Taken for Granted:
Ignoring Downtown Food-Insecurity

Assessing the impacts of limited choice, availability and quality of food.

Los Angeles Community Action Network
October 2005
I. Introduction

Community Overview
Central City East, more commonly known as “Skid Row,” is home to approximately 13,000 residents, mostly African-American, that are economically disadvantaged and generally marginally housed at best. Residents have a variety of housing situations, living in various shelters, missions, non-profit hotels, residential hotels and many living directly on the streets. The average income of Central City East residents is $8,855 per year, with 60 percent of residents having income of less than $10,000 per year. The unemployment rate is 25 percent, with an additional 50 percent of residents not engaged in the labor market at all.

The U.S. Department of Agriculture provides useful definitions to frame the issues faced by Central City East residents and investigated in this Community Food Assessment. Food insecurity is defined as “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.” The definition of socially acceptable ways specifically excludes utilizing emergency food supplies, free food lines or soup kitchens, scavenging, stealing and other coping strategies. Hunger, on the other hand, is “the uneasy or painful sensation caused by a lack of food,” it is “involuntary” and results from “not being able to afford enough food.” This Assessment shows that both food insecurity and/or hunger are experienced on a daily basis by most Central City East residents, largely because of the high utilization of free food lines and other emergency food supplies.

The concentration of service organizations located within the boundaries of “Skid Row” has led many to believe that obtaining adequate amounts of food is relatively easy. For example, policymakers, business interests, and service providers often frown upon outside organizations serving food on the sidewalks; characterizing the practices as unnecessary evils. This sentiment has undermined efforts to distinguish the true depths of hunger and food insecurity experienced by residents on a daily basis. Even more damaging, food insecurity and hunger have been disconnected from the core issues creating a crisis in our community, including soaring housing costs, low-paying jobs, unemployment and poor health.

Health Conditions
Central City East residents also suffer disproportionately from chronic health conditions. A variety of research has historically documented the poor health conditions of Central City East residents, as well as homeless people in general. Not surprisingly, many of the Downtown Community Food Assessment participants reported that they experienced health conditions that can be directly related to their diets or that were aggravated because of food insecurity and hunger. For example, about one-quarter of survey respondents stated that they suffered from high blood pressure; 19 percent of respondents reported that they suffered from hypertension; 11 percent of respondents reported suffering from diabetes.
Community Retail Food Resources
Central City East is absent any large or mid-scale grocery market which could provide a full spectrum of fresh fruits, vegetables, dairy and protein items. There is, however, a saturation of small stores that supply the neighborhood with mainly non-perishable items and alcohol. For the most part these establishments are small “mom and pop” operations that typically choose to sell items which will last on the shelves for an indefinite period of time, but very little fresh food. The Assessment utilized a sidewalk survey of local convenience, liquor stores and markets to obtain a clearer picture of available retail food resources. The findings supported our belief that fresh fruits and vegetables are not readily available in most local markets, as well as the difficulty in food stamp recipients in using Electronic Benefits Transfer (EBT) cards in the community.

Housing Types and Conditions
The types of housing and shelter found in the Central City East community create a barrier to storing, obtaining, preparing and consuming healthy foods. Non-profit operated hotels provide permanent housing to approximately 3,000 residents and provide community kitchen facilities, small refrigerators, and limited food storage space. This, at least, gives residents the ability to store a limited supply of fresh fruits and vegetables plus prepare food in a sanitary place. However, the remaining 10,000 residents live in shelters, missions, residential hotels or directly on the street and generally have no access to cooking facilities, food storage spaces, refrigeration, or other items needed to obtain and prepare healthy foods.

Models of housing, cost and availability of housing, and housing conditions all play an important role in healthy food storage, preparation and consumption in our community. Homeless residents face clearly apparent barriers to obtaining and preparing food of their choice. In addition, residential hotel tenants (approximately 5,000 residents) often pay up to 80 percent of their income to slumlords who do not provide common kitchens, sanitary living conditions or a guarantee of cold storage for fresh fruits and vegetables, leaving little money available for food.

