The Contribution of Urban Foodways to Health Disparities

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ABSTRACT *How do urban food environments produce health disparities? The literature currently emphasizes the etiologic relevance of urban food deserts and their nutritional shortcomings. This paper instead examines the health relevance of foodways—the social dynamics surrounding the production, purchase, and consumption of food. We report on data from 32 photo-elicitation interviews conducted with adult residents of Philadelphia, examining distinct foodways and health concerns that play out in the most commonly discussed retail establishments: corner stores, “Stop and Go’s” (delis that also sell beer), and Chinese takeout restaurants. Corner store visits, described as a routinized element of children’s school day, were implicated in early life patterning of unsound nutritional choices. Stop and Go’s were described as a health threat because of their alcohol sales and tacit promotion of public drunkenness, coupled with accessibility to youth. Stop and Go’s and Chinese takeouts both were perceived as generators of violence in part because of on-site sales of alcohol, drug paraphernalia, and illicit drugs. Chinese takeouts also were described as symbolic reminders of African Americans’ economic exclusion and as places infused with race/ethnic tension and hostile merchant–customer interactions. Instead of viewing the food environment simply as a source of calories and nutrients, participants discussed the complex social dynamics that play out therein, raising a range of important considerations for (especially disadvantaged) urban residents’ safety, physical well-being, and mental health.*

KEYWORDS *Food environment, Foodways, Food deserts, Nutrition, Health disparities, Violence, Segregation, Alcohol, Mental health, Youth, Corner stores, Fast food, Economic exclusion*

INTRODUCTION

Substantial current research emphasizes how urban food environments affect health, particularly through the abundance of low-cost fast food,^{1–4} the dearth of supermarkets and fresh food,^{5–11} and attendant effects on nutritional status and obesity.^{12–19} In this manuscript, we consider the manifold ways in which food serves as not only a nutritional input but also as a substrate for health-relevant social

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dynamics. This paper is grounded in the premise that the social life of a place is shaped by both the *food environment* and *foodways*. The food environment includes the structure, type, density, and proximity of food outlets. Foodways are the processes involved in the growth, purchase, preparation, consumption, sharing—or absence—of food within communities. We concentrate on foodways as a lens through which food, as an essential and ubiquitous force, both manifests and propels culture, identity, and health.²⁰

We conducted a photo-documentation study in three contiguous Philadelphia neighborhoods that span from affluence to poverty, in order to understand residents' street-level views of the causes of urban health disparities, which we refer to as "street-level etiologies."²¹ Among 32 participants, the majority (75%) raised concerns regarding aspects of both the urban food environment and foodways that produce health disparities. This essay intends to expand the range of hypotheses examined in quantitative epidemiological or sociological study in other (representative) samples. The paper draws from participants' interviews and is structured around three types of retail outlets that typify the food environment in this sixth largest US city: corner stores, "Stop and Go's" (delis that also sell beer), and Chinese takeout restaurants.

METHODS

This paper is based on data from the Health of Philadelphia Photo-documentation Project, which probed the sources of urban health disparities using visual images generated by both researchers and city residents. A full description of the project's methods is available elsewhere,²¹ and sample photographs are available online (www.visualepi.com). The project began with staff photographers' systematic social observation and photographs of a 10% random sample of blocks in three neighborhoods that represent a steep socioeconomic gradient (13%, 20%, and 44% of households in poverty). Emphasizing those three communities in recruitment, the project then worked with local organizations to enroll 32 adult (primarily working age) urban residents as participant-photographers.²² Using methods alternately referred to as photovoice,²² photo-elicitation,²³ or photo novella,²⁴ these participants used cameras to document barriers to and facilitators of health that they encountered during their normal daily routines. In the interviews on which this paper is based, participants used their photographs to discuss health concerns important to them, with few prompts from the interviewers—a process referred to as "autodriving."²⁵ Interviews were read and coded by three independent reviewers and quotes were selected that exemplified (or, where indicated, contradicted) patterns observed in the data.

