos as well. Francisca also said that she chooses not to eat tacos in front of her diabetic son because "it's not fair for him." A follow-up interview confirmed Francisca's belief that Mexican food "is not so healthy." When her son was diagnosed with diabetes, her efforts to cook healthier resulted in reducing the amount of Mexican food her family ate.

Some participants considered the food (or people) of another race/ethnicity to be unhealthy. Brian, a White 24 year old male who grew up with people in the "hood," felt that "Black people don't eat too good . . . people in the hood don't eat too good. They'd probably be cooking up dope in the kitchen rather than cooking up a meal."[20] Both employees (one Indian, one Israeli) at My Market also generalized Black people as

---

[19] Interview on 1/26/12
[20] Interview on 2/3/12

unhealthy eaters. Finally, when I asked Terri, a White woman in her fifties, whether

people in her community ate healthy she said that not all of them do:

> Some people, like in the Black and Hispanic cultures, who probably continue to
> cook their traditional foods which in the Mexican community are high in starches,
> and Black may be a lot of fried foods and other foods that are high in cholesterol
> like mac'n'cheese and so forth, which are not healthy choices for meal
> selection."[21]

These comments reflect broad generalizations about racial and ethnic food and people;

both are perceived as unhealthy. Terri, who was White but belonging to the same

economic class, made a sweeping generalization about Black and Latino/a people and

cuisines, failing to mention the diets of other Whites (or Asians, etc.) in her community.

There was an automatic "othering" in terms of who ate unhealthy. While Crawford's

work focuses on middle class identity, his findings are still relevant to my own because

even within a lower class, the creation and distinction of an unhealthy "other" occurred.

Interestingly though, the distinction occurred along racial and ethnic lines. Two out of

five White participants differentiated their (perceived) healthy eating habits from the

(perceived) unhealthy eating habits of people of Color. I did not want to lead participants

to stereotype specific foods or people so I did not ask if they felt people of other races or

ethnicities ate healthy or not. These beliefs arose naturally during the course of the

interviews for both White and non-White participants. If I were to continue this research,

I would examine these stereotypes in greater detail and see how/if they manifest in local

initiatives. Do people think ethnic foods are healthy, unhealthy, or somewhere in

between? For the people who eat ethnic food, how often do they actually eat it? From

what I could tell, people ate boxed, frozen, and fast food far more often than traditional

ethnic foods. For local organizations in the area, are they framing ethnic food as healthy

---

[21] Interview on 1/20/12

or unhealthy? There are specific campaigns designed to address the high rates of diet-related diseases within the health disparities in Black and Latino communities (Health Education Council, 2008). As a part of these two campaigns, "healthy" ethnic (Black and Latino) cookbooks have been created. While I believe it is important to recognize health disparities and also approach health in a culturally sensitive way, I suspect that a focus on "unhealthy" ethnic food may divert attention from other potential health-risks, such as a high intake of processed foods or environmental contributors. While my research does not answer the abovementioned questions, I believe it provides evidence as to why these questions are important to consider and examine.

Micro-social influence of the family

Family was the most salient dimension of a participant's "healthy" food access. It was a primary site where food habitus was developed and reinforced. The relationships associated with family and the spaces in which these families lived shaped participants' definitions, attitudes, and behaviors around "healthy" food. While subsequent sections will discuss other micro-social influences, such as friends and people within similar socioeconomic groups, the focus of this section will be family.

The findings of my focus group illustrate how family shapes one's relationship with and access to "healthy" food. The focus group was with four Latinas, all originally from Mexico. While all the women came to the United States in the 1990's, there were clear differences between the two women who spoke English and the two who did not. Each "group" of women had incredibly different family experiences with "healthy" food that

ultimately shaped their "healthy" food access. The two who spoke English were Theresa

and Francisca. These women did not learn how to cook from their parents and did not

grow up eating healthy. Theresa lamented the fact that her mom let her eat anything she

wanted as a child, "not really caring what it contains, how it can affect you, how it can

help you or how it can bring you down." She believed she was "raised eating bad."[22] The

other woman, Francisca had a mom who "used to work all the time" so she (Francisca)

"was the one who had to do the part of [her] mom, to raise like my brothers and sisters."

Both of these women "took charge" of their lives with the help of a nutritionist or a

doctor. Theresa was obese, pre-diabetic, and "emotionally depressed, to the point that

[she] was hiding to eat." She invited a nutritionist into her home to talk to her parents and

help her change her diet. Francisca's son was at risk of being diabetic so she, with the

nutritional advice from a doctor, learned how to cook and eat healthier. Neither Theresa

nor Francisca felt that their parents' providing them with an opportunity to eat healthily.

Both of them wanted to provide a different experience and environment for their children.

The two Spanish-speaking Mexican female participants in their 30s, Lucy and Rosa, had

a very different experience. They grew up learning about food and cooking from their

mothers who "siempre decía que. . ." (always said that) and "nos decía. . ." (told us) what

was healthy and what wasn't. Their mothers did not provide much nutritional or

biomedical reasoning behind what was healthy. As a result it appeared that the women

had a more "natural" understanding of "healthy" food. They both agreed that "healthy"

---

[22] All interviews with the four Latina women mentioned occurred during a focus group on 1/26/1(2) It ended up being a few separate interviews since women showed up at different times. The two Spanish-speaking women were interviewed at the same time while the two English-speaking women were interviewed individually.

food was "más natural" (more natural) and "cocinaba en casa" (home-cooked). For these two women, their family was a space where "healthy" food traditions were passed down from previous generations; the value of the food wasn't in its nutrition as defined by science but in its traditional and cultural value. Both of these women considered Mexican food healthy and believed that people in Mexico ate healthier than people in the United States. In essence, Mexico was a healthier place than the United States. I found it interesting that the two Mexican women who did not speak English were also the ones who had a more relaxed and less scientific approach to "healthy" food. Also, they both believed that people in Mexico ate healthier than people in the United States, due to the high amounts of junk food or "comida gringa," which will be discussed in greater detail shortly.[23]

Regardless of whether the experience was perceived as positive or negative, all participants recognized the role their parents, primarily mothers,[24] played in providing them with information about "healthy" food and/or cooking skills. Ed, a Black male in his 60s, learned about "healthy" food from his mom at an early age and felt that "given what [they] had, [they] ate fairly healthy."[25] Another man, Maurino, a Mexican man in his late 40s, enjoyed cooking and learned how to cook from his mom and grandmother, who cooked all of the time. He said he "was always around" so he "picked up on it." The only mention of a father in terms of food was a Black man in his 40s, Evan, who spoke

---

[23] I am trying to avoid essentializing these two women, as I know their stories and perspectives are more complex than I am portraying. However, they were very reserved during the interview; I think they were somewhat uncomfortable with the process, and I was also unable to get follow-up interviews with them. I did, however, get to speak to one of their husbands about why they came to the U.S. and why people in Mexico eat healthier than here.

[24] In terms of food and/or cooking, fathers were only mentioned in two of the 15 interviews. Many male participants, however, were the primary cooks in the family.

[25] Interview occurred on 3/11/12

about his father who was a farmer. He described how farming was an integral part of his father's life so it became an integral part of the children's lives, whether they wanted it to or not. While helping his father on the farm felt like a burden at times, Evan appreciated the experience and skills he developed as a result.

These responses suggest that the participants' families shaped their definitions, attitudes, and skills developed around "healthy" food. The participants who were most dissatisfied with their eating experience as children were those who felt that their parents, usually the mother, did not provide them with adequate opportunities to eat healthily and learn about healthy cooking. Conversely, those who did not express discontent were those who felt they had adequate exposure to "healthy" food and eating practices during childhood. When talking about family, there was always an interesting use of temporal space; participants spoke about eating in terms of the past, present, and future. The next section will discuss how participants spoke about eating across different generations.

<u>Eating Across Generations</u>

Temporal space was very prominent within the family dimension; there was a generational component to the participants' consideration of family. Participants reflected on the past and recognized the connection between the present and future generations. For participants who did not feel as though their parents taught them about "healthy" food, there was a certain amount of blame placed on them, as illustrated by Theresa's story. Carrie (24 year old multi-racial female) wanted to cook for her daughter but she felt she was unable to do so because of the past:

> It seems like I'm cooking the same things because I only know so much because that lack of experience with my mom, ya know. She hasn't taught me so I don't know that many recipes. . . it's like I'm falling in the same boat as her because I cooks but it's like I'm cooking the same things.[26]

Carrie points out the generational pattern she is following, which is a reflection of her food habitus. Boudieu explains that habitus, which could include the "know-how" of cooking, is instilled at an early age and reinforced daily (Bourdieu et al., 1990). While Carrie wants to provide her daughter with a healthier lifestyle, her limited cooking knowledge (as a result of her past) is impacting her current (and potentially future) ability to do so.

Similar to Carrie, Theresa wanted her (unborn) child to have a more positive experience with food:

> Sometimes parents don't realize that [serving unhealthy food] affects one when we grow up. So what I'm trying to do is when I have my baby, hopefully she'll be a healthy one, and I'll try to teach her what I didn't learn so I don't have to go through the same things, 'cause it wasn't easy to lose all that weight. It was horrible. And it was really hard for me.

Theresa wants to break the generational pattern by providing a different food environment for her daughter. Changing her diet and losing weight was "horrible" and "hard" for Theresa; she doesn't want her daughter to face those same challenges.

Many of the participants with children also mentioned the importance of cooking and eating healthy *for* their kids. Henry (53 year old Black male) said, while his son stood by his side, "I'm gonna eat healthy, I have to, [I'm] thinking about this little guy." Participants were concerned about their own health so they could "be there" for their

---

[26] Interview on 2/17/12

children. Francisca said she eats healthy as well "'cause if mom is not okay, they're not okay."[27] The presence of a future with children was integrally important to putting effort into eating healthily.

The birthplace of food's value

In addition to being a space where participants received (or did not receive) a foundation on "healthy" food, family was a place where much of food's value was established. While value was placed on food itself, even more value was assigned to what food created, primarily a sense of community and love. Participants spoke about meals they shared with family, friends, and neighbors.

While Carrie's mom didn't cook very often, it was an occasion when she did. All of her "aunts and everybody came together and cook, it was just really showing love to one another." It was this "love" created by commensality that resulted in her "love" of soul food. She went on to say that soul food was very important to her and everything else was just what she "liked." In other words, soul food was an important part of who she *is*. Conversely, other foods were just a reflection of preferences, not identity

The passion that Carrie possessed for soul food was clear. When I went to Carrie's house for the first time, she and her cousin Naomi got into an argument about cooking greens. Carrie said that Naomi cooked greens for two hours on one occasion. I assumed that Naomi had overcooked the greens but according to the recipe Carrie follows, which is her aunt's "famous" recipe, Naomi had severely undercooked the greens. Carrie said that

---

[27] Interview on 1/26/12

"cooking greens for two hours is not cooking greens." When Naomi provided reasons,

including "starving," as to why she only cooked the greens for two hours, Carrie

responded with:

> Oh my god, we had $400 worth of food and you was hungry? You could have
> warmed you up some noodles or anything just to hold your stomach till your
> greens get done. No excuse, you nasty, that's nasty. That's nasty.

Carrie's statements reveal that "cooking greens" has two entirely different meanings. The

act of cooking greens is not the same thing as "cooking greens." In other words, simply

cooking greens in any way is unacceptable; if one is "cooking greens" one should not

deviate from the "correct" way. Carrie finished by telling me that "it takes 6 to 9 hours so

if you make greens in two hours, you're eating like, what are you eating? Like lettuce or

greens?"[28]

This conversation illustrates a particular knowledge that is acquired in this food culture

and the values placed upon that knowledge. Carrie invalidates both the greens and the

cook, Naomi, when improper cooking techniques are used. Naomi's incorrect way of

cooking greens is juxtaposed with Carrie's "Auntie's" "correct" way to cook greens.

Carrie told me that people all over the world ask her Auntie to cook her greens. Any time

she goes to an event, it's assumed that she'll make her greens. Compared to the

invalidation of Naomi's cooking methods, Carrie shows her support of her Auntie's

methods by: (1) verbally affirming them, and (2) eating them (she refused to eat

Naomi's), and (3) cooking her greens in the exact same way her Auntie does. Carrie's

actions reflect a respect for people who cook greens the proper way. Conversely, she

---

[28] Interview on 1/22/12

invalidates, ridicules, and places shame on Naomi for not cooking the greens in the correct way. Not only is the act of cooking greens in the wrong way considered "nasty," but this act then makes Naomi "nasty." Naomi was visibly upset; she raised her voice and rolled her eyes many times throughout the conversation as she tried to justify her actions. She eventually asked to end the conversation and left the room.

Finally, this situation demonstrates that the value of the greens is not intrinsic. The greens are only "greens" if they are cooked the right way. When greens are not greens (by being cooked improperly), Carrie calls them lettuce. Cooking not only gives meaning to food but it has the ability to figuratively change the food. I believe this illustrates the very specific meaning and value that Carrie has for "greens." This word evokes clear feelings of (in)validation. If cooked the wrong way, greens are not just "bad greens' but they become something else entirely (lettuce). I don't know if this means that lettuce is something undesirable to Carrie, or if it is just something she considers bland, or if she uses that solely to illustrate that greens cooked incorrectly are not greens. Regardless, it is fascinating that greens become something else when cooked the wrong way. There is only one "greens" according to Carrie. This particular recipe and preparation style is not something she is willing to compromise on. This situation challenges the effectiveness of attempting to alter recipes that are considered traditional to the cooker and/or eater. Many cookbooks that attempt to create "healthier" alternatives to traditional ethnic recipes may not be well received because the recipes hold values (associated with family, taste, identity, and tradition) that lie outside of the food's biomedical value (Mudry, 2009).

