
**EXPECTATIONS AND EXPERIENCES
FINDING “GOOD” FOOD IN
LOWER-INCOME COMMUNITIES
IN THE NORTHEAST U.S.**

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Introduction and Problem

- Intersecting food security, public health and social equity challenges => systems frameworks
- Concern about challenges of food availability and food access in lower income communities
- Rhetorics of “good food” – sustainable, fair, local, healthy

Conceptual and Empirical Background

- Food environments and healthy food access for low-income consumers
(Story et al. 2007; Walker et al. 2010)
- ▣ Urban environment focus
(Alkon et al. 2013; Cannuscio et al. 2013)
- ▣ Attention to / focus on rural
(Eikenberry & Smith 2004; Dean & Sharkey 2011)

Conceptual and Empirical Background

- Life course / life experiences
(Furst et al. 1996, Bisogni et al. 2012)



Research Question Within a Larger Interdisciplinary Project

What are the commonalities and differences in how lower-income residents in rural and urban communities across the Northeast U.S. understand “healthy food,” challenges of access and opportunities for improvement?



Enhancing Food Security in the Northeast: Project Sites & Collaborators

Collaborating Institutions

- Agricultural Research Service/USDA – Orono, ME and Beltsville, MD
- Columbia University, Urban Design Lab
- Cornell University, Ithaca and Syracuse Cooperative Extension
- Delaware State University
- Economic Research Service/USDA Washington, DC
- Johns Hopkins University Bloomberg School of Public Health
- Northeast Regional Center for Rural Development (PD)
- Northeast Sustainable Agriculture Working Group
- Tufts University, Friedman School of Nutrition
- The Pennsylvania State University
- University of Vermont
- West Virginia State University



Advisory Council

- Robert King**, Professor, Univ. of Minnesota
- Toni Liquori**, NYC School Food FOCUS
- David Marvel**, President, Fruit and Vegetable Growers Assoc. of DE
- Joyce Smith**, Operation Reachout Southwest, Baltimore



- Rural Study Sites (DE, NY and VT)
- Metro Study Sites

Study Design: Overview

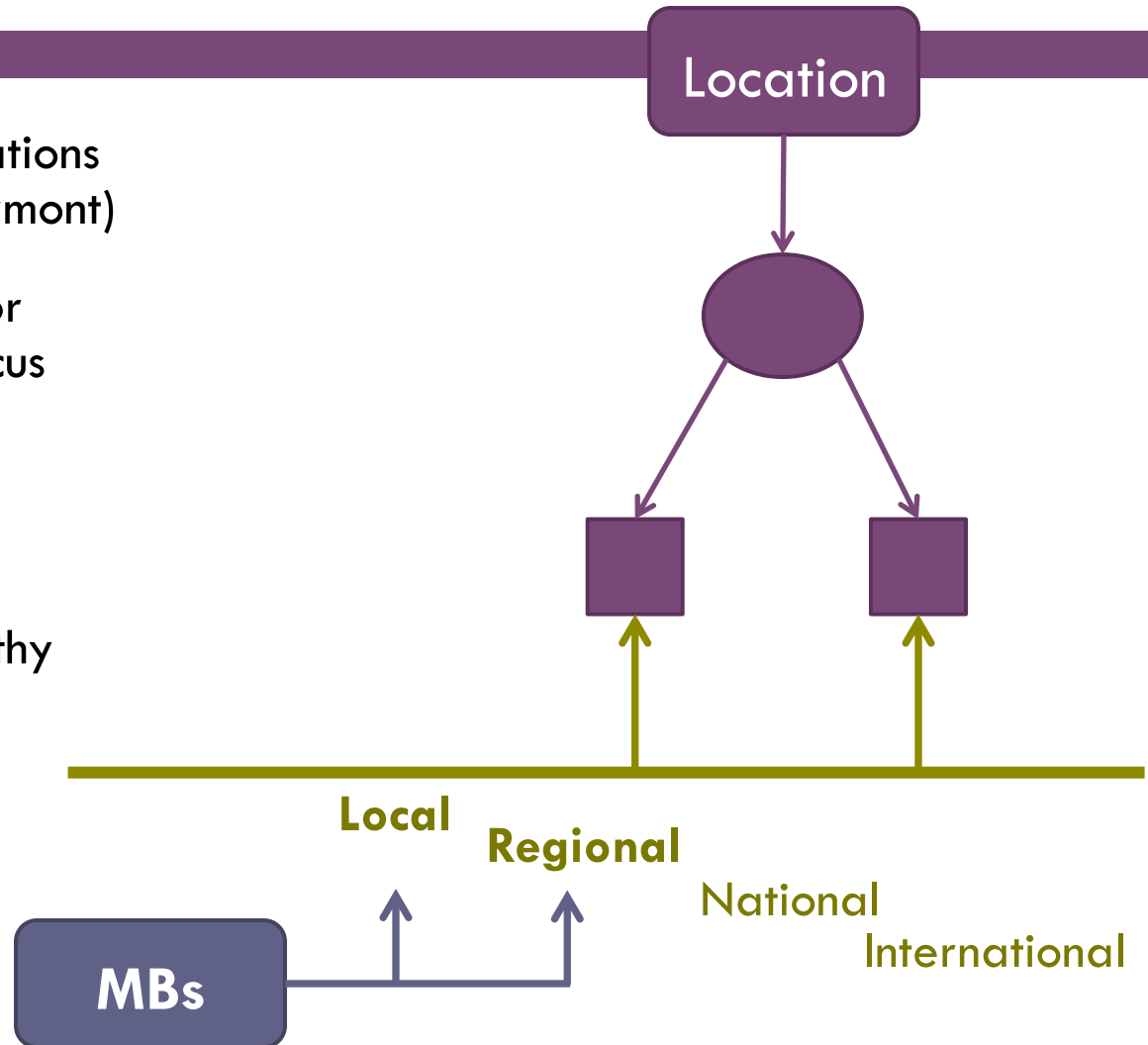
One of 8 urban or rural locations
(e.g., Baltimore, rural NE Vermont)

