



Fixes that Fail: Reducing Food Deserts, Poverty, Crime, and Intergenerational Incarceration

Submitted by: Megan M. Card

There is a clear connection between food deserts and structural racism. Food deserts are areas/locations where residents lack convenient access to affordable healthy foods like fresh fruit and vegetables. Food deserts are disproportionately located in communities of color.



*Figure 1 Photograph by Aleksandar Pasaric:
<https://www.pexels.com/photo/photo-of-supermarket-3423860/> CCO.*

Bailey et al.¹ defines structural racism as “the totality of ways in which societies foster racial discrimination through mutually reinforcing systems of housing, education, employment, earnings, benefits, credit, media, health care, and criminal justice.” Food deserts are located within the contexts of structural racism and are associated with poverty, crime, and multigenerational cycles of incarceration.

“Our approach reveals how structural racism within the food system is simultaneously being reinforced by ill-performing, interdependent socio-economic sectors, such as criminal justice, housing, and the labor market.”

This study takes place in Cleveland, Ohio as a part of a community-university research partnership to increase the equity within food systems. The researchers chose the “fixes that fail” model for their research where a “fix” is quickly implemented to address an urgent problem. The researchers then measure the success of the “fix” and any unintended consequences that make the problem worse.

Highlights

A systems approach is needed to address the context roots underlying urban access to healthy food.

The root problem stems back to systemic racism.

Creating sustainable community wealth can address food deserts and upstream issues criminal justice.

Methods

Stakeholders living in poor communities of color were interviewed. Participants were offered the chance to invite friends and associates from their community to engage in the research as well. Participants were divided into three different groups: a) residents (i.e., people living in the community), b) food retailers (i.e., food store owners, operators, and distributors), and c) regulators (i.e., people in positions of power to control resources and policy).

Results

- Poverty creates concern over safety and crime.
- Safety within the neighborhoods affects the food system and the overall health of citizens.
- Incarceration as an answer to safety concerns is a “fix that fails,” ultimately creating more unintended consequences that directly impact food systems.
- Creating sustainable wealth within the community would help address the food deserts as well as the root cause of crime which is supported by poverty and leads to the cycle of incarceration.

HOW DID A COMMUNITY PSYCHOLOGY PERSPECTIVE INFORM YOUR WORK?

This study supports prevention, social justice, and an ecological understanding of people within their environments. It uses feedback loops, stakeholder involvement, and systems thinking. Using Community Psychology theories and techniques, researchers were able to uncover the root problem of crime which leads to incarceration and is supported by poverty within poor, urban Cleveland communities. This approach can help solve the problem of food deserts at the root, rather than offering yet another “fix that fails” option.

What Does This Mean For?

Research and Evaluation: Community Psychology aims to uncover the system's root problem, and this research offers a model for how to achieve this goal. The recruitment process for the participant interviews gave researchers answers they would not have discovered had they not involved a diverse group of interviewees.

Social Action: Research into the food deserts in urban areas uncovered racialized systems as the root problem. Social action needs to remain focused on the underlying issue of social inequality and work toward consequential change within the structural system.

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¹ Bailey, Z. D., Krieger, N., Agénor, M., Graves, J., Linos, N., & Bassett, M. T. (2017). Structural racism and health inequities in the USA: evidence and interventions. *The Lancet*, 389(10077), 1453-1463.