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# "treat Everybody Right:" Multidimensional Foodways In Detroit

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**“TREAT EVERYBODY RIGHT”: MULTIDIMENSIONAL FOODWAYS  
IN DETROIT**

by

**ALEX B. HILL**

**THESIS**

Submitted to the Graduate School

of Wayne State University,

Detroit, Michigan

in partial fulfillment of the requirements

for the degree of

**MASTER OF ARTS**

MAJOR: ANTHROPOLOGY (Medical)

Approved By:

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Advisor

Date

## DEDICATION

I never could have completed all of this work without the love and support of my wife and life partner, Nichole. She put up with my absence for late night focus groups, community meetings, coding and manuscript writing. She listened when I needed to talk through theoretical problems, my latest research readings any time between breakfast and dinner, and most importantly she gave me critical feedback that allowed me to stay grounded in my research purpose.

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## **Community Hosts**

The Church of the Messiah (5)  
Gardenview Estates (7)  
Matrix Human Services (3)  
The Original Citizens of 48217 (6)  
Genesis HOPE (4)  
Grandmont Rosedale Development Corporation (1)  
Focus: HOPE (2)

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# 1: Background

## Introduction

I never intended to conduct an in-depth study of food access in Detroit. In 2009, I moved to the city to do nonprofit work with high school students. Through that work I was inundated with the news of Detroit's lack of grocery stores and the assumption of a lack of food for people to eat. Yet, the students I worked with talked about grocery shopping with their parents, buying food in their neighborhoods, and eating their favorite home-cooked meals. The existing research seemed woefully inadequate at telling the story of food in Detroit.

After taking a job in behavioral health research at Wayne State University in 2010, I became acutely aware of the impact of food and food access in the city. New commentaries were published to dispute the absence of grocery stores, but academic research continued to cite the inadequate and outdated research on the absence of food sources in the city. The new commentaries presented an alternative viewpoint, but overplayed the existence of grocery stores when there was no information on what foods those stores stocked within their walls. Even more new research showed that there was almost \$200 million being spent on groceries outside of the city limits (Social Compact 2010). There are many grocery stores, but who shops in them if so much money is being spent outside the city?

In 2011, I began informally surveying nutritional assets and mapping the locations of Detroit's grocery stores and other food access points (community gardens, healthy corner stores, farmers markets). I was specifically focused on stores that stocked a full-line of products that included: produce, meats, packaged goods, and dairy - where you could theoretically go to complete a full shopping trip. The numbers previously reported varied widely due to methodology and commercial databases utilized. In the end I ground-truthed 84 grocery stores based on a list from the Detroit Economic Growth Corporation (DEGC).

The grocery store landscape changed quickly in Detroit. By 2013 my ground-truthed numbers were no longer valid, many things had closed, moved, and opened. I was able to pull together a group of volunteer surveyors who retraced my steps as well as assessed the availability, price, and quality of foods inside of every grocery store. This ended up being the most comprehensive assessment of food access and availability in the city in the same year that chain grocery stores, Meijer and Whole Foods opened for business. The survey team found that 76 grocery stores all had at least 15 of the 20 varieties of fruits and vegetables assessed with only four stores falling below an 80% acceptable quality rating (Hill 2014a). This study found that there were plenty of grocery stores with acceptable amounts of food available.

Not a food desert? Detroit was found to have over 70 full-line grocery stores with adequate foods inside, but \$200 million is being spent outside the city. Why do people prefer to shop outside the city? How do Detroiters perceive their own access to food in a city regularly categorized as both a food desert and a regional foodshed (Eastern Market) simultaneously? This study engaged residents in discussing their own ideas about what food access means to them as well as where and how they decide to shop for food. With good quality fruits and vegetables available at each of Detroit's 70+ independent grocery stores, there remains a lack of understanding in consumer preferences and perceptions of nutritional access in the food environment (Hill 2014a). *How do Detroit residents perceive their own access and utilize various foodways as a result?*

## Treat Everybody Right

"If we get bad service, we just get mad and don't complain, we must challenge the establishments in our community to step up they game. Treat everybody right!"

- African-American, Male, 56, Focus Group August 22, 2014

This participant's emphatic comment encompasses the common theme across all of the focus groups, group interviews, and in-depth interviews conducted in Detroit to better understand residents' own perceived access to food. In the Detroit context there exist a wide range of misconceptions about food access as a result of inadequate research and poor methodology, but



most egregiously food access research in Detroit nearly never asks people what they think of their own access to food.

1: "Where do you all do your grocery shopping?"

2: "What do you mean where do we get our groceries? We get them at the grocery store."

1: Often times people use different types of stores and locations to get food for the month.

3: "There is no way in hell I'm stepping foot into one of those [liquor] stores and coming out with any food for my family. There's no food in there."

- *Community Grocery Store Assessment Training, GenesisHOPE Church, July 7, 2013*

Among the food access misconceptions in Detroit are that food is purchased primarily at liquor stores (Hansen 2008) and corner stores or "fringe" food outlets (Gallagher 2007). Both the mass media and academia have engaged in piecemeal discussions around food access in Detroit, which has perpetuated myths and likely slowed more focused improvements to food insecurity. Detroit is assumed to be a "food desert" even with contradicting evidence (LeDoux et al. 2010, Hill 2014a) not to mention the disregard for the "food desert" term among Detroit's food advocates (Hill 2014b).

"We don't demand it! We have to demand it!"

