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From Access to Change: Food, Education and Justice

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From Access to Change: Food, Education and Justice

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Resumo

Desigualdades crescentes nos Estados Unidos têm tido efeitos negativos na saúde das comunidades minoritárias, causando um aumento desproporcional nas doenças relacionadas a alimentação, como a diabetes, em populações da América Latina, Africano-americanos e outras populações de baixo recursos. Estas doenças são evitáveis, mas minorias sofrem taxas mais altas devido a acesso limitado aos recursos de saúde, bem como as barreiras culturais, econômicas e políticas.

Devido a essas barreiras, tem havido um aumento na educação de nutrição e saúde. Programas de educação nutricional patrocinadas por clínicas comunitárias, centros de recursos, hospitais, igrejas, bancos de alimentos e outras organizações tendem a se focar na responsabilidade do indivíduo. Esta pesquisa utiliza como estudo de caso o programa Paixão de Alimentos (P4P), no Second Harvest Food Bank (SHFB) de Santa Cruz County, Califórnia, para explorar os efeitos e limitações de tal programas.

Esta pesquisa exige uma reorientação nas práticas com o abordagem dominante baseado no indivíduo para um abordagem baseado no comunitário e em advocacia. Conclui que o currículo atual dá um passo importante ao enfatizar empoderamento dos indivíduos sobre sua própria saúde. Três passos que podem-se implementar no âmbito do programa para melhorar a saúde da comunidade e criar os líderes de base necessários para afectar positivamente o sistema alimentar injusto inclui; 1) A metodologia / pedagogia da iniciativa deve ser participativa, 2) Deve-se levar em uma perspectiva de sistema sobre a fome ea desnutrição e 3) É preciso acentuar e fornecer ferramentas de advocacia e recursos para os participantes.

Palavras-chave: alimentação, educação, comunidade, advocacia

Classificação JEL: I12, I14, I18, I21

Abstract

The rising inequalities in the United States have had adverse effects on the health of minority communities causing a disproportionate rise in diet-related diseases, such as diabetes, in Latin American, African-American and other marginalized, low-income communities of color. These diseases are preventable, but minority populations suffer from higher rates due to limited access to health-care resources as well as cultural, economic and political barriers.

Due to these barriers and inequality there has been an increase in nutrition and health education. Nutrition education programs sponsored by community clinics, resource centers, hospitals, churches, food banks and other concerned organizations tend to focus on individual responsibility. This research uses as a case study the Passion for Produce (P4P) program, at the Second Harvest Food Bank (SHFB) of Santa Cruz County, California, to explore the effects and limitations of such a program.

This research calls for a reorientation in the community educational practices from the dominant individual-based approach to a community-advocacy-based approach. It concludes that the current curriculum takes an important step in emphasizing individuals' empowerment over their own health. This importance must not be undervalued. Three steps which can be implemented within the program to improve community health and create the grassroots leaders that are necessary to positively effect the unjust food system; 1) the *methodology/pedagogy* of the initiative must be participatory, 2) It must take on a *systems perspective* on hunger and malnutrition and 3) It must emphasize and provide *advocacy* tools and resources for participants.

Key words: food, education, community, advocacy

JEL Classification: I12, I14, I18, I21

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Introduction

In the front of the class, Teresa, the nutrition educator has a table lined with different sodas, fruit drinks, a stack of sugar cubes and a one-pound bag of sugar. Holding up the pound bag of sugar, she address her audience,

“En los Estados Unidos, en general, cada individuo consume 17 veces esta cantidad de azucar por ano! Como es posible? Ahorrita vamos a ver...” (“In the United Stated, in general, each individual consumes 17 times this much sugar in a year, how is that possible? We are about to find out...”)

We are sitting in the community room of a low-income housing complex on the edge of town. The rows of plastic chairs are full of Food Bank clients, all Latinos, the majority women. Many of these women come twice a month to the nutrition and healthy cooking classes that are taught directly before the Food Bank’s distribution of 40lbs of fresh produce per client.

Along the walls of the room are stacks of tables and chairs, a rolling white board and some couches. At the end of the rows of chairs is the produce distribution area. Atop bright tablecloths sits a row of gleaming metal tins, overflowing with different kinds of fresh produce. The bins contain a wide array of fruits and vegetables, from staples like onions, to more exotic items like asparagus and broccili-rabe. What is available at this bi-monthly distribution is dependent on what is available at the Food Bank, produce that has been either donated or purchased.

Behind this table sits a handful of women wearing kiwi-green shirts with the program’s logo in Spanish, “Pasión por Frutas y Verduras.” These are the program’s main volunteers, the “Nutrition Ambassadors,” who participate in basic nutrition training and are thereafter committed to setting up the bi-monthly food distributions. The ambassadors and clients exhibit various levels of engagement with the class, some are asking questions and responding to Teresa’s inquiries, some are checking their watches, especially as the hour gets closer to dinnertime. A mother and her family of two children shuffle in and settle into the back row.

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Teresa's nutrition class goes on to tell the audience how sugar is hidden in foods, from carbonated soda drinks to the fruit juices that are advertised as "natural." She explains, demonstrating with cubes of sugar, how much sugar just one soda can contain. She tells the audience to read the nutrition labels because advertising is used to trick the consumer into buying products with high quantities of sugar.

A heavy-set woman in the audience raises her hand. She has her granddaughter on her lap, and asks emphatically,

"Pero entonces, si el azucar no es más que veneno para el cuerpo ¿porqué dejan que lo vendan?!" (Well, if sugar is just poison for the body, why do they let them sell it?)

This was the first class I attended of Second Harvest Food Bank's Passion for Produce program as an Americorps¹ volunteer, a position I would hold for 11 months. The nutrition education classes aim to teach participants about ways to make practical changes in their eating habits which can positively affect their health. However, individuals receiving Food Bank food aid tend to live in an environment in which their choices of anything, from food to jobs, are largely constrained by a system that does not care about the health of its low-income population. The this grandmother's question is about a much more challenging topic than 'am I eating too much sugar?' Her question branched was addressing the 'why am I eating too much sugar?'

I continued to observe the rest of the class, but this woman's question had made a lasting impact. This grandmother's question revealed a dynamic I would struggle with throughout my service year: how do we balance the Food Bank's mission of "ending hunger and malnutrition through educating and involving the community" if the primary

¹ Americorps is a domestic form of the US government supported civic work similar to the Peacecorps program. It promotes the "serving of community and the country" by expanding "high-quality service opportunities to promote a spirit of civic participation and service across the country" (Americorps website, <http://www.americorps.gov/about/ac/history.asp>).

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focus in the educational interventions is not dealing with the root causes of hunger and malnutrition?

Responding to this grandmother's question would have required a thorough deconstruction of the systemic inequity produced by a series of political and economic pressures—an educational process much more involved than a 30-minute class covering nutrition recommendations.

An education process that may have answered this question would have been one that worked within a system framework. A commitment to a systems approach in health education is time-consuming and requires specific kinds of educational commitments and a politicized stance from the organizing body, in this case the Food Bank, conducting the education initiatives. It is true that in the process of articulating the politics of marginalization this woman experiences in her daily food choices, there is a catalyst for awareness; what Freire has referred to as a 'moment of emancipation' or *conscientização*. He states,

Doubt regarding the possible effects of *conscientização* implies a premise which the doubter does not always make explicit: It is better for the victims of injustice not to recognize themselves as such... On the contrary, by making it possible for people to enter the historical process as responsible subjects, *conscientização* enrolls them in the search for self-affirmation (Freire 1970: 18).²

The following work is informed by my development as a health educator for the Second Harvest Food Bank in Santa Cruz County. I came to the Food Bank at an opportune time, as they were in the process of defining a new ten-year strategic plan that intends to emphasize healthy community transformation and grassroots leadership through education interventions. The current program offers positive support in emphasizing the

² *Conscientização* in Freire's work refers to individuals and communities 'conscious-raising' process in which individuals become aware of their role in injustice. Freire argues that this is the first step in empowerment and leads to emancipation from injustice.

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personal options an individual can make that may lead to health benefits, but its main goal is not fostering grassroots leaders for change.

The hypothesis of this research argues that a focus on personal empowerment educational initiatives have a limited impact on overall community health outcomes, especially in the long-term. The main objectives of this are threefold; to 1) Greater understand the effects of the current educational program, 2) Identify possible challenges to the current and future program in relation to the Second Harvest mission, 3) Offer useful programming recommendations for current and future programs.

While the recommendations outlined cannot offer a definitive set of answers to the complex challenges faced by the grandmother in Teresa's audience, I hope that implementation of these recommendations may at least provide the grandmother in Teresa's audience with some tools with which she can eventually answer her question for herself.

Throughout the research I was met with a variety of challenges. Because the research was done while working for the Second Harvest Food Bank there were some issues around the viability of the information gathered from informant interviews since, especially the clients/volunteers, had a particular stake in giving positive reviews of the program (this was both a cultural and strategic dynamic). Another challenge was the limited access that the researcher had to knowledge about the planning strategies being created at Second Harvest due to her actual position at the organization (as intern/volunteer)—most of the research is focused on field findings in the organization's programs rather than in the offices of the organization. A third challenge with the research was the limited time allotted to informant interviews, both within and outside of the organization.

The research is presented in five chapters. Chapter I presents the theoretic quadrant and the concepts and themes that guide the research process. Chapter II has two parts. Part A argues the importance of this kind of research in terms of its possible impacts from the individual to the entire community and overall implications for the health, social and political fields. Part B describes the community, the organization and places the program studied. Chapter III goes into depth of the methodology used throughout and summarizes

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the findings of the research as in relation to the initial hypothesis. Chapter IV implements the findings into a set of possible theoretical frameworks that can be used to enhance current and future programming. Following Chapter IV is the conclusion of the work which ties together the hypothesis, objectives, theoretical quadrant and opens ideas for possible work in the future.

This work was continually guided by a deep belief that health, education and community are powerful tools for challenging systemic injustice. It offers only one of many perspectives and a few recommendations on ways to make this challenge have positive outcomes against hunger and malnutrition in Santa Cruz County's low-income population. I hope that this work will be helpful to the Food Bank and to its clients, volunteers and nutrition ambassadors in creating partnerships between them to address the problems caused by injustice in our society.

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Chapter I: Theoretical Quadrant and Concepts and Themes

This chapter outlines concepts, themes and a theoretic quadrant used a reference throughout the rest of the study.

This theoretical quadrant, which links an international discourse on human development with the concepts of empowerment and participatory development, is used throughout the study to guide the research questions

The concepts and themes outlined focus on the interlinkage between food security and social justice. The concepts also include the role food banks play in constructing healthy communities by using community food security (CFS) principles and programming and thereby illuminating the ways in which personal/community health related to food are linked to greater sociopolitical dynamics.

1.1 Theoretical Quadrant

The history of development as a concept for social, political and economic projects has its roots in the Bretton Woods Conference of 1944 in which the allied forces came together in efforts to rebuild Europe. From this conference a number of institutions were created in order to assist these efforts, most importantly the World Bank (WB) and the International Monetary fund (IMF). Since then, these institutions have hegemonically dictated international development policies. Controversy over their development policies, especially to the structural-adjustment policies of the late-70's and 1980's have come under scrutiny in the last decades. This scrutiny has lead to an international discourse on human-based development. Beginning in the late eighties and gaining momentum throughout the nineties, human development has taken precedence over previous models of development whose aims of rapid-cumulative growth, industrialization and urban

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development were shown to not be serving a large majority of the worlds population, the poor, nor the environment.³

The concept of development in relation to human's wellbeing has been quantified since the early nineties with a key tool, the Human Development Index (HDI), used to note the development of peoples outside of the economic realm. The conceptual framework was developed by a number of economists, including Nobel laureate Amartya Sen, in order to create development policies whose main concern would be in addressing social problems of poverty, hunger, education and health. More recently, this and other factors have led to the creation of the UN Millenium Development Goals, a set of goals that are meant to define the way in which policies and practices of human development should be guided.

The emphasis on human development also came about through a push for an alternative-development movement that, while it has focused on social and environmental well-being, it has an added emphasis on personal development or empowerment.

“The empowerment approach, which is fundamental to an alternative development, places the emphasis on autonomy in the decision-making of territorially organized communities, local self-reliance (but not autorachy), direct (participatory) democracy, and experiential social learning” (Friedman 1992: viii).