This situation reminded me of a conversation I overheard at My Market. Larry, a Black man likely in his 50s, had been propping open the door at My Market while talking to the employee Sam, who is Israeli (Muslim) and in his 50s. Another man (Black and likely in his 60s) was approaching the cash register and placed some items on the counter. Larry looked at what this man was buying and asked what he was going to make. The man said he was going to make "some coleslaw and beans and something like that." Larry asked, "you gonna fry some chicken with that?" The other man said, "yes," and Larry responded with, "there we go."[29] Similar to what occurred in the conversation with Carrie, Larry's questions and comments appear to reflect a validation process. It is almost as though the other food mentioned (coleslaw and beans) was meaningless without the addition of fried chicken. Since I never spoke to Larry about this conversation, there are many things I do not know about his intentions. But what I do find significant is the importance of cultural context and meaning of certain foods; food alone may be "naked" without that context. Similar to Carrie's feelings towards her Auntie's greens, the situation with Larry demonstrates that food is understood and accepted according to its cultural context. If "healthy" food is considered "naked" to him, i.e., without cultural scripts he can relate to, it may not appeal to him.

I later followed up with Carrie to gain a better understanding of the firm position she displayed about the greens. I was curious as to whether "healthy" and/or new foods could hold value to people who have such strong associations with certain foods and preparations of those foods. When I asked Carrie why Naomi's actions were so wrong, she said it was not so much about the greens' taste as it was about the "violated" rules.

---

[29] Participant observation on 1/16/12

She said she would not eat anyone else's greens other than her Auntie's, and her own since she uses the same recipe. Changing that specific recipe seems highly unlikely. Additionally, Carrie had previously said that the only food that really had value to her was soul food. I initially believed that this meant Carrie was fixed both on the preparation and the value of food; she only cared about cooking and eating soul food. However, my conversation with her also revealed the flexibility and variety of soul food. Carrie explained how her family "would add all these things into seafood spaghetti and give it its own twist, and they would turn it into soul food." As Byrant Terry points out, it is historically inaccurate to say that soul food is limited to traditional "comfort" foods like mac'n'cheese and red velvet cake; "African-American cuisine is very diverse and complex and the reality is it's constantly evolving and changing" (Hing, 2012). While Carrie was particular with her greens recipe, overall she also spoke to the diversity and adaptability of soul food.

Additionally, Carrie expressed openness to connecting with and valuing foods outside of her traditional sphere. She said that new foods could have value based on the very fact that she did *not* eat those foods growing up; "it's just the point of not having things. I like to try new things."[30] In some ways, she enjoys trying foods that she did not eat as a child.

I originally thought that the value of food was in part created by a racial or ethnic "match;" a person of a certain race or ethnicity would value their racial or ethnic food. While not entirely incorrect, my findings demonstrate that value is created by experiences, often those in childhood, and is often connected to the relationships and

---

[30] Interview on 2/17/12

people associated with that food. In other words, it is not purely the race or ethnicity associated with the food itself that matters but the related people and experiences. (At the same time, people of the same race or ethnicity often share similar foods and experiences, which speaks to the collective nature of habitus). The stories of Maurino and Carrie also reveal the complexity of a person's racial and ethnic identity. Maurino, for example, talked about Mexican food nearly our entire conversation. He spoke about liking the taste of it (especially hot peppers), enjoying cooking it, remembering his mom cooking it while he was growing up, and so on. He also spoke about how most of the people he knows and spends time with are Mexicans. Lastly, he spoke about being proud of the fact that he had been the only Mexican at a software company. I assumed he was Mexican but when I asked him what race or ethnicity he identified with, he said: "Portuguese, Italian, Spanish, Indian/Apache…there's not really Mexican blood in me…we grew up around Mexicans. I say I'm Mexican." I found this fascinating because while his ancestry was not primarily Mexican, he identified with the collective identity of his neighborhood; this was how his ethnic identity developed. He placed value on this ethnicity (including food culture) because it was a part of his youth and his present, he said it is "always there." Through childhood experiences, he embodied Mexican culture and ethnic identity.

These stories highlight a few important points. First, the racial or ethnic value of food is associated with past and present social experiences (particularly in childhood); the food's value is embedded within these shared experiences. Second, the racial, ethnic or cultural value of food should not be ignored or suppressed by organizations focusing on health or food access. I argue that trying to change prized recipes, like Carrie's Auntie's greens

recipe, will prove to be ineffective and potentially detrimental. Value extends beyond the food's nutritional content and reflects commensality and tradition, which are both important to a person's health. Third, racial, ethnic or cultural food is not fixed or limiting; with all participants, there was an openness to new foods and recipes.

The first two points support my broader finding that questions the biomedical valuation of food (which is often in opposition to ethnic food) and the third point suggests that there is an opportunity to incorporate new foods into people's diets through activities like cooking classes or potlucks. "Healthy" food doesn't have to be something for White or rich people. All of these findings are important to consider when crafting food access projects. I will expand on how to apply these findings in Chapter 6.

Neighborhood Surroundings

Participants felt that the neighborhood space was a significant impediment to their access to "healthy" food. All of the participants (except for one who I was unable to follow up with) came to the Sacramento area because of its economic opportunities and/or lower rent. South Sacramento, and Oak Park specifically, is a low-income area and residents are very aware of this reality; "being that it's Oak Park here, you see a lot of people who are down on their luck."[31] When describing their surroundings, participants noted various structural issues that existed in the area, including: a high prevalence of liquor stores and fast food restaurants, distance from and limited transportation to quality grocery stores, lower quality of stores and products within existing stores compared to other areas, and higher prices of "healthy" food compared to highly processed, packaged, or fast food.

---

[31] Interview on 3/11/12

While they were able to articulate these inequalities, the majority of participants displayed a strong sense of personal responsibility to be healthy. Despite challenges they and other community members faced, participants believed that it was in their power to be healthy.

In addition to citing the abundance of liquor stores and fast foods, one participant noted the high prevalence of boxed food specifically. She said, "It's crazy. It's so much boxed food out here and everybody's using it and it's not really healthy for you. . .it'll blow you up [cause weight gain]."[32] While participants sometimes ate boxed food for taste and convenience (they didn't have time to cook), they more often ate it because it was cheaper or because they didn't know how to cook. When I went shopping with one couple, Nikki and David (White and in their 20s), at a grocery store by their apartment, the cost savings from buying boxed food was apparent. Nikki said that boxed pasta, which was $1 per box, would feed her and her husband for two meals, whereas buying the noodles and sauce separate would cost a lot more and only feed them for one meal. I knew that it would cost more, but I wasn't confident in her volume estimation. Regardless, she felt this was the best option for them given their financial situation.

Some residents complained about an absence of quality stores but more broadly, the sprawl of the area. One participant compared her experience to Oakland, where everything is "right there in a circle" to Sacramento where "getting on a bus . . . it's like really, really hard. Everything is so spread apart because it's so big." Considering the limited "healthy" food options a problem, there was an expressed desire to have healthier

---

[32] Interview on 1/20/12

options within closer proximity. One resident wanted more "healthy" foods options,

especially more fruits and vegetables, within existing corner stores. Other participants

saw food retail cooperatives and urban gardens as an opportunity to improve food access

within Oak Park.

Participants also noted the differences between Oak Park and neighborhoods of higher

socioeconomic status.

> When you live in communities like this [Oak Park], you have a lot of corner
> stores that cater to, you know, poverty level I guess. But when you move like in
> Elk Grove, you don't have like these corner stores everywhere, you have Bel Aire,
> you have places like that, ya know.

Bel Aire is a higher end grocery store owned by Ralph's. When asked if the abundance of

liquor stores impacted what residents ate, the participant responded: "Of course, you

know, you got more liquor stores so you eat more of that junk in there, ya know, the pork

skins, the chips. . .all that kind of stuff. . .so that's more or less where you are." The

neighborhood space and its provisions, in this case unhealthy options, become "where

you are." In a sense, the unhealthy space translates to a place ("where you are") of

unhealthy eating choices.

Participants' comments also reflected a belief that unhealthy options in neighborhoods

result in unhealthy residents.[33] Even though all participants thought they themselves and

---

[33] The questions that generated these responses were those that asked about participants' perceptions
regarding their community's ability to eat healthily and their practice of eating healthy. At this point,
participants had defined "healthy" food in nutritional and/or biomedical terms; "healthy" food included
fruits, vegetables, whole grains, and foods cooked in a way that didn't add substantial fat. In other words, I
had asked these questions before we started talking about the cultural scripts or stereotypes developed
around "healthy" food.

their neighbors had the *opportunity* at least to some degree to eat healthily, most generalized Oak Park residents as unhealthy eaters. While one participant optimistically said he thought 60% of residents ate healthy, most believed the majority did not ("In Oak Park? Nah. Come on, you serious?"). Some tied the perceived lack of healthy eating to structural issues like lack of money or time, but others attributed it to food culture, drugs, taste, and laziness. There was a contradiction between what participants said about personal responsibility and power and the limitations of their surrounding space. This contradiction will be explored in further detail in the "Structure and Agency" section.

In comparison, the one high-income participant (Black male in his 50s) who lived in Curtis Park (a middle to high-income neighborhood bordering Oak Park) believed that residents of Curtis Park and Land Park, "nice neighborhoods in the city," eat "very healthy." All participant comments within this section reflect an association between the qualities of a community and its residents; communities with limited healthy options are perceived to have less healthy eaters than communities with an abundance of "healthy" food options. I would argue that this is tied not only to the limited physical availability of "healthy" food options but also to cultural scripts and stereotypes built around "healthy" food and eaters. The cultural scripts are grounded in lived experiences in low-income neighborhoods. Due to the high volume of convenience stores and fast food restaurants, poorer quality of grocery stores, and limited income, low income residents have less opportunities to eat healthy as compared to their wealthier counterparts living in higher-income areas. I believe this unequal physical and financial access can contribute to the

"othering" of "healthy" food. "Healthy" food and eaters are located in *other* neighborhoods that are wealthier and often White.

In order to understand how cultural scripts develop from limited physical and financial access to "healthy" food, it is important to examine the physical bodies that consume food. Factors like how participants feel eating "healthy" food, who participants see eating "healthy" food, and how their bodies are treated in certain food spaces (like restaurants and grocery stores), impact perceptions of "healthy" food. The next section will consider how people's bodies interact with "healthy" food and other bodies, and how these interactions shape people's beliefs around "healthy" food.

Body and Consciousness

The body is important to consider because knowledge about "healthy" food is produced by the body through ingestion, observation, and social interaction; "bodies are in a state of constant becoming through their acts and encounters, in assemblage with other bodies" (Slocum, 2011, p. 3). Participants shared how their bodies felt and changed as a result of eating healthy or unhealthy. They also spoke about the different types of bodies (real or imagined) and places they associated with "healthy" food. These associations are shaped by the social relations that occur within these spaces. Black participants in particular spoke about prejudice and/or discrimination they faced as a result of their bodies. How they were treated in certain spaces and who they saw or imagined eating "healthy" food ultimately impacted perceptions of and behaviors around "healthy" food. The previous two sections highlight the importance of experiences and social interaction within the

spaces of family and neighborhoods. Within this section, I analyze participants'

comments that speak to the relationship between their bodies, food, places, and other

people.

Participants often mentioned food's relationship to and interaction with their bodies.

Food impacted the way their body felt and changed shape, and it was both a source of

mental/emotional addiction and healing. Additionally, how bodies reacted to eating (or

imagining eating) certain foods was shaped by the knowledge (scientific, experiential,

etc.) acquired about that food.

Bobby (White 27 year old male) spoke about how his body felt better when he ate

"healthy" and light food. He contrasted that to how he felt after eating "unhealthy" food.

When he ate "greasy shit," he said to his friend, "I would feel that in my stomach, bro. I

would feel it afterwards." He believed that what he was feeling was "not really a mental

thing. . .it would be more of a body thing." His friend who interviewed with him, Aaron

(White 27 year old male), thought that it wasn't Bobby's body that recognized the

healthfulness of the food but his mind. To this point, Lupton explains that this

> 'Experiential knowledge' cannot, however, be divorced from the dominant
> discourses surrounding foodstuffs, for expectations around how a substance may
> affect one's body are constructed through such discourses. What we 'know' about
> foodstuff (for example, whether it is 'healthy' or unhealthy') will affect the way
> we feel after we eat it" (Lupton, 1996, p. 85).