- *Sandra Turner-Handy, Detroit Food Summit, April 4, 2013*

By engaging residents in focus groups and group interviews rather than only written surveys, this study was able to better understand how and why and how specific groups of people decide to access food. Many people had (1) extensive knowledge of healthy eating habits, (2) employed multiple strategies for food purchasing that included locations well beyond their neighborhood, and (3) placed high value on in-store treatment and customer service in conjunction with food prices. These findings highlight the importance of individual choice among an assumedly marginalized, poor, and under-educated population. The creative and cultural strategies used for food access at all of the study sites demonstrate the critical need for food access research to more regularly pair ethnographic methods with quantitative exercises in determining what the skills, needs, and desires are of communities facing food insecurity.

Reversing misperceptions is of the utmost importance if food access interventions will not perpetuate assumptions and instead support effective community solutions.

## Food and Access in Detroit

Food is an integral piece of life; nutrition and health, culture, geography, and economics. Food links many of the major issues of the 21st century together within the boundaries of our bodies, communities, states, and nations. What people think about food shapes the way that it is prepared, consumed, and most importantly preferred. Studying food access has been a growing interest for public health interventions focused on the built environment as well as for geographic analyses to measure proximity as a measure of health disparity. Both public health and geographic approaches broadly ignore “foodways” or the cultural and social practices that affect food purchasing, how and where people purchase food, and what motivates their food access preferences (Alkon et al. 2013:127). In other contexts these have also been described as “foodscapes” or the social, relational, and political construction of food provisioning and power structures (Miewald & McCann 2014).

Access is a key term when discussing food security issues. Typically, food security is tackled by researchers focused in developing countries where there is food scarcity, famine, and drought. Food access requires a multi-factor approach in much the same way that malnutrition should be understood in both food scarcity and food overabundance. The current generation can expect to live shorter lives than their parents in developing and developed countries due to issues of inadequate food access resulting in wasting, stunting, and increased susceptibility to preventable diseases as well as surplus food access resulting in the spike of diet-related diseases. In the United States, these areas are typically low-income and African-American where high rates of obesity, diabetes, and hypertension are found (Bodor et al. 2013, Cheadle et al. 1991, Inagami et al. 2006, Liu et al. 2007, Izumi et al. 2011, Zenk et al. 2005). The focus on

intervening in the food environment in economically deprived areas focuses on an assumed deficit rather than the myriad foodway adaptations occurring in the urban ecology.

The discussion of access is where most researchers rely on a quantitative (price, distance) and supply-side valuation to measuring the issue of access to food. This approach most often leads to inaccurate understandings of access in food environments and has allowed the “food desert” metaphor to be wantonly applied (Hill 2014b). These often limited analyses of food access paint an inaccurate picture in urban centers, specifically Detroit. There is more to food access than delineated “food desert” zones, the number of stores in a city, and how far away they might be from clustered groups of residents. Martin Manna, the Executive Director of the Chaldean American Chamber of Commerce of Southfield said,

“There usually is a market within walking distance of nearly every area of Detroit. It might not be a supermarket. That might be why there are so many people eating potato chips rather than wholesome foods in Detroit.”

- *Martin Manna* (Smith and Hurst 2007)

“Food deserts” are commonly measured geospatially by two core measures: distance to fresh foods and distance to fast food outlets (Caraher et al. 2010, Gallagher 2007, Gatrell 2011, Morland 2006, Rose 2010, Short et al. 2007, Walker et al. 2010). These two measures are used to classify geographic areas as “food deserts,” however they are not synonymous with food access nor do they account for individual perceptions of access.

In 2010, it was reported that upwards of \$200 million in grocery spending leaves the City of Detroit (Social Compact 2010). With the historical loss of industry combined with the “flight” of people from the City of Detroit there followed the “desertification” of retail businesses, notably chain grocery stores (Donohue 1997). As recently as 2007, large grocery stores have pulled out of Detroit (Smith and Hurst 2007). For the Detroit region this is one reason among many socioeconomic reasons that individuals shop outside their neighborhood for food. A number of studies have demonstrated the phenomena of poor, urban residents going outside their

neighborhoods for food purchasing (Piacentini et al. 2001, Clifton 2004, Gittelsohn et al. 2007, Drewnowski et al. 2010). In the 2009 USDA report on “food deserts” a key recommendation was to explore,

“. . . how people fit grocery and food shopping into their daily activities and travel patterns, how these activities and patterns expose people to food environments outside of their neighborhoods, and how this may affect their shopping and diet.”  
(Ver Ploeg 2009:48)

However, there have only been a handful of studies that actively ask people about their own preferences in accessing food (Budzynska et al. 2013, Coleman et al. 2011, Kumar et al. 2011, Rose 2010, Zachary et al. 2013). Additionally, there are a growing number of food access studies that point towards more research on food purchasing patterns and the lived experiences of people in so-called “food deserts” through multidimensional approaches (Rose et al. 2010, Alkon et al. 2013:133, Shannon 2014:259, Shannon 2016, LeDoux and Vojinovic 2013:2, Walker et al. 2010). The most compelling result from many of these studies is that food access is more than just geographic distance to a grocery store and can include various socioeconomic barriers as well as perceptions of access or acceptance while purchasing food. New research has noted that distance to healthy food may be psychological (Thompson and MacDonald 2013:154).

“It’s not enough. People always want more. We carry everything, many options, but people would rather shop at the super markets: Meijer, Wal-Mart. . . Is it because we don’t have the options? Look around!”

- *Staff Interview, Independent Grocery Store, February 2, 2012*

## 2: Literature Review

A literature review was conducted to both better understand how current research on food access has utilized qualitative methods as well as to gauge the breadth of food access research that has occurred in the Detroit context. The literature on food access draws together many disparate fields: public health, nutrition, sociology, geography, urban planning, and anthropology.

