

**Better than Blue Apron: The Role of Black Women in a Community-Based Meal Kit
Project**

by

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Abstract

I used community-based research (CBR) to develop and pilot a meal kit designed to be purchased with SNAP benefits in a local grocery store. This paper discusses the role of women in the meal kit project, where black women's knowledge was transferred to the market in the form of a meal kit sold in a grocery store. I employed a taste test as a means to gain feedback on preliminary meal kits, and the act of eating itself gave nuance to the participatory process. I found black women's power in the kitchen is undermined through expert knowledge, but CBR has the capacity to take advantage of a term I call *contradictory capital* to make change through the market. I define contradictory capital as the simultaneous questioning and use of market logic through agency. While the market values hegemonic nutrition, contradictory capital inserts community into the market to serve those unrecognized.

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Introduction

We all know that the healthiest foods are the ones that are most expensive, the things that they don't want us to eat... You look in the buggy and ask, 'why are they buying all that bologna and this n' that?' But it's the cheapest thing and a quick way to get full. It may not be necessarily what they want, but other than having a garden, that's the cheapest you are gonna get.

Wendy

Wendy, a local black church member, was airing her grievances about the barriers in today's food system. She was part of a group of church women who met with me to discuss if and how a meal kit, a box of pre-portioned ingredients with corresponding recipes (Sifferlin 2017), could make food preparation easier for low income families. Using community-based research (CBR), I developed and piloted a meal kit designed to be purchased with SNAP benefits in a local grocery store. However, CBR is more than a method. It is a framework to bridge expert and local knowledge, and bring race, class, and gender to the forefront of research (Wallerstein et al. 2018). This paper discusses the role of women in a CBR project, where black women's knowledge was transferred to the market in the form of a meal kit sold in a grocery store. Taking CBR a step further, I employed a taste test as a means to gain feedback on preliminary meal kits, and in fact, the act of eating itself gave nuance to the participatory process. Thus, I argue CBR practitioners should explore the act of eating as a means for better triangulation. There is no known literature of this kind—the conceptualization of a meal kit for *and with* low income families or the use of CBR to create a market product. I draw on literature relative to CBR, food policy, nutrition, and gender, and how each of these topics intersect. I found black

women's power in the kitchen is undermined through expert knowledge, but CBR has the unique capacity to take advantage of a term I call *contradictory capital* to make change through the market. I define contradictory capital as the simultaneous questioning and use of market logic through agency. While the market values hegemonic nutrition, contradictory capital displays the values of community to serve those unrecognized by the market. I discuss the role of SNAP policy in a separate paper.

Literature Review

Community-Based Research

CBR draws on Freire, who described community-based co-learning between the teacher and student to encourage a reciprocal exchange of skill, knowledge, and power (Israel et al. 1998). Freire (1970) believed change does not rely on idealism, but on the reflection and action of the oppressed. In the initial stages of the quest for liberation, however, the oppressed tend to become oppressors as well. “The very structure of their thought has been conditioned by the contradictions of the concrete, existential situation by which they were shaped. Their ideal is to be men; but for them, to be men is to be oppressors. This is their model of humanity” (Freire 1970:45). The oppressed is conflicted between becoming like the oppressor or seeking true liberation. Thus, there are two poles, the oppressor and the oppressed, and resolving the poles is true liberation. There is always an oppressor who moves to the other side of the contradiction. If he discovers he is an oppressor, it can lead to anguish, but the solution is not to treat the oppressed with paternalism (Freire 1970). According to Freire (1970), the solution is to embrace real people and risk an act of love, of which trust is the key ingredient.

In a similar fashion, sometimes well-intended researchers set out to help communities, but in the end, communities are treated like experimental groups, meaning their knowledge is extracted instead of exchanged (Stoecker 2009). Instead of projects being framed as the researcher and researched, CBR aims to make research a collaborative approach (Wallerstein et al. 2018), horizontal instead of hierarchal (Glassman and Erdem 2014). There are multiple names and variations of CBR, including community-based participatory research (CBPR) and action

research (see Glassman and Erdem 2014). CBR recognizes the strengths all of parties (Wallerstein et al. 2018). It has two broad goals: participation and action. Participation refers to involvement throughout the research process, and action means an output is created beyond that of which benefits academia, such as a publishable manuscript (Stoecker 2009).