Lupton's comments touch upon embodiment theory, which provides a more complex and

accurate depiction of one's knowledge of and feelings towards "healthy" food. Extending

Merleau-Ponty's body-subject concept to food, the interaction between a human and her

or his food environment is mediated by symbolic meaning that shapes consciousness. Therefore, a person's interaction with food cannot be seen solely as a response to one dimension (cognition, body, or environment) because all of these elements create the "emergent property" of consciousness towards food (Merleau-Ponty, 1962). Consciousness is ultimately mediated by the social. This was clear in the statements participants made about their bodies. Even though they didn't have scientific evidence to back causal relationships between the food and different body states, participants often made connections between the food they ate and feelings about and/or physical changes within their bodies.

Participants noted the relationship between food, body form, and diseases. Many mentioned that they had gained weight as a result of eating too much boxed food, candy, and/or fast food. Participants also noted dietary changes they had made, or were planning to make, because they or their family members had diseases such as diabetes and heart disease. One participant said her sister eats only turkey meat (and no red meat) because as a cancer survivor, she "eats it to stay healthy." Consuming "healthy" food often resulted in a perceived transformation of the body and the embodiment of health.

Another participant's story reflected the perceived power that food can have on the body. Evan (53 year old Black male) has battled multiple diseases and conditions that "modern technology couldn't solve." He told me that all of the diseases were still present in his body until he started gardening. He and his wife made the decision to grow a fruit and vegetable garden when his father was diagnosed with heart disease. The couple's passion

for gardening developed and they decided to become vegetarians. They eventually transitioned to organic seeds and Evan now tries to live by the motto: "all I'm gonna eat is what I produce." He believed that he has "purified" the food he eats so that his "body is allowed to intake the true nutrients." Evan's health has changed dramatically over the past 15 years; all of his diseases either improved or "left" his body entirely. In addition to his bodily health, he noted that "food did more than change my diet; it changed my mental state of mind."[34] While Evan described his mind and body as separate entities, his comments reflect the intimate relationship between body and consciousness. As his body was "cleansed" and began to heal, his emotional and mental state improved as well. Evan believed that the healing of his body through "pure" food allowed his heart and mind to heal as well. His experience also reflects increased control, which could have contributed to his improved mental and emotional state. Over the past 15 years, Evan has gained more control over his physical body (i.e., he has less diseases/bodily ailments) and also his mental and emotional relationship to food, which will be discussed in greater detail in the next paragraph. In Evan's case and many others, the struggle between addiction and control was a recurring theme.

Many participants' comments demonstrated how, as Crawford argues, "health can be understood as a metaphor for self-control, self-discipline, self-denial and will power" (Crawford, 1994, p.1353). As previously noted, both Carrie (24 year old multi-racial female) and Francisca (36 year old Latina female) felt addicted to "unhealthy" food and overwhelmed by the responsibility of eating healthily. While this language of addiction was more prevalent with female participants, Evan also spoke about his previous

---

[34] Interview on 2/6/12

emotional addiction to food. Evan said he was previously overweight and shared an

experience with me. One time when he was eating a third plate of food during a meal, he

looked at his plate and started crying because he was eating even though he wasn't

hungry. This common feeling of addiction was often remedied by awareness and control.

Evan spoke about how he dieted and began to read every label of the foods he ate.

Similarly, Theresa, who struggled with weight as a kid because her parents fed her

whatever she wanted, said she decided to "take charge of [her] life" and her health. She

stopped eating candy and junk food and changed her eating habits according to the advice

a dietician provided her. According to Theresa, changing her eating habits was not only

about controlling her health but was about changing her life; "through health, the modern

self demonstrates his or her agency, the rational capacity to re-make self and the world"

(Crawford, 1996, p. 402-403). The agency that Crawford describes was evident as

participants spoke about "healthy" and "unhealthy" food; they used food as a tool to

evaluate their own agency. I would argue that using "healthy" food as a means to

demonstrate agency and "re-make self and the world" could be detrimental to people who

do not have the same physical, financial, or cultural access to "healthy" food as White

and/or middle class people. Many participants felt defeated or at least guilty that they did

not eat as healthy as they believed they should have. While supporting people's ability to

eat what they want is important, I believe that a limited conceptualization of "healthy"

food could limit people's sense of agency, increase guilt, and potentially alter traditions.

For example, I believe there's a difference between trying to reduce people's dependence

on processed foods versus suggesting that people alter traditional family recipes. If a

person's racial or ethnic food is seen as broadly unhealthy, then how will this impact their

agency in terms of their ability to eat "healthily?" If healthy eating is a reflection of a person's agency, then we must critically examine the cultural scripts and stereotypes about "healthy" food and the people who eat it. Bodies play an important role in these scripts because they are used to stereotype people as healthy or unhealthy eaters. Bodies also play a role in who is granted physical access to "healthy" food.

Participants made various comments that illustrated how bodies are judged, stereotyped, and racialized. Theresa, mentioned above, shared how painful it was to be overweight. She said that once she "hit" 320, everybody stopped talking to her but now that she lost weight, everybody talks to her again. She believed that "how you look affects how people treat you," even though "it's wrong."[35]

Participants also associated weight and activity level with health. Participants said that people who ate healthier are generally "slimmer," "active" ("they exercise a lot"), and they "weigh less." One woman provided a hypothetical example of a young woman playing for her college volleyball team. The participant said she would eat things like yogurt and fruit so she could "stay balanced" and "know what she's putting in."[36] The participant juxtaposed the lean and healthy body of the volleyball player to her own (perceived) overweight and unhealthy body. In this example, the participant compared the healthy "other" to the unhealthy "self."

---

[35] Interview on 1/26/12
[36] Comments in this paragraph are from multiple participants

Additionally, an important aspect of the body dimension is the construct of race and its real physical and emotional impact on lighter and darker bodies. Lighter bodies I interviewed did not experience discrimination and felt comfortable in various food spaces. Whereas darker bodies, Black participants in particular, were appraised and discriminated against according to phenotype. Their bodies were sites of racial discrimination in different spaces, especially grocery stores, which will be discussed in greater detail in the following chapter.

The next chapter will explore all of the dimensions (micro-social relations, places, and body) of "healthy" food access and illustrate their interconnectedness through an examination of the terms "White food" and "White man's stores." Unpacking these terms will also demonstrate how micro-social relations, places, and bodies create cultural scripts around "healthy" food.

Chapter 5: White Food and White stores: Exploring the cultural scripts of "healthy" food

I used the phrases "White food" and "White man's store" (which I had previously heard from a community member) to explore how "healthy" food and "healthy" food spaces are raced and classed. During the interviews, I told the participants that a resident had mentioned the terms and asked if they (1) had heard them before, and (2) knew what they meant. (The complete protocol can be found in Appendix A.) Participants' responses revealed how intertwined these terms were with the body, social relationships, and place. Further, they illustrated how all of these things interact to influence one's food habitus. White food and stores are not about physical attributes themselves but are about deeper issues of belonging or exclusion that are reinforced through habitus; "food does not merely symbolize social bonds and divisions; it participates in their creation and re-creation" (Sutton, 2001, p. 102).

While talking about "White food," or even more generally "healthy" food, issues of nationality and citizenship arose. The findings depict the United States as a contradictory place; in many ways it limits people's access to "healthy" food while simultaneously demanding its people to be healthy. Given the tight relationship between race, ethnicity, class, and citizenship, I am examining these themes concurrently throughout this section. I will explore the relationship between food and participants' ideas of race, ethnicity, class, and identity. I will then look at how these associations influence their food habitus and culture.

"White food"

When I asked participants about the term "White food," I received mixed responses. While the foods considered White varied, the definitions fell into two main groups. White food was either seen as (1) privileged food (tied to class), or (2) "American" food. The first definition often included foods that participants' considered nutritious, such as salads, salmon, and vegetables (quiche and caviar came up at least two times each, which I found intriguing). One community partner called it "hippie food." The second definition posited White food as American foods such as hot dogs, hamburgers, pizza, sandwiches, and fast food. Interestingly, there was a clear divide in terms of who used which definition; the non-white participants who grew up in the United States tied White food to privilege and money whereas people who were born outside of the country saw White food as American food.

For many non-White and White participants alike, "healthy" food was often seen as something that belonged to other people, whether it was someone from a different economic class or race. These findings suggest that the act of labeling food as White (or more broadly "healthy") can shape and reinforce boundaries of identity, culture, and food habitus; participants' lack of knowledge and exposure to White food impacted their actions and feelings towards it. One participant (White male) said that he was a "product of [his] environment;" it will "determine [his] preferences because that's what [he has] commonly come in contact with." He believed that there was a strong "connection" there

and that it is "very difficult to break those preferences that are set early on."[37] Another

participant shared a similar perspective. He said that when "you're raised on certain

things, you know, they stay with you . . . if I was raised on say, salmon (laughs), you

know or things like that, then that'd be part of my culture. Part of what I would eat, but I

don't." When I asked him who ate salmon, he said: "White people. They mostly, 'cause

they can afford it. Just like the Mexican culture, they eat a lot of Mexican food, right?" It

was interesting that he tied other ethnic food (Mexican food) to the people (Mexicans)

whereas the food culture of Whites was tied to money. Regardless, the fact that this Black

participant did not grow up eating salmon meant that it was not a part of his food culture.

However, boundaries of food culture and eating patterns were not seen as static. In terms

of White food specifically, non-White participants felt that while there may be initial

reluctance, the label (defined as nutritious and/or expensive food) was not perceived as a

significant barrier to eating that food. Even with the initial hesitation, non-Whites usually

ate the food when provided the opportunity. In the following paragraphs, I will discuss

participants' definitions of White food and explore how it interacts with their experiences

and sense of racial, ethnic, and class culture and identity.

Five out of seven U.S-born people of Color (all Black and over the age of 50) had heard

the term "White food" and had some ideas about what foods belonged to that category.

With the two people who didn't originally have a definition for the term, recurring

themes arose in their ideas of what White food or stores might be. It is possible that

through the use of these terms, I led people to racialize food. However, many people had

---

[37] Interviewed on 2/3/12

heard and used the terms before. Also, the terms served as an entry point into a discussion about race. While some people of Color were initially hesitant to talk to me (a White woman) about race, I assured them that I wanted to hear their honest opinions and told them I didn't anticipate getting offended by anything they said. I also tried to bring in some humor (e.g., "So I'm a White girl, what do I eat?") when appropriate to demonstrate my openness and comfort with the topic. I believe that these approaches worked because people seemed open to share their perspectives and experiences. It is possible that their responses would have been different had they been talking to someone of Color, but I still believe they provided honest feedback to me.

My conversation with Jared, a Black man in his 50s who I met on the bus at the Community Food Security Coalition (CFSC) Conference in Oakland (details about the conference can be found in Appendix B) , provided the strongest example of the first framing of White food (food that is nutritious and available to those who are privileged). He shared that he grew up in the projects in Richmond, California, and that most of the food he ate growing up was processed because healthier options were not sold in his neighborhood and/or they were too expensive. He told me that that salad was considered White food. The only time his family ate salads was for special occasions, like Thanksgiving. So when he and his brother turned on the TV and saw White families eating salad, salad was then considered "uppity." He felt that "uppity food, fancy food was White." It appears that the combination of Jared's limited personal contact to certain nutritious foods within his neighborhood space, and his exposure to White people eating

those foods, created a mental association (part of his habitus) between "healthy" food

and: (1) Whiteness, and (2) class ("uppity" and "fancy").

My conversation with Jared also touched upon identity. He explained to me, with his

shoulders shrugged and a smile on his face, that kids would tease one another: "You eat

salad? You White! Ha ha. Remember, we were kids." The teasing illustrates how food

can be a form of consuming identity. When his Black friends ate a salad, they were called

White. Their identity "changed" according to the food that they ate. Because of the

association between salad and Whiteness, it could be ingested but not embodied as Black.

I asked Jared if he thought that food with a White label impacted non-Whites' desire to

eat that food. He didn't think it had a significant effect. However, this example and others

highlight an important distinction to make. There is a difference between eating food that

is considered White and being labeled White when that is not a race that an individual

identifies with.

Carrie (Multi-racial 24 year old female) shared stories of when family members labeled

certain behaviors of hers as White because they didn't align with those of her family.

Carrie initially had a very negative reaction to the term "White food." She said she didn't

like "racial slurs" and given her own diverse background, she didn't think anyone was

"really brave enough, knowing [her] anger," to say something like that in front of her.

She felt the term was "really disrespectful" and emphatically asked with a raised voice,

"How do a food is considered White?" Shortly after saying this, she shared that

sometimes her family, an aunt in particular, tells her she talks White. She explained the situation in further detail:

> I said, "so you, so okay, so let me talk like a nigga then, *bitch*, duh duh duh duh duh." And I start disrespecting her, you know. I said "do that make you feel better?" You know, because now that I'm a nigga. You know what I'm saying. She's like, 'Well, you are so disrespectful. You're not allowed at my house.' And I'm like "But that's disrespectful to tell me that I talk *white*. How do I talk white? Because I know how to talk and use my words, I talk White? Okay, so now I'm about to talk like a nigga and I wanna see if you like that. Is you gonna, is we gonna have bonding time and you're going to respond to what I'm saying? No, you don't like it." You can't, how can some people put a color on certain things?