## Anthropology, Food, and Ecology

Anthropologists have long examined food as an important aspect of culture (Boas 1921, Curtis and McClellan 1995, Goody 1982, James 2004, Mintz and DuBois 2002, Ochs and Taylor 1995). These anthropologists and others have contributed theories and examined the impacts of food insecurity and how culture relates to food consumption and health. Ethnographic methods can help to fill many of the gaps in food access research such as the market-driven, supply-side approach that isn't focused on the experiences of people. An ethnography as both a process and a product can help ground access to food in historical and human contexts.

Jack Goody discusses the work of Audrey Richards (1932) stressing the “sociological significance of food” and the “value of ‘the study of eating customs’ (1982:16). Richards considered the broader cooperation between anthropologists and nutritionists in this endeavour and regularly took a comprehensive position to examining the “cultural determinants of food and feeding.” Goody and Richards move theory away from environmental determinism defining food habits and instead placing greater emphasis on culture's influence on contemporary foodways.

Food access regularly examines the food environment, but might be better focused on “food ecology” that includes the social, political, and economic relations within the food environment. Conrad Kottak's theory of “New Ecological Anthropology” is a starting point for repositioning food access studies because it moves beyond the danger of the 1960s “old ecological anthropology” by no longer focusing study on geographically isolated ecological populations (Kottak 1999:23). Kottak references Rappaport's (1971:238) characterization of “ecological populations” as “groups exploiting resources entirely, or almost entirely, within certain demarcated areas from which members of other human groups are excluded.” Kottak's blend of political awareness and policy concerns helps to emphasize the interaction of a community in multiple different systems (1999:31). New ecological anthropology's people-centered approach

allows food access research to become more comprehensive in addressing the experiential gaps and to include emerging criticism.

Additionally, New ecological anthropology appears to evolve from “political ecology” (Wolf 1972) which takes into account interconnected societal structures, both urban and natural (Agyeman and McEntee 2014). Urban political ecology combines theoretical elements of political economy, human geography, and ecological studies. Wolf writes that there is a need to “combine inquiries into multiple local ecological contexts with a greater knowledge of social and political history, the study of inter-group relations in wider structural fields” (1972:204-5). Agyeman and McEntee note that “environmental justice,” and by extension “food justice,” is being folded into the neoliberal market economy, however urban political ecology assists in addressing the “significant food access problems of institutional racism, class, . . .” and the “focus on the neoliberal solution of supermarkets” (2014:215).

To the extent that urban environments are unnatural, man-made spaces, there is a need to reintroduce ecological analyses along with an examination of political implications as social-ecological issues more acutely affect urban populations (Heynen, Kaika, and Swyngedouw 2006:2). Historical geography of urban planning, zoning, and wealth inequality are all missing elements in current food-based interventions in urban spaces. Heynen, Kurtz, and Trauger (2012) note that most alternative food movements are led by upper-middle class whites with a primary focus on food rather than structural inequities and systemic change.

## **Qualitative Methods and Food Access Research**

There is a growing chorus of food access researchers recommending better methods and more comprehensive engagement of individuals in assessing their own foodways, or the cultural and social practices that affect food consumption - where, how, and why people eat and shop (Alkon, et al. 2013). In particular, one study audited stores for food availability as well as conducted focus groups to better understand community perceptions of grocery stores in

Pittsburgh (Kumar et al. 2011). Another study utilized qualitative methods; in-depth interviews and focus groups, to better understand individual food purchasing decision making among an urban poor community in Baltimore (Zachary 2013:1). Other studies offer recommendations for future research to fill in missing gaps:

[...] how people fit grocery and food shopping into their daily activities and travel patterns, how these activities and patterns expose people to food environments outside of their neighborhoods, and how this may affect their shopping and diet.  
(Ver Ploeg 2009:48)

Many food desert studies might be making inferences that are simply not valid. Assertions of a direct effect of a resident's neighborhood food environment on his/her dietary behavior and health hinge on an untested assumption that residents purchase food in their immediate environment. In addition, these assumptions risk overlooking the food environments that socially and economically disadvantaged neighborhood residents utilize or are forced to utilize due to broader socio-spatial dynamics.  
(LeDoux and Vojnovic 2013:2)

One path forward may entail recognizing the multiple ways in which individuals value and interact with their food environment, rather than elevating a single optimized rationality defined primarily through nutrition and cost.  
(Shannon 2014:259)

## Food Access in the Detroit Context

Academic studies were reviewed for their focus on food purchasing habits and access patterns in Detroit over the years. A number of historical reports were found that categorized food habits in the 1940s through 1980s with a nutritional and racial/ethnic focus (Focus Hope 1968, Humphrey 1945, Kass and Kolasa 1978, Reese and Adelson 1962, Sharp and Mott 1956, Thibodeau 1985, Wiehl 1934). These studies from the 1940s-80s all primarily relied on in-depth interviews to gain a better understanding on food purchasing, budgeting, and eating patterns.

The majority of more recent studies (2000-present) on food access in Detroit come from the public health field, which typically involves use of Geographic Information Systems (GIS) to map and categorize food store locations relative to population groups (Gallagher 2007, Hill 2014a, Zenk et al. 2003).

A number of studies engaged many residents of Detroit in formal surveys (Zenk et al. 2005, Budzynska 2013, LeDoux and Vojnovic 2013, Coleman 2011) but only one study utilized ethnographic interviews to ask people what they perceive to be their own access to food (Rose 2010). Four food access studies within the last decade were selected for a deeper dive based on their level of engagement of individuals in assessing their particular foodways and decision-making.

