

An Examination of the Intersection of Food, Eating, and Health through Food Culture and the Social and Geographic Environment

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Abstract: Food desert, is a term that is used more frequently in the United States to describe poor access to nutritious food in urban food landscapes. Access to healthy food in Milwaukee, Wisconsin is limited at best. This research paper investigates how Milwaukee residents articulate a relationship between food, eating, personal health and their environment as they manifest in food cultures and in the way Milwaukee residents access and participate in the consumption of food. This project takes place in zip code 53233 in downtown Milwaukee. Four research methods were used in data collection (1) walking surveys and area mapping, (2) observations of food establishments, (3) surveying and (4) in-person interviews. The themes used to describe what was studied are the specifics of the African American food culture, economics, the local food landscape, access and the use and abuse of legal and illegal substances. Each of these areas is a means of understanding the full breadth of this complex, intertwined relationship articulated by the local population. The aim of this research project is to explore how Milwaukee residents articulate their relationships towards food culture and consumption and what, if any, are the long-term implications for their immediate community.

Key Words: food anthropology, food desert(s), urban landscapes, health, environment, access

Introduction

Large areas within Milwaukee's urban landscape have become food deserts, where access to healthy food is difficult or unachievable for resident populations.¹ These food landscapes are a result of business practices and economic factors that ultimately impact the way local residents buy and consume food (Christian 2010). In correlation this contributes to their physical and mental health while providing a basis for their overall relationship with food, eating, and health (Neff et al. 2009). This research paper investigates how Milwaukee residents articulate a relationship between food, eating, personal health, and their environment as they manifest in food cultures and the way

Milwaukee residents access as well as participate in the consumption of food. Food can serve as a discourse on personal health. I define personal health as an individual's physical and mental well-being in addition to one's embodied identity. In addition, environment refers to an individual's immediate locale or surrounding environment.

Food is seen in a cross-cultural perspective as a source of and complement to health and as the connection between one's body and the environment, often because food is linked to its ecological origins and is contingent upon environment. In extension, good health is not solely based on diet, but structural considerations such as poverty. There is a complex set of dynamics and a deeply entrenched, multi-generational poverty in which individuals lack access to healthy food sources and stress-free living due to the limitations and structure of the environment where health suffers as a result. The relationships within this intersection are found through exploring the concept of the meal within the context of the urban neighborhood in which ingredients are bought and procured. By examining the geography and food consumption in the vicinity of zip code 53233 in downtown Milwaukee, I explore how Milwaukee residents articulate their relationships with food culture and consumption and what, if any, are the long term implications for their immediate community. I argue that the meal is at once an expression of identity and intergenerational food traditions as well as materialization of economic conditions that limit access to particular food sources while casting food as an economic good in and of itself.

This paper is structured around six themes: (1) African American food culture; (2) the meal and cuisine; (3) economics; (4) the local food landscape; (5) access; and (6) the use and abuse of legal and illegal substances. The first theme contributes the historical context of how soul food culture developed, and provides insight into how and why the structures of current foodways are developed. The second is an examination into the concept of the *meal* and how the research population articulates the answer to the question "what is a meal". Further this is a look into what is bought for meals by the local population and what this reveals about their relationship with food. Economics is a large theme and is examined to explain buying patterns and give insight in to people's means of procurement, access to food, and the psyche of the social environment. Examining the local food landscape as a theme exposes how geography impacts how the research population gains access to food. Further, access as a theme looks at upbringing as a contribution to how individuals in the re-

search population access healthy eating. Lastly, substance use and abuse is so prevalent in the way it intersects with food that the theme is a necessary component to address this examination.

This project contributes to the field of food anthropology by focusing on a specific food culture as a means to understanding how food, eating, health, and the environment are articulated in an urban, specifically African American, and largely impoverished population. While much of the anthropological literature on food focuses on its contribution to health and environmental conditions, this project examines the intersections of food, eating, health, and environment as they contribute to individual and collective relationships within a population that are specific to Milwaukee, Wisconsin. However, comparatively speaking, this population is not unique to this city alone; Milwaukee is an urban landscape that I believe is comparable to metropolises across America. This examination adds to the present literature by addressing the food crisis afflicting our cities populations and the health of many Americans. Even with a zip code sized research population, the results of this study are important to further understand the many variables that factor into the overarching health situation that exists while putting forward possible solutions for the improvement of people's relationships with food, health, and well being.

Methodology

This research is located in zip code 53233 in downtown Milwaukee. The southern border is Interstate 94 and the industrious Menomonee River Valley and to the east, it is roughly Interstate 43 and four blocks further east toward downtown. The western and northern borders run through residential areas (Figure 1).

