“The Truth and the Facts”: Food Inequality on Long Island
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Executive Summary

INTRODUCTION

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

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

The Truth and the Facts: Food Inequality on Long Island represents the region’s first comprehensive look at the experience of living in food poverty. It is a case study of one Suffolk County community—the Mastics and Shirley—which has been devastated by the Great Recession. Moreover, it is unique from most other academic or policy analyses of food environments in that it focuses on life in a suburb rather than an
urban area. At all times, the report is driven by the perspectives of residents, whose narratives highlight the manner in which economic insecurity and community dynamics intersect to affect experiences with food. It is also punctuated with photographs taken by participants in the study, who describe in their own words how the pictures relate to food in their daily lives.

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

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

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

METHODS

Data Collection
Data for the study were generated through a range of qualitative methods, including ethnography, in-depth interviews, focus groups and visual storytelling techniques. Research began in the spring of 2011 and was completed in spring 2012. Data analysis took place during the summer and fall of 2012.
Research was conducted in three phases. **In Phase One**, we interviewed 20 key informants in order to gain a better understanding of the Long Island food system and to hear what stakeholders thought about relationships between food, diet and health. Key informants included community group/civic leaders, farmers, hunger relief staff and organization directors, nutritionists and school food-program administrators. The interviews also provided an opportunity to refine data collection strategies and to identify issues to explore further in future phases of research.

**In Phase Two**, we conducted 35 semistructured, in-depth interviews with adult residents, stemming from both purposeful, convenience and snowball sampling. (Sample demographics can be found in Table ES-1.) For study objectives, we over-sampled individuals experiencing economic/food insecurity. During the interviews, we asked participants to draw a map detailing the locations of their routine food sources and to identify whether these sources were inside or outside of the community. Two of the maps are included in this report.

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

**In Phase Three**, we invited six low-income mothers to participate in a community-based participatory research (CBPR) method called Photovoice. A visual storytelling technique, Photovoice is used to both enhance conversation and actively include participants in the discovery process. In Photovoice, participants are provided digital cameras and asked to take photos on themes related to the study, in this case, motherhood and food. Later, participants are encouraged to tell their own stories using the photos they took and to write short narrative descriptions/captions for their photographs, focusing on what the photo was about and why it was important.
To ensure confidentiality, we have intentionally changed the names of interview participants. The names of the four main supermarkets in the area have also been altered and participant quotes and food maps have been amended to reflect this approach. With regard to all other retailers, we have kept actual names if they appear in the report in a descriptive fashion rather than in a positive or negative manner.

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

**Research Setting**

The research setting was selected for a number of reasons. Most important, we wished to situate our research within what we call the "food desert" debates currently taking place among academic and policy stakeholders. While there is no uniform definition of a "food desert," the term generally applies to a geographic area where residents lack access to nutritious, affordable food. Proponents of the food desert model maintain that the absence of retailers providing inexpensive, healthful food puts residents at risk for poor diets and health, specifically chronic conditions like diabetes or heart disease. They typically advocate for market-based solutions, like supermarkets or farmers markets, to improve access. Critics of the food desert model...
notion reject the term on empirical grounds, pointing to the lack of strong and systematic evidence-based research linking neighborhood-based retail provision with diet and health. They propose finding alternatives to retail interventions as a means to address food insecurity.

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

**Figure ES-1: Food Desert Locator Map of Long Island**

*Source: USDA*
STUDY FINDINGS

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

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

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

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

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

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

FIGURE ES-2: FOOD SOURCE MAP
FOOD PRICES ARE A MAJOR ACCESS BARRIER: Name-brand products, fresh fruit and vegetables, milk and meat (specifically beef) were viewed as expensive; many people could not afford to incorporate them into their diet on a regular basis, even though they wished to do so. (This sentiment is captured in Figure ES-3.)

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

FIGURE ES-3: BUYING HEALTHY IS...

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

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

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

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

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

**PRODUCT QUALITY AND SERVICES ARE INCONSISTENT AT FOOD PANTRIES:**

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

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

*The food pantries out here...they’re giving you cereal. I mean, I understand cereal for breakfast. But they’re giving you the same stuff every week. Who is going to go through a pound of rice a week? Who’s going to go through a big box of cereal a week...I’m sorry. I’m trying so hard not to be an arrogant, selfish little...Come to my house, I’ll show you what I have. I’ve got a stack of rice, I’m sick of that. I keep turning back the cereal. I don’t want it, I don’t want it. I don’t want the cereal. You keep it, I don’t want it.*
Lack of Sit-Down Restaurants and the Concentration of Fast-Food Outlets: A few, more affluent, participants were bothered by the density of fast-food outlets in the area and concerned that they were a stain on the community. Others suggested that the community needed more sit-down restaurants.

The Significant Role of Dollar Stores: For many lower-income participants, dollar stores have replaced supermarkets as their go-to food source. Bargains at dollar stores make these retailers appealing financially and critical to surviving on restricted means. The following quote illustrates this theme:

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

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

Stigma and Stress Dominate Experiences of Food Poverty

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

• **HAVING ENOUGH FOOD TO SURVIVE:** Many were constantly afraid that they would not be able to feed themselves and their families. Anxiety was especially heightened for individuals enrolled in the Supplemental Nutrition Assistance Program (SNAP) during the third and fourth week of the month, when benefits ran out. In some cases, adults, mainly women, sacrificed their own food intake in order to feed other household members, typically children. In order to purchase food, many people had to cut back or eliminate expenditures on other necessities, such as medical care. As a result, their ailments worsened and emotional distress intensified.