Daniel Rose (2010) frames his research on structural issues to examine how residents in two Detroit neighborhoods (Near-Northwest and Lower Eastside) create strategies to obtain food. He notes research that has identified availability and cost as barriers to food access (Drewnowski and Darmon 2005:900) as well as quality, transportation, and emotional toll of unpleasant markets and discrimination in suburban stores (Barnes 2005). Rose includes Bourdieu (1977) as a framework for understanding structural issues and the tacit, taken-for-granted food practices that occur at the neighborhood level. Rose relied on random contact with individuals (n=47) in his neighborhood in order to conduct interviews as well as shop, eat, and spend time with participants (n=21) before or after interviews. Rose found that the majority (96%) of residents were not satisfied with their local grocery stores largely due to prices (87%), food quality, food selection, service, and cleanliness. Strategies used by participants largely depended on leaving the neighborhood with only 11% exclusively utilizing local grocers. This is significant based on his research showing that 72% of participants did not own a car. Prices led many participants to complete multiple food purchasing trips, a similar strategy for experiences with spoiled meats. Rose also found a high level of nutritional knowledge, which contradicts much of the perceived problem with eating healthy in Detroit.

Marcus Coleman et al. (2011) built off of the divided literature on the spatial impact of access to available food sources. Their primary goal was to demonstrate demand for fruits and vegetables among a low-income population in Detroit's Piety Hill neighborhood. The study used a two part survey with participants (n=152) to better understand individual perceptions about



healthy food consumption and actual consumption. The surveys also included gathering information on socioeconomic factors, access to stores, transportation, primary shopping locations, and number of trips to purchase food in a month. Coleman et al. found the majority of participants lived within 1 mile of their primary food purchasing location (45%) and the majority earned less than \$1000 in income per month (69%). Just over half of the participants noted that they couldn't afford to purchase fruits and vegetables (55%). They found a causal relationship between availability of fruits and vegetables and consumption even while a majority of their participants desired to eat more fruits and vegetables (57%). Coleman et al. found that access was not the only or primary constraint, rather income and supply chain issues dominated.

Timothy LeDoux and Igor Vojnovic (2013) take the issue of "food deserts" head on in their food purchasing study of socially and economically disadvantaged residents on the Lower Eastside of Detroit (n=1004). They utilized an 8 page survey sent via mail to collect their data on travel behavior and food shopping patterns based on a typical week. The potential biases and barriers to completing an 8-page survey should be noted as residents with less time and trust for surveys would be unlikely to submit responses. Much like Rose (2010), LeDoux and Vojnovic found that the majority of residents bypassed convenience, dollar, and party stores in their neighborhoods in favor of the medium grocery stores within Detroit city limits or chain supermarkets in the suburbs. The study found that relatively higher-income households visited chain supermarkets more often. Overall, LeDoux and Vojnovic found that economic and social disadvantage did not spatially limit the food purchasing behavior of the residents as was assumed from previous studies. Their participants largely had access to a car (69%) and a strong preference for independent grocery stores and supermarkets.

Most recently, Shannon Zenk et al. (2014) look further into both individual level factors alongside the food environment and how that informs food purchasing behavior. In particular, this study was focused on measuring food access and discrimination based on the rise of economic residential segregation impacting the food environment. The study utilized data gathered in 2002-

3 through the Healthy Environments Partnership (HEP) from a survey administered in Eastside, Southwest, and Northwest Detroit. Zenk et al. found that the majority of participants preferred supermarkets (35%) and mostly within the city (70%). Those who shopped within the city also reported (81%) utilizing another store type to complete their regular food shopping. The study model determined that each 1 mile increase in distance to food shopping was associated with an increase (7%) in the odds for “unfair” treatment.

## **Conclusion**

The studies referenced all point towards a greater need for ethnographic and people-centered studies of food access and its multidimensional barriers and facilitators. Critical articles noted the major gaps left uncovered in academic food access studies and the need for more qualitative work to compliment quantitative mapping techniques. Specifically, the Detroit context shows that there have been a number of smaller attempts to delve into a more people-centered discussion of food access and some uncommonly discussed constraints, however there needs to be a broader understanding and nuance for each neighborhood within Detroit. All of the Detroit studies highlight the creativity and strategic approaches that residents use to adapt to a less than ideal food environment with car utilization, preference for grocery stores and suburban supermarkets, and desire to be treated fairly when accessing food.

### 3. Methodology

#### Study Design

This study developed and grew from a pervasive theory in public health on food environments, notably “social ecological theory” (McLeroy 1988), to a more anthropological, cultural examination of food access. Social ecological theory has become a primary model for understanding how individuals relate to their environments (Shannon 2014:260) and has been readily adopted among obesity researchers (Glanz 2005, Davison and Birch 2001) to analyze the varying layers of environmental influence on individual people. The major issue with social ecological theory is that it limits people to their immediate environments; often a small spatially limited foodscape. While utilizing the social ecological model studies have found that spatial food access negatively impacts health (Cheadle et al. 1991, Inagami 2006, Izumi 2011, Liu 2007, Zenk 2005) while in the same design many more recent studies, using alternative methods, have found there is no spatial correlation at all (Boone-Heinonen et al. 2011, Hill 2014a, LeDoux and Vojnovic 2013).

Examining the issue more anthropologically is where social ecological moves historically to cultural ecological theory where anthropologists were more concerned with cultural practices (hunting, gathering, cooking, sharing meals) without considering social or political influences on foodways (Steward 1972, Rappaport 1971). Digging into cultural ecological is where the study design evolved to “new ecological” and finally to “urban political ecology.” This study was designed to be able to analyze the multidimensional issue of food access with a people-centered approach while layering the social, political, and economic.