The emphasis on autonomy is interesting in the empowerment perspective because autonomy is what defines self-efficacy, self-reliance and social learning, yet, the globalized world in which we live greatly limits the possibilities for autonomy and self-empowerment since these are often dictated by forces outside of individuals, such as global economics, structures of unequal wealth (Friedman 1992: viii). The empowerment perspective is of great importance, duly because of the limiting factors in its full fruition, it argues that it is the factors which limit autonomy that must be part of development policies so that people can “reacquire the power and control over their own lives and the natural and human resources that exist in their own environment” (Friedman 1992: 72).

³ It is important to note that these changes came about at a particular point in history in which the crisis of the welfare state in the US and Europe coinciding with a rise in neoliberalism and its policies.

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This leads to the third concept in our theoretical quadrant, that of participatory development. Participatory development is interlinked with participatory governance or democracy in which a “responsible membership in a political community requires the transformation of social into political power” (Friedman 1992: 75). This is especially important in disempowered communities of the poor, or as in this study, poor and politically marginalized due to legality/illegality status. Friedman argues that the poor have, “no excess social power to convert...it is poverty that effectively excludes them from the full exercise of their political rights. At the same time, political practice as a form of collective self-empowerment is required for carrying out the continuing struggle against deeply ingrained poverty. As a result of this double relation, inclusive democracy must be viewed as the major claim of an alternative development. It constitutes its political framework” (1992: 77).

Participatory development has key defining factors, in varying degrees, which set it apart from standard development practices. Increasingly developed since the 1970s, participatory development aims to engage local populations in development projects⁴ through efforts to a) involve those who will be benefiting from programs in the development of programs, b) enable “mutual learning” in order to achieve more useful program outcomes, and c) valorize the voice of marginalized communities (Mohan 2008, Cornwall 2002). With these aims the role of participatory development goes beyond just the delivering of a service to initiatives that are process-based and encourage and support individuals and communities in accessing their rights to self-determination, increased and better civic engagement with attention to analysis and dialogue of critical issues in which the primary planners and stakeholders are those directly involved and affected by the projects (Tufté 2009). This kind of participation and focus has been shown to be more sustainable and equitable in the long-run. The criticisms of participatory development include that it is people and time intensive, that it reaches a smaller portion of the

⁴ Participatory development emerged in the 1970s as part of a basic needs approach to development and has become an accepted method of development practices as an alternative to ‘top-down’ development (for more see Mohan 2007 and 2008, Cornwall 2002, Osmani 2008, Sen 2002).

population, that it can also have homogenizing tendencies-especially in replication (ignoring gender, local dynamics, etc) and tokenism which (Mohan 2008). There are a few forms of participation, 1) passive (the least participatory) in which primary stakeholders are informed of a project-sometimes referred to as participation by information, 2) participation by consultation, in which stakeholders provide input but final decision-making power is in the hands of external professionals, 3) collaboration, in which there are external predetermined goals but there is an effort to collaborate and build capacity with a potential to evolve into more independent forms of participation, 4) empowerment, in which primary stakeholders have the capacity and are willing to initiate, analyze and develop projects-ownership and control is in the hand of the primary stakeholders (Tufte 2009: 5-6). It is integral in the objectives of this research to reach a type development that is participatory in nature with the ideal being an empowerment participation.

These three theoretical concepts are key in this research. The concepts of human development and its emphasis on quality of life, health and education, go beyond survival and move development into a realm of human rights. These human rights include the capacity of individual empowerment-of empowerment as a right. And it is shown that the conditions needed to exercise rights of empowerment are largely defined by social-political-economic structures in which dynamics of participation are key, with an emphasis on participatory development through empowerment. This research is inherently working on issues of human development, empowerment and participatory development in the marginalized peoples in Santa Cruz.

1.2 Concepts and Themes

1.2A Food, Food Security and Social Justice

The first of the ten goals of the UN's Millenium Development goals is to "eradicate extreme poverty and hunger" (UN.org, 2000). The conceptualization of hunger has noted the "existence of a sharp disparity between total food supply and people's access to that food" (Anderson and Cook 1999: 142). This disparity is especially troubling in the

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United States, an abundant agricultural nation that produces much of the world's food while large portions of its own population suffer from hunger and malnutrition (Poppendieck 1992, Clancy, 1993, Leidenfrost, 1993 in Anderson and Cook 1999). These complexities have led to a redefinition of hunger issues as food insecurity issues. The concept of food security first appeared in international development world in the late 60's. The United States Food and Agriculture Organization have defined food Security as "access by all people at all times to enough food for an active, healthy life. Food security includes, at a minimum (a) the ready availability of nutritionally adequate and safe foods, and (b) an assured ability to acquire acceptable foods in socially acceptable ways" (FAO 2006:1).

This redefinition of hunger to food insecurity allowed for new ways look at the way in which interactions with issues of accessibility, availability and affordability plays critical roles in food security. Maxwell contends that this has led to additional paradigm shifts in food security which allowed for 1) a change from the emphasis on assuring short-term nutritional intake, a 'food first' focus, to an emphasis on obtaining the secure, sustainable livelihoods necessary to ensure food security, a 'livelihoods' focus, and 2) a change from objective measure (the target of which were consumption levels or calorie intake) to more a subjective measure of quality and availability (Maxwell 1996)

These paradigm shifts allowed a deeper understanding of the causes of hunger; the shattering of the myth that insufficient food production causes hunger, the importance of unequal distribution of resources (food) and the understanding that calories does not equate nutrition. As a result a number of new projects and initiatives have developed, including a growing food justice movement, which is concerned with these dynamics. Food justice is a "movement that attempts to address hunger by addressing the underlying issues of racial and class disparity and the inequities in the food system that correlate to inequities in economic and political power" (Holt-Gimenez, ed 2011: 340). Food justice proponents believe that,

"The causes of nutritional deficiency among underserved communities go beyond the location of grocery stores. The abysmal wages, unemployment, skewed patterns of ownership and inner-city blight, and the economic devastation that has

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been historically visited on these communities are the result of structural racism and class struggles lost. No amount of fresh produce will fix urban America's food and health gap unless it is accompanied by changes in the structures of ownership and a reversal of the diminished political and economic power of low-income people of color" (Holt-Gimenez & Shattuck 2011: 319)

This focus on dismantling structural oppressions which cause hunger are especially challenging when looking to do this work in food banking, whose primary structure has been to address hunger in emergency situations, not food security/ food justice issues. However, because food banks are now providing food to many who suffer a chronic state of food emergency (Freeman 2007) and in the U.S. this chronic food insecurity is exacerbated by health issues, (such as obesity), the SHFB has applied a lot of its resources, programming and distribution efforts to address this epidemic in low-income communities.

Due to the relationship between food insecurity, obesity and health issues, the SHFB has taken a strategic position in their efforts to combat obesity through nutrition education interventions. Nutrition interventions have been at the forefront of efforts to combat obesity. Some contend that these programs give tools that assist in behavior change (Adler & Stewart 2009) while others argue that there is a "lack of evidence that existing efforts to reduce obesity are effective" and that professionals, nutritionists and foodies⁵ are focusing on telling others how to eat rather than how to change the social, political, and economic structures which function unjustly in the food system (Campos et al 2006 in Guthman 2011: 21). Guthman notes that the battle against the obesity epidemic has a "focus on food consumption more than food production and a (tendency) to favor educational and consumerist approaches over food and farming policy as a means to transform food systems—and thus to affect obesity" (2011:19).

⁵ A person who is part of a culture of people concerned with food preparation, sourcing and eating. For more information. See Paul Levy and Ann Barr's book *The Official Foodie Handbook: Be Modern, Worship Food*.

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The SHFB's focus on reducing obesity is a strategic objective to foster individual health with the intention of affecting the larger community. Guthman has argued that a narrow focus on obesity "exemplifies the strategic limitations of the current ways of conceptualizing food system transformation" (2011:19). If food is understood as a justice issue it allows for appropriate responses to the root causes of hunger and malnutrition. If a broader focus is integrated, such as the principles of a food justice framework, the SHFB's educational strategies may have an even greater impact on the overall health of this and other communities.

1.2B Food Banks and Community Food Security

Food banks, which were designed originally to respond to food shortage during crisis, have now become an integral part of many low-income families' survival (Freeman 2007). However, while they have become critical for many family's survival few have taken steps necessary to address the roots of the problems which bring people to their doors day after day.

Faced with these ongoing pressures, Food Banks often find that they must take what they can get and distribute even unhealthy foods to their clients. Increasingly, food banks concerned with the health of their clients have begun to limit their processed food, set nutritional standards, and increase their focus on fresh produce for their distributions, taking on a redefinition as 'nutrition banks.' Some food banks have begun to collaborate with community projects to address the inequities faced by their clients, working toward a redefinition as 'community food banks.' While food banks continue to provide millions of tons of food to food-insecure people, there is a growing grassroots movement within food banking to help more people become self-reliant and healthy as well as "create a thriving food system for all" (Fisher ed. 2005:1).

This growing grassroots is in some ways addressing the root causes of hunger. One way that food banks have started to address these issues and become more holistic partners in the movement for food security has been by taking food security measures which "can increase their capacity to address multiple needs and problems and provide valuable tools for community building that foster self-reliance" (Winne in Fisher 2005: 3). These food

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banks have begun to work within a Community Food Security (CFS) framework, whose goal of ending hunger and malnutrition embraces a full range of food chain activities. The ideal CFS exists when community members are able to “obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance, social justice and democratic decision-making” (Hamm and Bellows 2002 in Fisher 2005: 3). CFS stems from three main practices and disciplinary orientations; 1) Community educators and nutritionists whose focus is education, stressing the importance of community factors affecting food access, and community inclusionary practices in decision making and planning; 2) Progressive agricultural and grass-roots activists working towards sustainable food growing and distribution; and 3) Anti-hunger proponents who consider food-system planning as part of the change needed to address hunger in low-income people (Anderson and Cook 1999:144). It is argued that food banks are critical partners in the process of CFS initiatives because, “food banks are uniquely positioned to shift the prevailing model of food charity to one that promotes food justice” (Fischer ed., 2005: 4). Various actions include exposing the growing inequality in income and in access to food, advocacy, organizing through education and a variety of other initiatives. In fact, coalitions between the three sets of actors in CFS initiatives have brought about policy changes such as passage of the Community Food Security Act in the 1996 U.S. Farm Bill and the establishment of a national Community Food Security Coalition (Anderson and Cook 1999:145).

The SHFB is engaged in implementing both food justice and community food security frameworks in various ways. They have a set of dedicated nutrition educators working with the Passion for Produce program that directly coalesces with intentional planning around issues of access and health. They have a community garden initiative that, in addition to growing food to be distributed to the food bank agency network, is working on building leadership through community garden teachers. Lastly, they are in the process of making efforts to integrate more food-system planning around advocacy and grassroots leadership. These SHFB initiatives show the acknowledgment of the “value of incorporating CFS measures into the work of food banks because it can increase their capacity to address multiple needs and problems and provide a valuable tool for community building that fosters self-reliance,” (Fisher ed., 2005: 3).

Chapter II: Justification of Research and the Field

2.1 Health, Social and Political Implications of the Study

In the United States there are 60 million obese adults and 9 million overweight youth (Cohen et al. 2005:154). The rising rates of obesity in the United States have been increasingly linked to higher health care costs, especially in relation to obesity related diseases, such as diabetes and heart disease—yet, food insecurity is a major public health concern in the United States (Kresge and Eastman 2010: v). How is it possible that both obesity and food insecurity have risen so drastically in the past 25 years?

Partly, it is due to a dynamic of food oppression. Food oppression is manifested in the United States within communities where cheap sources of food, lacking in nutritional value, have become the only readily available food—this “combined with the lack of access to fresh, healthy food, contributes to an overwhelmingly disproportionate incidence of food-related death and disease among African-Americans and Latinos as compared to whites” (Freeman 2007: 2222). High rates of food-related diseases undermine the health of entire communities (Kresge & Eastman 2010: 4). If we consider that, “health is fundamental to every aspect of life: without health, a student cannot do well in school; a worker cannot hold a job, much less excel at one; a family member cannot be an effective parent or spouse. Health crisis and the staggering costs they impose are critical underlying causes of poverty, homelessness and bankruptcy” (Brown, in Freeman 2007: 2222), we realize the implications that such a staggering rate of disease and illness can have on a society as a whole.

In addition to the above described food oppression, a root cause of the rise in malnutrition, food insecurity and obesity rates is the rising inequality in the United States. Poppendieck argues that, “beyond some level of absolute starvation and nakedness, need is a relative phenomenon. That is why inequality, rather than simple poverty, is the underlying problem, and no matter how you measure it, inequality has been growing in America” (1997: 305). If food banks and other community organizations are to succeed

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in reducing the rates of malnutrition, obesity and diet-related diseases in their community, they must begin to address the inequality in their community.