While there are many things that can be drawn from this statement, I will only focus on a few of them. While Carrie disagrees with the practice of "putting a color" on things, she still recognized that it happens. She cited a few specific times when it happened to her. And it is clear from her reaction that this label had a strong negative emotional impact on her. She did not want to be labeled White because she didn't identify as White. She then went on to talk about how she thinks her mom labels certain foods she eats, such as "quiche bars," as White. Retelling the situation, Carrie imitated her mom and said with a look of disapproval, "What's that?" When Carrie told her what they were, her mom asked how much they cost and said, "Mmmm hmmm, I don't eat stuff like that."[38] This suggests that her mom felt as though quiche bars weren't a part of her food identity or culture ("I don't eat stuff like that") and that food is tied not only to race but to class (her mom asked about the cost of the food). Despite not identifying with the food, Carrie noted that her mom later asked for a quiche bar when she was hungry ("Give me one of those quiche bars! I'm hungry"). So even though the food had a White label, she still ate it within a certain context.

---

[38] Interview on 1/20/12

At UC Berkeley, I attended a session where Breeze Harper (PhD candidate in Geography at U.C. Davis) spoke about the effects of "post-racial" discourses on vegans of Color. She discussed how "how the embodied experience of being non-white in white-dominated spaces is connected to emotional distress and discomfort for a significant number Vegans of Color" (Harper, forthcoming). After the presentation, a Black man in the audience asked Breeze if she had considered not only the impact that White vegans had on vegans of Color but also the relationships between vegans of Color and their families. He shared that some of his family members did not support his veganism and asked him why he was trying to "be" White. While that didn't deter him from being a vegan, he said it was a painful experience for him. This serves as another example of how someone can be labeled "other" (sometimes specifically White) because of a style (e.g., talking style) or position (e.g., eating vegan food) that is not perceived as a part of Black culture. It is possible that the specific White label is an extreme form of othering, as it is tied to a historical (and sometimes current) oppressor.

While the abovementioned examples are unique in their own way, they are all associated with the relationship between racial identity, food, and culture. The findings suggest that identity, culture and habitus are all related to and reinforce one another. Different food can "belong" to different groups. The one upper class participant (Black male) said that "vegetables, quiche, sprouts, squashes, eggplant, [and] wheat-oriented products" were all White foods because "that's what [he] see[s] White people purchasing and ordering." Similarly, Carrie felt that tofu was considered White because she (and others) doesn't see Black people eating that food:

> Tofu, I would never see. . . the people I hang around, the community where I'm from um, it's nothing but Black on Black on Black. And even if you're White, you're considered Black because the way you act, the way you dress. That's crazy but that's how the world thinks.

In this passage, Carrie is not only describing Black bodies but a Black *culture*. That culture is in part tied to the racialized geography of Oakland that Carrie was raised in. This impacted the food that was available and consumed by people around her. Carrie did not feel that tofu was a part of Black food culture, even though she assumed that some Black people ate it. She told me, while laughing: "Tofu haven't became a multi-billionaire company from just White people. Some of you niggas had to buy some of that food." Even though Black people (and people of various races) buy tofu, she believes that the culture created around tofu is White. The cultural context of food, in part created by the space and people around it, is arguably just as important as the food itself.

A community partner shared a good example of the importance of the cultural context of food. He said that the same food could be perceived and/or received differently depending on its cultural context. He gave the example of quinoa, stating that it could be considered White food even though it is an indigenous crop. What is important, he said, is how it is represented. He said that if he attended a Native American function that was serving quinoa, the atmosphere would be very different than a political function catered by the Sacramento Natural Food Co-op. Even if the same dish was served, he felt as though the cultural context and place were incredibly important to determining who identifies with that food.

Numerous responses suggested that the culture of food is influenced by the places where it is purchased and consumed. When I asked Carrie if there was a way to "eat" Black or White, she told me a story about when her friend asked her to go out for Chinese food. Carrie agreed but was upset to find out that they were going to a sushi restaurant instead. She told me that at the time, she thought to herself: "'Who the fuck eats here? I'm not fucking White. I don't fucking want this shit.' And then when I actually went inside there and actually had some sushi, it was really, really good. But I was stereotyped [stereotyping] and didn't know it at the time, and it was really good." Carrie's statement illustrates how White bodies can impact a person of Color's perception of certain foods; she didn't want to eat sushi because she believed it was what White people ate. By eating that food, she would be consuming or performing a racial identity that she did not identify with. Her statement also demonstrates that once these barriers are broken (she tried the food), a new openness and enjoyment of that food may follow. Even if there are differing beliefs on the healthfulness of tofu and sushi, the examples illustrate how food can be racialized according to who a person sees eating that food. Exposure and representation influence a person's beliefs regarding what food belongs to her or his culture.

There is a growing awareness and concern among food activists, particularly those of Color, with the perceived Whiteness of "healthy" food. Bryant Terry and Allison Cross (previously mentioned food activists) are trying to re-frame "healthy" food and the culture created around it; they want to "dismantle the idea that organic food is only for people who cook like Martha Steward and look like Jennifer Aniston, for people who live

in *other* neighborhoods" (Cross, 2012). They argue that nutritious food, which they frame as organic and local, is not something that belongs to Whites alone but to everyone.

<u>View from the inside/outside</u>

While none of the White participants had a clear idea of "White food," all tied healthy eating to class. When I asked Nikki and David (White couple in their 20s) who they imagined eating "healthy" food they don't generally eat, David responded with "snobs." Nikki agreed, saying, "People with money are able to eat whatever they want to, like caviar and things like that. You know what I mean? Those things like I like too, but I can't afford it." Aaron (27 year old male) said healthy eating "all comes down to money" and Terri (56 year old female) tied "healthy" food she didn't eat to "uppity" people.[39] While money is cited as a core issue, it's also the status and distinction that it affords. According to these participants, rich people don't just eat healthily, but they eat high-status foods like caviar.

The participants' comments also reflect a conflation between "healthy" food and expensive food, like caviar. While caviar may have been referenced just to highlight the economic freedom that some people have in terms of food choice, I find it interesting that two participants considered it to be healthy. Even though a nutritious meal can consist of rice, vegetables, and beans, it is expensive food and high-status food that is labeled as healthy. There is both the assumption that "healthy" food is more expensive and also that people with more money eat healthier. This is in line with Crotty's work on stereotypes of eating patterns according to class (Crotty, 1999). Despite diminishing differences

---

[39] Interviews on 1/20/12 and 2/3/12

between consumption according to class, there is a perception that people with higher incomes eat healthier than those with lower incomes.

Americans as unhealthy: Whites as (unhealthy) Americans?

Reponses from participants born outside of the U.S. provide interesting information on nationality and citizenship, both in terms of food and people. The group of Latinas I interviewed did not use the direct translation of "White food" ("comida blanca") but used the term "comida gringa." "Gringa" is a slang term for White female and since "comida" (food) is a feminine word, the feminine adjective is used (versus "gringo"). Comida gringa or "American food," as they also called it, was seen as hotdogs, hamburgers, fast food, and other processed foods. In this case, White was seen as American and White food was perceived to be unhealthy.

During one of my visits at My Market, I asked Jon (26 year old Indian male who works at the store) why he thought some people ate healthy and others did not. He started off by providing some examples of what people bought at the store. He then went on to say that *all* (the only thing) that Americans eat is "junk" food like hamburgers, burritos, and frozen sandwiches. I asked him who Americans were and he said Whites. After a few seconds, he added in Blacks. He said Mexicans did not fall under the category of American. And even though he mentioned Blacks as citizens, he later listed Americans and Blacks in the same sentence, appearing to separate the two groups. Jon equated Americans to Whites, which is common. I find it interesting that he categorized by both nationality (Americans, Mexicans) and race simultaneously. Also, Jon had previously

told me that the customers who bought produce at My Market were "White people, not

many Black people."[40] While I knew this wasn't true, Jon had made that connection in

his mind. That connection, however, was contradicted by his logic of: Whites are

Americans, and Americans are bad eaters. Americans are Whites. Therefore Whites must

be bad eaters. While there is a conflation with citizenship (Americans = Whites), Jon still

seems to separate the idea of Whites as "good eaters" and Americans as "bad eaters."

While this extrapolation may be too literal, it still fits with the two definitions of White

food: one being tied to healthiness and privilege, and the other being tied to the unhealthy

American diet. Jon's judgments are also important to consider given the customer base of

My Market. Since the majority of customers are Black, and Jon doesn't believe Black

people eat healthily, this may impact the type of food he chooses to stock (Jon and the

owner both choose what to stock in the store). The other store employee, Sam (Israeli),

had a similar perspective. When I asked who bought the produce, he said "White people.

Black people don't buy it. There's a competition," he said while chuckling and gesturing

to the cigars and cigarettes behind him. "Black people get cigarettes, White people buy

fruit."[41] By competition, I believe he meant that there was a clear divide between who

bought what.

While there is some murkiness in terms of citizenship, both employees created a stark

binary in terms of who eats healthily; Whites do and Blacks do not. This dichotomy is a

reflection of racism and overly simplistic stereotypes about consumption according to

race. Also important to note are the beliefs around what type of food America "provides"

---

[40] Conversation on 11/2/11
[41] Conversation occurred on 10/26/11

its residents. America isn't seen as a (macro) place where people are encouraged or able to eat healthily (which was a belief shared by the Spanish-speaking Latinas just mentioned.) An examination of micro food places, such as grocery stores and restaurants, reveals that they too limit people's ability to access "healthy" food.

"White man's store"

The idea of "White man's store" was not as ambivalent as "White food" for participants. One participant said "there is no such thing as White food; there are White places. Yes ma'am." He then repeated the phrase "yes ma'am" six times to get his point across. White stores were seen primarily as stores with high prices, but were also sites of racial discrimination. The stores most frequently labeled as White were Safeway, Bel Aire, and Raley's. These were the same stores that the four Latina participants considered too expensive to shop at. Trader Joe's was mentioned once. In a manner similar to "White food," race was tied to class when labeling stores (White as middle and/or upper class).

In addition to an acknowledgment that many White bodies occupy certain stores, Maurino (non-White[42]) mentioned the "uppity" characteristics of these White shoppers.

> You go there, and there's mainly White people shopping there. . . They get to that point, that snooty point. "I'm going to Raley's. I'm going to Bel Aire, I've got the money. [They're] looking down upon another person. I can't stand that. I'm very educated, believe me. I was the only Mexican in that group [at work] and I was proud of myself. There was no Mexicans there but me. I was doing this work. I was president of the student council. I know how to be that person but I don't like to be snobby. For someone to think that they're better than me, I don't think so, 'cause I've been there.[43]

---

[42] Maurino was previously mentioned. He is the participant I thought was Mexican, since he mentioned Mexican food, culture and people throughout his interview. But I later found out that he was ethnically Italian, Portuguese, and so forth but still *identified* as Mexican.
[43] Interview occurred on 2/3/1(2)

Maurino's comments parallel other participants' comments that link Whiteness to privilege and "snobby" attitudes. Money isn't even mentioned; he focuses on the status that is associated with work and education. Once people have these things, they look down on people who don't share that status. Maurino notes that while he is just as accomplished, he *chooses* not to practice the condescension common to Whites.

The issues of condescension and more seriously, racial discrimination, were prevalent with all Black participants and Carrie, who doesn't categorize herself but identifies with Blackness in various ways.[44] Two (of 5) of the Black people I spoke to did not feel as though racial discrimination was a significant barrier to their food access. One participant (from Curtis Park) said that while he had seen "some subtle racism, in terms of service," he was the "kind of person" who would "deal with it [racial discrimination] right on the spot, in a direct way." Part of his boldness may stem from the fact that he is middle-income and feels more comfortable questioning authority and being in food spaces occupied by middle-income customers. In comparison to the "subtle" racism he occasionally experienced, Evan and Carrie shared many accounts of various forms of racial discrimination. Most of the stories include employees following them for fear of shoplifting or kicking them out of stores. Most of the stores where these acts occurred were also labeled as White stores.

Evan shared two stories with me. One incident occurred at Raley's on Thanksgiving Eve.

---

[44] Carrie spends time with her mom, who is Black, and her mom's family. During an interview on 2/17/12, she said: "The people I hang around, the community where I'm from um, it's nothing but black on black on black."

He said that one employee repeatedly came up to him asking if he needed help with anything, even though Evan had already told him he did not. The employee followed Evan throughout the store. Another time, he was at Raley's shopping with a friend. Someone in the store released a stink bomb and he and his friend started laughing. An employee assumed that he and his friend had set off the stink bomb so they were kicked out of the store. He said he will "*never* go there again." Evan also said he had been asked to leave an Asian-owned store without reason. While initially he acknowledged that there were White places, he eventually said that the places were "anti-Black" because of the "way they treat Black people."

Carrie shared numerous accounts of racial discrimination that she and her family had experienced. When she was working at Trader Joe's at the age of 16, she believed that one customer wouldn't ask her a question because she was seen as Black. The customer went out of her way to ask another employee the question. Ironically, the other employee came to Carrie for the answer. Since she had felt disrespected, Carrie walked away from the customer and was subsequently written up for the incident. She quit that day. Beyond that specific experience, Carrie talked about her general discomfort with the lack of Black bodies within that space: "Say I go to Trader Joes, I'm gonna feel very uncomfortable. It's barely any Black people there. You ask for help and white people look like you have shit on your face. Um, and I don't like it." So even though she "loves Trader Joes" and likes that "it's organic," she does not go there.