Wayne State University’s Institutional Review Board approval was obtained to conduct focus groups and interviews with letters of support from the primary partner organizations (IRB #068314B3X). Prior to every focus group or interview a spoken statement was given about the

research, goals, and process along with a one page handout that noted the same information. The study was supported by the Detroit Economic Growth Corporation (DEGC) and the Detroit Food Justice Task Force (DFJTF) with additional assistance provided by the Detroit Food Policy Council (DFPC) and the Detroit Food Politics Research Group at Wayne State University. The coalition of supporters along with the series of community partner organizations allowed for an analysis of the social, political, and economic impacts of food access in Detroit.

The DEGC operates as a quasi-governmental non-profit body tasked with managing the economic development burden instead of the formerly bankrupt/resource-strapped city government. The DEGC handles all requests for proposals for land redevelopment projects and runs a number of economic development councils, including the Downtown Detroit Partnership and Neighborhood Development Council. DEGC's primary food access intervention is comprised of working with the Detroit Independent Grocers (DIG) and the Associated Food and Petroleum Dealers (AFPD) in its Green Grocer Project which grants funding to independent grocers for facade improvement and other upgrades, such as new cold storage, sanitary equipment, etc.

The DFJTF operates as a loose coalition of activists and advocates covering topics ranging from air pollution, lead poisoning, infant mortality, asthma, obesity, food insecurity, and racism. The organization's general operation is focused on the unequal distribution of healthy food in the city and the need to hold more powerful stakeholders accountable, which includes the AFPD, City of Detroit, and the State of Michigan. The DFJTF works closely with and shares members with the DFPC, most importantly by pushing for action on the city's food insecurity policy. The DFPC is an entity hosted by the Eastern Market Corporation (EMC) and often meets with representatives of the AFPD. Members of the DFJTF and DEGC hold seats on the DFPC Board of Directors and working committees.

The focus groups and group interviews conducted in the study relied on the networks and partners of the various supporting organizations as well as their political capacity to bring a wide range of participants to the focus groups, including city council persons, city staff, local nonprofit

representatives, and nearby residents. With the research justice framework engaged, the community meetings took on different approaches depending on the reception of the researchers and questions within each community meeting. Sometimes the focus group format was followed strictly without any changes and other times the researchers met opposition or desire to discuss issues of food access differently. In all cases the the core questions were asked and answered at each community meeting.

Due to the flexible structure of community meetings and questions this study adopted a community based participatory research (CBPR) model in order to effectively listen and shape research based on community response. This flexibility was crucial to the research in being able to meet each group of people where they were and with the lens that they preferred to examine food in their communities. Detroit and other minority, urban cities are often met with a one-size fits all approach when there is significant inter- and intra-community differences. The CBPR model allowed for research justice to become the focus in communities where there has often been an unequal relationship between predominantly White researchers and majority Black communities.

## Core Questions

Questions were developed in order to touch on key themes based on focus groups previously conducted by DEGC and relevant topics from the literature review. The questions were reviewed by other food researchers at Wayne State University and agreed upon by the partner organizations. Questions were used in focus groups, rapid interviews, and in-depth interviews.

The questions all fell within four major categories: 1) Benefits and Barriers, 2) Good and/or Healthy Food, 3) Local Grocers, and 4) Purchasing Habits and Perceptions.

1. What do you like/ dislike about food in your community?
2. How do you define good or healthy food?
3. Is it easy to find good or healthy food in your community? Where?
4. How do local grocers contribute to the community?
5. How could local grocers improve?
6. How important is the outside appearance of a store?
7. Have you had an interaction with a store owner? How was it?

## 8. How do you decide what to buy?

### Recruitment

Participants were recruited through community partner organizations. Community partners were approached based on personal connections of the researcher and of the supporting organizations. Community partners shared the focus group dates with their members through various means: newsletters, flyers, verbal announcements, and at smaller group meetings. Focus groups were targeted to be completed once in each of the seven Detroit City Council Districts. Group interviews and other in-depth interviews happened as a part of regular observation at grocery stores, community food-related events, and specifically food advocacy meetings. In all 198 individuals, aged 19 - 82, were engaged as part of this research study; 93 people participated in focus groups and group interviews along with 73 people who participated through in-depth interviews around similar topics and 32 people participated in rapid interviews around what they thought were key barriers for food access.

[MAP OF DISTRICTS AND LOCATIONS]

### Focus Groups and Group Interviews

Through community partners (n=7) focus groups and group interviews were held between July 2014 - April 2015 engaged residents (n=93) in discussions around likes and dislikes about food in their community, food purchasing habits and patterns, and social and economic factors in food decision-making. The focus groups sites were selected based on Detroit's City Council Districts in order to reach representative communities across the city. A set agenda with key questions was developed with the supporting organizations providing feedback to develop final questions. The Food Purchasing and Eating Patterns (FPEP) survey was administered as part of

the focus groups. A total of 77 people completed the FPEP survey from both the focus groups and in-depth interviews for an 82% completion rate.

Focus groups were used to allow more community residents the opportunity to engage in the study with a group as opposed to sometimes more personal individual interviews. Belonging to a group lets community members connect and openly share information about perceptions without being individually named. Focus groups were planned for 1 to 2 hours with a minimum 6 people and a maximum of 12 (Onwuegbuzie et al. 2009).

### **In-depth Interviews**

Regular engagement in community spaces led to a series of conversations and in-depth interviews with individuals (n=73) at a handful of community partner organization sites and events. Rapport was established with individuals who were seen multiple times and were more likely to be interested in the research study along with contributing to the study questions.