RESULTS

Among the 32 participants who completed interviews, 25 were women and seven were men. Participants self-identified their race/ethnicity as follows: 17 Caucasian (14 women and three men), 13 African American (nine women and four men), one Hispanic (woman), and one Asian (woman). Seventy-five percent of these participants ($n=24$) spontaneously raised concerns regarding adverse health effects of both the food environment and foodways. Of those 24 participants, 25% (including an equal number of African American and White women) expressed concern regarding the dearth of supermarkets, an issue emphasized in the current

food environment literature.^{9–11,26–28} Participants noted existing supermarkets' inaccessibility to public transit—leaving residents of disadvantaged neighborhoods to turn to “hacks,” or informal taxis, to bring them to the market “for \$10 or \$15 dollars,” an additional barrier to healthy food access.²⁹ The inaccessibility of major supermarkets insures residents' reliance on corner stores, Stop and Go's, and Chinese takeout restaurants, which dominate the food environment in Philadelphia's disadvantaged neighborhoods. These outlets engender a range of distinct health concerns, as detailed below.

Corner Stores: Integral to Generating Urban Foodways from an Early Age

While supermarkets are in short supply in disadvantaged neighborhoods, corner stores are abundant and readily accessible. Of the 24 participants who discussed the food environment/foodways as determinants of health, ten (five African American women, four White women, and one Asian woman) described concerns related to corner stores. One participant, a White woman, referred to “this continuous act, every day, going to the corner store” as a hallmark of Philadelphia foodways. Participants noted that it is normative for both children and adults to start the day with a high dose of sugar for breakfast, reflecting the nutritional shortcomings of corner store offerings. Below, a White woman who has lived in multiple Philadelphia neighborhoods describes the stream of children who flow through corner stores on the way to school.

They're going in there and getting their breakfast of Doritos and cupcakes and sodas before they go to school, so while the school does provide breakfast, to me it's disturbing that the actual breakfast is really usually something picked up at the store for a lot of children in the less financially well off neighborhoods.

Participants acknowledged, with resignation, the narrow range of food options available in corner stores: not a healthy array of fresh foods but sugared, salty, canned, and packaged foods with long shelf-life, easily eaten on the go. Below, a White woman describes how convenience—a mix of proximity and cost—drives corner store purchasing.

...what is convenient to you, that is what you're going to grab... if you really have to make that effort to go and find what it is to be healthier, to eat healthier... in Philadelphia... it's just not done. It doesn't happen. I don't know if that's like that in other places, too. But I know in Philadelphia if it's not there at the corner store then you're not going to get it....

A Food Trust–University of Pennsylvania survey of 605 students in Philadelphia found that 50% of fourth to eighth grade students visited corner stores before school, 48% after school, and 38% both before and after school. On average, these youth consumed approximately 400 calories with each corner store visit—almost a quarter of the daily caloric intake of an average adolescent girl.³⁰ Corner store visits become ritualized in disadvantaged neighborhoods, where there are few alternative “third places”—i.e., gathering sites with familiar faces, food, and drink.³¹ (Participants cited churches, playgrounds, libraries, and recreation centers as third places relevant to health, but commentary on the food environment was particularly common and highly patterned around the themes noted here.)

When the Asian woman below moved here from California as a child, she observed and eventually adopted Philadelphia's foodways.

It took me awhile to get into it, but then afterwards it became a thing. We'd go to school, bag of chips and a Hug, come out of the school...get a bag of chips and a Hug. That was your day.

Participants like her describe convenience—driven by the structure of the food environment—as the genesis of food-related routines, which then become steeped in camaraderie and pleasure. “Chips and a Hug” is reportedly a favorite purchase for youth, who can acquire this salty, high-fat snack and ironically named sugared beverage, devoid of redeeming nutritional value, for less than a dollar. According to the African American woman below, other convenience foods are often high cost and low quality, straining communities already bound by poverty and setting the stage for unfavorable health.

So they eat up a lot of their money going to neighborhood corner stores, neighborhood mini-markets, check cashing places, just places that take more money from them and then they don't have a lot of variety.