This area of Milwaukee is commonly generalized as inner city, low income and home to a large African American population. The area south of Interstate 94 is non-residential and thus research was not conducted there extensively. North of the Interstate in the southeast "quadrant" is where Marquette University is located.² Students were deemed temporary residents, who have different means of accessing healthy food outside the local food landscape, and thus were not considered as part of the research population. As for the remaining three quadrants, the entire population was considered part of the study group. The individual locations of food establishments are clustered on

Clybourn Avenue, Wisconsin Avenue, Wells Street, State Street, and 27th Street. All businesses on 27th Street are zoned in the zip code to the west of 53233, but this is insignificant since residents do not shop exclusively within such boundaries and this area is included within the research.

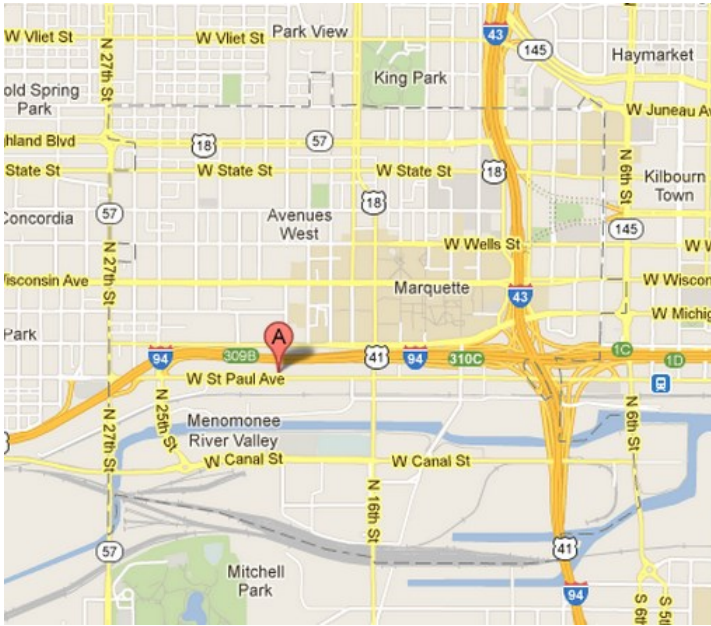


Figure 1: Study Area. The dashed lines are the boundaries for zip code 53233.

(www.maps.google.com)

What drew me to this location is the fact that I have lived in this zip code for approximately three years, and have become aware of the non-student resident culture and the lack of healthy food options in this area. Though there are many zip codes that could and ought to be examined, I chose this one for its geographic convenience, along with the personal connection I have with this location and its inhabitants. To capture the local discourse and relationship with food, eating and health, I used four ethnographic research methods that allowed me to collect a broad set of data: (1) walking surveys and area mapping; (2) observations of food establishments; (3) surveying; and (4) in-person interviews. In the section that follows, I describe the approach of each research method and the particular information I intended this tool to yield. While all methods proved valuable, in doing the project, some proved more practical in initial fieldwork and were utilized more than the others.³

Walking Survey and Mapping

The first methodology was a walking survey to map the different food outlets in the area. I included any location where one can access food for purchase, to find the total number of food sources and to gauge residents' access to food by examining how geographic location is a factor. I also took into consideration the assortment of food items on the shelves in order to understand the local relationship with food and what the local diet may be if people rely solely on what is available in nearby stores. I saw this as a means of understanding the economics behind eating and examined the costs associated with different staple foods. My initial goals for conducting this mapping exercise were to obtain a proper understanding of the context in which residents may currently access food in order to understand how access impacts how people view food and eating. Did shops offer different prices for popular, staple food items and is this an influencing factor in determining where people shop? I also saw value in this method as a means to understand how the context of the local food landscape may be a factor in residents' opinions and perspectives on eating, health, and environment that may emerge in the subsequent steps of the project.

Food Establishment Observations

Observations proved very useful for answering the following questions: what do local residents purchase, and what, if any, are the constraints behind why they purchase what they do? Observations were conducted at grocery stores, convenience stores, and restaurants (mainly fast food establishments) in the area to capture a better understanding of each space's particular function as a source of food, as well as the consumer that used the space. I observed the following: the demographic characteristics of consumers, what they bought, what items were bought with greatest frequency, what currencies were being used, how food purchases could be prepared to make a meal: what subsistence strategies individuals were utilizing, and what non-food purchasing activities took place with frequency at food establishments. I observed roughly 350 transactions that contributed to my understanding of how different food outlets play a role in food access, what local residents buy and presumably consume, and what may be their relationship to food and eating.

Written Survey

The survey consisted of six to seven open-ended questions designed to gauge local residents' present perspectives regarding food, eating, health, and the environment. Most significantly I wanted to use this methodology to

ask: what importance does eating and food have in peoples' lives? I distributed 50 surveys to local residents in the research area in person (Appendix A). The aim of the survey was to help capture the orientations of residents toward food and eating in their own language and identify elements of that discourse to help lay the groundwork for a broad understanding of their present beliefs. I received ten back resulting in a return rate of 20%. They all provided valuable answers that supplemented the data as a whole, but they were not enough to establish trends on their own.