### **Rapid Interviews**

Individuals (n=32) who are members or staff of food-related nonprofits and advocacy organizations were engaged in rapid interviews to learn about their own food purchasing habits as well as to better understand, from their perspectives as leaders on food-related issues, what the primary barriers were to food access for the populations that they served.

### **Thematic Analysis**

An exploratory approach was used in coding before analyzing any notes taken at the focus groups. The study had no way to knowing what issues were the most important for each community meeting beyond themes discovered in the literature review. As such no hypothesis was posed for the study, but rather an exploratory question that would be answered based on the responses given by participants. In all 65 pages of notes were captured by volunteers from partner organizations. The notes were coded and analyzed after all the focus groups had been completed

so that future questions were not informed by any previous themes. Throughout the notes five key themes were identified: 1) Treatment and Customer Service, 2) Resources and Planning, and 3) Appearance and Quality.



## 5. Results

### Participant Demographics

The number of focus group participants (n=93) varied based on location. It is most likely that the strength of a particular community partner group indicates the level of participation by residents.

	District 5	District 6	District 7	District 3	District 4	District 2	District 1
<b>Participants</b>	13	25	12	7	16	6	7

The majority of participants identified as Black or African American. As was expected from previous research and focus groups, the majority of participants were elderly female residents. Ages of participants ranged from 19 to 82 with the average being 45 years old.

	District 5	District 6	District 7	District 3	District 4	District 2	District 1
<b>White Female</b>	2	2	1	0	0	0	1
<b>White Male</b>	1	0	0	0	0	0	0
<b>Black Female</b>	6	18	8	4	9	6	3
<b>Black Male</b>	4	5	3	3	7	0	3

Rapid and in-depth interview participants were more diverse and increased the participation of male community members. The interviewer was also male which made it easier to engage with potential participants and conduct the interviews.

	Rapid	In-depth
<b>White Female</b>	3	3
<b>White Male</b>	4	7
<b>Black Female</b>	13	24

<b>Black Male</b>	9	20
<b>Other Female</b>	1	0
<b>Other Male</b>	2	2

## Purchasing Patterns

There were extreme variations across focus groups and individuals when it came to food choice and purchasing habits.

<b>Monthly</b>	<b>Trips</b>	<b>Trip Cost</b>	<b>Household</b>	<b>Monthly Cost</b>
<b>Average</b>	5	\$226	2.5	\$277
<b>Max</b>	20	\$650	9	\$918
<b>Min</b>	1	\$60	1	\$45

While it isn't readily apparent if there are regular patterns in food purchasing, it is possible to assess that the majority of Detroit residents do not rely on a single store for all their food needs.

## Pathways

Study participants identified a wide range of nutritional access points from home gardens and fishing to specialty meat markets and big box stores. These are described as "pathways" in the geographic wayfinding sense as well as the socio-cultural process of finding ways to achieve a specific result, in this case the result being desired food resources and their purchase. This conceptualization of pathways derives from the sociology of Emile Durkheim (1897) focused on social integration and health effects as well as Pierre Bourdieu's (1986) theory of capital, specifically the role of social capital. Pathways combine the work of Durkheim and Bourdieu with more recent scholarship on foodways and foodscapes (Alkon et al. 2013, Miewald & McCann 2016) to emphasize the varying social, economic, and political pathways utilized to access food in Detroit.

[MAP OF PATHWAYS]

In each focus group, participants were asked to identify their main grocery store. Overall participants listed 157 different grocery stores as food access points in a typical week (excluding convenience stores).

District 5	District 6	District 7	District 3	District 4	District 2	District 1
Harbortown Market	Kroger	Walmart	Kroger	Foodtown	Kroger	Kroger
Parkway Foods		Greenfield Market				Walmart

In some cases more than one store was identified as a “main” grocery store. As can be seen here chain supermarkets located in the suburbs are most often the grocery store of choice. Participants reported purchasing food from an average of 5 stores each month with 60% reporting that their main grocery store was a chain supermarket outside the city limits. Participants responded that they typically relied chain supermarkets outside the city for the bulk of their food purchasing and utilized the local stores for quick trips.

## Themes

The majority of participants utilized a range of monthly sources for their food purchasing and most could not say that they only used a single location for their food access. While locations and types of stores were fairly similar, with a focus on chain supermarkets outside the city, the reasons behind where and how to purchase food varied widely. A theme that wasn’t as prevalent was “transportation.” Two-thirds of participants had a car or borrowed a car to complete their grocery shopping. However, more vulnerable populations, such as senior citizens and participants without an income source, were more likely to walk or ride a bike to complete their food purchasing.

One participant, an elderly African American male, shared that he largely depended on a mobile food truck for his fresh fruits and vegetables. The mobile truck set up a monthly store in

the lobby of the predominately senior and low-income housing complex. The man noted that his other food source was to purchase canned goods at a Dollar General. The store is located on a nearby corner, although he said walking there with his cane and a bag of cans was a challenge.

Another African American female participant, middle aged, shared that she shops for a family of nine. She is the sole purchaser of food and as a result she spends a significant amount of time combing through local advertisements for deals and traveling between different stores in order to stretch her family's food budget. She was also adamant that shopping at her neighborhood stores were not worth her time because of the prices and quality of food items.

### Treatment and Customer Service

Participants highlighted in-store treatment as a key factor for food purchasing whether in their neighborhood or visiting a chain supermarket in the suburbs. In-store treatment was most often referred to as customer service and focused on negative interactions with store owners and employees combined with a perception that local grocery stores were not receptive to criticism. Generalizations cannot be made of all stores in any given geographic area as positive and negative experiences occurred both inside and outside the city. In one very telling instance, an 11-story high-rise apartment building solely for low-income senior citizens sat directly adjacent to a full-line grocery store, however the residents said they preferred to cross the street to shop for food at the CVS convenience store because they were treated better.