CBR for public health purposes has become more popular over the past two decades with the goal of addressing health inequality (e.g., environmental justice). For example, there are more requests for proposals and funds from major institutions (e.g., NIH), and a diversity of disciplines (e.g., clinical and education) use CBR (Wallerstein 2018). Still, many health interventions that use CBR principles depend on hegemonic health discourse (see Zahnd et al. 2017). In other cases, the goals of the study's grantor limit the community's role (see Ammerman 2011). Similar to CBR, Colón-Ramos et al. (2018) used participatory photovoice research to understand how African American caregivers navigate a food desert. Based in DC, the participants used healthful and unhealthful adjectives to describe traditional Southern foods. One referenced a garden and another mentioned "ham and food that wasn't good for you" (Colón-Ramos et al. 2018). Caregivers said they fed their children what they wanted to feed their children, which consisted of a mix of foods—fruits, vegetables, meats, fast food, and sweets (Colón-Ramos et al. 2018). Caregivers did not restrict "unhealthful" foods, and Colón-Ramos et al. (2018) suggested more education is needed on the consequences of eating junk and fast food. They also suggest public health initiatives take action to dismantle institutionalized racism inherent in the marginalization of neighborhoods (Colón-Ramos et al. 2018).

According to Glassman and Erdem (2014), feminist scholarship offers a critical perspective to CBR to acknowledge oppression within women's own social histories. Feminist scholarship considers the power relations within a community and embeds community in a larger

social system. Participatory development, which has similar goals to CBR, but in the international context (see Collins 2017; Welbourn 1998), aims to give women a place in development by focusing on inclusion in the form of consultation and implementation. According to Cornwall (2003), if considering gender means including women along with men, then the outcome will likely be gender taken out of the context of intersectionality or local gender dynamics. If considering gender in development refers to “women’s issues,” then concerns will likely be women’s access to resources and interventions related to accessing resources. A women’s issues focus can fail to embrace the people who fall outside of its boundaries. Thus, it is imperative to evaluate personal values related to gender before expecting women to participate in a certain way (Cornwall 2003).

Bottom-up approaches like CBR take naturalized gender roles at face value in order to promote participation and sensitivity to local culture, but bottom-up approaches are not required to put gender constructs into question. At the same time, marginalized groups do not have the power or assistance to realize plans for change, so allowing communities to design interventions may maintain the status quo (Cornwall 2003). Women become limited to the implementation role, because of their perceived “nurturing nature.” Women feel it is their responsibility to carry out a project, which may reinforce power dynamics. In order for participatory approaches to consider gender, they need to “take account of the power effects of difference, combining advocacy to lever open spaces for voice with processes that enable people to recognize and use their agency” (Cornwall 2003).

Food and Nutrition for White People?

Most consumers of dietary or nutrition advice see the science of food as objective, but researchers and consumers are driven by moral and aesthetic criteria (Biltekoff et al. 2014). “Looking back at nutrition and dietary reform at the turn of the twentieth century reminds us that empirical facts and quantitative strategies of nutrition are inevitably informed by and engaged in social processes and that the ideological dimensions of nutrition transcend by far the realm of food and eating” (Biltekoff et al. 2014:19). When Wilbur Atwater created the calorimeter in the 1800s, efficiency was part of the rhetoric in American life. He found calories entering the body were supposed to equal calories exiting the body *in the form of work*. His work inserted morality into food through nutrients (Biltekoff et al. 2014), which set up eaters to consider a quantitative understanding of food over tastes of food and privileged science as the best way of knowing food. What troubles Biltekoff et al. (2014: 21) the most is “many of the discursive practices of nutrition science delimit policies about food, underpin academic disciplines of food (dietetics, nutrition, food science, and the like), and reframe the relationship between food and the body.”