Emergency food providers have increased their efforts in advocacy and education, trying to address inequality. Besides affecting individual health, program and educational interventions can have far-reaching effects in a community. Yet, it has been a challenging process since “the problem is not that there is not that emergency food providers have not accepted the advocacy challenge...the problem is that there is not a powerful social movement for justice and equality,” (Poppendieck 1997:315). However, Cohen et al note that communities care deeply about their long-term health and “are willing to make environmental and policy changes that promote healthy behaviors” (Cohen et al 2005: 158). A social movement that allows for the process of education to become empowerment, and empowerment to be applied to entire communities, can have powerful implications for a society as a whole. Since it is apparent that people are invested in their health and willing to work to make system changes to positively affect their situation, it is possible that the powerful social movement for justice and equality called for by Poppendieck could begin with these kinds of initiatives.

The implications of a shift to addressing inequality make possible avenues for political pressure about these health issues. Freeman argues that while the government has recognized the increased health risks associated with certain diets “official policies continue to exacerbate these disparities by subsidizing and promoting foods integral to the fast food industry, fail(ing) to provide adequate food assistance, and permitting the fast food industry to exert disproportionate influence over the direction of government policy” (2007: 2241). If a social movement demanded it, it is possible that these subsidies could be re-appropriated and directed towards low-income communities in order to address the health disparities caused by the disproportionate influence of the food industry (Freeman 2007). Possible outcomes of applying pressure against these harmful policies could lead to social policies similar to those used to limit the harmful effects of tobacco, such as; a sales tax regulations on high-fat/low-nutrient foods in fast food restaurants, mandates on nutritional information of high-fat/high sodium foods and

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regulations/taxes on food companies that produce products with addictive substances such as high-fructose corn syrup (Cohen et al 2005, Freeman 2007).

The health, social and political implications of implementing effective community interventions aimed at increasing social justice and reducing inequality with a focus on health can have wide reaching effects in the overall health of the U.S. population, the government and even internationally.⁶ The intent of this study to increase the effectiveness of the food bank's educational programming and to direct it towards creating grassroots change may be part of the process of building the needed social movement necessary to make system changes which may effect the health of the world as a whole.

⁶ Changes in U.S. food subsidies would have effect worldwide; the U.S. agriculture subsidies have come under scrutiny for decades. The U.S. has been accused of market dumping their subsidized crops onto the global market-which has been linked to the international food shortages intensified in the past decade (see Walden Bello's 2009 *Food Wars*).

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2.2 In the Field

2.2A Place: Santa Cruz County and Watsonville

"(Farm workers) are involved in the planting and the cultivation and the harvesting of the greatest abundance of food known in this society. They bring in so much food to feed you and me and the whole country and enough food to export to other places. The ironic thing and the tragic thing is that after they make this tremendous contribution, they don't have any money or any food left for themselves." - Cesar Chavez (United Farm Workers 2006 in Kresge & Anderson 2010:1).

Currently Passion for Produce has 20 distribution sites throughout the county of Santa Cruz, a small city on the west coast of California about 60 miles south of San Francisco. Santa Cruz County is known for being agriculturally rich, with staple cash crops of artichokes, strawberries and brussels sprouts flourishing along the fertile coastline. The city of Santa Cruz draws tourists to its world-class surf and outdoor enthusiasts to the wilderness and redwoods of the Santa Cruz Mountains.

Located just 35 miles west of Santa Cruz is Silicon Valley, home to some of the world's largest technology corporations. Many people telecommute so that they can enjoy the mild weather and relatively small-town appeal of Santa Cruz as their home while they work in the valley. The city is also a lucrative vacation and retirement city. However, the county in its entirety does not share the wealth of the city.

While all SHFB sites are located in unincorporated areas (outside of city limits), from Davenport, (ten miles north of Santa Cruz), to Felton, (ten miles inland of the city), over half the sites are located in unincorporated Watsonville.

California Farm workers: An Overview

An estimated 1.6 million agricultural workers and family members live and work in California.

Agriculture is one of the lowest paying and most dangerous occupations in the United States.

Median farmworker income is \$7,500-\$9,999 annually.

96% of farmworkers were born in Mexico.

33% are migrants.

57% are undocumented in the United States.

Farmworkers exhibit poor health conditions, including high cholesterol, hypertension and obesity.

(Sayavedra et al. 2009:7)

Figure 2.1 *California Farm Workers*

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Watsonville is an agriculture-based city of a little over 50,000 residents, just 18 miles south of Santa Cruz. The majority of residents are Latino, a staggering 81.4% in comparison to California's overall 37.6% Latino population (Quick Facts US Census 2011). The population of Watsonville suffers from low levels of education, with only just over half of the population having graduated high school (52.5% compared to California's average 80.7%) (Quick Facts US Census 2011). Watsonville has a relatively young populace, with almost 34% under the age of 18 (City of Watsonville 2012). Watsonville has a high rate of people living under the poverty line, 18.7% and a per capita yearly income of \$16,227 (US Census Bureau, 2011). These demographics are reflected in the clients that the Food Bank serves, the majority of which are Latinos of Mexican descent, most with less than a fourth-grade education.

Many of Watsonville residents are seasonal laborers who work in the agricultural fields that surround the city. During the harvest season, which can run from March until late October, workers typically work between 8 and 12 hours a day in the fields. In California the minimum wage is defined by state regulation as \$8.25 per hour. However, many farmworkers are paid by piece; what they harvest is tracked and they are paid for the quantity of boxes, crates, baskets, etc of whatever they are harvesting rather than an hourly wage. This kind of compensation can result in wages that are below the minimum wage line. In a study conducted in 1997, it was found that it resulted in an average hourly wage of \$6.25 (Greenhouse 1997).

The leading risk factors associated with food insecurity include: earning a below-poverty income level, living in a Hispanic or African-American household, and residing in households run by single mothers (Kresge & Eastman 2010: v). The large majority of those who access Food Bank services are low-income Latin Americans of Mexican descent, many of whom are farm workers. These agricultural workers are the backbone of California's \$37 billion-dollar agricultural industry, yet many of these same workers are food insecure.

In addition to hunger and food insecurity, farmworkers suffer high rates of diet-related disease and despite their relative youth and the physically demanding nature of the work, they are also more overweight than the general population, including other Hispanics

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(Kresge & Anderson 2010: 4). In response to these health and malnutrition dynamics, the Second Harvest Food Bank began Passion for Produce food distribution, education and cooking classes in 2009.

2.2B Organization: Second Harvest Food Bank of Santa Cruz County

“To end hunger and malnutrition by empowering and educating the community.”

1972 The Second Harvest: first pounds of food are distributed from old Santa Cruz County Hospital parking lot.

- **1978** Second Harvest moves to a small packing shed in Watsonville.
- **1979** The National Second Harvest Network is established. Second Harvest Food Bank of Santa Cruz & San Benito Counties is one of the 13 founding board members.
- **1986** Second Harvest moves into its existing facility in Watsonville.
- **1989** Second Harvest serves then-record numbers of people in relief efforts due to the devastating Loma Prieta earthquake.
- **1993** Second Harvest Food bank becomes an independent non-profit organization.
- **1996** Second Harvest distributes 2.5 million pounds of food to clients in its service area.
- **2001** Hunger Study spearheaded by Second Harvest finds growing need and projects a need of 10 million pounds of food yearly by 2015.
- **2005** Second Harvest launches its Capital Campaign to purchase and renovate the Second Harvest Food Bank in response to the community’s growing need.
- **2007** Second Harvest celebrates 35 years in operation.
- **2008** Demand for Second Harvest assistance breaks all previous records as a result of the economic downturn. (SHFB website 2011)

The Second Harvest Food Bank (SHFB) was founded in 1972. The first food bank in California and only the second in the nation, the SHFB history has sometimes paralleled trends in food assistance programs throughout the country’s history and other times been radically divergent. Annually, the SHFB distributes over 8.1 million pounds of food, 65% of it fresh produce, through a network of 200 community agencies distributed throughout Santa Cruz County.

Food assistance programs in the U.S. began most noticeably during the Great Depression. However, as noted scholar and activist Janet Poppendieck explains, food emergency programs as we know them today are a result of series of factors that occurred in the 1980’s. These factors included an economic recession, (regarded until recently the largest recession since the Great Depression), and cutbacks in federal social

Figure 2.2 *SHFB History*

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spending; both factors which increased a privatization and charitable assistance programming for people who are forced to depend on emergency food.⁷ Food banks are part of this chain of free and almost free food providers, sourcing from donations and wholesale food from the agriculture sector, corporate and private donors. Food banks feed 37 million Americans annually (Feeding America 2012). The majority of the work that food banks do is only possible because the public supports the cause; they contribute to programs with food, money, time, and effort. In fact, the entire emergency food system is highly dependent on volunteer labor (Poppendieck 1998).

The mission of the SHFB is to “end hunger and malnutrition by educating and involving the community.” This mission includes programs on nutrition education, advocacy on food stamps and food assistance, and a community garden initiative aimed at food sourcing and community training. These initiatives are also related to the SHFB’s commitment to justice, which has been part of the food bank since its inception. It began through a coalition with the radical activist group the Black Panthers’ Breakfast for Kids program and local gleaning activists in the county who distributed locally grown produce and food staples to the food insecure in Santa Cruz County. Perhaps because of these radical beginnings, the SHFB has been at the forefront of some impactful changes in food banking, redefining themselves into a ‘nutrition bank’ in response to the high levels of diet-related diseases disproportionately affecting low-income communities (hence the focus on fresh fruits and vegetables). The SHFB’s flexibility and commitment to its mission are reflected in a strong agency and client network, partnerships which inform the food bank strategies and objectives.

Currently, the SHFB is creating a new strategic plan to implement in the next ten years. While this plan details a number of objectives, CEO Elliot-McCrea has objectives for its programming to focus on fostering grassroots leaders trained to support community

⁷ It is important to define more thoroughly the idea of ‘emergency food’ since many of SHFB’s clients are continually, seasonally and at times for many years dependent on food assistance programs. The question pertinent to this research is if these people live in a constant state of emergency how are they able to claim their rights to food and health.

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change (Personal communication June 6, 2012). This focus is a response to the continuation and growing issues of hunger. Just having celebrated the 40th year anniversary at SHFB has illuminated for planners at the food bank that more work needs to be done to address the root causes of hunger and a focus on grassroots leadership may be a critical step in this process. They have been meeting with a variety of community groups and organizations to start taking these next steps.

2.2C Program: What is Passion for Produce?

The Second Harvest Food Bank serves thousands of low-income families in need of emergency food assistance throughout Santa Cruz County. The Food Bank has various kinds of distributions, ranging from pantry distribution to produce-only distribution. The study is about programming that operates in food distributions outside of city limits (non-incorporated areas) in Santa Cruz County. The Passion For Produce program is a nutrition education program in conjunction with a fresh produce distribution that includes nutrition and healthy cooking classes, nutritional flyer distribution and culturally appropriate recommendations for behavior change. The basic assumption behind the program is that knowledge can bring about behavior change, and therefore a decrease in unhealthy risk factors.

This study is based on the efforts of the SHFB within the Latino immigrant farm worker community, as they are the majority of the clients the Food Bank serves. The participants of the program, on average, are middle-aged Latino women immigrants with a typical literacy level of 3rd-4th grade, primarily monolingual Spanish speakers. As seasonal laborers, they work through the growing, harvesting and (minimal) processing of the plethora of fruits and vegetables grown in the fertile valley of Watsonville, California. Work for seasonal farm laborers in this area is primarily from late March to October. Between October and March, the need for emergency food increases and Passion for Produce (P4P) sees an increase in the clients needing assistance.

The causes leading people to seek food assistance are varied. Poppendieck has categorized them broadly into employment related factors, high costs, public assistance problems and inadequacies of food stamps. However, as seen in the demographics of SHFB clients and also noted in Poppendieck's work, seasonal work is another precursor to emergency food use,

“...As long as we have an industry that is not twelve months, we are going to have poor people. We are going to have hungry people...” (interview with Sister Judy Dohner in Poppendieck 1997: 61).

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Countywide, seasonal agricultural labor employs a large majority of migrant workers. With such a marginalized community making up the seasonal labor force there is a need for social services and food assistance responses that are also seasonal.