Significance of Downtown Community Food Assessment
The gathering of information related to food and nutrition was imperative because of the unique conditions of the Central City East community: 1) Poor health is endemic; 2) Homelessness affects almost 40 percent of residents, creating significant barriers to healthy food consumption; 3) The characteristics of our housing stock create barriers to food security and healthy food consumption; and 4) There is a common assumption that food access, hunger and food insecurity are not problems in our community, but no research to document the characteristics of the community and its residents. This Assessment is intended to provide current data on the conditions in our community and create recommendations for action based on this research.

“My eating habits have definitely changed for the worse since moving downtown. Stores close early, fruits and vegetables are not sold in most stores, and I just don’t have enough money to buy all the food I need and the kinds of food I want.” Focus group participant
II. Methodology

In designing the Downtown Community Food Assessment, the main goal was to gather data from a variety of sources, using a variety of methods, to create a comprehensive picture of the conditions and needs of our community. The Assessment was focused on the Central City East community, where the Los Angeles Community Action Network (LA CAN) and its members are located, and the immediate surrounding area. Specific boundaries of the Food Assessment were from Alameda to Hill Streets (East-West boundaries), and from 2nd to Olympic Streets (North-South boundaries).

LA CAN assembled a Food Assessment planning committee that included community residents, as well as representatives from Community Food Security Coalition, an organization that provides technical assistance on Food Assessments, and the Hollywood Community Action Network, who had recently completed a Community Food Assessment. The planning committee identified five primary research questions:

1) How is food insecurity affecting the Central City East community?
2) What is the awareness level of community residents regarding nutritional food values?
3) What barriers impede community access to sufficient quantities of nutritious food?
4) How does the known lack of adequate cooking facilities and storage capacity (i.e. full-size refrigerators, cupboards, etc.) impact residents’ choice and ability to eat sufficient quantities of healthy, nutritious food?
5) Are there specific barriers to accessing sufficient quantities of nutritious food for significant subpopulations in our community, including Food Stamp recipients, elderly individuals, homeless people, people with disabilities, and families with children?

LA CAN selected eight data collection methods to identify answers to the above research questions and develop recommendations for improving food security in the Central City East community. These included: mapping, sidewalk surveys, interactive exercises with residents, focus groups, surveys, food journals, interviews with charitable food providers, and community forums. All of the data collection methods were designed to assist in gathering data representative of all residents and food resources in the area, although there was no attempt to ensure the sample of participants was statistically representative.

Mapping
GIS technology and other mapping techniques were utilized to create a series of maps that highlighted retail food outlets, including stores and restaurants; residential facilities; and population density in the Food Assessment study area. The maps give a general overview of the geography, population and resources within our community.

Sidewalk Surveys
The sidewalk surveys consisted of groups of residents visiting 27 percent of all food outlets in our community (100 sites). Five trained surveyors completed a short form for each food outlet that noted cleanliness, affordability, variety, hours of operation, acceptance of Electronic Benefits Transfer (EBT) cards, letter grade posted (issued by Los Angeles County Department of Health), and other observations.

Interactive Exercises
A series of four interactive exercises was held at LA CAN’s bi-weekly Residential Organizing Committee over a four-month period (eight total exercises). Over 60 residents participated in the exercises, with many participating in more than one exercise. Visual aids, such as a thermometer of nutritional value and pictures of various foods, were utilized to: 1) engage residents in ranking of nutritional values of foods; 2) identify food preferences; 3) describe income limitations in purchasing food; and 4) identify the main types of foods available in the community.
Food Journals
Eighteen community residents were asked to keep a food journal for one week, using a uniform tool with space to record three meals and two snacks each day. During that period of time, participants were asked to record the details of all the food they consumed for each day. The food journal participants were 50 percent male and 50 percent female, and three participants had dependent children living with them.

Surveys
The survey instrument contained 17 closed-ended questions, with additional sub-questions in some cases, and one open-ended question. The instrument was tested on a small group of community residents, presented to the planning committee and other experts for feedback, and finalized. LA CAN solicited resident volunteers to administer the surveys, trained volunteers, identified and prepared survey sites, provided small stipends for trained volunteers, and provided small gifts to survey participants. The surveys were administered at seven sites throughout the community over a two-week period. It was made clear to prospective respondents that the survey was totally voluntary, they could terminate the survey at any time, and they could decline to answer any question throughout the survey process. A total of 196 surveys were completed by ten trained volunteers.