In Nestle’s (2013) *Food Politics: How the Food Industry Influences Nutrition and Health*, she claims the food industry has confused modern day eaters by influencing and taking advantage of dietary research, even though nutrition research has said the same thing for at least the past 50 years (i.e., eat mostly plant-based foods). She defines the industry as “food companies that produce, process, manufacture, sell, and serve food, beverages, and dietary supplements” (Nestle 2013:11). Thanks to industrialization, agribusiness, and economic opportunities, food companies expanded. Thus, the efficiency, specialization, and size of manufacturers has led to an overabundance of food, which creates extreme competition for the food companies to sell their products. In addition, as the number of foods eaten away from home

increases, it has implications for industry and consumer health (Nestle 2013). According to Nestle (2013), food companies rely on the various ways people make food choices to sell their products, such as the economic, social, and cultural environment. But when people do not have the means for choice, consuming enough energy and nutrients is the first priority. People in the poorest countries tend to consume a traditional plant-based diet. However, once a country is better off, it enters a “nutrition transition,” where the country, as a whole, eats more meat, fat, and processed foods. Nestle (2013) claims the sharp uptick in obesity and chronic disease on a world scale is a side effect of the transition, and humans do not know how to select a nutritious diet in today’s society.

Scrinis (2008) believes, however, nutrition science has given the food industry fuel. Nutrition scientists, public health experts, and health authorities are part of the food industry in this sense. The “nutri-biochemical level of engagement” has been a focus since the beginning of nutrition science since the late 19th century, and the reductive approach has emerged, which he calls “nutritionism” (Scrinis 2008). Scrinis believes nutritionism creates ambiguity for the empowered and informed person, as well as the dependent and confused person, which creates the idea that people are in need of nutrition science to live proper lives. The nutrition-conscious person expects to manage and monitor nutrition requirements, which are based on the latest scientific study. This type of nutrition undermines traditional ways of understanding food, and it helps us rationalize food “choices,” although they are embedded in structural or cultural contexts (Scrinis 2008).

For instance, many people eat highly processed and fast-food meals primarily because they are cheap and convenient. People may recognize the poor quality of these foods, yet they are unable to afford or have the time to prepare better-quality alternatives. They may then “choose” the products with low-fat claims, or with a Heart Foundation seal of approval, as a way of exercising some level of choice for “healthy” or better-quality food,

but this ostensible choice must be seen in the context of an otherwise restricted set of options. (Scrinis 2008:46-47)

Although nutritionism has overridden and concealed concerns about ingredients we consume and undermined different ways of understanding food, the main purpose of nutritionism is to support the integration of individuals and populations into the structures of the agrifood system. It creates a system where bodies, and their functions and requirements, can be “commodified, scientifically and professionally managed, and technologically integrated” (Scrinis 2008:47). To reduce nutritionism, the food industry and related institutions need to be challenged, allowing us to engage with our food and bodies in other ways (Scrinis 2008). Fletcher (2015) stated Scrinis’ argument, along with other social science critiques of biomedicine, are undernourished, because they do not see the power of reductionism as a scientific tool or offer alternatives.

According to Carstairs’ (2014) historical analysis of the 1970s author, Adelle Davis, Davis’s fame is an extreme case of nutritionism. Carstairs (2014) cites that Davis had degrees in household science and biochemistry from Berkeley and Southern California Medical School, respectively, and gained popularity through her books, *Let’s Cook it Right* (1947), *Let’s Have Healthy Children* (1951), *Let’s Eat Right to Keep Fit* (1954), and *Let’s Get Well* (1965). According to Carstairs (2014), Davis made claims with confidence and cited more scientific literature than most food authors of her time, giving her a sense of authority like no other. Yet, critics claim most of the work she cited did not support her claims.

Although Davis was associated with counter cultural movements, because she was concerned about pesticide use and the decline of American soil, she also demanded women feed their families better. Further, her rhetoric is now viewed as eugenics, as she believed that beauty

was a sign of good health, which was obtained through the proper diet (Carstairs 2014). She recommended that mothers only feed their children unprocessed foods grown in their gardens. If they did not have access to organic garden-grown food, then they needed to consume supplements at higher levels than what is now considered safe. Davis said, “Almost daily, I am appalled at the number of attractive parents I see with homely children. Unknowingly, they have settled for mediocrity” (cited in Carstairs 2014).

Guthman (2014) found multiple disciplines including dietetics, geography, and food studies are concerned about a hegemonic nutrition discourse. According to Guthman (2014:1), Hayes-Conroy (2013) described it as the following:

A set of discourses and practices that (a) assume that food, and thus the food-body relationship, can be standardized to a one size fits all approach; (b) assume that nourishment can be reduced to and then meted out through universal metrics of calories, nutrients, and so forth [sic]; and (c) neglect cultural, social, and historical contexts in both knowledge of good food and enjoyment of it [sic].