In-Person Interviews

The semi-structured interview method was used to delve deeper into people's eating habits and their articulated relationship between eating, health, and the environment. If interview subjects had not completed the survey, I used the survey as the interview script. In all other cases, I used the script in Appendix B. All of the questions aimed to produce data about how variables such as cultural traditions, education, government, economics, geography, and access contribute to the emergence of a local Milwaukee attitude and relationship toward food, eating, health, and the environment. What are the current attitudes and further, what is the present social environment where this intersection takes place? In total I conducted eight in-depth interviews, four males and four females with the estimated average age of 45 years.

Results and analysis

African American food culture and its place in Milwaukee, WI

African American food culture, also called *soul food*, is one of the largest variables contributing to the local relationship with food and eating and is only fully comprehensible in its historical context. The term soul food has only been used since the 1960s civil rights movement and has had an evolving definition and connotations ever since (Opie 2008; Whit 2007:46). As a result the rhetoric of *soul* and soul food and the soul food movement is not unanimously agreed upon, but it is valuable to understand its context. While soul has its popular definitions today, another intricate definition of soul is "knowing that when the human layers are peeled away there is a hidden, impenetrable gem, the sapphire" (Hughes 1980:274). Soul food is seen as a "preserver of [African American] culture that is passed through generations through the selection and preparation of food" that also makes up a large part of "African ethnic identity" (Hughes 1980:272). Indeed soul food contributes to the Afri-

can American identity in all points in its history (Williams-Forsen 2007; Poe 2002). Commonly however, an accepted definition by members of the African American community and along with those in the research area today is “good cooking” that comes from the “heart and soul” that brings “love and comfort” to the table and eating experience.⁴ This parlays right into the social atmosphere that accompanies meals in African American soul food culture. What has been described to me, by an interviewee I call James, was an atmosphere where “a certain form of southern hospitality persists... [where] family, friends, friends of friends, friends of the family never goes hungry” in Milwaukee and in areas of Chicago where friends and family often live. From this research it is clear that food and eating hold significant meaning and is seen as the basis of life.

To be brief, African American foodways have their origins in the Atlantic slave trade where food traditions and cultures brought from Africa evolved in response to historical and social forces into current attitudes of how we perceive particular food items, meals, and cuisine. Physical labor under slavery demanded energy dense foods that were distributed in rations from the beginning with the sole purpose to get the most labor out of the individual (Deetz 1996:233-234; Yentsch 2007:59-98). As a result, slavery changed the pre-slavery foodways. Further the presence of New World food items, introduction of new cuisines (European), emancipation, and the northern migration of African American communities all have contributed to the present day African American foodway that still reaches back to the rich, energy dense foods of the past (Hall 2007:17-44; Hughes 1997; Opie 2008:19-20; Whit 2007:45-58). A common critique of soul food by the African American and medical community is that it has not changed along with the post-slavery lifestyle and is thus a significant contributor to obesity, diabetes, and other diet-related illnesses among many of the African American community (Hughes 1997; Opie 2008:155-173). The debate ranges to both extremes and Opie gives a particularly insightful account and suggests that there is no need for abstinence when it comes to soul food, but adaptation, as a means towards longevity for one’s life, the cuisine and the food culture that surrounds it (2008). Opie also gives a thorough account of the social attitudes that have led to the “reform” that is happening across the national community (2008:175-181). Health is the most concerning topic in regards to soul food consumption. Thus, it is often the main target for adaptation within the food culture and is one frequently addressed in soul food cookbooks.⁵ These cookbooks offer clear meal portions, recipe modifications, and are a mode of accessible education as well as tools in

the kitchen (Bower 2007; Opie 2008:133-135, 155-173, 175-181; Woodson, Braxton-Calhoun and Benedict 2005; Zafar 2002). In sum, only through understanding the historical context of African American foodways is it apparent how identity and food traditions of the meal are articulated in this research population today.