Urban nutrition research cites the perils of junk food: It is omnipresent and obesogenic.^{2,32–35} Participants in this project also described junk food as a social menace. They described feeling powerless to intervene in their neighbors' poor nutritional choices both because unhealthy food options predominate at the easily accessed corner stores and because intervention would imply judgment. The participant below, an African American woman who leads an organization dedicated to helping children and families, would like to step in and offer an alternative to the use of snack foods as dietary staples. But she reports that it would be grave social misstep to challenge another family's highly personal food choices.

... a lot of times we'll see a young lady walking down the street with her kid and he's got a bag of Cheetos, eight o'clock in the morning. And I, oh! Sometimes I just want to go and snatch that. Can't do that though, can't do that.

In their street-level etiologies linking corner stores to poor health, participants implicitly acknowledged that both structural causes and human agency drive nutrition-related health disparities. They observed that, within the confines of a food environment replete with corner stores and lacking in supermarkets, human beings make choices about what to purchase and when to do so, and they develop deeply ingrained behavioral patterns that are often shared with their social (peer/family) groups. Participants emphasized how these patterns of food purchase and consumption begin at an early age, shaped by food options available en route to school. The routinized aspect of potentially health-damaging foodways became clear in participants' discussions of corner stores.

Stop and Go's: Alcohol and Threats to Safety as Components of Urban Foodways

In street-level etiologies invoking corner stores as sources of poor health, nutritional concerns were paramount, especially for youth. In contrast, when seven participants (all African American—four women and three men) described issues regarding Stop and Go's, the primary health-related concerns surrounded the availability of alcohol,

coupled with the accessibility of these stores to youth. According to the participants quoted in Table 1, drinking often extends to the areas surrounding the Stop and Go’s and devolves into violence.

Participants only occasionally remarked on the substandard nutritional offerings at Stop and Go’s. More commonly, as noted in Table 1, participants emphasized that alcohol consumption is enmeshed in the urban foodways generated by Stop and Go’s, such that shopping for food—a quotidian act—is complicated by the anticipation of encountering public drunkenness and drinking-related violence. Participants alluded to concern for their own safety as well as the safety of children and other residents. The fact that only African American participants cited Stop and Go’s as a health threat reflects marked differences in the food environment across neighborhoods of differing racial composition; these establishments are far less common in Philadelphia’s predominantly White neighborhoods.

Chinese Takeouts: Hostile Merchant–Consumer Interactions and Well-being

Six participants (four African American women, one African American man, one Asian woman) described Chinese takeout restaurants as contributors to urban

TABLE 1 Participants’ commentary on the role of Stop and Go’s in health: quotes selected to highlight common issues regarding alcohol, threat of violence, and concern for youth

Participant characteristics	
African American man	[At the Stop and Go’s] people get drunk then they stand outside. You know that’s dangerous to everybody... Sometimes they get into fights, you know, you may be walking across the street, they might pull guns... pick with you or hurt you or touch you or do anything because their judgment is impaired... And then another thing that makes it dangerous is they sell other stuff, so you got kids coming in... I would take the food out... where the only way you’d be able to be in the store is if you’re above the legal age.
African American woman	They put a Stop and Go to sell beer; and one of the major complaints about the community is that when they do that, then it starts bringing the drug traffic in and they sell the paraphernalia in there. And then it’s just a bad situation all the way around and then the violence starts to increase. The streets become un-safer for our children to live and play and even just to walk to school.
African American man	And we need to do some other things like cut down on some of these Stop and Go stores that’s in the communities that are strategically placed geographically, like in low, urban, poor communities that only perpetuates the selling of alcohol and loose cigarettes and tobacco blunts, and all these little paraphernalia to use drugs.
African American woman	[Right near the high school there is a] beer store right on the corner, same corner... there’s a beer store. They sell food, so they’re allowed to open within a certain amount of time so the kids are in there... nobody tell them they can’t go in there, they go in there.
African American man	It’s like there’s a beer store on every corner in the neighborhood where there’s a lot of alcoholics... You got a beer distributor right across the street from a high school, I mean like a beer store like, you know what I mean, that’s out of pocket.

health disparities. As in the case of Stop and Go's, participants decried the sale of alcohol, single cigarettes ("loosies"), and drug paraphernalia in Chinese takeouts. Both Stop and Go's and Chinese takeouts were also identified by participants as contributors to neighborhood violence. What was distinct about discussions of Chinese takeouts was the frequent commentary on economic inequality and race/ethnic tensions and their adverse health impact. One African American woman described, in anger, a Chinese takeout that served as a front for the sale of vice goods, without selling any food at all.