The P4P program was started in 2009 after the SHFB conducted a hunger study that revealed not only the disparities in food insecurity among its clients but a desire for education and health intervention (Hunger Study 2006). The study's findings reflect overall trends for barriers in accessing fresh fruits and vegetables as well as preventative health care in general, a trend seen in Latino populations nationwide (Aguirre-Molina et al: 1993). Aguirre-Molina et al. note that most,

“Dominant-culture (health) institutions have not provided linguistically appropriate, culturally sensitive programming (and therefore) *(a)* fail to develop outreach methods that correctly target the population; *(b)* misunderstand the importance and role of family and social support in promoting health and preventing disease within the Latino culture and fail to integrate these supports into interventions; *(c)* overlook intergenerational variations and acculturation among Latinos for the purpose of program planning” (1993: 561)

P4P makes efforts to not fall into any of these limiting factors in programming by hiring bilingual and bicultural educators and program coordinators who are capable and encouraged to connect to their culturally appropriate heritage in their educative methodology. The program also encourages its volunteers from the community, the Nutrition Ambassadors (community members) to take on the role of educators. These individuals commit to a series of 3 to 6 basic training nutrition classes. Training classes are normally presented via a PowerPoint and a corresponding presenter's guide document that helps to outline the presentation and giving additional information for the presenter. The classes have been created by the nutrition program's manager at SHFB who has integrated government nutrition guidelines and materials into the curriculum.

Before a site commits to a Passion for Produce program they decide whether they want to go through the full training (6 classes) and be a “Gold Site” or only complete 3 classes and be a “Silver Site.” In the Silver Site, Nutrition Ambassadors are in charge of the

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setup and distribution of fresh produce. Silver Sites' food distribution is accompanied by a nutrition education flyer with basic healthy guidelines or a food tasting.

A Gold Site involves more intensive training of the Nutrition Ambassador, and the program coordinator presents a 30-minute nutrition education class once a month and a cooking demonstration class once a month before distribution. The goal for these sites is that the Nutrition Ambassadors will eventually takeover the educational aspect of the program as well as the actual distribution.

The classes that the Nutrition Ambassadors must take in order to start a food distribution are outlined below;

The first class, Introduction to the Program, talks a little about the history of the Food Bank and of Passion for Produce. It details the expected commitment requested of the volunteers to the program (twice a month come set up, distribute materials and food, breakdown and cleanup), and to the community (encourages them to share the knowledge they have learned by participating in teaching the nutrition/cooking classes).

The second class, My Plate, explains the newest USDA tool for understanding food groups and portion control using a (visual) plate diagram that recommends ten basic guidelines for a healthier diet and lifestyle.

The third class, Nutrition Labels, teaches the importance of nutrition labels and breaks down the process of how to read them and understand the label content.

The fourth class, Food Safety & 5210 Healthy Lifestyle combines two topics: safe food handling techniques (required at all agencies that work with the Food Bank) and healthy lifestyle tips. The 5210 Healthy Lifestyle initiative recommends the following: eat at least 5 fruits and vegetables a day, limit the time you spend in front of screen (tv, computer, phone, etc) to 2 hours or less, get at least 1 hour of exercise a day, and limit sweetened beverages to 0 per day (hence the 5210 guidelines).

The fifth class, Advocacy and Food Stamps, is usually presented by the head of the programs department (whereas the other presentations are done by the program coordinator and program manager). The presentation deals with food stamp access and

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application, as well as inviting people to become involved in formal policy action with the food bank about food stamp access.

The final class, Implementation, orients the Nutrition Ambassadors to the implementation of the program. Normally, there is a mock trial of a setup and break down of a distribution. Nutrition Ambassadors setup the tables, tablecloths, the food tins (50 gallon tins where the produce is placed after it is received) and tables and chairs and troubleshoot if there are any missing materials or how to best work in the space.

A limitation of attendance to food distribution and education programs space (as well access to food) has been physical access, due to a variety of factors including transportation and geographic locations (Haber 1986). P4P addresses this barrier by taking programming and food distribution to non-incorporated (outside of city limits) areas of the county. Distribution and programming are located at churches, community resource centers, mobile home parks and low-income housing complexes. This is especially important because “in any health education program, a key element to the intervention has to be in maximizing the contact with the defined target population” (Nutbeam et al 1990: 87). Passion for Produce is at sites between 2-6 hours a month, with bimonthly food distributions and some physical activity education initiatives.

The final component of the program is that of physical activity classes offered through the SHFB at different distribution sites. These physical activity classes include yoga, running and Zumba. These classes are not offered on a regular basis to all sites-especially the Zumba class, which depends on an exterior volunteer. However, the classes are well attended (mostly by women) and continually requested.

The majority of volunteers working with the P4P are women. While this gendered trend is apparent throughout the non-profit/charity sector its function in the program is of great importance. As main caretakers and feeders of their families, many women have more control over the nutritional intake of their children and partners than anyone else. The power of education about basic health and nutrition can therefore have much wider impact when women are involved. In his article, “A Gendered Perspective on Nutrition

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Rights,” George Kent argues for a rights-based approach⁸ to nutrition programming in which women are in charge because “women play important roles in providing food, health and care – the three major factors contributing to good nutrition” (2002: 43). He states that,

We need to get beyond the disempowering images of women. Surely, poor uneducated women require attention, but they are not simply bundles of needs. We need to give more attention to what women can do, not only as farmers and caretakers but also as policy-makers, as agents of change for helping to end malnutrition for all people everywhere... The key is not simply having women work harder at food production and preparation, but to have women play more a decision-making role, *helping to shape the local conditions under which food systems function* (emphasis mine). (Kent 2002: 44)

⁸ “A rights-based approach recognizes that full participation in societal processes is a fundamental human right, and sees women as active agents in development.” (Kent 2002: 45)

2.2D People: Nutrition Ambassadors

“It is difficult to overestimate...the importance of being needed, of having a sense of purpose and a meaningful role.”

(Poppendieck 1997:183)

Nutrition Ambassadors are a key link between SHFB and the community. The men and women Nutrition Ambassadors' experiences previous, during and throughout the program bring a special and important dynamic to the educational efforts of the food bank. Their expertise in managing their households, feeding their families in times of crisis, and efforts to address the health disparities from which they and their families suffer, are a testament to them as change-makers and advocates for themselves and their families. Many times they are unaware of the incredible social impact in which they participate. They make efforts to model the behaviors recommended by the program while bringing additional resources and information to the program to help others. Due to participation in the program many NA's go through a process of awareness of becoming valued community members: when individuals feel valued it can foster an empowerment process in which they are able to articulate their health needs and speak up for themselves about these needs.

NAs have access to knowledge and resources that much of their community does not and they are in a unique position to share this. Additionally, many of the NAs are also food bank clients and sometimes their helping “helps (in) establishing moral and social rights to draw upon the collective resources of the community” (Poppendieck 1997: 253) therefore supporting their role as legitimate educators as well as food bank clients.

While clients come and go, especially seasonally, the NAs are present for the program throughout the year. Because they have to set up and are present for the whole distribution, they are the ones who most diligently attend the cooking and nutrition classes, this involvement allows them the opportunity to become more informed and interested in health and nutrition issues.

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The NA's are volunteers who fit a variety of different categories but in general have these things in common:

- The majority are first-generation Latino women of Mexican heritage.⁹
- Many have a strong foothold in the church community where they live.¹⁰
- They have at some point in their lives (not necessarily currently) experienced food insecurity for extended periods of time.

There are also NA's who fall outside these categories; we have youth volunteers, immigrant volunteers (of non-Latino descent), African Americans and Caucasian Americans. They come from varying upper to middle to lower class backgrounds. But the thing that the majority of our volunteers have in common is that they have all experienced food insecurity. Many have also experienced the effects of poor nutrition in their own health or their family's health; they and their families suffer from high-blood pressure, diabetes, heart disease, etc.

Poppendieck states that "dependence upon volunteers adds to the fragility of the (food banking) system, since volunteers, by definition, can not be controlled" (1997: 219).

While this fragility is apparent at some site distributions, where volunteers are sparse or

⁹ The majority of the ambassadors are Latina women. While in many ways having this high rate of women who tend to be the primary caretakers of their families health be Ambassadors it is important to make sure that they are being valued appropriately for the work they are doing. As stated in the programming of a similar community initiative, Poder Popular,

"Their domestic role is already undervalued, and their volunteer work is often challenged by husbands or partners who see it as insignificant or threatening. It also is particularly significant in working with Latinas, whose culture is largely based on service to others. If service is a cultural value on which to build civic engagement, care must be taken to enable participants to address these issues in a constructive and empowering way" (Savaverdra et al. 2009:28)

¹⁰ Poppendieck has noted that this is a trend in food banking where over 70% of pantries and kitchens affiliated with the Second Harvest Network are sponsored by churches or other religious organizations (1997)

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non-committal, and although ability to participate ebbs and flows due to seasonal changes and work in the fields, the training helps people develop a commitment to the program and creates a supportive cohort. Furthermore, even if we lose some NA volunteers, they have been trained and are now an asset for the preventive health of their communities. While the system of volunteerism may seem fragile, in this program it is still growing a resilient base of community people who have some knowledge and skills to make impacts in their community. However, the nutrition ambassadors are rarely fully independent either at their sites or in their roles, requiring support from the food bank for materials as well as for organizing and maintaining the sites.

This chapter has introduced the organization, the location of the program and program dynamics. It has profiled the NAs who make the program possible as asset based individuals whose commitment is of critical importance to the distribution of fresh foods as well as some preventative health knowledge. The next chapter looks more in depth into the program dynamics and discusses the findings of the research.

Chapter III: Methodology and Findings

3.1 Methodology

3.1A Participatory Research: A guide in the process.

Participatory Action Research (PAR) is a school of thought that stresses the “active involvement of those affected by the problem in the research through a cyclical process of fact finding, action and reflection, leading to further inquiry and action for change” (Minkler 2000: 191). This research practice places “the researcher in the position of co-learner and put(s) a heavy accent on community participation and the translation of research findings into action for education and change” (Wallerstein and George in Minkler 2000: 192).

PAR, as a methodology, has been continuously developed since the 1970s. The Brazilian educator Freire, the Latin-Americanist Fals-Borda and many other activists and educators began developing alternative research methodology which focused on co-learning, action based on critical reflection, philosophical grounding for action (and research) and mutual inquiry for social change as a response to the “colonizing nature of more traditional ‘us/them’ research efforts and the frequently disappointing nature of the community interventions they helped spawn” (Minkler 2000: 192).

Minkler et al. detailed the following as the defining guidelines of PAR:

- Participatory
- Cooperative, engaging community members and researchers in a joint process in which both contribute equally
- A co-learning process for researchers and community members
- A method for systems development and local community capacity building
- An empowering process through which participants can increase control over their lives by nurturing community strengths and problem-solving abilities
- A way to balance research and action

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Because PAR is context-based, there is no prototype and allowances for continuous change in the research are part of the process. This process includes a constant orientation toward community and social change.

While this research project in its beginning stages aspired to be a PAR project, the researcher found that as one person it was difficult if not impossible to implement PAR in such a limited time-frame. While the research is not a PAR project, it is a project that has been much inspired by PAR principles and has used these principles as a guide throughout the creation and implementation of the research.

Roe's comments were especially useful for this research as he notes that "while participatory approaches can stimulate capacity building and community development, they can also bring 'unequal players to an uneven table to participate in difficult, predetermined decision-making'" (Roe in Minkler 2000: 193). The Food Bank's program of nutrition education is sometimes one of the only free 'services' offered to some participants. The program's capacity for bringing participants to the table to make decisions about the program strived to bring historically unequal players to the table. Bringing unequal players to the same table throughout the research was a conscious solidarity effort. Asserting solidarity with the Food Bank's clients and nutrition ambassadors has been a central theme in the work and methodology of this project. A critical feminist perspective informs the methodology of this project, which is concerned with productions of power in educational enclaves of health education/nutrition education measures and is informed by the ways in which power is embedded in race, class and gender.

The methodology for the research allowed for a malleable research plan and the application of solidarity measures and actions to take place. An applied anthropological approach was employed in the construction and implementation of the research project; the project was constructed and planned concurrently in praxis with what the researcher was experiencing and learning in the field. This work has been informed by the researcher's past experience working with food justice activism nationally and internationally.

3.1B Research Process and Timeframe

The research was conducted over an eleven-month period (September 2011-July 2012) during which the researcher worked full time as an AmeriCorps volunteer in the Nutrition Programs department of the Second Harvest Food Bank (SHFB). While the researcher played multiple roles within the Food Bank, her primary responsibility was to conduct nutrition education and healthy cooking classes with the Passion for Produce (P4P) program.