Cuisine, the meal, and its structure in Milwaukee Culture

African American cooking is an ethnic cuisine, the definition of which is well articulated by Mintz and Du Bois, “Ethnicity is born of acknowledged difference and works through contrast. Hence an ethnic cuisine is associated with a geographically and/or historically defined eating community, but ethnicity, like nationhood, is also imagined - and associated cuisines may be imagined, too” (2002:109). The context of an ethnic cuisine such as soul food is important to understand before further examination of its place in a particular society. Also important is the question: what is a *meal*? Mary Douglas’s essay, *Deciphering a Meal*, meticulously delves into this discussion. She simplifies a meal as “a mixture of solid foods accompanied by liquids...that is a structured social event which structures others in its own image” (1997:40-44). The words cuisine and meal are used with an assumption of their meanings, but a brief examination of their definitions is key in discussing food and food consumption. I frequently asked “what is soul food” and “what is a meal” throughout my research and only from walking surveys, observations and interviews was I slowly able to answer these questions. Buying patterns suggest how apparent the presence of soul food is in the diets of the local residents and what food items individually and in combination are considered fit for a meal. Following the parameters of soul food I found that meat makes up a large portion of sales, as does a starch or carbohydrate and sugary drinks (soda, Kool-Aid, Capris Suns, generic fruit juices, etc.). The overall trend toward purchased food items is products high in fat, carbohydrates, salt, and sugar. Through walking surveys, observations, and historical context I found soul food to be found in the area. It is seen in what items are procured and the structure of the meal for the local resident. Reasoning for this behavior can be found in the food culture and also external factors such as economics that will be examined below.

Since businesses stock what they know from experience will sell, the shelves indicate a lot about the store owner’s perceptions of local demand, and the income in the area. From observation, soul food advertisements and menus were visible inside and outside restaurants and food stores (Figure 2).



Figure 2. Advertisement above a grocery store in the research area (photograph by author).

Most of the different food establishments' shelf contents showed the presence of food items typically used in soul cooking. A few of the most common items for sale consist of: frozen or canned okra; chopped collard, mustard, and spinach greens; lima, black eyed, and pinto beans; Aunt Jemima corn bread flour; instant grits; sweet potatoes; vegetable, corn, or canola oils; chitterlings; select smoked bone joints (pig); salt pork; ham hocks; pork bits; pork rinds; fish fillets; and chicken in a variety of cuts such as drumsticks, processed nuggets, tenders, and patties. Through observations, I saw that meat comprised a large portion of purchases, though the meats mentioned above were not the only selections. Pork, chicken, and fish were the most frequently bought, but beef products (ground beef, sausages, hot dogs and steaks) were also common; steaks were the rarest beef products and were typically bought alongside fewer items and little to no other meat products, presumably due to their higher prices. The most favored meat was commonly beef in some form or another, and it often held a certain emotional meaning representing the changed socioeconomic place in one's life. For one interviewee, James, steak represents how far he has come in his life and the place he now holds in his adult life. When he was 18 and had his own place in Milwaukee for the first time "steak became [his] chocolate cake". Now, his "ultimate meal" that began with steak and shrimp, eventually transitioned to "steak, eggs, biscuits, pota-

toes, and orange juice on ice” which is eaten around once a month for pure enjoyment.

Interviews showed favorite meals to be of both soul and non-soul food varieties for different generations. On average older consumers seemed to purchase and consume more traditional soul food items while younger consumers did so less often.⁶ While the younger generation’s preference is slightly different from the older generation, they still bought foods high in fat and carbohydrates. From observations, breakfast and lunch were often meals consisting of inexpensive, generic soda and processed chips, cheese puffs, or other processed snacks. All of these items were frequently purchased and consumed at the establishments in question, sometimes by groups of school children on their way to school. Larger food item purchases bought by young families suggested that what was bought contributed to meals belonging to non-soul food cuisines. In addition, females of all ages seemed to buy in a healthier way, had larger shopping loads, and shopped with children as compared to males who purchased smaller loads with less healthy items if they were not part of a female-male couple.

A few people I interviewed described their choice of cuisine as “fast food,” “real food,” “homemade meals,” “Cajun,” “Italian,” and “soul food!”. The most common non-soul food cuisine mentioned was Italian-American, which is similar to soul food in that the Italian dishes mentioned are energy dense, filling, and incorporate beef. Though the soul food cuisine is what most people I talked to grew up with, their geographic and social environments and culture has changed. This allowed for taste preferences to change along with the ability to purchase and cook meals of different cuisines. Some characteristics has lasted through the generations, but food culture, like the rest of culture, is dynamic and is something that is taught as well as learned.

A trend that demonstrates this is that even though food preferences have shifted from the traditional southern foodways, people cook in the ways that they were taught, tailored to what tastes they are most accustomed to, and to dishes they most prefer. This is seen in the generational continuation of soul food cooking and its adaptations, which give the cultural context of people’s relationships between food, eating, and health found in the area. The shifts in buying patterns between generations demonstrates the dynamic movement of what presently makes up a meal and a cuisine as well as the challenges in studying the intersection of food and eating. Along with historical context, know-

ing how the research population defines a meal and how they structure their meals is an important basis to understand the Milwaukee relationship between food, eating, health and the environment.

Economics of food

In addition to food culture, economics is a substantial variable in acquiring information on food and food consumption that shapes an individual's relationship with food and eating. As mentioned previously, shop inventory is based on what business owners know will sell and reveals what the resident population can afford to buy (Figure 3).