So what you're saying to me is this, you want to pollute my community that was rich with values. The community broke down at some point, I agree. So you come in here, you buy these buildings or you buy these stores up and—many of them are just malt liquor, they're just malt liquor and cigarettes and things and they hide behind these Plexiglas; you give them the monies that way and so it's okay, you guys you drink and you shoot up your neighborhoods but you're not going to touch us.

Multiple African American participants described and resented this type of Plexiglas barrier between customers and merchants—a stark symbol of economic exclusion for African American shoppers and an effective strategy for maintaining and reinforcing social distance. Below, an African American woman attributes the proliferation of takeout restaurants to neighborhood economic struggles dating back to riots in the 1960s. Subsequent declines in real estate values eased market entry for small—and in her mind undesirable—businesses like these. She also describes "huge buying clubs"—community-based rotating credit systems that provide an alternative to bank financing—as a key to the economic success of Asian merchants.

These types of store owners can easily move into the market because they have access to space that's cheap. They can deliver a product with practically no overhead. So it's a very profitable business and so that's why there's so many of them.... When someone wants to come in and open a store they get all their merchandise [from a] huge buying club among that culture and they give you what you need to get into business and then you pay them back.... I don't know whether it's the Chinese restaurant or whether it's Korean as well as Japanese but that model of putting people in business so that is a factor in the proliferation of the stores.

The woman quoted above described widespread frustration on the part of the African American community, including generalized disdain for Asian shopkeepers (who were not included in our sample and whose voices are therefore not represented here). This economic arrangement was described by participants as both a source and reflection of weakened neighborhood ties. While this conversation—and others like it—was ostensibly about food, it reflected underlying race/ethnic tensions, similar to the interactions discussed in the sociological literature on Korean-Black merchant-consumer interactions.^{36–38} Participants like the African American woman below described their money flowing out of their communities because local shops are not African American-owned.

It causes disparity. It causes a depth of disparity and... this is one example.... I remember the store, Mr. Cook. Mr. Cook was this big-bellied African American guy. He knew all the kids in the community. You would come in there and buy our bubble gums and our pretzel sticks and things like that before and after

school sometimes. And sometimes his laugh, you know, it rings in my head even now... The smell of his cigar, you know... And when I left for college the store was still there. When I came back, you were looking to see, you know—"Hey, Mr. Cook..." and he wasn't there and he had sold the store to some Korean families. And that was very disappointing because the communities were not intact.

In this participant's depiction, what used to be a community hub run by an African American person like her, has now been taken over by "some Korean families"—Asian newcomers who she speaks of as an undifferentiated other. In her view, these Asian families band together to take advantage of an economic opportunity left wide open in a community weakened by the ripple effects of history and poverty. She contrasts her strained current relationship with shopkeepers with the congenial days when Mr. Cook was behind the register. Though the food Mr. Cook sold was likely no healthier than current offerings, Mr. Cook is portrayed as a heroic counterpoint to the mistrusted Asian shop owners. Mr. Cook seems implicitly forgiven, representing a time when the community was "intact." Below, the same participant described an instance when she was given incorrect change, which she perceived as an intentional, race-based slight. She described challenging the proprietor directly, with this response:

...then I get "Get out of here, get out, you're no good, you're no good." What are [you] saying, I'm no good because I'm aware of what you're trying to do?... It's very hurtful. It's extremely hurtful to me. It's extremely degrading as a person, just as a human being, simple humanity. For you to think that everyone who comes in here is a certain type of way but also to watch you come into our neighborhoods and strip our communities like that and have such low regard... You know it's awful.