She was ‘in the field’ with Food Bank clients and volunteers over 80% of the time, allowing for intensive interaction with the program participants and Nutrition Ambassador volunteers (NAs). The other 20% of time was spent further developing the curriculum for the educational P4P classes and the training curriculum for the NAs. All classes, materials and work were developed bilingually (Spanish and English).¹¹

The first phase of the research was background work and initiation into the program to explore research questions and practical uses of the research. This included getting trained as a “nutrition educator,” getting to know the sites, clients, NAs and program dynamics. During this time, one-on-one interviews with clients and volunteers of the program provided direction for guiding of the research process. This phase took place from September until November 2011. All interviews were conducted in the field at distribution sites for the P4P program. Because interviews happened throughout the program and were highly informal and many times impromptu, it is difficult to state an

¹¹ The researcher is both language-fluent and culturally fluent in Spanish, having been raised in Nicaragua until age 9 and being of Latino heritage herself. It is important to note that the researcher’s cultural background had its limitations in the field. There were a number of ways in which the researcher remained an outsider with both the clients and the Ambassadors. The researcher has a very apparent German American heritage (blond-hair, blue eyes), this makes it possible for her to avoid racial oppressions that her darker skinned Latino American brothers and sisters cannot. Additionally, the researcher grew up in a Nicaraguan/American household, of a middle-class, educated family while most of the SHFB’s clients and volunteers come from a low-income, uneducated immigrant Mexican background.

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exact number of informants but it falls between the range of 20-35 different participants. Field notes of relevant events were documented and coded for themes.

The second phase of the research began in November with an optional quarterly survey for all participating clients of the program (approximately 6000). The survey, short in length, consisting of six yes or no questions, aimed to show that participants were changing their unhealthy cooking and food habits due to the nutrition education interventions. The survey was created by the Second Harvest Food Bank, not the researcher, in order to track program progress. Surveys indicated that individuals implemented healthy behaviors in their eating habits, data that was confirmed in the qualitative data. It is difficult to determine the influence of the program over these behaviors since tracking of the attendance to program is limited and survey format does not explicate attendance nor health knowledge previous to attending the program. Furthermore, surveys were not conclusive in confirming behavior change over time or rate of healthy behavior. For these reasons, survey data is not included in the findings and discussion section of this research.

In four of the sites where the researcher executed the survey she also facilitated small focus groups to respond to the research questions with the articulated and public intention of how to affect the program/curriculum to make it more applicable for the clients. A focus group is “best described as a group interview in which group interaction and discussion centers on a topic specified by the researcher” (Morgan in Umaña-Taylor & Bámaca 2004: 261). The four focus groups ranged from 8 to 15 people each and were conducted during the scheduled program and lasted between 15 to 30minutes in length. The criterion for being in focus group were based mainly on convenience: if someone was present at the distribution at the time the focus groups where taking place they were invited to join the conversation which resulted in mixture of clients and Nutrition Ambassadors. These focus groups were carried out within the constraints of the program and classes of Passion for Produce. In addition, individual in-depth informal interviews were continued with NAs.

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The bulk of the field research was conducted in focus groups, mostly informal because of its particular strengths in self-guided explorations of topics of the participants and the in-depth personal accounts. My choice to use focus groups was due to a variety of reasons; convenience (participants were pre-arranged to gather for the food distribution and it is a method that does not require literacy), pre-screening (the participants were interested in discussing the topic at hand), and culturally appropriate usefulness of focus groups. In addition, focus groups are particularly useful for research with marginalized populations, such as the low-income Latinos participating in SHFB classes. As demonstrated by Umaña-Taylor and Bámaca's work,

Focus groups are useful when there is a power differential between participants and decision makers. Because participants in a focus group setting are accompanied by peers and others who may share similar experiences, they feel more secure and willing to share their feelings and experiences (Morgan & Krueger: 1993). Because members of under-represented groups, such as ethnic minorities, could be intimidated by the status of a researcher, this concern is particularly salient in work with Latinos. Researchers can diffuse intimidation by providing a setting in which respondents feel that they are the experts and that the researcher seeks to learn from them...respondents may believe that their experiences are valid and worth sharing. (2004: 261)

This argument helped define the structure of the focus groups, with the researcher emphasizing the needs and desires of the focus-group participants. As argued by Umaña-Taylor and Bámaca, focus groups lend themselves well to establishing trust and rapport (2004: 262), a critical component for the research to be as accurate as possible.

The third phase of the research was carried out through the final six-months of the researcher's work with the Food Bank. This consisted of finalizing the training and curriculum for the Nutrition Ambassador program based on the information gathered and analyzed through the program's survey and focus groups. This stage of the research was documented in field notes with particular attention to teaching techniques and responses from clients and the nutrition ambassadors. Implementation of this phase was particularly important to the participatory research process and was documented through extensive

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field notes. During this final phase, the researcher conducted additional informal interviews with program participants and internal interviews with SHFB CEO, the Programs and Operations Manager and the Nutrition Programs manager. One external interview was conducted with a program coordinator and the director at a community resource partner agency.

Challenges faced during the data collection included the limited time allotted to focus groups and the limited access to planning information for programs of the food bank. Additionally, the researcher was concerned with possible bias in the finding given that the information at in the field (with participants outside of the organization) were influenced by a power structure of the research being conducted by someone who was also providing a service.

3.2 Summary of Findings

Throughout the research, three different perspectives illuminated the dynamics of P4P. The SHFB focused on program design, while the NA's shared the lived experience from a participant perspective. My field observations added yet another perspective. Main themes from each perspective are outlined below, followed by a detailed description organized by perspective.

1. The program has been successful in supplying fresh fruits and vegetables to food insecure individuals and families throughout Santa Cruz County. The success has been noted to be in part due to program support from SHFB and the willingness and commitment of volunteers. There is support for the continuation of the program from SHFB and the volunteers.
2. The SHFB intends to continue to expand the program with a focus on fostering grassroots leaders for change and the need to make sites run independently. Its current educational interventions have not been focusing on fostering this kind of leadership and therefore a new training/program must be put into place. For this new program they intend to source participants from the current Nutrition Ambassadors. However, because the NAs have not been fostered as "leaders" there is a lack of awareness of their own leadership potential, ownership over the program and understanding of how education of a community leader takes place. Furthermore, NA current interest in the program remains at the core level an interest in access to food and services rather than gaining control over the food system.
3. It was noted that an important aspect of whether a site reached its educational potential (i.e. ran independently, had committed volunteers, implemented the Gold Site curriculum on a regular basis) was in a large part due to the location (actual physical building and what meaning it has in the community) and if there was an involved point person with whom coordinating for the program could be facilitated.

3.2A SHFB Interviews

Interviews were conducted in order to document lessons learned from the Passion for Produce program, challenges and successes of the current program and what future programming might entail. Informants included three people in charge of programming planning at the Food Bank: the program manager, program supervisor and the CEO of the organization. Exterior informants include a program coordinator and director at a community resource center. Key findings include:

- The program has been successful in supplying nutrition information and healthy cooking skills to food bank clients.
- The program has made inroads into addressing individual behavior patterns by offering practical tools to clients and NAs.
- Planners noted the potential of some NAs to be involved in more hunger work.
- Planners wish to help NA's become more involved in community work around hunger issues.
- Program supervisor and program coordinator noted challenges in making sites run independently.
- Plans for a new program will focus more on cooking and working on community building (leadership).
- Program planners are open and flexible to changes according to circumstances.

Discussion: Interviews showed a deep concern for the food insecure people in the community and a critical understanding of the root causes of that insecurity. The program's success in reaching the food insecure can partly be measured in numbers: it has reached over 6000 people and trained over 200 NAs. They noted that small changes in behavior, such as decreased sweetened beverage consumption after learning how much sugar was in each beverage and being given healthy replacement recommendations, were important individual gains.

They noted that the NAs were critical for the program (“without them, this would not be possible”). Even with all of the community support and the dedicated volunteers, SHFB

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supervisors noted that because “we are doing more than we have ever done and the problem is greater than ever,” there had to be a new strategy in addressing hunger issues. They recognized the interest of some NAs in becoming further involved and stated that a main goal for the Food Bank was to begin to foster them as community leaders, while respecting and “meeting all clients and NAs where they are,” in respect to their desire or interest in being involved in the education or advocacy work of the food bank.

A goal of the SHFB is to continue to grow the program. Logistically growth presents a number of challenges. In terms of programming, it will be very challenging to grow if sites do not run independently because of limited staff capacity. Supervisors noted some of the challenges to sites running independently are due to time constraints, available educational resources, sufficient volunteers, access to a locations conducive to educational intervention, the confidence level of individual NA educators and acceptance from the community of NAs as educators. The program coordinator at one site noted that in her small community it was difficult for many of the clients to respect the knowledge of the NAs because everyone knows each other and “why would I listen to her (the NA educator) when her kids are all fat?!” The program manager and supervisor also noted this drawback in sourcing educators from the same community they were educating, stating that the legitimacy of an outside “expert” was often considered more valuable. Community acceptance of NAs as educators was a considerable barrier.

Some sites were considered logistically incapable of being independent due to lack of volunteers, capable program coordinators or a resistant client base. Having a capable and committed program coordinator was noted as key in fostering site independence.¹² Program coordinators have included trained NAs, agency site coordinators (such as program coordinators for community centers) and property managers.

They recognized the strengths of the program as 1) Providing fresh fruits and vegetables to food insecure individuals and families 2) Providing practical tools for people to

¹² The definition of a “capable” coordinator included; a deep understanding of the program’s mission and either the tools (working internet knowledge and bilingual capacity) or availability in sourcing these tools to be able to coordinate the exchange of educational materials provided by the food bank to the NAs.

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implement healthier eating 3) Recognizing the potential strength of nutrition ambassadors to move beyond nutrition and into community change. Interviews showed that planners were thinking critically about how to change hunger and food insecurity rates in the county by implementing a new program dedicated to fostering grassroots leadership and sourcing NAs to be part of the training.

The new program is still in the planning stages. Some ideas for the new program include; getting NAs from different sites to come together and to train them specifically in how to become educators and intensive cooking classes. These ideas show that the planners are reflexive in their plans (since cooking demonstrations seemed to be the most engaging parts of the program's educational interventions) and that they are making efforts to build community by connecting the different NAs throughout the county.

3.2B Nutrition Ambassadors

Nutrition Ambassadors showed support for the program. Focus groups and interaction with program users confirmed the following:

- NAs and clients have continued interest in receiving fruits and vegetables provided by the program.
- NAs and clients have continued interest in accessing SHFB information and services.
- NAs showed genuine concern for personal and community health.
- Cooking classes were considered more pertinent to their lives and preferred over nutrition classes.
- NAs desired more information focused on children's health and holistic healing methods.
- All wanted more physical activity classes, especially Zumba and yoga.
- Lack of access (affordability, accessibility, availability) to services and affordable resources were noted as deterrents to health.
- Cultural differences about health and healthy food were noted as deterrents and marked as negative cultural issues blocking health and wellbeing.

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- Certain educational interventions were considered hypocritical.

Discussion: NA's with whom I developed the closest relationships also were the ones which were most committed to the program. Some volunteers were able to give more of their time to the program because they were on disability, retired or unemployed. Many volunteers were very dedicated and could be counted on to be at the sites for the entire distribution. One NA is so committed to the program that she arrives an hour early just to make sure that if anything extra is needed she can be on hand to cut up fruit for tasting or set up the lessons, another NA has kept all of her tip cards (flyers with nutrition information) and posted them up on her fridge as reminders for herself and her family. NAs were deeply concerned with the feeding and care for their extended families, neighbors (i.e. for their community) and greatly appreciated the access to fresh fruits and vegetables afforded to them through the program. They were consistently feeding more than one household, many times taking extra fruits and vegetables for neighbors or to distribute at various community groups of which they were a part or whom they knew were in need. Their voiced desire for more information on health and nutrition for children noted their concern for their family's health as well as their lack of access to preventative health information and resources.

Their voiced desires for physical activity classes were constant throughout the program, with NAs requesting them almost on a monthly basis. All NAs desired to have physical activities offered as part of the program on a regular basis. They appreciated building upon the skills learned in the classes and noted they had few other options for self-care physical activity. Many of the participants lived in areas where they did not have access to safe walking/running routes or lived isolated from a town area where they might access other physical education classes. It was noted that when continual classes were available they built rapport between the teacher and students, thus helping students become more comfortable with the exercises and in their bodies, many times leading to growth in self-confidence.

Issues of access to healthy food were continuously discussed, with different sources recommended (the flea market on Sundays for fresh fruits, Mi Pueblo market for staples, the big market on East Lake for fresh meat and fish, etc). An NA who has lost over 40lbs

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since participating in the program, (just by changing her diet), makes sure that everyone knows that it is partly due to having access to fresh fruits and vegetables. At one point she commented that ‘you eat what you find in the fridge, but now all I find in there is lettuce!’ This comment, though made in jest, demonstrates that access is a critical component for many individuals suffering from poor nutrition.