In Safeway, Carrie believes that employees often think she is stealing: "I don't like the fact that I'm walking down the aisle, they probably thinking that I'm stealing just because I have on a bag. . ." Carrie shared similar stories that happened to her mom, aunt, and sister. Racial discrimination was a common experience for the women in her family. Similar to Maurino and Ed's statements, the issue of judgment and money or class came up. One time her mom left a store because people kept following her. She pulled out credit cards to show the employees, as if needing to verify her economic capital to the employee. At a different store, Carrie was with her auntie when an employee was rude to her auntie:

> The girl just had a snobby attitude and she, you could just tell like, my auntie's really dark. As you can tell, my mom is really dark.[45] Have gold teeth, have a lot of jewelry, and she's looking at her like she's just the scum of the fucking earth, not knowing how much money my auntie makes, not knowing how my auntie lives, how many cars she has, not knowing what type of person she is.

In addition to sushi restaurants, Carrie listed additional restaurants that she considered White. She said Benihanas was White because it was expensive. She said if she went to a Benihanas, 90% of the people there would be White. When I asked if that made her uncomfortable, she told me it didn't because the White people didn't own it, the Asians did and "they don't look at [her] like White people do." So rather than feeling uncomfortable, she feels a sense of retribution by going there: "It just makes me feel like 'HA HAH, I get to eat with you mother fuckas. HA HAH, I got dough, bitch." Having enough money to eat certain types of food or eat at certain types of restaurants served as a status marker for Carrie.

---

[45] I had met her mom and auntie before.

In stories from both Carrie and Evan, class served as justification for presence in various public spaces, especially those in which money was used to purchase goods or services. Carrie talked about various forms of economic capital: money, cars, houses, and so forth. Evan talked about how his wife received poor service at a restaurant even though she was "draped" with a "carat here, carat here" (meaning that she had a lot of expensive jewelry).[46] Their stories illustrate how racism can "trump" class; even though they had the money to purchase the food, their race is what determined the service and respect they received.

Aside from the Black participants, no other participants felt uncomfortable in any stores or restaurants. Even if some of those people omitted stories, these findings are incredibly telling. The racial discrimination that Blacks (including people perceived as Black, as Carrie is multi-racial) experience in various food spaces is common and can have a lasting effect: some participants chose not to shop at those stores. Discrimination racializes spaces as White and excludes Blacks from grocery stores that often have higher quality produce (such as Safeway, Trader Joe's, Bel Aire, and Raley's), organic options, and even lower prices (Trader Joe's). The issue of racism also supports the concept of space not as an absolute location (a grocery store) but as social and power relations. Grocery stores are not sterile sites where all people have equal access to food; "social relations of space are experienced differently, and variously interpreted, by those holding different positions as part of it" (Massey, 1994, p. 3). In other words, even if a person has physical and financial access to "healthy" food, other barriers, like racial discrimination, can stand in her or his way.

---

[46] Interview on 2/6/12

Developing a collective food habitus: Performing race and class through food

The examination of White food and White stores highlights some of the many conflations and intersections that exist between "healthy" food, class, and race. Also, the fact that many perceptions and experiences are shared reflects the "collective nature" of habitus. Bourdieau explains that while each person's habitus is "sediment" of one's past experiences and therefore unique, we do not live alone. Interacting and sharing social positions with others often results in shared habitus that differentiates one group from another; "the habitual and pre-reflective nature of the habitus can serve to lend social differences and exclusions a 'natural' appearance. Social groups appear naturally different from one another, by virtue of their habitus" (Crossley, 2004). While certain stores appear to be "naturally" White, this results from the racialization of geography, like the existence of low-income communities of Color with few grocery store options. The racialization of space ultimately influences the race ascribed to food as well.

When food is labeled according to race or class, it can serve as a vehicle to perform race or class and differentiate oneself from other groups. I found myself negotiating my class diet when eating meals with participants. I ate two meals with Bobby (White 26 year old male) and his mother (White female in her late 40's). For the first meal, his mother (the self-proclaimed hippie) made turkey meatloaf and vegetables. I brought a salad with nuts, fruits, and cheese. I felt comfortable with this meal; it was home-cooked, nutritious, was something that I was familiar with, and it tasted good. During another visit, we ate Stouffer's frozen lasagna. I didn't want to eat it. To me, it wasn't healthy and it didn't

represent many values I try to perform through consumption ("green" living, cooking at home, non-corporate food items, etc.). While it wasn't a food choice that I normally make, I wasn't surprised that it was theirs. They are a low-income two-person family. The mom has a demanding work schedule at a nearby bar and the son doesn't know how to cook. The food was fast, convenient, tasty, and relatively cheap. I didn't value them less because of this food choice but I realized that entering this new and different food space was really uncomfortable for me. This was not a way of eating that I (and many people in my life) identify with.

While I recognize that I am incredibly privileged because I can afford most foods I want to eat, I live across the street from the Davis Co Op, and I have never experienced racial discrimination, I believe a parallel can be drawn. In the same way that highly processed foods are not a part of my food culture because of my lived experiences and practices, I think that "healthy" food can be seen as something that does not "fit" with certain groups of people. The othering of "healthy" food can occur with low-income people and people of Color for reasons such as: poorer physical and financial access to nutritious food; high exposure to the "other" (White and/or affluent) eating "healthy" food; a conflation of "healthy" food with wealth and Whiteness; and not relating to the biomedical value of food often purported by the media and other organizations. The fact that many people in low-income communities share these experiences results in its collective nature and a habitus that reinforces certain "healthy" food as belonging to the "other."

I want to emphasize that there was not a stark dichotomy created between the "unhealthy" food of the participants and the "healthy" food of the "other," a rich White person. The majority of participants felt as though they ate "healthy" foods to varying degrees. However, there were patterns in terms of (1) barriers that participants faced while trying to access "healthy" food, and (2) the conflation of "healthy" with "affluent" and/or "White." For example, one participant talked about how snobs ate "healthy" food while also talking about "healthy" food she and her partner were able to eat when they had enough money.

In the next section, I will look at the interaction between agency, structure, time, and space. Per Giddens, it is important to consider all of these things concurrently because social science "is neither the experience of the individual actor, nor the existence of any form of societal totality, but social practices ordered across space and time" (Giddens, 1984, p. 2). Ultimately, the goal of examining the "structurally embedded agency" of participants is to "look for slippages in the reproduction, the erosions of long-standing patterns . . . and outright resistance" in order to improve the accessibility and ownership of "healthy" food (Ortner, 1996, 17).

Structure, (sense of) agency, and temporal space

In previous sections, I have noted various structural challenges to "healthy" food access (e.g., limited access to grocery stores and transportation, high cost of nutritious food, etc.) within low-income communities in general and also within the study area itself. During interviews, I wanted to understand if participants felt as though any barriers impeded

their access to "healthy" food. I wanted to see how these barriers impacted their agency and sense of agency. I am defining and using "agency" and "sense of agency" in different ways. Agency "refers not to the intentions people have in doing things but to their capability of doing those things in the first place" (Giddens, 1984, p. 9). On the other hand one's sense of agency (or self-efficacy) refers to a person's belief in her or his own capacity to produce an effect. In terms of "healthy" food access, agency was often limited by poor physical and financial access to "healthy" food whereas cultural scripts around "healthy" food often influenced a person's sense of agency. Because ethnic food, for example, was often considered unhealthy, some participants expressed limited self-efficacy because food that belongs to their culture is not labeled as healthy. Or since "healthy" food is often coded as White or middle class, and many participants did not fit into this category, their sense of agency to eat healthy was unnecessarily low. I was also interested in the relationships *between* structure and agency; an individual acts in part because of structure, but that structure is in part created and defined by the actions of the individual (Giddens, 1984). I was particularly interested in the relationship between structure and agency as it related to cultural scripts. How do larger physical and financial structures influence cultural scripts and how did participants resist or reinforce these scripts? Lastly, I wanted to understand how structure and agency related to a person's temporal space. How did they talk about healthy eating in terms of yesterday, today, and tomorrow? Participants' sense of "now" was particularly important because how they spoke about their ability or inability to eat healthily allowed me to understand (or at least estimate) their agency and sense of agency.

Participants noted (either explicitly or implicitly) various structural issues that implicated

their access to "healthy" food, including: the high price of "healthy" foods, limited

transportation to good quality grocery markets, an abundance of liquor stores, poor crop

outputs due to bad weather (or seasonality), fair wages to farmers, corporate control of

the food system, and general economic inequality.

While participants noted these structural conditions, all participants believed in principle

that people have the ability to eat healthily if they make a conscious effort to do so. One

participant said: "If I eat unhealthy, it's my own doing." Considerable contradictions

existed within every participant's framing of structure and agency. One participant,

Henry, said that people in Oak Park have the opportunity to eat healthily "if they put their

mind to it." But then shortly after, he acknowledged that people don't have the income to

eat healthily so they end up eating more top ramen and hot dogs. Henry was also the

participant who spoke about liquor stores on every corner in Oak Park. So while he was

aware of the various structural issues that are present, he still holds individuals

responsible. This is not to say that these people do not have the agency to acquire

"healthy" food, but there was a disconnect between challenges faced and a person's

"responsibility" to eat healthily.

I consider this disconnect both an opportunity and a problem. I think personal

responsibility and a sense of agency can be positive things because structural issues are

immense and cannot be overcome by one person acting autonomously. They can leave

people feeling overwhelmed and helpless. One community partner said large structural

issues can "breed apathy" and leave people feeling "disheartened." In this vein, personal responsibility and an "I can do this" attitude can be a reflection of hope and ability to effect change. On the other hand, I see it as a problem because failing to recognize the larger structural challenges can result in self-blame and a continuation of a status quo, which perpetuates inequality within the current food system.

An awareness of structural challenges and inequalities often manifested itself in a sense of envy and injustice. Nikki and David (White couple in their 20s), for example, lamented over the high price of "healthy" food but also understood that the drought impacted crops and prices. They even pointed out fair wages for growers, which are often overlooked by many consumers. Overall, Nikki felt that the food system was unfair:

> I forget that people need to make a living on the farm and stuff. If they lower the prices in the store, then that pays them less, then they can't survive, so it's kind of like a, I don't know, how would you say it babe? You can't win. You have to take from someone in order to get lower prices to you. But nobody wins, so. . . it sucks. 'Cause I really would like to eat lobster.

This passage not only demonstrates a frustration with the conventional food system but also a conflation of "healthy" food and expensive food (e.g., lobster). It illustrates how the combination of structural issues and a certain representation of "healthy" can result in frustration, a reduced sense of agency, and the "othering" of "healthy" food. In this case, I may be confusing Nikki's desire for "healthy" food with the desire for choices provided by money. Either way, it's important to highlight the interaction between limited choice and envy, along with the reduced sense of agency due to an association between "healthy" and affluence.

Bobby (the White male in his 20s who I ate dinner with), felt that envy existed towards those who had the money to eat healthily and try new things. Bobby lived with his mom, who previously worked at the Sacramento Natural Food Co-Op and enjoyed healthy cooking and eating. Bobby believed that people were envious because they didn't have the money to buy more expensive and healthier items when eating out, such as shrimp, escargot, or "whatever looks really awkward but it's probably bomb." In addition to reinforcing the conflation of "healthy" with "expensive," this passage highlights an envy that arises not so much from the food itself, but again from limited choice. He believes people are envious because they don't have the money to "experiment" and try new foods. This comment reminded me of another story Bobby told me about a Black friend of his who was hesitant to eat the food prepared by Bobby's mom. His mom made lasagna and his friend asked if there were vegetables in it. Bobby lied and said that there were only carrots in it, even though you could "hella" see the vegetables. His friend again asked, "There's no greens or anything, right?" and Bobby said no. After his friend "banged the whole thing" (ate an entire dish), Bobby told him that it had "hella vegetables in there." Bobby guessed that his friend "doesn't like vegetables 'cause he never had that when he grew up," but he tried it "so he likes that shit now." According to Bobby, the opportunity to try certain foods growing up and into adulthood is important. Bobby talked about the childhood of another friend of his who "talks shit" about his (Bobby's) slender "vegetarian body:"

> He knows my mom cooks healthy but I think, but I think at the end of the day it's kind of envy, really. It has to be, ya know, like, 'cause I always eat hella good and he didn't have that foundation when he grew up, ya know? He had to learn it, he learned it himself.[47]

---

[47] Interview on 2/6/12

Bobby said that he knew "for a fact [that] none of [his friends'] parents cooked for them when they were younger. . . and a lot of them moved out when they were young." They never had home-cooked meals prepared for them, they never learned how to cook, and they couldn't afford healthier foods once they moved out on their own. While I can't confirm that Bobby's friends were indeed envious, these sentiments resonate with other participants, particularly Carrie and Theresa, who felt as though they were deprived of a childhood with "healthy" food.

Jared's (Black male in his 50s) story connects deprivation to larger structural inequalities and injustice. As a child, Jared considered "healthy" food White (and not Black) because it was: expensive, not physically present in his community, and not something his friends ate. He later viewed this not so much as a reflection of taste but of injustice: "I thought, 'that's White food,' but I realized, 'no, that's "healthy" food.' We've just been deprived of that." To him, "healthy" food was not something that many Blacks had the opportunity to eat, whether they wanted to or not. So while "healthy" food may be seen as an aspect of White (or at least not Black) culture, that culture is rooted in unequal physical and financial access, which then influences and reinforces cultural access and habitus.