Other participants recounted similar episodes, which they, too, attributed to shopkeepers' racism—a dynamic that seemed amply reciprocated with anti-Asian sentiment. This reigning negative assessment was tempered by occasional acknowledgement of the store owners' economic imperatives and respect for the perceived collective economic action of the Asian business community. In addition, several study participants noted that Chinese takeouts are not safe places for customers *or* proprietors—thus, customers understood the common installation of bulletproof glass at checkout counters. Nonetheless, in this African American man's assessment below, the economic equation includes clear winners and losers.

They're just capitalizing on our ignorance. We have those same opportunities. It's our neighborhoods. But we don't go to schools to get the education and have the patience that these guys do. They bring their cousin's cousins over and they finance themselves through our universities. That's what they call United States for, the land of opportunity... you get the opportunity to do whatever you want to do and be whatever you want to be. You either sink or swim. And they choose to swim. And we've been sinking and sinking.

In such cases of economic inequity and race/ethnic tension, urban foodways connect to health in ways that are not about nutrition. Lack of ownership of food establishments symbolized economic subordination to several African American participants in this study. The man above expressed his anger and his view that the

experience of purchasing food was replete with insulting systems and behavior, for which he blamed Asian proprietors, who, he asserted, “think everyone is just ignorant.” The same participant cited Chinese takeouts as one source of his hypertension. In his mind, the culprit was not unhealthy food, but unhealthy interactions involved in procuring food.

DISCUSSION

As recommended by Oakes and colleagues,³⁹ this paper demonstrates the utility of qualitative research methods in expanding the range of “food environment”-related questions probed by urban health researchers. Urban foodways, especially in disadvantaged neighborhoods, are often grounded in a food environment with a limited range of retail outlets and food options. The “food desert” phenomenon has gained currency in epidemiology and policy.^{26,40–45} However, tallying the number and type of food outlets in a given locale may miss multiple ways in which a food environment can erode or foster health. Findings from this study suggest that food access is driven by both objective and subjective forces, all contributing to urban foodways, including affordability, transportation options, social harmony/discord between shoppers and shopkeepers, (mis)match between consumer expectations/wishes and available goods, and perceived safety of the retail outlet (and the route there). These contributors to food access, alluded to in this study’s qualitative interviews, warrant follow-up inquiry in other (representative) samples. This study points researchers toward a range of additional questions, further described below.

First, as the literature currently emphasizes, the lack of fresh food in disadvantaged urban neighborhoods impedes health by compromising nutritional options.^{5,7,46,47} Participants described the lack of supermarkets as both a practical impediment to healthy food purchase and a symbol of their neighborhoods’ social and economic struggles. Second, residents described how children are programmed from an early age to prefer low-quality foods^{48,49} because of the restricted array of items they routinely purchase from highly accessible corner stores while en route to school. These purchases also have been described by other authors as an exercise in autonomy and independence—wherein “junk food” is positively associated with peer-group identity and inclusion, while healthier food is more closely associated with home and the adult realm.⁵⁰ Third, African American participants described adverse health effects of Stop and Go’s and Chinese takeouts. These shops are common in African American and disadvantaged neighborhoods in this city and often sell alcohol, leading to public drunkenness that is perceived to contribute to neighborhood violence.^{51,52} Fourth, Chinese takeout restaurants were framed as lucrative businesses run by outsiders who reap but do not share the rewards of a parasitic enterprise, selling (in many cases) both low quality food and vice goods. The selling of alcohol, single cigarettes, and drug paraphernalia, along with the allowance of drug trade on the premises, placed takeout restaurants as players in the underground or shadow economy, which has been well-described by Venkatesh and others.^{53–55} Schneider has written about how the presence of an active shadow economy jeopardizes the tax base, thereby compromising the provision of quality public goods and services.⁵⁴ An alternative view is that the underground economy responds to “the economic environments’ demand for urban services... [adding] to the economy a dynamic and entrepreneurial spirit.” Participants in this study were more likely to note potential adverse health and social effects of an active shadow

economy and to lament the absence of diverse, legitimate retail outlets in their communities.