Figure 3: Guide for WIC approved merchandise in the same grocery store as the previous image. The variety on the shelves matched these guides in this store as well as in others within the research area (photograph by author).

Beyond demand and local food culture, economics dictates what specific food items are stocked based on the means of purchase of the local population. Milwaukee has a poverty rate of 26.3%, the highest in the state, and double Wisconsin's average (Glauber and Poston 2010, U.S. Census Bureau 2012). The Federal poverty threshold for a household of three persons is around \$19,000 dollars (U.S. Dept. F&HS 2010). In comparison, Milwaukee

has an average of 2.49 persons per household with an average household income of \$35,000 a year (U.S. Census Bureau 2012). This is a reality for many residents, though by no means do all residents in this location live in poverty. What the economics of this area depicts is the shape of the present social environment and the impacts it has on food access, eating, and food culture by way of ability to purchase, as well as the collective mood and outlook on life that is often a result of poverty. This also represents the constraints influencing what it bought and in addition to preference, indicates why certain food items are purchased.

This high rate of poverty and low income overall was obvious in my observations, approximately 90% of individuals who bought food items did so with government assistance via Quest cards or Women Infant and Children food program checks (WIC). Poverty and low employment have been present in this area for years with little improvement, and the situation only worsened with the recession of 2009 and the depressed economy that followed (CED 2010; Levine 2012). In the Milwaukee area as a whole, the African American population's employment rates experienced a drop that has led to a range of creative subsistence strategies (Edin and Lein 1997; Levine 2012; Williams and Hegewisch 2011). Additionally, in response to this historical as well as more recent economic environment, food and non-food items are often sold in value sizes or under generic labels and also sold individually (for example single pack cigars) to make them more accessible to purchasers and to help business owners move more inventory. Similarly, in addition to cash, WIC checks and Quest cards, there are alternative currencies that have arisen to help individuals obtain certain items more easily. Like many informal economies, subsistence strategies and transactions that I observed or was told about demonstrated that locals frequently play at the boundaries of what is deemed legal.⁷

Further, food store shelves look similar from establishment to establishment since they stock what is approved by the government for purchase under food assistance programs as well as items such as alcohol and cigarettes that are in demand though they are not approved. Customer traffic peaks from the beginning to the middle of the month when government checks are distributed, and is relatively slow the rest of the month. Store employees have noticed this pattern, which was borne out in my observations. Also, many individuals bought food in large quantities that had a longer shelf life (processed, canned, and frozen foods) that would last the month until the next assistance check was provided. Items bought tend to be higher in calories and the cheapest per dol-

lar. Money was on the mind of some shoppers; I heard Thanksgiving Day planning three-four weeks in advance when government assistance was distributed and also noticed a dip in food purchases immediately before the holiday. When I compared prices of fresh fruit and vegetables, milk, eggs, bread, and meat, between most food stores items were similarly priced and on average were within five cents of each other. This leads me to believe that in comparison the prices of different food establishments do not have a significant impact on buying patterns. However, customers who shopped at Store One not only came for the positive atmosphere, they also sought out the fair and economically priced meat the store was known to stock.⁸ In examining this research area it is essential to address economics since on a daily basis they limit how people access food sources and relate with food, and have a significant impact on eating practices, health, and environment. Economic instability causes stress and cause people to prioritize how savings ought to be spent, thus it is important to see how the intersection examined is affected by poverty.

The Local Food Landscape and Access as Contributing Factors

Access to healthy food is impacted by a complex array of institutional forces. I found adequate food access to be dictated by a continuous cycle with no obvious original cause. Poverty, socioeconomics, and government policies contribute to creating food landscapes such as the one examined. Relative to the size of the population, there is a low number of food stores in the area. There are three stores in the vicinity that would be classified as a grocery store, two that would be deemed corner stores, six convenience stores and five establishments where non-food items are their main business, but they also sell food items.⁹ As mentioned previously, each store's selection was tailored to what people could afford to buy, which, consists of a larger amount of processed, energy dense, shelf stable foods and less fresh food items. Fresh food was present at each location, however, often in poor condition that did not encourage purchase. Fresh food items commonly found included: heads of lettuce, tomatoes, lemons, limes, carrots, apples, milk, eggs, dairy products, deli meat cuts, bread (2/3 white 1/3 wheat), russet potatoes, and yellow onions. Access to food establishments with a wider selection, particularly of healthier foods is limited, but nevertheless they are sought out and utilized. Those who have the means of acquiring transportation do their shopping at larger food stores within a five to seven mile radius, though mainly in Wauwatosa. It is not clear what proportion of people have a means of access versus those who do not; it is clear, however, that there is a large portion of the local population that rely on food stores in the immediate area because of low prices and geographic convenience. In addi-

tion, many customers were seen asking for a bag, double bag, or had brought a cart of sorts with them, suggesting they live within walking distance.