Focus Groups
Three focus groups were convened, designed to gather qualitative data on four specific subpopulations: seniors, families with children, homeless people, and people with disabilities. The eight key focus group questions were uniform for all participants, with additional questions tailored for each subpopulation. A total of 27 residents participated in the three focus groups, which were conducted by two trained LA CAN staff members.

Interviews with Charitable Food Providers
Representatives of several of the community’s charitable food providers were interviewed about the food services they provide to downtown residents. The questions covered topics such as the logistics of serving meals to a large number of residents, the nutritional values of the meals served, the planning for special diets, the costs and budget limitations of the programs. A total of five free food providers were interviewed.

Community Forums
The preliminary findings of the Downtown Food Assessment Study were presented at a series of three community forums, attended by over 45 downtown residents and service providers. After the presentations, the participants were asked to provide input on recommendations to improve the food insecurity issues documented in our data. Participants were asked to think about options that would result in bringing truly affordable and nutritional food choices to downtown residents and then were asked to rank them in order of importance. The recommendations presented in this report directly reflect resident input and preferences.

All of the data from the above-described methods were compiled and summarized in various ways. The survey data were cleaned and entered into SPSS for statistical analysis. Although 196 surveys were analyzed, the total sample size for each question presented in Section III: Results varies due to questions that respondents chose not to answer and sub-questions that did not apply to every respondent. Focus group data were coded and tables of emerging themes were created. Mapping software was combined with sidewalk survey results and secondary data sources to create four maps showing food resources and gaps in food availability.
Section III: Results

The following section represents the combined results from various methods, described in the previous section, used to gather data for the Downtown Community Food Assessment. Where percentages are used to present data, this represents only survey data. For all other results, the data gathering methods and results are combined to present an overall picture of the status of the community.

General Demographics
The demographics of the participants in data collection generally reflect the estimated makeup of the community. For example, we surveyed 65 percent men and 35 percent women, and the mean and median age of survey respondents was 48 years old. Additionally, 74 percent of those surveyed were single adults, 67 percent were African American, and approximately 50 percent were currently homeless. Among focus group participants, the race and gender composition was very similar, but homeless people, families with children, elderly individuals and families with children were particularly targeted for a unique focus group.

Food Insecurity
In general, all of our data show that food insecurity in the Central City East community is alarmingly high. One of the key indicators, acquiring acceptable foods in socially acceptable ways, defines socially acceptable ways by excluding any dependence on free food sources. Yet, reliance on free food sources was reported by almost every resident who participated in any of our data collection activities. Most participants in the interactive exercises who lived in residential hotels stated they did not have enough money left after paying rent to buy enough food. Survey data shows that 87 percent of respondents regularly ate at least one established free food provider in the area and over 60 percent access food in “sidewalk giveaways” by churches and community groups. In addition, the majority of focus group participants reported other indicators of food insecurity, such as regularly missing meals, eating regularly at free food providers, and making economic tradeoffs between food and rent. Thirty percent of all low-income people and 36 percent of low-income African Americans experience food insecurity in Los Angeles County. In Central City East, a community almost solely comprised of low-income residents and predominately African American, the condition is exacerbated to a crisis level, with at least 87 percent of all residents facing food insecurity.

Awareness Levels Regarding Nutritional Food
All of the data supports our conclusion that downtown community residents have a much higher awareness level regarding good nutrition than their eating patterns demonstrate. The majority of residents surveyed classified healthy food items appropriately. For example, over 80 percent of respondents classified beans, fish/seafood, fresh fruits, fresh vegetables, fruit juices, and whole grain breads/cereals as healthy. Our nutrition awareness exercises also showed that the majority of residents were aware that items such as non-fat milk and low-fat frozen dinners were healthy. In addition, focus group participants generally stated that they enjoy eating healthy foods, especially fresh fruits and vegetables, and would like to eat more fresh and healthy foods but they are not readily available.

However, there were also significant areas of low nutritional awareness identified in the survey results and food exercises. For example, over half of respondents classified ramen noodles as healthy. Ramen noodles are an extremely inexpensive meal option available in almost every downtown community store, are high in sodium, and have very little nutritional value. In addition, over 30 percent of respondents stated that chips, hot dogs, pizza, and soda were healthy. A significant percentage of food exercise and survey participants tended to classify somewhat healthy and/or unhealthy food as more healthy. In summary, although the majority of residents have good awareness of healthy and nutritious food options, there are significant numbers of people whose awareness levels need improvement.