Finally, several African American participants in this study called attention to the potentially health-damaging role of race/ethnic tensions in foodways surrounding Chinese takeouts. While sociologists have described race/ethnic tensions in merchant–consumer interactions, especially noting conflict between African American shoppers and Korean business owners, epidemiologists have just begun to consider the significance of these interactions to health.⁵⁶ In this study, participants described reigning mistrust between African American consumers and Asian merchants, which may itself undermine health,^{57,58} especially if episodes evoking that mistrust are frequent and enmeshed in necessary daily activities like procuring food. These racially inflected interactions may prove threatening to the well-being (including the mental health) of both African American consumers and Asian shop owners.⁵⁹ In addition, the anticipation of race/ethnic tensions may drive consumer decisions regarding where to shop and when. As one woman stated in this study, she would not shop in locations where she encountered “degrading” relations with shopkeepers:

It’s very hurtful. It’s extremely hurtful to me. It’s extremely degrading as a person, just as a human being, simple humanity. For you to think that everyone who comes in here is a certain type of way but also to watch you come into our neighborhoods and strip our communities like that and have such low regard. It was at one point I wouldn’t go into—as much as I love diversity and love people, I wouldn’t even go in. I wouldn’t patronize the stores. I’m driving all the way to some other store. I wouldn’t patronize the store.

This study is limited by its reliance on data from a small convenience sample in one US city. Nonetheless, our findings highlight issues—and a range of research questions and testable hypotheses (Table 2)—that warrant further attention by epidemiologists and health researchers. For example, African American participants in this study reported routinely encountering the sale of vice goods and the threat of violence while purchasing food. Notably, these same issues were not addressed by the White study participants, a contrast that reflects the role of residential segregation in determining the distribution of neighborhood resources, including those in the food environment.^{4,60–63} While the food environment is often studied as a determinant of obesity and diet-related disease, this study suggests other health outcomes potentially influenced by urban foodways, including stress, mental health, quality of life, and safety/exposure to violence.

CONCLUSION

The picture that emerges from this project is a layered one: Food environments shape people and their food-related behaviors, which in turn reshape or reinforce the food environment. Foodways, including the many associated pitfalls from production to purchase to consumption of food, present a complex challenge to the well-being of low-income residents across the life course. The findings from this study may inform research and advocacy in communities beyond the Philadelphia neighborhoods studied here. Examining foodways, rather than food outlets or foods alone, may lead us to a better understanding of why some communities are healthy and others are not.

TABLE 2 Examples of research questions/hypotheses suggested by the current study

Category	Question
Food access	Do residents purchase food at the most proximate corner (or other) store? Beyond proximity, what factors drive decisions regarding where to shop? How does perceived safety influence decisions regarding where to shop?
Sale of vice goods in food outlets	How does the availability of vice goods in food establishments contribute to social norms/expectations around, for example, illicit drug use? How does the availability of vice goods in food establishments influence social relationships/(mis)trust among consumers and proprietors?
Race/ethnic tensions	How often do (urban or other) consumers experience racism while purchasing food? How do relationships between shopkeepers and shoppers influence decisions regarding where to shop? (Factors to explore include racial/ethnic congruence and issues related to respect and trust.) Does frequency of exposure to racism in the food environment influence (perceived or objective markers of physical or mental) health? Would a resident forgo a meal (or select and alternative food outlet) because of potential racial/ethnic conflict?
Youth food purchases	How do youth negotiate corner store food purchases within peer networks? (Examine food purchases as a reward system or exercise of control or autonomy.) How might peer networks be leveraged to change youth food purchasing behavior? Which matters more to food choices: peer food purchasing patterns or range of foods accessible in corner stores?
Expanding scope of food environment-related outcomes	How do challenges faced in acquiring food (akin to “daily hassles” ⁶⁴) influence mental health (or stress)? Does presence of alcohol in food outlets influence (perceived or objective indicators of) safety? How does the nature of interaction with shopkeepers influence mental health? Do objective indicators of health (e.g., stress biomarkers, blood pressure) change in response to challenges encountered in the food environment?

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