Access is not only one's physical position in relation to food stores, but is something that is also personal. Cooking is a skill and the knowledge of how to buy and cook in a diverse and healthy way is a challenge, and may not be common knowledge depending on one's upbringing. This was observed in the hesitation or disinterest seen when consumers would purchase unhealthy foods while there were healthy or healthier items available. I was frequently told that part of being healthy required eating right, having the proper attitude, exercising, and staying away from "things that will kill you" such as smoking and drinking, as research participant Jones told me. From what I can discern, people know what it means to be healthy or live a healthy lifestyle. It was noted however when I asked about the hesitation and disinterest in buying healthy food I observed interviewees answering that it was due to "upbringing". This delivers insight into people's relationship with what foods one purchases, their eating habits, and by correlation their health. Food is an economic good and access can be seen here as: an individual's means of purchase, their education of and relationship to food and cooking, as well as their geographic proximity to food sources on the food landscape. This area is a food desert and through this theme it can be seen that a lack of healthy food sources impacts one's relationship with as well as access to food, eating and health.

Substance Use and Abuse as a Product of the Locale Environment

It was not my intention in the beginning of this research project to discuss substance use and abuse, but as I was conducting my observations the signs of substance use were so prevalent in the way they intersected with food that it is necessary to address this theme. I engaged with local residents about this topic since use is clearly visible and as one interviewee I call Jones said, "drugs are everywhere" with a range of substance users and/or abusers that do so for a variety of reasons. There is a history of substance use and abuse in the area and it is a "social" activity exercised with the attitude that "misery loves company". It may be interpreted that substances were consumed in a group setting or that the collective psyche fostered substance use as a result of the economic environment and many people were using.

Through observation it is clear how history and the social environment may be the reason behind use and consumption, and interviews displayed substance use as something for pleasure and release from the stresses of the

local environment, and as a means of coping with a reality in which one does not wish to take part. I found a large portion of older age males buying (and presumably drinking) the cheapest beer, or one of the cheaper selections on the shelf at any given point in the day, though mostly in late afternoon and in the evening until close. In addition, the purchase and use of tobacco products, marijuana, and hard drugs were just as prevalent in use among individuals of all ages, but mainly males from my observations. The high number of cigars and flavored papers bought, again mainly by males suggests marijuana use from known drug culture behavior.¹⁰ Without further inquiry into their use, what can be distilled is that buying patterns suggest that beer is bought in place of meals throughout the day. This suggests a mental health concern and is revealing of a particular negative intersection of food, eating health and the local environment.

Understanding the reasons for this behavior will require further targeted study. One reason in particular that deserves future attention is homelessness. The relationship between homelessness and substance abuse is intricate and I witness a correlation that needs to be researched in the future (Lowe and Gibson 2011; McNaughton 2008; O'Toole 2004; Thompson, Rew, et al. 2009; Tyler and Johnson 2006). Nevertheless, through multiple interviews I discerned that drugs and alcohol are used to provide pleasure in replacement of other forms of pleasure giving substances such as food in some situations. Substances may offer a more appealing degree of pleasure than food, or healthy eating behaviors. On more than one occasion I overheard individuals' discussion of "cooking" cocaine (Jones). The local discourse leads me to believe food and drug ideologies and discourse are not distant, but overlap in some key respects. Just as food is bought, "cooked," circulated and sold drugs follow the same pattern when they are being discussed and use the same rhetoric. What can be determined is that the relationship between food and substances is more complex and intertwined than initially believed. These similarities in the movement and rhetoric surrounding food and illicit substances suggest a relationship that ought to be examined in future research. Nevertheless, through the initial examination of substance use in this research project, one can see how the social environment contributes to how the individual articulates their relationship with consumables. Beer and other substances are consumed in place of the conventional food and drink sources that traditionally structure meals, and are thus examined within the limits of what is deemed a meal. Though limited, this theme is important to understand as a component that shapes how local residents relate to health as well as food and eating.

Discussion

What the results of this research project show is a very deep connection to food, eating, and health present in African American history and cuisine, with the environment being articulated in the geographic and social landscape. The most efficient method of presenting the findings of this examination is through the six themes mention above: African American food culture, economics, the meal and cuisine, the local food landscape, access and the use and abuse of legal and illegal substances. Each of these themes is a necessary means of understanding the full breadth of this complex, intertwined relationship articulated by the local population and its lasting impacts.