Since many participants did not display a strong sense of agency, I was particularly interested in how participants gained (or did not gain) a sense of control in terms of their ability to eat healthily at the present time. Participants spoke about eating healthily primarily in terms of the past (childhood) and the future. I already provided some examples of participants who critiqued the past (because they felt as though their parents

did not provide them with a healthy foundation) and also participants who spoke about the importance of eating healthily in the future, particularly for their children. Since I noticed that participants primarily discussed eating healthily in terms of the past and future, I was interested in understanding their current agency and sense of agency. In the next few paragraphs, I will examine how participants spoke about their "now," or their present ability to eat healthily.

Few participants displayed a strong sense of "now" in terms of "healthy" food access. For various reasons, they didn't feel as though "healthy" food was accessible to them in the present. I believe this was attributable to either a limited sense of agency, limited agency, or a combination of the two. Not all participants felt "doomed" or incapable of eating healthily; the spectrum ranged from confidence to hopelessness and frustration. I'll first provide examples and commonalities amongst participants who displayed varying degrees of confidence in their current sense of agency. Then I will talk about participants who felt hopeless and/or overwhelmed by the task of eating healthily. There were also participants who oscillated between confidence and frustration. The perspectives of the majority of participants illustrate the transience of "healthy" food access.

People who displayed a stronger sense of agency were generally people who (1) believed they grew up eating healthily and acquired the necessary skills to do so, and/or (2) those who received help from others. Ed grew up on a farm and used this knowledge to produce his own food. Lucy and Rosa, the two Spanish-speaking participants, also had a sense of confidence in their ability to eat healthily. It seemed to be a result of their

tradition-rooted cultural perspective of "healthy" food and also the practical knowledge they gained as a result of learning how to cook from their mothers. They "brought" healthy cooking and food traditions with them from Mexico to the United States, a place that did not encourage a healthy lifestyle in their eyes. They worked against American culture to maintain healthy cooking and eating.

Theresa, as previously mentioned, had been obese during her childhood and teen years but "took charge" of her life with the help of a dietician. She was the only person I spoke to who fully asserted the biomedical value of food. Having a nutritionist (an "expert") come into her parents' home was the only way for her to prove to her parents that her diet needed to change. She had tried to talk to them before, but previous attempts were unsuccessful. Knowing more about what food did to her body, particularly junk food and processed food, encouraged Theresa to cut those things out of her diet and provided her with a general framework of healthy eating. She felt empowered by this knew knowledge and the changes in her body and emotional state.

Bobby, who lived at home with his mom, was another participant who felt like he was able to eat healthily in the present. He said he had the opportunity to eat healthily "right now" because "he lives at [his] mom's house and she throws down." But while he was living on his own, he said that this was not the case. He didn't have the money and/or cooking skills to eat healthily. A common meal for him and his friends was (and still is) "the spread," which is when you take top ramen and add in "anything that meets your eye." He didn't believe "the spread" was healthy. After her ate it, he "wouldn't want to

think about what [he] just ate. [He] would just eat to fill [himself] up." [48] So even though

Bobby felt he had the opportunity to eat healthily now, he realized he didn't have that

opportunity in the recent past and may not have that opportunity in the future if he left his

mother's house.

Without the support of others, some participants felt restricted in their ability to eat

healthily. Carrie felt as though she really needed someone else to show her how to eat:

> I don't know *what* to buy, I don't know how to *prepare* the meals . . . I need an
> intervention. I need somebody to come to my house and throw the things away
> that I shouldn't eat and tell me what to eat. Go to the grocery store *with* me, tell
> me *what* to buy . . . and just show me a different way. When you have no
> direction, you don't know which way to go. So you're lost. And right now I'm
> lost. I don't know which direction I need to go.

Carrie felt she needed someone to teach her both what to buy and how to cook it. Her

limited sense of agency is fairly extreme; she felt as though she was "lost" and had "no

direction."

Nikki and David, the couple who had just been placed in public housing, spoke about the

day-to-day of healthy eating. When they were homeless and living from shelter to shelter,

they were "generally more concerned with how filling [food was]" because they "didn't

always have money for food." They were in a space where they were not able to eat

healthily, so that became less important to them. Or "healthy" meant something else; it

meant eating *something* and hoping that it would keep them feeling full. There were some

instances though, when they were able to eat healthily. Some shelters offered "good

food" like French toast and pancakes, and a "healthier variety" like salads and fresh

---

[48] Interviewed occurred on 2/6/12

fruits, tri tip, and chicken. Nikki and David also used the neighborhood space in an

unconventional way; they gleaned fruit from friendly neighbors' houses to survive when

they were living in a tent. When they knocked on people's doors and asked to glean, most

people let them fill up bags of fruit. While they were thankful for the fruit, they actually

enjoyed eating vegetables more but they found those more difficult to glean. They were

"harder to get your hands on" because they require reliance on grocery stores; "you have

to have money to get those things" and "they're usually expensive."[49]

Now that Nikki and David were in public housing, they felt like they had more

opportunity to eat healthily. When I asked Nikki if healthy eating was important to her,

she said, "it is, *now* that I can. Eating healthy is always important to me. What was

important to me then was just being full." So while she states that eating healthy is

always important, it's not always actionable. And there are other values of food, like how

satiated you feel after eating it, that are more important when money is a concern. When I

asked Nikki if she felt she had the opportunity to eat healthily, she said"

> *Now* I do. *Now* that I'm out of the shelter system and off the streets, yes. I know
> we were living on junk food . . . chips, dips . . . kind of what is easy for people to
> get in the community when they're broke. . .that's sad.

This again reinforces the challenges faced by the high cost of nutritious foods compared

to cheap, highly-processed, nutrient-poor food. It also highlights her sense of

disappointment ("it's sad") with poor people's limited financial access to "healthy"

foods. Even though Nikki displayed a strong sense of "now" and agency in terms of her

ability to eat healthily, money was still a key limitation. Nikki and David do not have a

---

[49] Interview on 1/27/12

car so during our following visit, I drove them to both the Women Infant and Children (WIC) grocery store, where they could buy produce and other staples with their coupons. I also drove them to another nearby discount grocery store to fulfill other needs.

When we were at WIC, they commented on the great prices. With their coupons and low prices, they were able to get more, fruits, vegetables, and dairy than they could buy otherwise. At the larger grocery store, the entire shopping trip was a price negotiation. They compared prices of all items they purchased, and I found myself helping them on the search for the lowest prices. We ran into some of their apartment complex neighbors, who said they were also low on money. They told Nikki and David about some good deals on meat. There was a tension between Nikki and David during the entire shopping trip. Nikki felt David was reckless with what he put in the shopping cart ("he just grabs anything") and didn't "realize that we're on a budget." She complained to me about this numerous times at the store and eventually told him that she was "getting mad about it a little bit."

For the most part, Nikki and David bought the cheapest meat, cheese, sauces, and boxed goods they could find. So while Nikki had previously told me that they were able to eat healthily "now," there were still serious limitations in what they were able to buy. Also, I suspect that even if they could have spent more money on food, they were in "thrifty" mode. In one instance, I attempted to show Nikki how buying pasta-in-a-box was about the same value as buying the items separate (sauce plus the pasta) but she was still more comfortable buying the boxed version. She told me that she would "shop a lot healthier"

and would "have more variety" if they had more money but felt that the food she purchased during this shopping trip was "pretty "healthy" food" and was "what [they] can do." Ultimately, they were trying to get food that would "last." I'd be interested to know how Nikki and David would shop if they had had another $100 to spend. If class is indeed performed through food, they may not alter their purchasing habits and diet significantly, at least in the near future. The food they purchased was what they were familiar with due to their economic limitations.

For many participants, the "now" was juxtaposed with the past and the present. Many felt as though they ate healthier in their youth and also talked about how they were going to eat healthier in their future. While many said they were "gonna" or "needed to" eat healthily, few spoke about how they were going to do that now. A conversation with Jon, an employee of the My Market corner store provides a good example of the lack of control and the various dimensions that impact one's present sense of health. Jon mentioned that he did not feel healthy *now* in the United States. He tied many elements of a healthy lifestyle to India, which is tied to his past life as opposed to his current country of residence. Jon talked about not being able to afford good Indian food, which he considers healthy, in Sacramento. He also mentioned the sports he *used to* play in India, volleyball and cricket, which weren't common in California. He finally talked about female relationships that he thinks would improve his health, one of which (his mother) has ties to India, because that is where he was raised and also where his mother lives now. He associated India with various opportunities that are conducive to a healthy lifestyle whereas life in the United States presents many barriers to that lifestyle: he

works too much, he can't afford the food, he doesn't exercise in part because Americans "don't even know" about cricket, and his mother can't come here due to immigration issues. This supports the previous findings that the United States is often seen as a place that does not support healthy living and eating. In this example, the deficient support is in part caused by cultural differences between the United States and India. In other cases, challenges to healthy living and eating are attributed to financial and structural issues, such as the high cost of nutritious food and a limited conceptualization of "healthy" food.

Jon's temporal space during this conversation placed him simultaneously in the past, present, and future. He tied all of his "nows" (not being healthy, eating junk food, not being able to apply for a visa) to unhealthiness. He associated his past in India and potential future to a healthier life. While he brainstormed possible things that would change his health, he did not commit to or make explicit his desire to bring about those changes. So while he considers things that might improve his health in the future, he did not have a strong sense of efficacy.

All of these stories emphasize participants' limited choices and/or sense of agency. From their perspective, the inability to eat or be healthy was attributable to structural barriers (e.g., high cost of "healthy" food), micro-social influences (e.g., not having parents who cooked), or place (e.g., overabundance of liquor stores). I argue that these limitations eventually create cultural scripts and impact a person's food habitus, which includes both their feelings towards "healthy" food (and "healthy" bodies) and their practice of eating it or not.

Participants' responses also depicted the United States of America as a place that is not conducive to healthy eating because of the high cost of "healthy" food and abundance of cheap junk food within the current food system. Being in a figurative space where one has the ability to *choose* what to buy and eat (whether it be "healthy" or not) was incredibly important to participants. When people didn't have that opportunity to choose, they experienced envy or frustration. The next chapter will consider how to create a place for healthy eating within low-income communities.

Chapter 6- Next steps for "healthy" food access: Considerations, conclusions, and recommendations

Part of the appeal of examining "healthy" food access was that it is grounded in extremely complex topics of race, class, identity, and culture. Also, I also felt like I *had to* examine these topics because I was immersed in food access work and I knew that there was more to "healthy" food and "access" than what had previously been explored. I admit that my project has various limitations; I used a small sample size, I may not have the theoretical background or experience to attempt to explore and explain these complex topics, and there is always a risk in misinterpretation of data, particularly due to my positionality as a White woman from a middle-class background. However, the participants' stories are rich, diverse, and telling. The complex and at times contradictory spaces they depict confirm the importance of this research. Even if my research has generated more questions than answers, I believe it is an important first step. The findings suggest that more work must be done to understand what "healthy" food means and why it is or is not important to people in low-income communities. My research also problematizes "healthy" and supports Mudry's suggestion to call on other discourses (tradition, history, geography, experience, etc.) to describe and understand the value of food (Mudry, 2009).

I have attempted to make the case for a broader conceptualization of "healthy" food access. Food access is not merely a question of absolute space and resources; it is a complex and dynamic state consisting of micro-social influences, places, and bodies.

Each of these dimensions is related to and implicated by the other dimensions, forming

complicated ideas and practices around "healthy" food. While physical and financial

barriers must still be addressed, my research sheds light on the importance of considering

sociocultural factors within work around "healthy" food access. It demonstrates how

limited physical and financial access and exposure has *resulted in* cultural scripts that

implicate the sociocultural access to "healthy" food. "Healthy" food is often seen as

something that belongs to the "other," primarily middle class and/or White people. In

order to address food access in a more effective and holistic manner, practitioners must

consider the cultural scripts that have been created around "healthy" food and people. As

"healthy" food is currently framed, many participants did not feel as though it was

accessible to them.

"Healthy" food is not available to many low-income and non-White people both due to

figurative spaces (e.g., racial discrimination, lack of exposure to similar people eating

certain nutritious foods) and also absolute realities (e.g., poor physical access to grocery

stores and limited income). This collective experience and habitus creates a food culture

where "healthy" food is seen as rich food and sometimes White food. Before doing food

access work, we must critically examine how we define "healthy" and what cultural

scripts and ideologies frame those definitions. Otherwise, we may only be providing

physical or financial access to food that is actually culturally inaccessible and/or

undesirable.

In talking with people about food access over the past two years, I have also realized that food access isn't just about food. Food access is influenced by racial discrimination, racialized space, disinvestment in low-income neighborhoods, White privilege, class privilege, transportation, economic opportunity, and a fear of fatness. So while "healthy" food access is often considered a neutral or fairly straightforward topic, it is laden with many complexities. Activists and organizations must remember that this work is not about "bringing good food to others" but it is about addressing the deeper structural issues and injustices that are implicated within food access work (Guthman, 2008a; 2011).