Cooking classes were the obvious preference of education intervention in the program. When clients and NAs were offered the choice of a nutrition or cooking class, the cooking class was always chosen. Cooking classes have higher attendance than nutrition presentations, though some individuals noted that they had gained knowledge from some of the nutrition classes (such as label reading) that they practiced in their everyday lives. This was due in part to the fact that NAs who participated in the program tended to be the main cooks in their family. They noted the importance of having a varied diet and healthy cooking techniques integrated into their daily kitchen. Even while food and cooking was of critical importance, many nutrition ambassadors noted that their culturally appropriate diets were not necessarily providing the healthiest choices. They stated the inflated portion sizes and a culture of “feeding” in the Latino communities were barriers in their efforts to instill better practices in themselves and their families.

Challenges for the food distributions, classes and physical activity stemmed mostly from scheduling and timing. Especially during the harvest season (during which time the physical activity portion of the program was cancelled) it became difficult to for many NAs and clients to attend the program, though the need for food assistance was still very real. Especially for physical activity, it was difficult to provide classes on a regular basis because we did not have regular paid staff, only volunteers, available to run these classes.

In one distribution site P4P recently begun nutrition and education/cooking classes where previously the program had only provided only nutrition recommendation flyers (tip cards) and food tastings. For the second class, a young woman in the audience said that if what we were telling her to eat was whole grains then why were we giving her white rice and pasta? These messages seemed hypocritical to her and rightly so—how can the food bank be telling its clients to eat a certain way but provide a different kind of food? The woman’s comment illuminates a number of dynamics; one being that her main source of

food comes from a variety of SHFB programs (she and her family are most probably highly food insecure). Her comment also addressed issues of access and availability of products that are recommended for health but not readily available through the main food sources for this family/individual.

3.2B Field observations

Field observations showed that program strengths went above the goals of providing fresh fruits and vegetables to food insecure families. Food distribution sites were sites of information, knowledge and resource exchange. Below are the main themes collected from field observations;

- Sites provided space for an interchange of ideas about nutrition recommendations; trouble-shooting and implementation of recommendations were continual topics of conversation.
- Sites also were a source for exchange of health and community resources.
- Education and cooking classes that best engaged the audience included hands-on exercises.
- Practical nutrition information was applied by NA's and clients on a case-by-case basis.
- Physical dynamics influenced the conversations; places that provided space for people to feel comfortable to socialize before, after and during the program had higher rates of these kinds of interchanges.

Discussion: Clients and nutrition ambassadors were most engaged when the topic had a direct relevance in their lives.¹³ For example, many times people would not remember the

¹³ The importance of pedagogy and educational efficacy in health education interventions has been discussed in the Health Belief Model. The six principal components of the Health Belief Model, (perceived susceptibility, perceived severity, perceived barriers, perceived benefits, cues to action and self-efficacy) resonated with curriculum implementation (Pratt et al, 1987; Rosenstock, 1974).

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previous class topic (especially if it was a nutrition topic) unless it was directly related to a particular health condition they suffered or someone they knew suffered. They could appropriate this information and apply it in their daily lives.

NA's were a great resource for grassroots education techniques. Their personal knowledge about health was shared and in this sharing they participated in health education. Over the course of the distribution they would constantly share different recipes with each other and with clients, talk about healthy options for controlling weight or ideas about how to deal with certain health problems. Many times distribution sites were safe places where people could talk about individual and family health concerns. In these conversations there was a focus on personal experiences in the implementation of healthful changes, the challenges and the victories each had with integrating healthy eating or lifestyle changes into their immediate social circles and within their families. In terms of facing family barriers to changes in diet, they shared different ways of how to sneak more vegetables into a meal without their husbands noticing, or how to cut the fat out of recipes without having their children complain about the change in flavor.

Sites also provided space for the exchange of resources outside of the realm of food and nutrition; there was an exchange of information about where to access health services (different churches or clinics), where to access tax help or obtain information on unemployment or disability benefits, if there was work on a certain ranch or if someone was selling their car or able to offer rides.

Practical nutritional information about diet-related illness, coping and prevention strategies were found to be utilized by NAs and clients on a case-by-case basis, with particular skepticism about nutrition information that they found impractical, non-applicable, or redundant (some participants already knowledgeable in nutrition and health felt interventions to be disrespectful of their knowledge).¹⁴ In terms of the cooking, it

¹⁴ It must be noted that most clients that verbally or visibly resisted the information were not of the Latino farmworker population (they were mostly Caucasian). This may just be an indicator of the educational privilege that the Caucasian population has experienced it may also be an indicator of the sentiment of the overall population (though most of the Latino population does

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was important to have the food demonstrations not only be culturally appropriate but also focus on options that were economically and geographically accessible. For example, it would not be appropriate to present a recipe for which the ingredients would either be monetarily or physically out of reach.¹⁵

Because of the importance of cooking and the fact that many NAs or clients are the main cooks in their families, clients or nutrition ambassadors were often encouraged to share their recipes with the group and sometimes we had a client become a guest chef for a cooking demo. These experiences in being educators were powerful for individual clients and nutrition ambassadors, many of whom have limited public speaking experience or rarely get recognized for their culinary capabilities in a public setting. At one site, a guest chef hand's shook throughout her entire first presentation and she refused to speak directly to the audience. However, the audience recognized her and was inspired by her efforts. Her transformation from client to educator and then to taking a public community role has been a process of personal empowerment.

The importance of this kind of process of empowerment has been apparent at other sites as well. Another site that has over 25 trained NAs, has from the beginning taken ownership over the education program and now the NAs conduct all of the classes and demonstrations. We provide the Nutrition Ambassador coordinator of this site with a curriculum for the month and some presentation materials. They provide us with a recipe and we write it up, translate it and make sure that they have all the materials they need. I

not visibly or verbally resist or resent the information, they may still be experiencing these sentiments but unwilling to voice them due to cultural norms or long-standing oppression).

¹⁵ At one Gold Site we had a guest chef who was a dedicated volunteer to the program. This chef had trained at a local culinary/nutrition program, was very capable and made delicious and (for the most part) very nutritious recipes. However, she did not understand the need to use ingredients that would be easily accessible to the clients. While clients thoroughly enjoyed the foods she cooked, it was unclear that any would actually transfer the recipes to their kitchen. Nevertheless, exposure to new foods and the willingness to try new tastes and ingredients showed a willingness on the part of the clients to experiment an important component for behavior change.

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translated for a nutrition presentation put on by one of the Nutrition Ambassadors (they rotate this task). Her class was about 30 people. She would ask questions and pose scenarios related to different foods habits. She brought a number of extra culturally appropriate presentation materials to assist her in presenting her topic such as a variety of beans and different common fruits and vegetables. She called out to individuals in the crowd, she asked question about their diets as children in Mexico, she brought things from her own kitchen to show the crowd healthy options already in their own cupboards. The crowd responded positively and engaged with the presenter in answering and asking questions. She had personal relationships with many of the clients in the crowd and was able to use this interpersonal connection and trust to engage in them in conversation about their health, their foods and their knowledge. It was important to have the food demonstrations not only be culturally appropriate but also focus on options that were economically and geographically accessible.

Practical nutritional information about diet-related illness coping and prevention strategies were found to be utilized by NAs and clients on a case-by-case basis, with particular apparent skepticism about nutritional information that they found impractical, non-applicable or redundant. Some participants already knowledgeable in nutrition and health felt interventions to be disrespectful of their knowledge.¹⁶

Other challenges were mostly with the nutrition curriculum that was at times lacking in its efforts to be culturally appropriate and had limited practicality, or hypocritical recommendations. An example includes the distribution of food bank goods (from the USDA donors) that are not high in fiber or whole grains. Because many of the clients depend on the food bank as their main source of food, they receive the constant nutrition

¹⁶ It must be noted that most clients that verbally or visibly resisted the information were not of the Latino farmworker population (they were mostly Caucasian). This may just be an indicator of the educational privilege that the Caucasian population has experienced it may also be an indicator of the sentiment of the overall population (i.e. Although most of the Latino population does not visibly or verbally resist or resent the information, they may still be experiencing these sentiments but are unwilling to voice them due to cultural norms or long-standing oppression).

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recommendations of eating whole grains yet their access to grains are limited to sources that do not provide a whole grain option.

Physical dynamics influenced all interactions and learning experiences. It was noted that places that provided spaces for people to feel comfortable to sit and talk had higher rates of educational interexchange, with NAs and clients sometimes extending the length of the program to continue conversation about health and wellness. Sites that had kitchens, couches, comfortable seating areas (such as community centers) were more conducive to these types of conversations. This dynamic was not a given, the nutrition ambassadors at the sites where these interchanges occurred more often encouraged community members to sit down and talk (usually after food distribution).

Besides the easy access to the foods, the above stories show the program's ability to provide a non-threatening social space to encounter new information and build trust between NAs and some clients. These spaces provided opportunities for members of the community to meet and share stories that created invaluable possibilities for potential grassroots educational interventions and resource exchange for the community as a whole.¹⁷

¹⁷ This dynamic was especially important since traditionally women's access to public space and gathering places is limited due to the sexism that restricts women leaving the home in the countries of origin of many of the participants.

Chapter IV: Food Now and Just Food

This chapter outlines some recommendations for the current program and integrates them with the main themes into possible programming for the future. The first part responds to current programming and the second part responds to future program.

4.1 Food Now: Recommendations for the Current Program

The recommendations below respond to the lessons learned. They offer some ideas on how to integrate these perspectives into the current and future programming. They respond to the three main themes seen in the findings related to program support, growth and site location. They are divided into recommendation for the 1) Educational component of the program (actual classes and curriculum), how to foster 2) Independent site management, and the importance of 3) Distribution site location. All three are informed by a commitment to a development of empowered individuals who become-so through a more participatory process.

4.1A Education component:

- Continue to encourage clients and nutrition ambassadors to be the key educators in the program. Provide the tools and resources necessary to make this possible through means such as mobile kitchens, recipe translations and maintaining personal relationships with client/NAs so as to recognize when there is interest in participating in the educational component of the program. Support site coordinators in their facilitation of educational interventions by providing translation, materials and fostering relationships with NAs.
- Base curriculum development and implementation on creating workshop-like environments, perhaps building in more ‘team activities’ and providing hands-on materials that are tangible and culturally appropriate to the clients/NAs.
- Continue to develop the curriculum to be culturally appropriate so that it will be applicable and accessible to the clients and NAs. Continue to solicit feedback from class participants about the curriculum and its applicability, and be willing to adapt accordingly.

4.1B Independent Site Management:

- Clear expectations of ownership must be integrated into to the program curriculum from the beginning. Some ideas include; doing team mock nutrition and cooking classes as a part of the training (a request of NAs), outlining this educational commitment as part of the NAs responsibilities (perhaps limiting this responsibility to during the off-season so that they would not be overburdened with work and the program) and/or organizing field trips to other P4P distribution sites to see how other educators are implementing the curriculum.
- The expectations must be met with appropriate support and willingness from the SHFB to let the community take the lead. This may mean a decrease in nutrition classes or other program changes. For example; some NA's felt that some of the curriculum was not appropriate or applicable (such as the USDA MyPlate guidelines). The SHFB coordinator must be willing to negotiate on these kinds of issues, recognizing the importance of the NAs cultural knowledge and competency in implementing what is useful for themselves and their families. The desires of the NAs must be at the forefront of these efforts. For example, if what they want most is physical education and cooking classes the SHFB may find its resources better used by providing appropriate support for these kinds of interventions.
- Continued training with NAs to build capacity and more in-depth knowledge about health and well-being strategies so that NAs feel like competent educators.

4.1C Distribution Site Location:

- Appropriate sites for fostering successful educational interventions must have some component of ownership in the actual place such as churches or community centers. Preferable sites will already have an involved role in the health of the community.

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- Sites will preferably be located in places that are safe and comfortable (indoor and outdoor access), with a place for shared interactions such as communal tables, kitchens or living room-like areas.
- Sites must be as easily accessible as possible so that people feel like they can go socialize as well as get access to fresh fruits and vegetables. This includes examples such as open-access community rooms in low-income housing complexes or community centers accessible via bus or a thoroughway.