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Barriers to Accessing Nutritional Food

Data about the types of foods residents currently eat do not reflect healthy food awareness levels and attitudes shown in the data. For example, over 65 percent of survey respondents ate two servings or less of fruits and vegetables each day and only six percent of respondents ate the recommended five or more servings per day. Additionally, over 70 percent of survey respondents reported that they regularly ate chips, ramen noodles and soda. Food journal participants showed patterns of unhealthy eating as well. Food journals demonstrated that most residents regularly miss meals, eat a lot of snack foods such as potato chips and soda, and are heavily dependent on free food providers for meals where nutritional options are often limited by donations and tight budgets.

The difference between knowledge of healthy food and the actual eating patterns of residents appear linked to the following barriers to eating healthy. Almost half of survey respondents stated that healthy food is not easily accessible in the community (over half of retail outlets in the sidewalk survey did not have fresh fruits and vegetables) and that buying healthy food is too expensive. The cost of food was also a barrier that emerged in our food exercises, with many participants stating that they don’t have enough money for food and groceries, or anything else for that matter, after paying their rent.

Other barriers to accessing nutritional food that were expressed by at least 30 percent of survey respondents included: being limited to eating what is available in free food lines and programs; not having adequate cooking facilities; not having appropriate places to store food, including lack of refrigeration; not having access to transportation to large markets; and the fact that neighborhood markets are not open at hours needed by residents (our sidewalk survey showed that almost 70% of food sources were not open after 6:00 p.m.).

Additional significant barriers to access included: over 35 percent had been victims of discrimination, including being asked to show money before entering a store or restaurant and being refused service at a restaurant/store because of homelessness or assumption of homelessness; 49 percent of survey respondents were not aware that people with a drug felony on their record can receive food stamps; and only 23 percent of respondents accessed food banks.

In summary, key barriers to accessing healthy food are the lack of sufficient income to make personal choices about what types of food to regularly eat and the lack of access to a variety of healthy food in stores, restaurants and free food lines in the community. Only six percent of survey respondents said they do not have time to eat healthy, balanced meals and just nine percent said they were not sure what choices are healthy or unhealthy.

Lack of Adequate Cooking Facilities and Storage Capacity

Based on experience in the community and our data collection and analysis, the lack of adequate cooking facilities and storage capacity is a major barrier to the choice and ability to eat healthy nutritious food for residents in Central City East. Over half of survey respondents did not have access to any food preparation or storage facilities at all. One quarter or more did not have access to food storage, full-size refrigerator, hotplate, stove or oven. In addition, food journal participants demonstrated that the majority of people do not have kitchens or food storage access and therefore eat most of their food from charitable food providers. None purchased groceries in sufficient quantities to last beyond one week.
Over one-third of survey respondents stated that the lack of cooking facilities, storage or refrigeration directly prevented them from eating healthy food on a regular basis. Additionally, since the majority of people eat at least some of their meals, and many eat the majority, from charitable food providers, choice is severely limited. Although some of the food providers have nutritionists on staff, their meals are limited by availability of donations and often cannot provide the healthiest options. Most focus group participants desired more fresh fruits and vegetables, both from food providers and in local stores.

**Food Stamp Recipients**

Studies show that approximately 50 percent of people, both individuals and families, eligible for food stamps in Los Angeles County actually enroll in the program. The food stamp participation rate in the Central City East Community was also extremely low, with only 42 percent of survey respondents reporting that they received food stamps. Of those who were not enrolled, 35 percent received SSI and were not eligible for food stamps. However, 47 percent of those surveyed who were likely eligible for food stamps were not currently receiving them.

In addition to the barriers to accessing healthy food described in the previous section, food stamp recipients face additional barriers. Among food stamp recipients, over two-thirds reported that their food stamps did not cover everything they need to eat for the month, with 37 percent reporting food stamps covered their expenses for two weeks or less. Additional barriers include: only thirteen percent of stores identified in the community sidewalk survey accepted EBT cards (food stamps); and sixteen percent of survey respondents reported that they had been discriminated against by not being allowed to use their food stamps in a store.