It is also important to consider the "problems," particularly obesity, that food access work attempts to address. Scholars like Guthman and Farrell are skeptical of the health risks of obesity and of their causal relationship with food consumption (2011; 2011). Farrell demonstrates how a fear of fat is more associated with a fear of "primitive" Black and Brown bodies than actual health threats. As such, a concern with obesity and "healthy" food can serve as a venue for racial discrimination (Farrell, 2011). Practitioners must critically examine the research and ideologies that support food access work.

The foundations of the following recommendations arose during interviews with participants and were sharpened by discussions with community partners in Oak Park. The recommendations attempt to address some of the complexities of access by moving beyond the oversimplified framing of "access" and "healthy" food. I have included both broad recommendations that can serve as a framework for food access work and also

specific project examples. These recommendations are designed for governmental agencies and community-based organizations that do food access work and/or provide dietary advice.

Listen to residents' needs. Is food access a priority? The current attention on (physical and financial) food access may be preventing organizations from addressing more pressing needs. There were some participants who were satisfied with their diets and ate as healthily as they wanted to. However, they did face other issues such as unemployment, insufficient wages, discrimination, etc. It is important to not assume that low-income people or people of Color want "help" with their diets or with acquiring nutritious foods. Different issues may ultimately have a greater impact on their health. For example, the stress of unemployment or continually being accused of shoplifting may negatively impact one's health more than eating fast food. It's important to hear residents' needs and respond to them.

For residents who *do* want help with diets or with acquiring nutritious food, what is the most desirable way of providing it? It is important to work with alternative *and* conventional outlets because residents displayed interest in both.

Conventional

Only three of 15 participants said that they wanted to procure their food through alternative outlets; the majority of participants wanted to buy their food from grocery stores and nearby convenience stores. One community partner said numerous times: "I'm a consumer." She thought it was important that people be re-educated on what "real"

food was so they could use that knowledge at conventional outlets like Costco and Food Source. Another participant said she would like someone to help her shop and identify nutritional options at local chain grocery stores.

<u>Alternative</u>

Community gardening and "neighborhood-driven/based food sort of cooperatives" were mentioned as ways to become less dependent on "corporate influences." One participant "still [had] faith in social action" and wanted food production to be less about profit and more about societal health. He felt that change had to happen both at the policy and grassroots level. Community partners echoed this sentiment. While recognizing that policy change was important, one partner felt that there was an "economy of local action," meaning that it was easier and sometimes more efficient to effect change at the local level. Also, teaching one another about production, processing, and cooking not only develops skills but can provide a space to pass on indigenous or cultural traditions and make new ones.

The term "healthy" food needs to be deconstructed, broadened, and/or replaced.

The conceptualization of "healthy" food is limited in various ways. The biomedical value of food did not always resonate with participants. They may have described food in terms of its nutritional composition, but that often didn't align with what they valued about food. Participants valued food's cultural role, how it made their body feel, its taste, whether it was home-cooked, who it brought together, etc. Additionally, the fact that "healthy" food was often conflated with rich or White food, and also that ethnic food was often seen as "unhealthy," suggests that there are limitations in its ability to resonate with

all people. It also suggests that "healthy" food activists may "other" ethnic food and stereotype it as "unhealthy," even if unintentionally. Messages from organizations working on food access must emphasize that nutritious food exists in all cultures and that it is not solely tied to its biomedical value. Alternatively, organizations could use different descriptors of food, such as "good" or "real," that may appeal to more people and may not be as laden with cultural scripts. That said, any word used would still need to be analyzed in terms of what ideologies it reflects, who uses the term, who is excluded by the term, and so forth.

Recognize the value of and encourage the maintenance of traditional recipes and practices. The food that mattered most to participants was that which held cultural and/or traditional value. Rather than trying to adapt those traditional recipes (like Carrie's auntie's greens recipe) to make them nutritionally healthier, recognize and embrace their ability to unite people around shared histories and cultures. One community partner mentioned an article that came out in the Sacramento Bee in December entitled "Starting with tamales, Latino families urged to eat healthier" (Rubenstein, 2011). The story was about a Kaiser pediatrician and nurse practitioner who created a healthier version of the "deliciously destructive dish" of tamales. The community partner, who identifies as Chicano, said he was offended by this because the "story isn't complete." It disregards tradition, history, and the people who brought the knowledge of tamales to the United States. According to him, a tradition could be "lost" if a family's time-honored tamale recipe is replaced by one created by American doctors. A few of the community partners noted that it was often the "Americanization" of ethnic foods that made them less healthy

in the first place. It is also important to acknowledge the often limited frequency at which these traditional foods are eaten. In sum, it is unlikely that they are the primary culprits of diet-related illness or disease.

Create opportunities for experimentation with new foods and traditions. There is a difference between trying to change existing recipes and traditions versus creating new ones. Since many participants expressed interest in learning about new foods and recipes, organizations could use this as an opportunity to teach people about different cultures, cuisines, and people. In addition to expanding people's food knowledge and cooking skills, it could provide a space for positive exchange between different people and cultures.

It is important not only to focus on food itself, but the spaces around it. Participants shared a number of stories that highlighted both positive spaces (e.g., family, holiday dinners) and negative spaces (e.g., discrimination, feeling overwhelmed by too many nutritional considerations) around food. It is important to encourage and develop positive spaces. One local nutrition education organization encourages family dinners and children's involvement in grocery shopping. Equally important is to uncover ways to address negative spaces around access, particularly racial discrimination in grocery stores and restaurants.

Below I suggest sample projects and activities that address one or more of the abovementioned recommendations. These projects could be utilized by organizations or agencies that focus on food access, health, or nutrition.

Field trip to nearby Asian market. A few of the community partners described local Asian markets (which are ironically located in "food deserts") as rich resources for a variety of fresh foods. However, through my own observation and confirmation from some community members, nearly 100% of patrons are Asian. While one Black participant I spoke to had experienced discrimination at an Asian market, a Black community partner felt that prejudice ends "after they [owners/employees] get to know you." Alchemist is currently running a "Community Chef" program where selected residents conduct cooking demos at My Market. Alchemist could host community chefs at a local Asian market, with the support of the owner. This would introduce the participating residents to a new grocery store, cuisine, and people. Hopefully it would also give store owners and employees a chance to interact with Black, Latino, and White residents whom they may not interact with otherwise.

Shopping tours and label literacy at grocery stores. Shoppers could receive a guided tour through a local grocery store to help them identify easy and nutritious snacks and meals to prepare and cook. They could also receive label "literacy" tips to help identify chemicals, additives, etc. commonly found in processed foods.

Monthly traditional recipe exchange and dinner. Each month, a different community resident can teach a meal that is traditional to her or his ancestry, race, ethnicity, family, region, etc. This would honor and pass on traditional recipes, expose people to different foods and cooking methods, and provide a space for commensality and relationship building. This event could be hosted by a local non-profit or governmental agency at a site with a large kitchen, like the Sacramento Food Bank.

Advocate for anti-racism training at grocery stores. Since *all* Black participants I interviewed had experienced racial discrimination at various grocery stores and restaurants, anti-racism training could be an important tool to combat this problem. Local residents could be polled to identify particular stores (Safeway came up most frequently during my interviews) that have produced the most offensive instances and outcomes. With this information, local organizations/activists could advocate for anti-racism training.

The abovementioned projects are just a few examples of the type of work that would address some of the complexities of food access work. In addition to potential research opportunities already mentioned, a future project could assess the extent to which people in Oak Park (or another low-income community) felt as though "healthy" food was or was not a part of their lives and cultures. Also, since the nutritional or biomedical value of food often wasn't particularly relevant or important to most participants, I would want to gain a better understanding of the values that participants associated with food. I would

analyze how Mudry's discourses of taste (history, geography, and experience) are conceptualized and practiced in a low-income community (2009).

While a deeper examination of food access is still needed, I believe that my work provides new and important insight to food access. My research shows that food access is far more complex than its current representation; a person's access to "healthy" food extends beyond physical and financial access. Cultural scripts have developed around "healthy" food and those who eat it. These scripts result in a narrow conceptualization of "healthy" food that limits the inclusion of many low-income people and people of Color. Additional complexity lies in the fact that these scripts have developed in part due to limited physical and financial access to nutritious food. This means that "healthy" food is often most accessible to middle-income and White people. These people are also those who have shaped (and continue to shape) the conceptualization of "healthy" food and food access work. While people of various backgrounds are involved in food access work, the understanding of "healthy" food and access still excludes many people. It is important to both deconstruct the conceptualization of "healthy" food while simultaneously working to ensure that people of all backgrounds feel that nutritious food is or can be a part of their culture and life.

References

Adelson, N. (2005). The embodiment of inequity-health disparities in Aboriginal Canada. *Canadian Journal of Public Health, 96*, 46-5(1)

Alison H. Alkon, P. D. (2008). Black, white and green: A study of urban farmers markets. Unpublished Dissertation. University of California, Davis.

Appadurai, A. (1988). How to make a national cuisine: cookbooks in contemporary India. *Comparative Studies in Society and History, 5*(4), 460-485.

Bailey, C. (2007). We Are What We Eat: Feminist Vegetarianism and the Reproduction of Racial Identity. *Hypatia, 22*(2), 39-59.

Biltekoff, C. (forthcoming). Critical Nutrition Studies. In Jeffrey Pilcher (Ed.), *The Handbook of Food History*. Oxford University Press.

Block, J., Scribner, RA, & Desalvo, K. (2004). Poverty, race/ethnicity, and fast food: a geographic analysis. *American Journal of Preventative Medicine*(27), 211-217.

Bourdieu, P. (1984). *Distinction: A Social Critique of the Judgement of Taste*. United States: Routledge & Kegan Paul Ltd.

Bourdieu, P., et al. (1990). *In Other Words: Essays towards a Reflective Sociology*. Stanford.

California Endowment (n.d.). South Sacramento.   Retrieved 7/25/12

Cheadle, A., Psasty, B., Curry, S., & al., e. (1991). Community-level comparisons between the grocery store environment and individual dietary practices. *Preventative Medicine, 20*, 250-26(1)

Crawford, R. (1980). Healthism and the medicalization of everyday life. *Health, 10*(4), 401-420.

Crawford, R. (1996). The Boundaries of the Self and the Unhealthy Other: Reflections on Health, Culture, and AIDS. *Social Science Medicine, 38*(10), 1347-1365.

Crossley, N. (2004). *Key Concepts in Critical Social Theory*: Sage Publications Ltd.

Crotty, P. Food and Class. In J. G. a. L. Williams (Ed.), *A Sociology of Food and Nutrition: The Social Appetite* (pp. 135-148). Australia: Oxford University Press.

Douglas, M. (1972). Deciphering a Meal. *Daedalus, 101*(1), 61-8(1)

Ferrell, A. (2011). *Fat Shame*. New York: New York University Press.

Galves, M. P., Morland, K., Raines, C., Kobil, J., Siskind, J., Godbold, J., et al. (2007). Race and food store availability in an inner-city neighbourhood. *Public Health Nutrition, 11*(6), 624-63(1)

Galvez, M., & al., e. (2007). Race and food store availability in an inner-city neighbourhood. *Public Health Nutrition, 11*(6), 624-63(1)

Giddens, A. (1984). *The constitution of society: Outline of the theory of structuration*. Cambridge: Polity Press.

Guthman, J. (2008). Bringing good food to others: investigating the subjects of alternative food practice. *Cultural Geographies, 15*(4), 431-447.

Guthman, J. (2008). "If They Only Knew": Color Blindness and Universalism in California Alternative Food Institutions. *The Professional Geographer, 60*(8), 387-397.

Guthman, J. (2011). *Weighing In--Obesity, Food Justice, and the Limits of Capitalism*. Berkeley and Los Angeles, California: University of California Press.

James, D. (2004). Factors Influencing food choices, dietary intake, and nutrition-related attitudes amon African Americans: Application of a culturally sensitive model. *Ethnicity & Health, 9*(4), 349-367.

Harper, A. B. (2010). *Sistah Vegan: Food, Identity, Health, and Society: Black Female Vegans Speak*. New York: Lantern Books.

Harper, A. B. (forthcoming). Veganporn.com & "Sistah": Explorations of Whiteness through Textual Linguisting Cyberministrelsy on the Internet.

Health Education Council. (2008). About Us. Retrieved June 11, 2012, from http://healthedcouncil.org/aboutus.html

Henry, S. (2012). New Agtivists: Brother-sister duo revamp the corner store. Retrieved from http://grist.org/food/new-agtivists-brother-sister-duo-revamp-the-corner-store/

Hernandez, J. (2009). Redlining Revisited: Mortgage Lending Patterns in Sacramento 1930-200(4) *International Journal of Urban and Regional Research, 3(3)2*, 291-31(3)

Hidalgo, N. (1998). Toward a Definition of a Latino Family Research Paradigm. *Qualitative Studies in Education, 11*(1), 103-120.