"If we get bad service, we just get mad and don't complain, we must challenge the establishments in our community to step up the game. Treat everybody right." - D5

"It's more difficult to get to a grocery store in the suburbs, the location is often less convenient, but the customer service is responsive." - D4

"There are higher income level people that shop there, and it is supposed to be high-end, but the food is still not as good as in Kroger. But I'm treated better [in Harbortown]." - D5

Occasionally, participants noted that their experience was so bad that they were glad when a

nearby grocery store closed or persuaded their friends and family not to shop at a particular store any longer.

“Once my nephew purchased a cereal from a store where I regularly shop. Later when he came home, he found that it was expired...he told me about the situation...and then we both went back to the store, the manager of that store didn't take it back; He said he doesn't sell expired products...That I was the last time I set foot in that store. - D5

“The storeowners disrespected us...they used to talk horribly to the women and children...I'm so glad that they left from here. People used to get sick from the food purchased from that store...Most of the items in that store were expired...for example you could see that the cheese was molded...and chicken which was returned as it was bad, was placed back in the freezer so it could be sold to the next customer.” - D6

“Store owners shouldn't treat all customers bad just because of one bad experience.” - D3

This same theme has been covered in the news media often, typically focused around store cleanliness and sub-par options in specific neighborhoods.

“Some stores claim to be serving a 'black clientele, but it's just an excuse for stocking bad quality goods. - Gordon A. (Smith and Hurst 2007)

The topic of race and privilege has only recently entered the research around food purchasing and grocery stores in the metro Detroit area. One particular study found that in-store treatment became worse for each mile that a resident traveled outside their neighborhood for a 7% increase in the odds of “unfair” treatment (Zenk et al. 2015). Focus group participants noted similar themes:

“... because this is a black neighborhood; everyone gives us the secondary treatment.” - D6

However, negative in-store treatment was highlighted in neighborhood stores and suburban stores alike. One participant, a local pastor, noted,

“... most of the time I'm treated very well in local stores, but not in suburban stores [Grosse Pointe]. - D5

Participants were able to identify specific stores in their own neighborhoods as well as the suburbs that were ideal based on the way particular stores treated customers. These pathways developed

through community discussion and knowledge sharing represent a creativity based on the necessity to purchase and consume the basic need of food.

## Resources and Planning

The cost of food retail items along with the deals offered by local grocery stores were a top concern of residents at all of the focus groups. Many noted that prices were higher in the city and this often meant that they traveled to multiple stores in order to complete their monthly food purchasing.

“Money is number one concern, some weeks you have more, some you have less. Get what you need first and then what you want.” - D5

“Looking up for deals. Not for specifics.” - D4

“When I need to buy something I generally have the coupon for it. At Randazzo store, when the extra virgin oil is on sale, I buy two. One which I will use and the other, I will place it on the shelf.

. - D5

“I’m happy to hear that a Meijer or other major grocer may come into the area, claiming that the quality of the product and the prices will drive the competition, like local grocers, to lower prices and raise standards. Competition’s always good.” - D7

Often times issues of price and quality demonstrated the different ways that participants coped with food access as well as planned to be able to access what they needed or wanted. Working with family members and supporting neighbors were part of the planning.

“You have to know where to go for deals and shop economically. But that takes a lot of time and a car” - D3

“The Dollar General has the same prices on canned goods,” - D7

“I share my EBT card with my family members. We shop together, don’t eat together, but we’ve gotta share to make it work. It’s been hard times.” - D4

"I drive one of my neighbors. In our community, most of our seniors can no longer drive. Some members go to Gleaners, where they get eggs, milk and cheese...some churches have a pantry and provide meals to the community..." - D6

No participants shared the same experience in accessing food. Some look for lower costs in their neighborhood while others entirely rely on chain supermarkets outside the city for lower prices. The fact that participants shared cars, helped out neighbors, and planned either their route or their budget demonstrates the creative pathways used to secure food for the month.

### Appearance and Quality

Discussions around quality focused on either the appearance of the store which was often a factor for safety including interior cleanliness or the quality of food retail items. Many participants noted that smaller stores, liquor stores, and stores where there are people loitering outside were all reasons for avoiding shopping for food. The majority of study participants could be considered "senior citizens" and at a few focus groups the elderly participants would note that the younger community members could be found shopping for food in liquor stores or relying on neighborhood stores for all their purchasing needs. This seemed to signal both a generational gap as well as income differences among those who were able to attend the focus groups and those who were not present.

"Something has to be appealing so that we can shop there; in fact the Meijer on the 8 mile road, it's totally different. You will get almost everything there. I don't like stores that are low on cleanliness" - D6

"I only feel safe at big neighborhood stores, not at smaller stores or gas stations." - D3

"Needs to be safe and clean or I won't even stop in the parking lot." - D3

"It has to look good, specifically it can't smell bad. I'll try shopping in any grocery store, but I don't shop for food at the liquor stores." - D7

"When I talk about quality I mean the look of the store." - D4

There's a disconnect between business and the people. I'm a consumer. I don't know what their grocery stores looks like when they go home. - D2

When it came to the quality of food items, issues with meat (chicken and beef specifically) were raised across the city.