4.2 Just Food: Recommendations for Future Programming

This last section of recommendations lines up with the desires of the SHFB program planners to develop a training program that works to train grassroots leaders to help address the root causes of hunger. During the time of this research the development of this next program was just in the beginning stages and planners were still drafting ideas of what the training should focus on, how it should be applied and how they could facilitate the process of building grassroots leaders. Because the SHFB recognizes the potential of NAs to be advocates for their community they want NAs to be the main participants of this program, however few NAs have voiced interest in becoming “leaders” for change.¹⁸

This research illuminates the following: the current training and education intervention has not fostered the exploration and discovery necessary to grow interest in the workings of the present food system and therefore has not allowed them the opportunity to become motivated to become involved in taking the next steps necessary to change it. The following recommendations are for this ‘next stage’ of the NAs program and training. The recommendations focus on integrating three key concepts and methodologies into the training which may facilitate the NAs exploration/discovery (critical pedagogy), a deeper understanding of what they are discovering (systems approach), and some tools which can foster and assist them if they want to become involved in the struggle for change (advocacy). The recommendations are discussed within supporting theoretical frameworks of human development, empowerment and the participatory process.

¹⁸ Some NAs live in a precarious situation in which their rights as citizens are limited due to their poverty and precarious legal status for this and other reasons becoming involved in politics or leadership is not their main concern.

4.2A Education and Pedagogy

“If the implementation of a liberating education requires political power and the oppressed have none, how then is it possible to carry out the pedagogy of the oppressed?” (Freire 1970: 29)

Freire poses this powerful question in the beginning of *Pedagogy of the Oppressed*, a seminal work on education and social change. The working frameworks provided by *Pedagogy of the Oppressed* were created in the 1970s to facilitate and support peasants’ liberation and social movements around the world. Because of the success of this pedagogy, it has been implemented in a variety of settings, including in low-income marginalized populations in the United States.

Key Elements of Empowerment	
<i>Control of personal and family assets:</i> work, housing, health, financial and social resources	
<i>Access to information:</i> gaining knowledge about individual and collective rights and the institutions that provide services	
<i>Education:</i> competency and skills development through formal and non-formal opportunities	
<i>Inclusive leadership:</i> ensuring autonomy in decision-making and sharing power	
<i>Participation:</i> sense of belonging, identifying with the community, ownership of the process, ability to influence public processes, gender equity	
<i>Accountability:</i> taking responsibility for decisions made, holding institutions that affect ones life accountable	
(Sayavedra et al. 2009:7)	

The educational interventions of the SHFB are trying to answer Freire’s initial question by implementing a liberating education to facilitate participants’ empowerment. The key elements of empowerment include a control of personal and family assets, access to information, education, inclusive leadership, participation and accountability. An education that facilitates these factors has two stages.

The education first must facilitate an understanding of oneself. Practically, this can be allowing for the time and space for individuals to express themselves and find their role in the food system in which they are

Figure 4.1 *Key elements of Empowerment*

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embedded (Souza Lima and Gazetta 1994). The content of the dialogue “should be in accordance with *historical conditions* (emphasis mine) and the level at which the oppressed perceive reality “ (Freire 1970: 47). In this process individuals who are oppressed “change in the way (they) perceive the world of oppression” (Freire 37: 1970). This historized perspective is also what proponents of food justice insists upon: an understanding of predatory actions and inequities in the food system and individuals’ roles in these inequities.

One critical way in which self-perception can take place in this first stage is through the “experience of building...on their cultural knowledge and from the direct experience of pedagogical actions that (are) specifically conceived to construct knowledge in (a) subject area” (Souza Lima and Gazzetta 1994: 246). This culturally relevant knowledge making experience is powerful in assisting individuals to find their own voice and wisdom in their experience. A tactic for encouraging this kind of experience is “problem posing” educational interventions where individuals and groups team up to practice solving problems from their current asset base. In this process they both historicize their role, give voice to their experience and validate the assets in themselves and their communities by putting them into practical use.

Problem posing education avoids one of the pitfalls that can be found in nutrition education’s reliance on rhetoric, or a repetitive non-applicable way to transmit information about nutrition, health, dietary consequences, etc. Freire warns against this kind of one-sided education intervention as ineffective because, “to substitute monologue, slogans and communiqués for dialogue is to attempt to liberate the oppressed without their reflective participation in the act of liberation, it is to treat them as objects which must be saved...”(Freire 1970: 47)

The centrality of dialogue and discovery as an educational method poses a particular difficulty in the food banking world, which historically has been about ‘saving,’ or ‘lending a helping hand’¹⁹ rather than a commitment to systems change. If, however, food

¹⁹ This aspect of charity may be one of the reasons why the behavioral/individual/medical approach has been emphasized in the education rather than a public health model.

banking is to shift in the future toward a perspective of justice, there must be an emphasis on the kind of ownership and reflective participation insisted upon by Freire.

The second part of the liberatory/empowerment process “depends greatly on oriented reflective action...each individual must have knowledge about the instruments and the processes through which one gains voice in a given society” (Souza Lima and Gazzetta 1994: 236). In other words, individuals must have the tools and resources to advocate for themselves in order to truly go through a process of empowerment. SHFB is making efforts to become a resource of these tools for the community and engaging with the framework provided by Freire’s work might be a critical piece in this process.

4.2B Systems Approach

“Professional practice which attempts to assist an individual in adapting to an oppressive situation in no way erases the inequities of social system” (Travers 1996: 551)

Community and individual health are interrelated; creating and maintaining a healthy community has to do with individuals but also society as a whole. Education is a critical tool in community health, especially “when most of the current major threats to public health in the developed world are amenable to some form of prevention” (Nutbeam, Smith & Catford 1990: 83). Much of programming in health prevention has focused on the individual, (under the assumption that educated individuals are empowered to make healthy choices). In their study about health promotion and disease prevention strategies with Latinos, Aguirre-Molina et al. argue that,

“Health promotion and disease prevention interventions that reduce risk factors must include activities that foster empowerment. Sufficiently empowered, people are able to replace maladaptive behaviors with adaptive and productive ones; adopt health protection strategies that alter their social and physical environment to reduce exposure to harm or disease; and (sic) preventive health services” (1993: 559)

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A large part of the education work at the SHFB is aimed at decreasing the high obesity rates of the low-income communities in the county by implementing the above approach. The tip cards, cooking classes and nutrition education are tools used to achieve this goal. These tools use a medical model as fundamental guidelines, its focus is on the individual and on behavior change. It is a model which,

“Focuses primarily on treatment, addressing individual’s personal behaviors as the cause of their obesity. An underlying assumption is that personal behavior is the cause of their obesity. An underlying assumption is that as independent agents, individuals make informed choices...Interventions are providing information and motivating individuals to modify their behaviors” (Adler and Stewart 2009: 49).

Unfortunately, much of these efforts to address health disparities have been indifferent to the dynamics that created the long-term structural inequalities that produce these health disparities (Guthman 2011). This medical model tends to prioritize a discourse in health education interventions that give “explanations of an ecological problem...a focus far too much on individual behavior and choices and far too little on the broader political and economic context in which choices are made” (Robbins 2004 in Guthman 2011: 191). Kim Traver’s work, which focuses on the social side of nutrition inequality, argues that this model with its individual focus and nutrition education practices based on information dissemination are irrelevant because “nutritional inequities are embedded within social constructs such as gender, class, commerce, policy and discourse” (Travers 1996: 543). Below I have revised Travers’ useful schematical summary of the social organization structure in which food consumption is embedded.

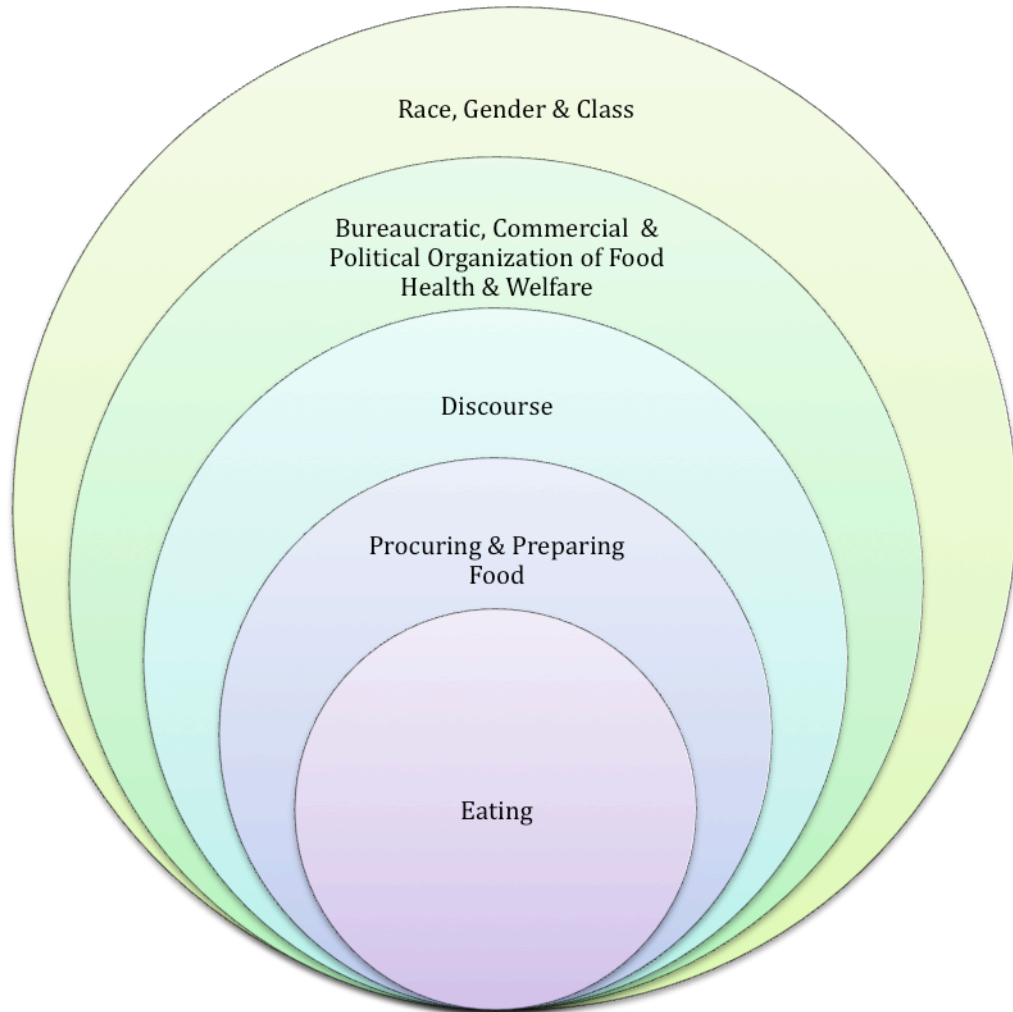


Figure 4.2 *Kim Traver's modified schematical summary of the social determinants of food consumption.*²⁰

Each concentric circle defines the way in which an individual/family's eating can be influenced and constrained; her argument being that "overcoming inequities is not something that could easily be accomplished by a change in behavior by individual participants" (1996: 549). In her work with low-income women, she notes that individuals' great personal strength and resolve were not always sufficient in overcoming

²⁰ For clarity I have revised Traver's heuristic chart of the social organization of nutritional inequalities, with two main differences: I placed Bureaucratic & Political Organization of Food, Health and Welfare in the same circle as Commercial Organization of Food, Health & Welfare where she placed them in separate circle but of equal importance and I added race into the circle with gender and class. For her chart see (Travers 1996: 547).

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the class constraints embedded the political, economic and commercial system of which they are a part. She notes admiringly the “ability of these women to accommodate individual taste preferences, nutrition and family members’ schedules, while so constrained, as a testimony to their skills and knowledge” while since the “apparently simple act of buying groceries was complicated by issues seemingly unrelated to food ...such as issues of child care, transportation and housing design” (Travers 1996: 548).

In my work at SHFB, I also admired matriarchs who had devised ingenious ways to feed their large families, such as reserving shopping to once a week at the *pulga*, the local flea market which has the best produce prices. Even though the *pulga* tended to be further from their residence, they preferred to shop there because the affordability and quality of the produce was better than their neighborhood food stores. They also used portion control techniques with their children²¹ and traded information on comparison shopping tools. It is apparent that even within the systemic constraints there is evidence of the application of nutritional discourse but only “if they (have) relevance/practical application for their families” (Travers 1996: 551). As shown, the medical model certainly does allow for some valuable applications of the educational material and knowledge learned from programs with an individual-based focus, especially when particular care to cultural-appropriateness and feasibility are taken into account in interventions.