In examining how African American foodways evolved is it clear how the current food ways and soul food culture are articulated in Milwaukee. This theme also brings to light how soul food contributes to certain health concerns as well as being a remedy. Only within this historical context can the cuisine and the meal be delved into further exposing the shape of both to be heavily influenced their roots in the past. Soul food is the most common cuisine in the area and the typical meal is one high in fat, carbohydrates, salt and sugar, with meat as the main focus of the meal. Traditional soul food items were found throughout the area; however there were few establishments selling any form of food as their main merchandise. Fresh food was found, but it was often of poor quality and extremely limited in these locations, forcing locals to do the majority of their shopping five to seven miles away. Another trend observed was that traditional soul food items were bought most frequently by the older generation as compared to the youngest generation. There has been a change in preference for certain food items within the meal; however the typical meal structure discussed above remains the same between generations.

In addition to food culture another reason found for these buying patterns is economics. The poverty rate in this area is twice Wisconsin's average. Economics are found to limit access to food sources in so far as the establishments with large selections of fresh, healthy food of good quality are not present in impoverished areas of Milwaukee. Further, food is an economic good that requires money in some form, which limits access. These limitations as a result of poverty can be seen in the common inventory of food establishments' shelves. The food shelves were tailored to meet the economic need of local residents offering energy dense, shelf stable products that were often generic brands in quantity sizes.

Poverty also causes stress and affects the collective psyche of the population creating a “misery loves company” attitude that leads to substance use and abuse. Full explanations for the causes of either poverty or substance use or abuse is outside the scope of this research project; nevertheless the multi-generational history of poverty in this area as well as homelessness are two estimated causes. Based on initial observation substances are consumed in place of traditional food and drink during meal times. Further, the local food and drug discourse overlap in some respects suggesting a complex relationship that is worthy of further study. In conclusion, what the results reveal is a relationship dependent on a complex mixture of contributing factors that exposed health and food access as two areas that can and ought to be addressed. The state of both health and access are poor and are a concern in the minds of many individuals in the research area. The lack of access to healthy food is what drew me to this area and through my results it is clear that it is an area in need of change.

There is a wide body of literature that addresses food access (Christian 2010; Lee et al. 2010; Nestle 1999; Webber, Sobal and Dollahite 2012), health (Alston et al. 2008; Han, Powell and Pugach 2011; Neff et al. 2009; Oliver 2010; Strum 2009) and food and nutrition security and insecurity (Christian 2010; Zezza and Tasciotti 2010) that clearly articulates the factors contributing to food insecurity and also suggests possible solutions. English chef and activist Jamie Oliver, for example, has a convincing argument that he presents in the shape of a triangle with “school” “home” and “Main St.” (corporations and government) at its corners (2010). Oliver’s argument is that we as a society have failed to teach our children and by extension society in all three corners and as a result diet-related diseases are the top two causes of death among Americans. Oliver states not only that these three points are where the problem lies, but also where the solution can be found (2010). I believe his argument summarizes in large part the situation found here in Milwaukee. The top priority and message is clear: education, where you teach ones’ children as well as the community. In the soul food culture as discussed above, adaptation rather than avoidance is a feasible tactic to addressing the health concerns associated with the cuisine (Opie 2008). Further, a cultural movement in the African American community needs to come from within to create a desire and a demand for healthy food in the home as well as schools. A way of going about this is through alternative modes of health education via community work and cookbooks (Opie 2008; Woodson, Braxton-Calhoun and Benedict 2005). Another method where effects can be almost immediate is

through local food store interventions, where inventory would be tailored to fit local health needs while still providing a successful business model (Gittelsohn et al. 2007). If economic development and government policy fall short, then devising a way to conveniently incorporate healthy food choices at affordable prices into daily life is feasible, and should be further examined. Action should be seen on all levels from the bottom up as well as the top down.

“Main St.” is the corner that is hardest to combat. Preferably corporations and government should have people’s well-being their driving motivation rather than profits, but this is not the case. The government specifically has a significant influence on the “information environment in which consumers make food choices”, which deems policies and economic development strategies a large responsibility of the government (Ippolito 1999:295; Maxwell:1998). The poverty that afflicts this area of Milwaukee is multi-generational, which is telling of the effectiveness of government efforts to halt this pattern. It is clear that if the poverty level would decline, the social environment would then increase, which would change the overall attitude, lifestyle, and average meal of the population through better financial and geographic access to food. Increasing access to healthier food is no doubt a difficult, multifaceted task, nevertheless with a lack of action from either the individual, community or governmental there will be no change to the present situation.