"I never buy meat there, only at Eastern Market." - D5

"Meat isn't quality" - D7



## 6. Discussion and Recommendations

The core premise that this study undertook was one offered but not implemented by many food researchers, that the lived experience of the food environment must be included in any analysis of food access (Ver Ploeg 2009:48, LeDoux and Vojnovic 2013:2, Shannon 2014:259). This study offers a critique of Rappaport's (1971) ecological focus by demonstrating that study participants have a high degree of agency over their ecological constraints; employing multidimensional pathways for their food access.

The popular view of food access in Detroit is focused on the absence of food and the difficulty of getting to food stores. Private foundations and public universities have all relied on the "food desert" framing of food access to gain funding, implement programs, and affect change, when that very framework may be the most misguided understanding of how people interact with their perceived food environment. What matters to people in multiple ecological contexts could better inform food access interventions beyond supply-side approaches. The standard "food access" intervention has been to fund upgrades to store facades and tax breaks for new chain grocery stores in Detroit. There has not been a similar focus on where and why people shop for their food.

The significance of this study lies in the contradiction of the results against observed food-related behaviors of Detroit residents; living in a 'food desert,' poor nutrition-high obesity, density of corner stores and "fringe" food outlets, and shopping at supermarkets outside the city and the reality of what Detroit residents organize, plan for, and prefer. The fact that participants across the city made food access decisions based on treatment in stores (discrimination), pricing, and perceptions of quality all speak to the agency that Detroiters have in their own food provisioning. Rather than the stereotype of the low-income, majority Black residents as victims unable to affect their own food environment, participants have proven this false.

Where the standard paper surveys have done well documenting the breadth of reasons why people don't shop in their neighborhoods and where people go to obtain food, this study found similar outcomes. However, what surveys miss are the individual nuances associated with why people choose to purchase food either in their neighborhood, in a suburb supermarket, or both. The responses of individual residents offer credence to the power of choice that Detroit residents have and the multidimensional pathways that they utilize for food access.

These pathways are less a product of the environment of Detroit and more a representation of the social and political ecology around discrimination and belonging. In particular the pathways demonstrate the absence of social capital among food business owners and community members, but highlight the social capital that community members have with neighbors and community groups.

The recommendation that comes from this report is to engage people who are, in reality or perceived to be, affected by food issues, community issues, or other resource access issues. The case for ethnography in understanding community resource needs is compelling. Relying on surveys and geographic or environmental data is simply not enough. Where studies and models have relied on a disconnected assessment of urban ecology, there needs to be a parallel assessment of the people living in the ecological context. If we hope to make healthy communities that are diverse and inclusive, then we must engage in thoughtful and direct conversations with those who live in the communities we plan to improve.

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**ABSTRACT****“TREAT EVERYBODY RIGHT”: MULTIDIMENSIONAL FOODWAYS  
IN DETROIT**

By

**ALEX B. HILL**

May 2016

**Advisor:** Dr. Andrea Sankar**Major:** Anthropology (Medical)**Degree:** Master of Arts

Detroit is assumed to be a “food desert” even with contradicting evidence. With fruits and vegetables available at each of Detroit’s 70+ independent grocery stores, there remains a lack of understanding in consumer preference and perception of nutritional access. It was reported in 2010 that upwards of \$200 million in grocery spending leaves the City of Detroit. Throughout the months of July to September 2014, 73 Detroit residents participated in focus groups and group interviews to discuss food purchasing habits and perceptions of food access. Participants identified a wide range of nutritional access points from home gardens and fishing to specialty meat markets and big box stores. However, 60% of residents reported that their main grocery store was a chain supermarket outside of the city limits. Residents reported purchasing from an average of 5 different food outlets in a month. Residents highlighted in-store treatment as a key factor for shopping outside the city with food prices identified as a close second.

**Keywords:** Food Access, Food Desert, Food Justice, Foodways, Detroit, Ethnography, Public Health

# AUTOBIOGRAPHICAL STATEMENT

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2009 BA, Michigan State University, International Relations and Global Area Studies: Africa

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2014 American Public Health Association  
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## PUBLICATIONS & PRESENTATIONS

1. Hill, A. B. (2015, December) Grocery Store Farm Stand Pilot. Presentation to Eastern Market staff, Detroit, MI.
2. Hill, A. B. (2015, November) "Treat Everybody Right:" Food Purchasing and Perceptions in Detroit. Presentation at American Public Health Association (APHA) Annual Meeting, Chicago, IL.
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5. Hill, A. B. (accepted, 2015). "Detroit's Food and Water Landscapes." [Chapter 7, Maps]. *Uniting Detroiters Atlas*: Antipode.
6. Hill, A. B. (2015, August) Detroit Food Map. Presentation to the Detroit Community Markets working group, Eastern Market, Detroit, MI.
7. Hill, A. B. (2015, April). Food Purchasing, Pathways, and Perceptions in Detroit. Presentation at Marygrove College, Institute for Detroit Studies, Detroit, MI.
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10. Hill, A. B. & Naar-King, S. (2014, November). Fruit and Vegetable Availability, Quality, & Consumption in Detroit's Food Desert among African American Adolescents with Obesity. Poster presented at the Annual Meeting of the American Public Health Association (APHA), New Orleans, LA.
11. Hill, A. B. (2014). "Food desert a myth, but food security issues aren't." [Op-Ed] *Detroit News*.
12. Hill, A. B. (2014, September). Detroit's Food Environment: SNAP Retailers, Grocers, and Corner Stores. Presentation for the National Kidney Foundation of Michigan, Detroit, MI.
13. Hill, A. B. (2014, April). Nutritional Survey of Detroit's Grocery Stores. Presentation at the Detroit Food Summit/ Detroit Food Policy Council, Detroit, MI.