However, this kind of educational intervention does not account for a system that constrains individuals’ choices. An unfortunate side effect of the medical model is that many times the social problem of obesity is primarily framed as the fault of the poor and uneducated, as caused by their individual inadequacy, rather than by systemic injustices and a failing economy. This “practice place(s) increasing responsibility on the shoulders of the most unfortunate to find individual solutions to their problems; problems are not

²¹ In one focus group a mother recounted her struggle to address her son’s increasing weight and how she had effectively applied portion control on sweets intake by only allowing him one sweet a day and trying to keep track of his sweetened beverage consumption. She noted that these were interventions she had learned in the program and had been reinforced by her pediatrician.

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individual but public ones” (Travers 1996: 551). In the field this burden is easily noted, as many participants constantly berate themselves and their eating habits as the main reasons for their health problems. Even more problematic is an internalized racism dynamic created by Latinos in the program who admit to enjoying their food traditions but are the first to tell you that Mexican foods are the least healthy kinds of foods. For a people that already suffer so much oppression it was disheartening to see the ways in which people sometimes took on the burden of oppression. Furthermore, this dynamic revealed a skewed understanding of traditional Mexican food culture, a culture that traditionally provides a healthy and balanced diet high in fiber and low in fats. The fast food version of Mexican food is not reflective of this tradition (Freeman 2007).

Another model of intervention is the public health model of health education. The primary focus of public health interventions tend to prioritize the broader political and economic context referred to by Robbins. The public health model,

“Concentrates more on prevention and sees the roots of obesity in an obesogenic environment awash in influences that lead individuals to engage in health-damaging behaviors. Interventions are modifying environmental forces through social policies” (Adler and Stewart 2009: 49)

Since the public health model uses an understanding of the system and tries to affect the root causes of the health issues, it is a model that addresses hunger, malnutrition and obesity in the long term.

The public health systems model still functions under social, political and economic constraints. Adler and Stewart note that, “environments differ in their health-promoting resources; for example, poorer communities have fewer supermarkets, more fast-food outlets and fewer accessible and safe recreational opportunities” (2009: 50) Therefore, Adler and Stewart insist on a social justice perspective which combines both models, a perspective which takes into account individual control and social responsibility of health promoting environments (2009).

The educational interventions of the SHFB have up until now had a primary focus on the framework of the medical model. These current educational interventions are of critical

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importance to the efforts of Second Harvest in addressing urgent hunger and malnutrition needs in the community.

The public health model highlights the importance of addressing social factors across multiple levels” and “intervention efforts initially focused on improved access to information, healthier diets and increased physical activity, offer a model for beginning with health concerns of local residents and moving to encompass an analysis of broader social determinants of health and disease.” (Shultz, et al 2005: 650). Educational practice at the SHFB could have a much greater impact on reducing hunger and malnutrition if the primary orientation of intervention was a public health model with the medical model in a supporting role.

4.2C Advocacy

There are many different levels of advocacy. The most fundamental level of advocacy is self-advocacy, which can be defined as “the ability to seek, evaluate and use information to promote one’s own health” (Wiltshire et al 2006: 100). This ability, when engaged with a movement (such as CFS) can be articulated through “political spaces that engage people in democratic practices that occur as part of everyday life and simultaneously have an impact on policy at various levels” (Baker 2004: 308). Self-advocacy in health and community practices are engaged in “democratic practices which are a part of creating ‘food citizens’ who are not just food consumers but also are engaged in their communities” (Baker 2004). Theorists of food and ‘soil’ citizenship contend that “participation, physically working on a community project...contribute to an expansion of formal notions of citizenship that focus on the political rights and responsibilities of citizens” (DeLind in Baker 2004: 309).

As Passion for Produce moves into its next stages of development it will first require a strong base of committed people who are able to self-advocate (a lot of this work has been done in the initial NA training). For these people to step to the next level of advocacy, one which involves the rights of communities, there will be further training and capacity building required in an explicit advocacy framework as well as the education process described in the education recommendation. A conceptual framework for the possible routes towards advocacy are outlined by Fawcett et al. as the following;

1. Understanding Community Context (e.g. assessing community assets and needs)
2. Collaborative Planning (e.g. developing a vision, mission, objectives and action plan)
3. Developing Leadership and Enhancing Participation (e.g. building relationships, recruiting participants)
4. Community Action and Intervention (e.g. designing interventions, advocacy)

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5. Evaluating Community Initiatives (e.g. program evaluation, documentation of community and systems change)
6. Promoting and Sustaining the Initiative (e.g. social marketing, obtaining grants) (Fawcett et al 2000)

If Nutrition Ambassadors are invited and fostered through educational interventions that facilitate empowerment and a systems approach to community health, they could be active and critical members in each of these parts of the advocacy framework.

For example, in the case of a similar initiative, *Poder Popular*, which was implemented throughout different areas of California agricultural land, they were successful in creating grassroots community advocates “based on the premise that improved health will come about by providing an informed and empowered group of residents with the tools to identify and address the underlying, *community-level* conditions causing poor health” (Sayavedra 2009:7) If P4P’s educational component adequately educates and facilitates these NA’s empowerment it may be possible for the program to also replicate the success of *Poder Popular*’s advocacy gains.

There are many lessons to be learned from *Poder Popular*. The program implemented a grassroots approach in seven of California’s principal agricultural regions between 2005-2008. The main goal of the program was to “empower residents to advocate for policy and systems change that would result in healthier communities” (Sayavedra 2009: 13). *Promotores*, as their community leaders are called, had training aimed to facilitate and discover their power; they received 6-8 weeks of capacity-building training from a rights-based approach which developed critical thinking on topics including community organizing strategies, self-esteem, civic education, public speaking, and organizational skills, among others. Because *Poder Popular* works under similar constraints as P4P, they face similar obstacles (such as persuading undocumented residents to engage in political processes). Sayavedra et al comment that another challenge for the *Poder Popular* program was the short implementation time since “community organizing efforts typically require between five and six years of intensive work before seeing any significant impact.” Additionally, they noted that “the relative inexperience of some of the grantees in community organizing activities portended a potentially longer timeline

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still” (2009: 9). The *promotores* in *Poder Popular* were envisioned, primarily, as community organizers (compared to P4P’s program in which Nutrition Ambassadors focus on improved individual health through nutrition). The *Poder Popular* model is trying to implement a participatory process of community development with an emphasis on participatory empowerment. While there are apparent differences between the P4P program and *Poder Popular*, such as the intensive and diverse training and the focus on community organizing and advocacy, among others—there is a lot in common, and the *Poder Popular* model may be useful in creating the next steps for P4P.

Conclusion

The rising inequalities in the United States have had adverse effects on the health of minority communities causing a rise in diet-related diseases, such as diabetes, in Latin American, African-American and other marginalized, low-income communities of color. These diseases are preventable, but minority populations suffer from higher rates due to limited access to health care resources and cultural, economic and political barriers. The hunger, health and education disparities are directly related to the theoretical concepts of human development.

The hypothesis of this research argued that a focus on personal empowerment educational initiatives have a limited impact on overall community health outcomes, especially in the long-term. The main objectives of this research in order answer the hypothesis were threefold; to 1) Greater understand the effects of the current educational program, 2) Identify possible challenges to the current and future program in relation to the Second Harvest mission, 3) Offer useful programming recommendations for current and future programs.

The research proved the hypothesis correct; the focus in nutrition education programs of community clinics, resource centers, hospitals, churches, food banks and other concerned organizations tended to frame issues in terms of personal responsibility but this focus is not sufficient in addressing the health needs of the community. Namely because health needs are tied not only to individual responsibility but are in a large part due to economic, social and political dynamics that greatly influence individuals. As seen in the empowerment (development) perspective theories, it became apparent that social forces limited personal empowerment and autonomy and that therefore an emphasis on theories of participatory involvement must be further developed in the programming.

Therefore, this research calls for a reorientation in the community educational practices from the dominant individual-based approach to a community-advocacy-based approach using the P4P case study as an example of experiments in the shift of these educational interventions. It concludes that the current program takes an important step in

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emphasizing individuals' empowerment over their own health. This importance must not be undervalued, as noted,

“Programs that offer access to information and health care resources need not be understood in opposition to efforts for broader change. Recognizing that unequal access to medical care is one many socially structured inequalities and includes unequal access to the resource necessary to maintain healthy diets or environments conducive to physical activities, allows partnerships both to address short-term needs and to build capacity to address more fundamental changes necessary to eliminate racial disparities in health.” (Schultz et al 2005:65)

The SHFB case study shows that this initial approach is not sufficient in addressing the root causes of hunger. Adler and Stewart insist on a “social justice perspective that maintains both individual's control and accountability for behaviors and society's responsibility to provide health-promoting environments.” (2009: 50).

For these reasons, the SHFB's continuation of current health programs will benefit from concurrently making efforts to integrate a systems perspective approach implemented through active pedagogy and contained within an advocacy framework. The theoretical quadrant has greatly informed the summarized recommendations below:

1. If education is the main tool for community empowerment used by the SHFB there must be particular emphasis on the *pedagogy* or *methodology*. The current explicit focus on the education being culturally appropriate, accessible and practical must be integrated into an intervention that is also participatory, critical, hands-on and engages in education with the systems perspective in mind. The hands-on and participatory education engages participants and the systems perspective allows individuals take ownership over their educational process.
2. Educational interventions must shift their primary focus from an individual-based perspective to a social-systems based perspective; it must move from a medical model of treatment to a model of preventative public health. This *systems approach* utilizes a perspective that reveals the role of the

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environment and dominant power structures in shaping “individual” choices about health and wellness. In uncovering the true cause of hunger and malnutrition we are able to better address these injustices. If we continue to focus on the individual and their “choices” we both risk blaming the victim and limiting our ability to create sustainable community health.

3. The theme of advocacy must be constant throughout the programming, program implementation and educational interventions. Advocacy in all its multi-layered levels, from individual to community, must be a dynamic fostered in program participants. As advocacy is integrated, and the root causes of hunger and malnutrition begin to be addressed, the SHFB will have to take a politicized stance on certain factors causing hunger in Santa Cruz County. The community will be thus able to advocate for itself with the SHFB as an ally to support transformation.

These suggestions have used the ideas of human development and its emphasis on quality of life, health, education and its commitment to move beyond survival and into a realm of human rights as a critical base. The people involved in the program have up to now struggled just to live, the efforts of this research are intend to make a life possible beyond subsistence and to help individuals make claims to basic human rights. These human rights include the capacity of individual empowerment-of empowerment as a right. And it is shown that the conditions needed to exercise rights of empowerment are largely defined by social-political-economic structures in which dynamics of participation are key. Therefore, these suggestions are also intended to create conditions for individual autonomy and community autonomy that is participatory and involved. Goals of the program include empowerment, sustainability and participation-if participation is the “involvement by a local population and, at times, additional stakeholders in the creation, content and conduct of a program or policy designed to change their lives. Built on a belief that citizens can be trusted to shape their own future, participatory development uses local decision making and capacities to steer and define the nature of an intervention,” (Jennings 2000:1) with the intention being that in this case the focus on

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empowerment, systems perspective and advocacy will lead to greater capacity for participatory development of the program.

Of course, these suggestions are just a beginning and there are many questions this research has not been able to answer. Issues of engaged participation while working within a problematic of legality/illegality must be addressed in a work all of its own. Additionally, questions of gender and equity were barely touched in this work-an important dynamic-which once better researched would add greatly to whether or not these efforts will succeed. In fact, the questions left to answer seem almost endless, though the hope is that this research will be a good starting point for continued development and discussion that may lead a world which is more equal and in which hunger and malnutrition are things of the past. Furthermore, “participatory development programming is not politically neutral. To believe in and promote it is to believe in the intrinsic importance of self-determination” (Jennings 2000: 2). This politicized dynamic integral in the implementation of the programming may lead to a redefinition of the workings and basic structure of the food bank and shift it from charity driven to politically driven. This new dynamic should be given great attention in the future.

Because the Second Harvest Food Bank is committed to ending hunger and malnutrition through empowerment, education and community involvement—because it is working within a Community Food Security framework—and because it is committed to social justice and food justice, it is in a unique position to radically affect systems change. Its educational interventions and programs are a critical component to this possibility and it is the intent of this paper to have helped make this component a reality.

I walked into the kitchen/conference and meeting room last week to find scrolled at the top of the dry-erase board the following phrase,

For those who are hungry, food.

For those who are fed, hunger for justice.

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This anonymous author clearly summarized both the dynamics and complexity facing food banks as they move towards a future of justice and equality. Passion for Produce is in the beginning stages of this process. It has taken great strides on the path to feed those who hunger and now, in coalition with Second Harvest's commitment to grassroots change, Passion for Produce may be in a unique position to foster those who are fed to hunger for justice.

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