One or two neighborhoods or
communities per location; focus
groups

One or two stores per
location; consumers
patronizing the stores; “healthy
regional market basket”

Supply chains,
business owners

Agricultural production
capacity, 300 NE counties



Studying “Consumption” in the 8 Locations

- **Aim**: Understand constraints to and opportunities for improving access to healthy, regionally sourced food
- **Activities**: Focus groups, consumer intercept surveys, store environment study, “healthy market basket” inventory, “community strategy”
- **By whom**: Researchers, extension educators, community partners, students



Focus Group Approach

- 16 FGs in 8 locations conducted 2014
- FG guide developed collaboratively by Consumption Team
- Topics: Food availability and changes, food buying practices, healthy food access, regional food
- Approach: “A guided, collective conversation”



Focus Groups: Procedures and Participants

- Selection criteria: Primary HH shopper; reside in study location; experience shopping at study grocery store
- FG segmentation: Lower-income parents; seniors
- 2 sessions fully in Spanish, 1 in Spanish/English
- FG facilitation by Consumption Team members/associates
- FG participants completed short demographic survey
- FG facilitators completed common fieldnote form
- 60-90 minute FG sessions in community space; recorded, professionally transcribed, analyzed

Focus Group Participants (N=134)

CHARACTERISTIC	All Focus Groups (16 Sessions)	Maximum Focus Group	Minimum Focus Group
Number Participants (mean)	8	13	3
Female	83%	100%	62%
Age (mean)	56	78	29.8
Household size (mean)	2.7	6.2	1.2
Children age 17 or younger (mean)	0.9	3.0	0.0
Years living in current ZIP code (mean)	13.9	26.4	2.7
Receiving public assistance	67%	100%	22%
Diet-related disease in household	46%	83%	10%

Shared Understandings of “Healthy” Food

- Strong emphasis on “fresh” in both rural and urban FGs
- Understandings of healthy food shaped not only by own individual experiences, but also by others in household



“Healthy” Contested and Challenged

- **What’s considered healthy to some is not for others**
 - Differing life stages and experiences

- **Other priorities matter: taste, cost, calories**

“Well, I know my taste buds, and I know prices, so I can recognize a good price. Monday morning, you got a good deal in there on some meats, because they marked it down from Sunday. That goes home with me, you know what I mean? That goes home with me. “

(Man, Baltimore)

“I ain’t trying to eat all that healthy... So sometimes I do buy something processed because I feel like I’m starving the children.”

(Woman, Rural Delaware)

Challenges to Accessing Healthy Food: External Barriers, Internal Struggles

□ Costs and compromises:

“They charge you like \$20 for one little thing that’s really healthy and \$2 for junk. It’s like which do I go with?”

(Woman, Rural Vermont)

□ Navigating the food swamp:

“And I still find healthy food is a journey for me. I can get a little bit here. I can get a little bit there. And then on the way there I might pass some fried chicken and it’s hard sometimes. I’ll stop and I won’t get the healthy food. I’ll end up with the fried chicken. It’s like if we go into 110th Street there’s the little chicken place right there by the grocery store.”

(Woman, NYC)

Challenges to Accessing Healthy Food: Urban / Rural Differences

▣ Urban FGs stressed:

- High prevalence of fast food outlets over stores with fresh foods
- Transportation challenges – lack of car, inconvenient public transportation means that consumers are restricted to shopping within the neighborhood they live, where prices are high and food quality can be lower

▣ Rural FGs stressed:

- Lack of food retail venues overall in town, especially “real” grocery stores
- Little or no access to public transportation, consumers restricted to smaller stores, with less fresh food and less variety overall

Improving Access to Healthy Food: Information and Education

- Participants desire more information for themselves, their families and broader community:
 - ▣ Nutrition; food preparation tips and recipes; selecting healthy and quality foods; properly storing food and preventing spoilage; circulars announcing sales, better labeling and signage on products and in stores

- Observed “information bottlenecks”:

“I’ve been thinking a lot about where the meat comes from. I took a nutrition class and they talk about grass-fed beef and then cows that are stuck in a barn all of the time and don’t get that grass or all of the nutrients from outside. And it’s hard. You can’t just walk in the store and say this meat came from a cow that’s grass-fed or one that’s-- you know what I mean.”

(Woman, rural Vermont)

Recapping Findings

- Lower income residents widely associated “healthy food” with “fresh”
- Complex understandings and varying priorities around healthy food
- External barriers present internal struggles for consumers
- Improving food access requires increasing information to consumers, but also addressing structural barriers

Next Steps/Future Directions

- Continue analysis of focus group data, integrate findings with other research components across larger EFSNE project
- Augment relationships built with community organizations and partner grocery stores in study locations by sharing lessons collaboratively learned
- Document insights post-project about design and process of large integrated, interdisciplinary projects on food systems and food access

Questions?



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Enhancing Food Security in the Northeast

<http://agsci.psu.edu/research/food-security>



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