• **HAVING THE “RIGHT” FOOD TO EAT:** Participants frequently expressed that they were not able to access “real” food, such as fresh fruits and vegetables, low-fat milk and other items that were not highly processed. This inability to make “real” food a staple of household diets created great worry for people, who feared negative health effects as well as the judgment of others. While much of the public health literature assumes that people do not know what constitutes a healthy diet, virtually all participants were aware of basic nutrition guidelines and considered them common sense.

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

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

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

STIGMA MANAGEMENT HELPS OFFSET STRESS

In order to deal with stigma, participants relied on one or a combination of cognitive strategies that allowed them to frame their experiences in a way that
addressed tensions between actual behavior and normative assumptions about food. These included:

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

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

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

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

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

*Food, Place and Stigma Interact to Perpetuate Food Inequalities*

Place—specifically localized interactions between people and the built environment—plays a key role in shaping the area’s foodscape. The community suffers from "territorial stigmatization,"\(^2\) a term used to describe economically deprived areas further marginalized through social exclusion and discredited reputations. While
such negative characterizations do not necessarily capture what daily life is really like for residents, people often internalize these messages—creating more shame on top of the existing strain of living in poverty or near poverty. The need to manage territorial stigmatization impacts every aspect of life, including shopping and eating patterns, and, in some cases, reinforces negative perceptions of the community as well as social inequality. Such constant identity management creates potentially serious implications for personal and collective agency as well as health.

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

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

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

SOCIAL ISOLATION, NEIGHBORHOOD DECAY AND LACK OF SOCIAL SERVICE SUPPORTS FUEL DISTRUST AND FEELINGS OF POWERLESSNESS
Participant’s economic vulnerability helped foster social isolation. Due to limited funds, people had difficulty participating in social activities, including those involving food, developing social networks and feeling a sense of connection to place.

The area’s harsh surroundings—stemming in large part from the unequal distribution of resources—produce a sense of alienation, separating people from their neighbors as well as from other Long Island residents. Some participants spoke about the lack of safety in their community, linking it with neighborhood neglect.
and decay, specifically the many abandoned homes and shuttered commercial properties dotting the area’s landscape—fallout from the Great Recession.

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

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

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

**FOOD PRACTICES REPRODUCE CLASS DIVIDES AND SOCIAL INEQUALITY**

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

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

This socioeconomic ordering of stores was often coated with moral judgment, especially by the more affluent residents of the Mastics and Shirley. This comment was typical:
One of the main reasons I don’t like Supermarket A...is I feel like a lot of the people in the store are kind of like pushy and a little bit...I don’t want to say anything too negative, but like a little trashy, I guess.

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

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

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

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

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

**FOOD POVERTY DEMANDS VIGILANT RESOURCE MANAGEMENT**

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

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

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

Failure to Live Up to Ideal Notions of Motherhood, As Related to Food, Undermines Women’s Identities

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

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

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

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

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

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

**F I G U R E  E S - 4 : " T H E  T R U T H  A N D  T H E  F A C T S "**

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

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

1. **SNAP REFORM**

*Increase SNAP benefits*

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

*Expand Eligibility for SNAP*

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

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

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

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

2. ADDRESS OUR “AFFORDABLE HOUSING DESERT”

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

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

3. INCREASE CLIENT AUTONOMY AT FOOD PANTRIES

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

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

For Long Island as a whole, a representative survey focusing on the experiences
and needs of pantry clients across sites in the region would provide the means of assessment necessary to help improve any weak spots in the system.

4. IMPLEMENT DYNAMIC PLACE-BASED PROGRAMS

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

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

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

5. FOCUS ON IMPROVING HEALTH MESSAGING AND MENTAL HEALTH

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

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

The way that nutrition programs are targeted and structured should also be altered. For example, programs which direct education only at mothers–while practically oriented–further reinforce gender roles and day-to-day stress for women. Moreover, programs that emphasize cooking from fresh ingredients, to the exclusion of still-nutritious canned, frozen and prepared food, put additional pressure on already overextended women.
Most nutrition programs—educational or retail—focus on the health benefits of increased vegetable and fruit intake. But interviews with lower-income participants revealed the symbolic importance of meat in people’s diets. Future initiatives aimed at improving diet might consider promoting full protein- and produce-based meals, rather than stand-alone dishes or food items, as a way to more closely align with the interests of intended audiences.

**RESEARCH QUESTIONS**

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

1. Analysis contrasting the food environments and experiences of food poverty in other communities on Long Island, either in Suffolk or Nassau County, in order to further understand the role of place in influencing food practices and dynamics

2. Evaluation of the implementation of one or more place-based interventions described in this Executive Summary (e.g., supermarket shuttles) in order to assess their impact and to determine when/where retail/place-based programs are most likely to be effective

3. Investigation into the embodied experiences of the food poor, specifically exploring how the experience of being fat or thin impacts health, identity and personal agency

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

