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Has New York City fallen into the local trap?



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ABSTRACT

Objectives: Municipal policies aiming to improve equity in food access and health often rely on the assumption that neighborhoods with limited healthy food availability and high levels of diet-related illness should be the subject of targeted policy-driven change. This study explored this assumption in the context of recent food policy developments in New York City with the objective of empirically examining the geography of everyday food behavior in high- and low-income neighborhoods.

Study design: This research used a multi method comparative design. Areas at the poles of income inequality in New York City were identified using census data and geographic information systems. Qualitative and geographic data were collected from individual eaters living and/or working in those areas.

Methods: A review of food policies in New York City from 2005 to 2012. Qualitative and geographic data were collected using space-time food diaries and mental mapping interviews.

Results: People living in the low-income study area had more localized food geographies than residents of the high-income study area. Individual-level qualitative data revealed that eaters with the least financial resources, those with physical disabilities, and those who were unemployed reported all or nearly all of their food events taking place within their neighborhoods. Eaters from the low-income area suggested that the barriers to healthy food that policy incentives should address were the high price of food and the consumer environment within stores, not the number of supermarkets in their area.

Residents of the high-income area also expressed dissatisfaction with food prices and the in-store environment of their local supermarkets. These eaters leveraged their financial, technological, and transportation resources to overcome those barriers to fresh food. **Conclusions:** The policy review found that New York City's recent nutrition and food policies are to a great extent geographically targeted to low-income areas. As such, they miss opportunities for citywide interventions that would create food environment changes welcomed by residents of both high- and low-income areas. The recent nutrition and food policies also have the potential unintended negative consequence of promoting gentrification.

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Introduction

*Critical urban theory is (thus) grounded on an antagonistic relationship not only to inherited urban knowledges, but more generally, to existing urban formations. It insists that another, more democratic, socially just and sustainable form of urbanization is possible.*¹

There is, at best, mixed and limited evidence for the effectiveness of urban food-policy interventions that aim to transform local environments with limited availability of healthy foods and high levels of diet-related illness.^{2,3} The local trap refers to ‘the tendency of researchers and activists to assume something inherent about the local scale... [it] equates the local with the ‘good’; it is preferred presumptively over non-local scales’.⁴ Researchers in food systems planning have used the local trap to caution against assuming that local foods or initiatives have the greatest potential for improving the social justice, ecological sustainability, or public health outcomes of food systems.^{4,5} Some food geographers further argue that localization advances a neoliberal agenda of decentralization that naturalizes inequality.⁶ This paper examines the local trap argument in the context of food policy developments from 2005 to 2012 in New York City. It argues that in New York, food policy has fallen into the local trap. And, that as a strategy, localization in urban food policy is useful, but that without complementary strategies at other and intersecting scales it may prove ineffective at reducing inequalities in food access and health.

The local trap, food systems, and public health

Born and Purcell⁵ discuss the local trap in the context of food systems planning and highlight how discussions of food system localization inappropriately treat scale as an entity and end goal. They and Allen⁷ stress that as a strategy, localization can promote social, economic, and health justice and it can just as easily maintain the status quo of the global agri-industrial food system. Sonnino⁸ adds to this critique noting that the cultural diversity of cities complicates discussions of food system localization since ensuring adequate and culturally appropriate food for urban populations may require global supply chains. While research and policy typically emphasize neighborhoods as the most appropriate unit of analysis and intervention, the local trap argument cautions against assuming that neighborhoods, or small-scale residential areas are the most meaningful scale of analysis and action.^{5,9} Public health researchers further caution that this focus on neighborhoods may overlook other important routine contexts such as school, work, and along commuting routes.^{9–11} Thus, two sides of the local trap emerge. One, focused on localization of food supply chains. Another, central to this paper, addresses the geographic scale of food behavior and the scale of the governance structures that shape urban food environments.

While ample evidence shows that local food environments play an important role in food choices,¹² the political and economic drivers of these environments may be more

effectively modified through changes at other levels. Falling into the local trap presents two key threats to the project of creating more democratic, socially just, and sustainable cities. First, privileging can lead to unintended negative consequences. And secondly, by treating localization as an end unto itself, the local trap prevents researchers and activists from seeing other scalar strategies that may be more effective for reaching their goals.

Universal and targeted intervention approaches

The local trap dovetails with ongoing debates in public health about the risks and benefits of targeted versus universal intervention approaches. Geographically targeted and means-tested interventions aim to create the most social benefit possible with limited available resources.¹³ These initiatives aim to reduce health disparities by improving outcomes for those at the bottom of such gaps. But, the administrative costs of targeted programs can be substantial, reducing resources available for beneficiaries. These costs are associated with the two essential elements of targeted interventions, defining to whom or where benefits should be directed and identifying and enrolling those participants. Leakage refers to resources lost when benefits are conferred outside the intended program focus. Undercoverage is the extent to which a targeted program falls short of reaching its intended beneficiaries. Leakage and undercoverage challenge the logic and mechanics of targeted approaches. Local perceptions, favoritism, misunderstood selection criteria, political interests, and implementation problems all contribute to leakage and undercoverage.¹⁴ Finally, targeted interventions can be challenging to advance politically because they have a limited base of potential beneficiaries who are often poor and who have lower rates of political participation.

A universal intervention approach seeks to change the determinants of health for an entire population, recognizing that benefits may concentrate in some groups more than others. The inequality and prevention paradoxes highlight some strengths of a universal approach. The inequality paradox describes how targeted interventions that make health-promoting resources more widely – but not universally – available will disproportionately benefit advantaged groups, thus reinforcing the disparities they aim to reduce.^{15,16} The solution is to apply interventions that promote health regardless of personal effort and resources, or directly increase socio-economic resources for resource-poor groups.¹⁷ The prevention paradox articulated by Rose, illustrates how targeted benefits to a sub-population yield more modest public health benefits when compared to a universal approach that delivers a small benefit to individuals across a whole population.¹⁸ While universal schemes entail high leakage, they carry lower administrative costs and a greater base of political support. The universal approach is also aligned with a human rights perspective. For example, enacting the human right to healthy food requires social policies that fulfill this right for the entire population and ensure that such policies are retained in the face of budget declines.¹⁹ The potential for high financial costs is a major drawback of universal interventions.

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