“Critical nutrition” is the body of work and approach dedicated to countering hegemonic nutrition (Guthman 2014). The Health at Every Size (HAES) movement (e.g., intuitive eating, non-diet diet) has a similar stance as critical nutrition and is geared toward body acceptance (Bacon 2018). According to the HAES Manifesto, economics is to blame for the obesity epidemic. The diet industry feeds off the cultural bias against fat (Bacon 2010). In Dooner’s forthcoming book (2019), *The F*ck It Diet*, she claims the way people are taught to eat when framed as a diet of any kind leads to misery and does not work. Dooner explains that the secret to health is to have a better relationship with food (2019). Bacon and Aphramor (2011), the co-creators of HAES, believe a weight loss focus is unsubstantiated, violating clinical ethics. Instead, they emphasize the need for addressing systematic inequality in public health discourse. In random controlled trials comparing a diet approach to the HAES approach (e.g., non-diet

diet), the HAES approach showed significant improvements in metabolic pathways (e.g., blood-lipid profiles) for women who are considered overweight and obese, as well as improvements in psychological health (Bacon and Aphramor 2011).

Pollan (2008) is one of few mainstream authors who said culture and health go hand-in-hand. In his work, *In Defense of Food*, Pollan (2008:173) writes, “I’m inclined to think any traditional diet will do; if it wasn’t a healthy regime, the diet and people who followed it wouldn’t still be around.” He notes the benefits of the Mediterranean diet, first described in the Seven Countries Study in the 1960s. The diet consists of a high consumption of fruits, vegetables, whole grains, and olive oil. However, it has more beneficial effects as a whole than by focusing on the dietary components, including the non-nutritional social and cultural aspects of eating. “Identification of the symbolic value of food has led to the creation of strong links between local food and local heritage and identity” (Donini et al. 2015). The Mediterranean diet is not a homogenous diet, but diets across the region reflect differences in religion, available crops, and succession of dominant peoples (Donini et al. 2015).

Pollan (2008:1), inspired by the works of Nestle and Scrinis, included his own dietary advice: “eat food, not too much, mostly plants” (Pollan 2008:1). Among other aspects, his recommendation is to cook from scratch and grow a garden, because they are “subversive acts” to nutritionism (Pollan 2008:200). Pollan believes the eater has many things to worry about when partaking in these acts. For example, the relationship between humans, plants, and animals, but health is not one of them. According to Guthman (2007), Nestle and Pollan, among others, claim their solutions—eating organic food with commonsense—are better than the foodism of the day. They describe humans as unable to control themselves when faced with the availability of too

much food, and in order to solve the so-called obesity epidemic, we all need to buy into their eating advice (Guthman 2007).

According to Guthman (2007), if humans naturally eat more when more food is available, then those authors should be fat as well. She believes Nestle, Pollan, and the like display a moral high ground, because they characterize fat people as unable to make individual choices. Pollan, while he suggested a certain way to eat, did not include suggestions for policy aimed to restructure the system. Guthman (2003) also noted that putting fast food and organic food consumption in opposition to each other is problematic. If fast food presents common tastes, then organic food presents refined tastes, suggesting “good” food is out of reach for economic and cultural non-elites, ignoring the classed and gendered structure holding up alternative practices. Guthman suggests there has to be room for more than a dichotomy to make change.

There is not much, if any, peer-reviewed research on the black population’s nutrition values or their solutions to unhealthy diets. According to Harper (2013), mainstream veganism in the United States ignores gender, class, and race, although plant-based diets have been promoted in the black community at least since the 1970s. For example, Dick Gregory, activist and politician, introduced the raw diet to the black community in the 1970s and continued to promote a plant-based diet till he passed in 2017, but there is no mention of his contributions in mainstream veganism. White veganism takes a race-neutral approach. In a popular vegan series, *Skinny Bitch*, the authors speak of laziness and stupidity leading to obesity among women, and all women should find motivation and nutrition education to be easy solutions. In contrast, Queen Afua, one the most popular black vegan activists in the U.S. context, understands eating problems as related to oppression (Harper 2013).