Among all survey respondents, residents were unaware of recent eligibility changes to the program, changes that could potentially benefit them and the community greatly. About half (49%) of respondents were not aware that they could receive food stamps if they possessed a drug related felony, a fact that impacts many residents in a community plagued with substance abuse issues. Additionally, 20 percent of respondents who appeared food-stamp eligible reported they had never applied for food stamps.

**Findings specific to Homeless People, Senior Citizens, People with Disabilities and Families with Children**

Homeless people generally faced even higher rates of food insecurity due to their high utilization of free food resources, lack of kitchens and storage, and balancing the amount of time required to access free food lines with meeting other needs such as housing and health care. Focus group and food journal participants reported missing meals almost every day. Homeless people also reported that access to transportation was very limited, confining them more than any other group to only the food sources within walking distance.

Senior citizens tended to have more access to transportation to grocery stores and other food sources outside of the community. Seniors were also quite dependent on free food sources within the community, although focus group participants stated that part of the reason they utilized free food programs was for fellowship with other seniors. Lastly, seniors reported more health problems than other groups and some focus group participants stated they were unable to meet the dietary requirements of their health conditions.

People with disabilities also faced unique challenges in food access. For those receiving SSI, their income simply is not sufficient to cover all of their expenses and purchasing food often is a luxury they cannot afford. People with disabilities also reported that it was unusual for them to travel to access food due to lack of transportation, and were unhappy with the choices available at local markets.

Families with children had no access to kitchens and storage, due to the fact that shelter programs and residential hotels without common kitchens are their only housing options in the community. This severely limited their access to fresh foods, including fruits and vegetables, although they knew that both adults and children in their families needed to eat more fruits and vegetables. Additionally, for families living in shelter facilities, there was a desire to have more access to healthy snacks for children throughout the day and evening, since children did not always eat meals on a scheduled basis. Families with children also tended to eat fast food more than other groups.
IV. Recommendations

The USDA Food Security Initiative details seven strategies to reduce hunger, listed in bold below, all of which are relevant to our community and were supported by our community forums. All of these are intended as recommendations to policy makers and other Central City East stakeholders, as well as community-specific recommendations listed within some of the strategies.

1. Create new and enhance existing local infrastructures to reduce hunger and food insecurity
   1a. Increase awareness of hunger and food insecurity rates in Central City East to prompt changes in infrastructure and policy affecting our local community
   1b. Investigate the establishment of a Central City East Farmer’s Market

2. Increase economic and job security for low income people

3. Strengthen the Federal nutrition assistance safety net by supporting the full and efficient use of programs
   3a. Create centralized areas for food stamp eligibility and enrollment information, including eligibility for drug-related felons, and encourage participation in the program
   3b. Conduct community education sessions and other outreach regarding food stamp eligibility and enrollment, including eligibility for drug-related felons
   3c. Increase the number of retail food outlets that accept EBT cards, including eligible restaurants (for homeless food stamp recipient only)

4. Bolster supplemental food provided by nonprofits
   4a. Make efforts to improve the nutritional quality of free food in the community, including increases in fresh fruits and vegetables and decreases in soda and other junk food, especially for children

5. Improve community food production and marketing
   5a. Promote the creation of community gardens located throughout the community, including housing sites and parks, to increase food production and access to fresh fruits and vegetables.

6. Boost public education and awareness about nutrition, food safety and food security
   6a. Create a community-based food and nutrition education series, tailored specifically to improving food security and nutritional food intake within the context of the Central City East community assets and barriers

7. Improve research, monitoring and evaluation

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Acknowledgements

The Los Angeles Community Action Network extends deep appreciation to the residents of downtown Los Angeles who shared their stories and gave voice to the needs of our community. Without the welcoming spirit and active participation of the residents being interviewed, participating in focus groups and keeping food journals this community-based research project would not have been possible.

We acknowledge the commitment and professionalism of the survey volunteers who devoted their time and enthusiasm to this project. Additionally, we recognize the many organizations involved with the project that gave a variety of in-kind contributions.

In addition, we recognize Steve Diaz, Peggy Cummings and Rickey Mantley for their leadership in the Downtown Community Food Assessment.

Funded by the U.S. Department of Agriculture Food Stamp Program. USDA is an equal opportunity provider and employer. The Food Stamp Program provides nutrition assistance to people with low income. It can help you buy nutritious food for a better diet. To find out more, visit a local County DPSS office.