Hing, J. (2012). Bryant Terry's 'Inspired Vegan' Shows Healthy Food Isn't Just for White Folks. Retrieved from http://colorlines.com/archives/2012/01/bryant_terry.html

Horowitz, C. R., Colson, K. A., Herbert, P. L., & Lancaster, K. (2004). Barriers to Buying Healthy Foods for People With Diabetes: Evidence of Environmental Disparities. *American Journal of Public Health, 94*(9), 1549-155(4)

Israel, B.A., Eng, E., Schulz, A.J., & Parker, E.A. 2005. "Introduction to Methods in Community-Based Participatory Research for Health." In Israel et al, 2005, Ch. 1, p. 3-26.

James, D. (2004). Factors Influencing food choices, dietary intake, and nutrition-related attitudes among African Americans: Application of a culturally sensitive model. *Ethnicity & Health, 9*(4), 349-367.

Johnston, J., & Baumann, S. (2010). *Foodies: Democracy and Distinction in the Gourmet Foodscape*. New York, NY: Routledge.

Kieffer, E.C., Salabarría-Peña, Y., Odoms-Young, A.M., Willis, S.K., Baber, K.E., & Guzman, J.R. 2005. "The Application of Focus Group Methodologies to Community-Based Participatory Research." In Israel et al. 2005, 146-166.

Laraia, B. A., Kaufman, A. M. S. R. J. S., & Jones, S. J. (2004). Proximity of supermarkets is positively associated with diet quality index for pregnancy. *Preventative Medicine, 39*(5), 869-875.

Laudan, R. (2001). A Plea for Culinary Modernism. *Gastronomica,* 36-4(3)

Lewis, L., et al. (2005). African Americans' Access to Healthy Food Options in South Los Angeles Restaurants. *American Journal of Public Health, 95*(4), 668-67(3)

Liburd, L. C. (2003). Food, Identity, and African-American Women With Type 2 Diabetes: An Anthropological Perspective. *Diabetes Spectrum, 16*(3), 160-165.

Lyman, B. (1989). *More than a Metter of Taste. A Psychology of Food*. New York: Van Nostrand Reinhold.

Marshall, C. (forthcoming). *Deconstructing approaches to healthy food access: Voices from the field.* University of California Davis, Davis, CA.

Massey, D., & Denton, N. (1993). American apartheid: segregation and the making of the underclass. United States: Harvard University Press.

Merleau-Ponty, M. (1962). *Phenomenology of Perception* (D. A. Landes, Trans.). New York: Humanities Press.

Mead, G. H. (1934). *Mind, Self, and Society*. Chicago: University of Chicago Press.

Minkler, M., & Hancock, T. (2003). Community-driven asset identification and issue selection. In M. Minkler & N. Wallerstein (Eds.), *Community Based Participatory Research for Health: From Process to Outcomes* (pp. 135-154). San Francisco: Jossey-Bass.

Mitchell, W. F. (2009). *African American Food Culture*. Westport, CT: Greenwood Press.

Morland, K., Wing, S., Roux, A. D., & Poole, C. (2002). Neighborhood characteristics associated with the location of food stores and food service places. *American Journal of Preventative Medicine, 22*(1), 23-29.

Mudry, J. (2006). Quantifying an American Eater. *Food, Culture, and Society, 9*(1), 49-67.

Mudry, J. (2009). *Measured Meals- Nutrition in America*. Albany, New York: State University of New York Press.

Munoz-Plaza, C. E., Filomena, S., & Morland, K. B. (2008). Disparities in Food Access: Inner-City Residents Describe their Local Food Environment. *Journal of Hunger & Environmental Nutrition, 2*(2/3), 51-6(4)

Murphy, C., Ettinger de Cuba, S., Cook, J., Cooper, R., & Weill, J. D. (2008). *Reading, Writing, and Hungry; The consequences of food insecurity on children, and on our nation's economic success*. Washington D.C.: Partnership for America's Economic Success.

Nayga, R. M., & Weinberg, Z. (1999). Supermarket access in the inner cities. Journal of Retailing and Consumer Services, 6(3), 141-145.

Omi, M., & Winant, H. (1994). *Racial formation in the United States: from the 1960s to the 1990s*. New York, NY: Routledge.

Ortner, S. (1996). *Making Gender: The Politics and Erotics of Culture*. Boston, Massachusetts: Beacon Press.

Peluso, J. C. R. N. L. (2009). A Theory of Access. *Rural Sociology, 68*(2), 153-18(1)

Pratt, C. A., & Pratt, C. B. (1995). Comparative content analysis of food and nutrition advertisements in Ebony, Essense, and Ladies' Home Journal. *Journal of nutrition Education 27*(1), 11-17.

Rubenstein, G. (2011, December 11, 2011). Starting with tamales, Latino families encouraged to eat healthier. *Sacramento Bee*.

Scrinis, G. (2008). On the Ideology of Nutritionism. *Gastronomica, 8*(1), 39-48.

Seligman, H. K., & Schillinger, D. (2010). Hunger and Socioeconomic Disparities in Chronic Disease. *The New England Journal of Medicine, 363*(1), 6-9.

Short, A., Guthman, J., & Raskin, S. (2007). Food Deserts, Oases, or Mirages? Small Markets and Community Food Security in the San Francisco Bay Area. *Journal of Planning Education and Research, 26*(3), 352-36(4)

Slocum, R. (2007). Whiteness, space, and alternative food practice. *Geoforum, 38*(3), 520-53(3)

Slocum, R. (2011). Race in the study of food. *Progress in Human Geography, 35*(3), 29.

Stokols, D. (1992). Establishing and Maintaining Healthy Environments; Towards a Sociol Ecology of Health Promotion. *American Psychologist, 47*(1), 6-2(2)

Suarez-Balcazar, Y., Martinez, L. I., Cox, G., & Jayraj, A. (2006). African Americans' Views on Access to healthy foods: What a Farmers' Market Provides. *Journal of Extension, 44*(2).

Sutton, D. E. (2001). *Remembrance of Repasts: and Anthropology of Food and Memory*. Oxford, UK: Berg.

Tregear, A. (2011). Processing knowledge in alternative and local food networks: Critical reflections and a research agenda. *Journal of Rural Studies, 27*, 419-430.

United States Department of Agriculture (Economic Research Service (ERS), Food and Nutrition Service (FNS), Cooperative State Research, Education, and Extension Service (CSREES)). (2009). *Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences--Report to Congress*: USDA.

United States Department of Housing and Urban Development. (2011). FY 2012 Income Limits Summary.   Retrieved 7/26/12, from http://www.huduser.org/portal/datasets/il/il2012/2012summary.odn

WayUp Sacramento. (2012). WayFresh.   Retrieved May 5, 2012, from http://wayupsacramento.org/programs/wayfresh/

Wegener, J., & Hanning, R. M. (2010). Concepts and Measures of "Alternative" Retail Food Outlets: Considerations for Facilitating Access to Healthy, Local Food. *Journal of Hunger & Environmental Nutrition,, 5*(2), 158-17(3)

Weismantel, M. (1989). *Food, Gender and Poverty in the Ecuadorian Andes*. Philadelphia: University of Pennsylvania Press.

Witt, D. (2004). *Black Hunger: Soul Food and America*. Mineapolis: University of Minnesota Press.

Zafar, R. (1999). The signifying dish: autobiography and history in two black women's cookbooks. *Feminist Studies, 25*(2), 449-469.

Appendix A: Interview Protocol

Interview Protocol

Thanks again for taking the time for this interview. I'm Danielle, a UC Davis graduate student in a Community Development Program. I'm working on a project that looks at what people consider "healthy" food and why. I will be interviewing a variety of people from the South Sacramento area.

- All of your responses during this interview are confidential, which means that your name will be changed in anything I write.

- No right or wrong answers

- I also want to ask you for your permission to record our conversation.

To give you an idea of what will happen during this interview, I will first ask you some general questions about what you eat and why. Then, I'll talk about the photos you took of "healthy" food. Finally, we'll finish up with questions about your thoughts on ""healthy" food." The interview should take about an hour to an hour and a half of your time. Please let me know if you have any questions along the way.

Opening questions

1. What are the foods you like to eat? Why?

2. Which foods, if any, would you like to eat but are not able to? Why aren't you able to eat them?

3. Which foods, if any, do you intentionally avoid or dislike? Why?

4. What is important to you about what type of food you eat? How about how it is prepared?

5. Where do you buy your food? What food items do you get there? How far is it from your home? How do you get there?

Store	Items	Distance	Transportation

6. Who cooks in your house?

7. What are some of your first memories of food?

8. Favorite memories with food? Bad experiences?

9. What do your friends and family eat?

Exercise with Photos

I will ask the participants to share their 10-20 photos with me. Looking at the photos with the participant, I will record what foods they consider to be healthy and ask the following

questions.

I will be referring to the participant's entire group of pictures when I ask these more

general questions first.

- Why do you think these foods are healthy?

- How did you learn that these foods were healthy? Did any people have a role

  in this?

*We will then look at the pictures of "healthy" food that participant **does** eat.*

- When you look at the pictures, who, other than yourself do you imagine eating

  this food? (whether it is someone of a certain age, gender, race, or so forth)

- Are these foods a regular part of your diet? (How often do you eat these

  foods?) Do you eat them as much as you would like? Are there certain

  occasions when you will eat these foods and other occasions when you will

  not?

- Do any of these foods have any cultural or racial significance to you? Are they

  a part of any traditions?

- Do you eat any other "healthy" foods that you didn't take pictures of?

*We will then look at the pictures of "healthy" food that participant **does not** eat.*

- Why don't you eat these foods?

- Do any of these foods appeal to you? (i.e., Which do you like?) Why or why not?

- When you look at the pictures, who do you imagine eating this food? (whether it is someone of a certain age, gender, race, or so forth)

- What other foods that you did not take a picture of do you consider healthy?

Additional questions about "healthy" food and "white food"

10. What does the phrase ""healthy" food" mean to you? Are there any specific people or organizations you think of?

11. Is eating healthy important to you? Why or why not?

12. Do you think you have the opportunity to eat healthily? Are there reasons why you do not eat as healthy as you would like to?

13. Do you think people in your life, such as friends or family, eat healthily?

14. Which "healthy" foods, if any, did you eat growing up?

15. Now I'd like to talk about your community. How would you define your community? Do you think people in your community have the opportunity to eat "healthy" food? Do you think they eat healthily? Why or why not?

16. Is "healthy" food affordable and available at the stores you grocery shop?

17. In talking with people in the community, I've heard some food described as "white food" or a certain stores called a "white man's store." Have you heard

those phrases before? What do you think they mean? *If they provide a definition, I will ask*: Do you agree and if so, why? Do people in your community talk about these things? Can you think of any specific foods that are labeled as white food? Do you think this label impacts who eats the food or who shops at the stores?

18. Do you know of any organizations that have tried to increase local residents' access to "healthy" food or to improve the diets? (If yes) Do you think they were successful? Why? Do you think they represented the community? If so, how?

Demographic Data

19. Where were you born? Where were you raised?

20. Where did your parents grow up?

21. How/why did you come to this community?

22. How would you rate your health?

    a. Very good

    b. Good

    c. Fair

    d. Poor

23. Who lives in your house?

24. What is your household yearly income?

    a. Less than $10,000

    b. $10,000 to $24,000

    c. $25,000 to $49,999

       d. $50,000 to $74,999

       e. $75,000 to $99,999

       f. $100,000 or more

25. Do you have a high school diploma? (If yes) Do you have a college degree?

26. What is your age?

27. What race or ethnicity do you identify with?

     _____

28. Is there anything I haven't asked that you think I should have? Or is there

     anything else you'd like to share?

Appendix B: Information re: Setting and Interviews from the Community Food Security Coalition (CFSC) Conference in Oakland

<u>Interviews at the Community Food Security Coalition Conference</u>

I also conducted two informal interviews (from hereon called conversations) with attendees at the Community Food Security Coalition (CFSC) Conference in Oakland, California. The conference was a space for people and organizations that were focused on food security, food justice, and/or food sovereignty.

The conversations took place from 6:15-6:40pm on Monday, November 7 (bus ride), and Tuesday November 8th from 11:25 to 11:40am (end of networking session). . I took notes shortly after getting off the bus, to avoid forgetting the conversation. For the conversation at the networking session, I took notes while talking to the women

The first conversation took place on a bus headed to the conference's celebratory evening event. The bus was an old school bus and was fully occupied with conference attendees. I was sitting next to Jared, a Black man in his 60s who was involved with a non-profit that focuses on community-driven environmental work, including improving local neighborhoods' food environments. We spoke for the entire bus ride: about 25 minutes.

The second discussion took place at a Healthy Corner Store Networking session. People from all over the country met to discuss successes and challenges faced while working to

improve the "healthy" food options at smaller corner/convenience stores. The conference room could accommodate about 75 people and roughly 40 people attended the session.

I was attending the session on behalf of Alchemist CDC. One woman who was working in DC offered some good ideas during the session so I wanted to talk with her afterwards. She was sitting in a group of four African American women from different cities in the United States. The woman from Washington DC was in her late 20s. There was another woman from Atlanta who was in her early 30s; she had just opened her own corner store. The Georgian government had taken land (162 acres) from her family so she wanted to support local Black farmers through her store. There were two women in their 40s and 50s from Boston; they worked for a nonprofit that focused on promoting healthy eating and exercise.

Figure 1: Map of Building Healthy Communities' (BHC) South Sacramento Region