Conclusion

It is clear how intertwined and complex the local resident population’s relationship is between food, eating, health and the environment. This research project in its entirety provides insight into the food culture, meal structure, constraints, and health challenges that surface by examining food. Specifically, the Milwaukee relationship is strongly influenced by history, food culture, economics, geographical access, and the social environment as it is shaped by culture, multi-generational poverty, and substance use and abuse. As a result, the meal is seen here as an expression of intergenerational soul food traditions and identity among the African American community in the research area. In this examination food and by extension the meal are economic goods and access to both are limited by economic conditions. This research also brings to light the troubles that afflict the local population in relation to food access and health through food consumption. Above are possible solutions to these issues; none-

theless, I see the results of this project as beneficial to increase transparency and suggest policy for urban populations who live in food deserts and whose health suffers in part as a consequence. Ultimately, my hope is that this research contributes to understanding the local population, the troubles it faces, along with what possible solutions are available in current discussions to help combat these issues in culturally sensitive and strategic ways.

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Notes

¹The definition I am using for a ‘food desert’ is an area that “lacks opportunities to purchase adequate nutrition where food options are often limited to fast food restaurants, convenience stores and grocery stores poorly stocked both in quantity and quality” (Christian 2010:361). I define ‘healthy food’ as food “high in nutrients and low in calories, fats, sodium, and additives/processed ingredients – particularly fruits and vegetables that are among the foods encouraged in the dietary guidelines for Americans” for respective age groups (Neff et al. 2009:283; U.S. Dept. of H&HS 2010; and U.S. Dept. Agr. 2010).

²“Quadrant” here refers to a soft line dividing the area north of Interstate 94 into four quarters.

³Rather than including a separate literature review section readers will find the relevant literature incorporated into the results and discussion section that follows.

⁴Additionally, Frederic Douglass Opie’s 6 working definitions of soul food are: (1) a cultural mixture of various African tribes and kingdoms, (2) adaptations and values developed during slavery and emancipation, (3) the style of rural fold culture, (4) the values and styles of planter elites in the Americas, (5) spirituality and experimental wisdom that make black folk unique, (6) putting a premium on suffering, endurance, and surviving with dignity (2008:137).

⁵Soul food cookbooks have long, intermittent history and have been a key contributor to soul food adaption, identity and pride over the years. Recently, African American soul food authors have had to defend the cuisine as something uniquely African American, an intellectual property that cannot be written about, or profited from by other ethnicities (Bower 2007; Opie 2008; Zafar 2002). The debate has also strengthened a collective African American identity.

⁶I am using generalizations to talk about generation because obtaining ages during observations is not feasible. The generations I am roughly referring to are youngest (18-25), middle (25-45) and oldest (45-85) years of age.

⁷Not all subsistence strategies were observed first hand; some were hearsay and thus were not catalogued as fact in some instances. Recognizing the risk I would put all parties in of inquiring beyond observation, or what was hearsay I did not research further on the topic.

⁸Store One is a pseudonym for a food establishment within the zip code.

⁹I am referring to gas stations and large corporate franchises. Also note that in this tally I am including the establishments on 27th street that are not within zip code 53233. If I were to count establishments strictly in the zip code it would be considerably less.

¹⁰I knew substance use and abuse was prevalent in the area, but I did not realize that it would be so a large component in my research. Thus, I did not have any substance-focused methodologies in place. Therefore, what I have as evidence is from observation and a brief questions answered in interviews. This is an area that needs its own attention, however, time was limited and safety was a concern during this project. There were opportunities to speak with drug dealers and users, but I did not because of these constraints.

Appendix A: Survey Questions

Version 1:

- Q: What importance does eating have in your life?
- Q: How would you describe your choice of cuisine?
- Q: Do you see healthy food as obtainable? Why or why not?
- Q: How does eating affect your health?
- Q: Are there foods you use as types of medicine?
- Q: What role does the environment play in your health?

Version 2:

- Q: What importance does eating have in your life?
- Q: What type of food do you like cooking the best?
- Q: How does eating affect your health?
- Q: What does it mean to be healthy?
- Q: What role does the environment play in your health and what you eat?
- Q: Do you eat some food or meals as medicine?
- Q: Do you see healthy food as obtainable? Why or why not?

Appendix B: Interview Questions

General: If they didn't take the survey

Q: Do you see any relationship or connection between the words "food", "environment", "health" or "medicine"?

Q: What is your health philosophy?

Q: How did you come to this philosophy?

Q: How do you stay healthy?

Q: How does the environment affect your health?

Q: How would you describe your diet or eating habits?

Q: (If appropriate then) How do you feel about your diet or eating lifestyle?

Meal Study:

Q: What did you have for dinner last night?

Q: What were the ingredients?

Q: Where did you obtain these ingredients?

Q: How often do you make this dish?

Q: What were the reasons that you decided to make this dish?

Condensed:

Q: What does it mean to be healthy?

Q: How does your environment affect your health and how you eat?

Q: Do you eat any particular foods as medicine? Or differently at different times of the year?

Q: What importance does eating have in your life?

Q: Do you see healthy food as obtainable?

Q: What style of food do you cook?

Q: Do you find pleasure in cooking/eating?

Q: What did you have for dinner last night?