Building Community
Food Security in Tompkins County

What is Food Insecurity & Who does it affect?

“Food insecurity exists whenever the availability of nutritionally adequate and safe foods or the ability to acquire acceptable foods in socially acceptable ways is limited or uncertain” (Anderson, 1990).

In an age of supermarkets and agricultural abundance, people tend to dismiss food insecurity as a problem confined to the developing world. However, the reality is that, even in a country as wealthy as the United States, many people struggle to adequately provide healthy food for their families. In 2001, 10.7% of U.S. households were estimated to experience food insecurity at some point during the year (Leblanc, 2005).

Food insecurity can also cause tension within families. Mealtimes, which are supposed to draw families together, become stressful sources of conflict when resources are limited. In addition, food insecurity can also compound the other negative effects of poverty as families are forced to make difficult choices. In New York’s Southern Tier, one in eight families reported having to choose between food and other necessities such as heat (39%), rent/mortgage (29%) and medical needs (35%). Long term economic strain also takes its toll in terms of personal health. Living dense foods. We have a tendency to blame obesity on personal weakness or a lack of discipline, but when you can either spend your last dollar on the dollar menu of a fast food chain or an organic tomato at the grocery store, the choice to eat healthy becomes a lot more difficult.

Furthermore, we have to take into consideration the fact that residents of lower-income neighborhoods typically have more access to fast food chains and convenience stores than to grocery stores (Morland, 2002). These neighborhoods, which are often referred to as “food deserts,” exacerbate the food insecurity of low-income residents. Because they frequently lack access to transportation and thus are unable to reach suburban supermarkets, they are often forced to shop at independent grocery stores and convenience stores, which charge higher prices and sell more processed food (Wrigley, 2002). People with limited resources and people of color are more likely to live in these “food deserts,” where the imbalance of food choices lead to higher rates of premature death due to diabetes, cancer, and cardiovascular disease (Gallagher, 2006).

Our current epidemics of diabetes, hypertension, and obesity can be seen through the lens of food security. Obesity is not the opposite of hunger. Lower incomes and higher food insecurity are associated with lower intakes of fruits and vegetables (Cummins & Macintyre, 2006). As people struggle to make ends meet, they often resort to cheap, highly processed and calorie
in poverty increases the prevalence of ambient stressors—from everyday anxiety about how to pick up the kids from school to concerns about personal safety—and negative self-concept due to gaps between aspirations and actual attainment of material wealth. People who cope with economic hardship from an early age statistically suffer from more health problems and die at a younger age (Pearlin, 2005).

**Food Insecurity in Tompkins County**

Despite Tompkins County’s vibrant food system and well-established programs for providing food assistance, there is widespread and growing food insecurity. Local surveys indicate that about 10% of households identify access to adequate food as a critical problem. 30% of children in the Ithaca city school district receive free or reduced price lunch and one in six families with children under age five in Tompkins County have income below the poverty level and report difficulties affording enough food for the whole family (Karabinakis, 2011).

Due to shrinking income and increasing food prices, people are relying on emergency food assistance programs at unsustainable rates. The majority of local shelters and food pantries cite lack of funding as a serious threat to their continued operation (Karabinakis, 2011).

People living with limited income to spend on food often choose cheaper, high-calorie fast food and snack food over more fresh, nutritional options. According to the Tompkins County Community Health Assessment, over 8,600 residents have been diagnosed with diabetes and 24,000 residents with high blood pressure. 62% of males and 42% of females are overweight or obese (Karabinakis, 2011).

**Why the Subsidized CSA Share Model?**

The CSA model of agriculture contributes to community food security by offering a non-emergency source of fresh produce at reduced prices, especially for areas with limited access to other sources of quality, affordable food (Kantor, 2001). CSA shareholders benefit from improved nutrition, economic savings, increased food security, and knowledge about the source of one’s food. Studies indicate that CSA shareholders consume more dark green and yellow fruits and vegetables, more vitamin A, more fiber, and less saturated fat (Forbes & Harmon, 2008). Health Foods for All gives people the ability to take control of their nutritional well-being and that of their family by building on a model that already provides quality produce at a cost that is already below that of buying it at the grocery store (Forbes & Harmon, 2008) and making it even more attainable by subsidizing the large, up-front payment. While studies indicate that the typical CSA shareholder is young, white, and well educated (Cooley, 1996), HFFA helps provide food security for a much more diverse population by targeting communities of color and requiring WIC eligibility in order to receive a subsidized CSA share (Karabinakis, 2011).

In a program like Healthy Foods for All, participating farmers, who are by no means wealthy themselves, receive a fair prices to support their organic/biodynamic farming operations (Karabinakis, 2011). HFFA promotes the model of Community Food Security (CFS), which emphasizes the provision of safe, nutritious, and culturally acceptable food through community self-reliance and social justice. Unlike programs that focus purely on hunger prevention, the CFS model supports local agriculture and builds more long-term food security (Bellows & Hamm, 2002).
What are the Impacts of Healthy Food for All’s work?

Healthy Foods for All (HFFA) provides over 100 households, 400 adults and children, with nutritious, fresh produce they can afford through subsidized CSA shares. HFFA also offers classes on cooking, food preservation, and healthy lifestyle choices (Karabinakis, 2011). Because HFFA targets families with limited resources, the program also combats diet-related illness by introducing children to healthy eating from a young age and creating habits that can last into adulthood (Wethington, 2005). Giving families the ability to take control of their diet and become involved with local farms in a meaningful way has effects that go beyond nutrition and physical well-being. Here is a description of the experience of one HFFA participant and her family:

Mary and her family used to dread mealtime or anything related to food in their household. Her son, eight years of age, has a disability that drained the family’s resources unexpectedly and created challenges that became increasingly difficult to overcome. In 2009 they joined Healthy Food For All and received a subsidized CSA share with West Haven Farm. Now, through their participation in the HFFA program, Mary and her family (husband, son and daughter) have reestablished a healthy lifestyle that meets their nutritional needs and promotes overall well being amongst all the family members. On weekends they look forward to taking family trips out to the farm to spend time in a healthy, family friendly environment picking from the u-pick gardens and going home together to make a family meal. According to Mary “Food used to be a stressful issue that stirred up tension on a daily basis with my family. Do we have enough? Will the kids like it? But now, because of our CSA share and all the wonderful perks that come with it, we have transformed our relationship to food from something that was unhealthy to one that is undoubtedly supporting all of us in being healthy and happy. All of us couldn’t be more grateful.”
References