In Slocum's (2007) theoretical paper, she used the term "whiteness" to describe the agents in alternative food practices, which includes advocating healthier food options through non-profits (e.g., utilizing cooking classes). Through privilege and paler skin, white bodies stick together, and may or may not have the intent of excluding other bodies. Although the ideals are not white, the "objectives, tendencies, strategies, the emphases and absences and the things overlooked in community food make them so" (Slocum 2007:526). Not to mention, of registered dietitians, 77% are white and 90% are female (Commission on Dietetics Registration 2018).

Wilson and Wilson (2013:2) call for health policy to focus on the black church as a site of intervention:

As poverty, malnutrition, and poor health tend to track together and perpetuate each other, African American women, who are among those with the highest poverty rates, suffer tremendously from the intersection of these realities. However, historically, African American women have been among those who first brought issues of public health to the forefront in African American churches and communities.

Black congregations are receptive to the idea of nutrition education at the church. In a random-assigned multicomponent intervention, Campbell et al. (1999) found the black church was a successful site for increases in fruit and vegetable consumption. According to Seale et al. (2013), integrating faith themes, such as using the body for God, has the potential for long-term weight management. Boddie (2002) found rural black churches pool their resources together by cultivating existing skills and leadership to bridge the gap between private and public social organizations. Yet, Doucet-Battle (2016) found the church is not an effective site for intervention, because of the limits of participation and potential to deepen inequality. In his study, women and elderly made up the majority of those who participated in a diabetes intervention. African Americans' distrust in the healthcare system is legitimate, but relying on

social networks, such as through the church, deepens disparities in access to the available resources (Doucet-Battle 2016).

While I do not address the complex history of Southern food, *The Cooking Gene* (Twitty 2017:280) dismantles stereotypes and provides a better understanding of Southern food:

Sweet potatoes and collard greens, turnip greens and fresh seafood, lean meats and healing spices have always been part of our tradition. Everything in our tradition is not fried. Some of soul food's glories come from the freshness in the ground. Long before white America became health conscious, the enslaved had an idea that not all the master class ate was good for it. Frederick Douglass even noted that most of the gout and other conditions went to slaveholders, not to the enslaved. In communities where health disparities, lack of economic opportunity, and food deserts are rampant, we would like to keep greening our neighborhoods and [sic] make our grandmothers gardens bloom again.

According to Slocum (2010), Bryant Terry wrote his book *Vegan Soul Food Kitchen*, in part, because he was angry that soul food is to blame for black obesity. Terry also called out the alternative food movement as well, stating that soul food originated in black backyard gardens through the practice of bartering (cited in Slocum 2010).

Race, Gender, Foodwork, and Food Policy

A number of policies and programs capitalize on gender, including assistance programs (e.g., WIC) and health promotion campaigns (e.g., Tufts University's *You're the Mom* 2016). But Greaves et al. (2004) found mothers "in duress" felt pitted against what is best for the child according to the state, because the state makes women stewards of what is best for society. In *Western Welfare in Decline: Globalization and Women's Poverty*, Kingfisher (2002) discussed the role of neoliberal policy in relation to poor single mothers. Even in advanced welfare state societies, like the United States, poor women shoulder the burden of cuts in social provisions and struggle to fill in the gaps (Kingfisher 2002). Further, the free market structure relies on unpaid labor, the invisibility of unpaid labor, and women's ability and willingness to take on more and

more. Kingfisher (2002) asserted women negotiate contradictions of a free market society, because they work in the space between market and non-market structures by, for example, partaking in part-time work. Kingfisher (2002) referenced the work of Shaw (1995), Levi-Strauss (1969), and Bateson (1972), calling this contradiction the “double bind.” While welfare reform emphasizes individualism to enable women to become economic actors, individualization is problematic, because it places the burden on women to act as breadwinners and bread makers, undermining their capacities to demand and use social rights (Kingfisher 2002).

Meah (2014:672) defines foodwork as “all tasks associated with planning, storing, cooking, and preparing food, as well as washing up and clearing away.” The perspective of middle-class white women dominates the discourse of foodwork (Meah 2014). According to white feminists, during the 1800s, as paid work moved away from the home, men were more likely to have a paid job and women were more likely to stay at home to take care of the children and the home (Perry-Jenkins, Newkirk and Ghunney 2013). Thus, in the 1960s and 1970s, white feminists took a particular stance on household labor and cooking; framing it as the ultimate form of oppression. They assumed cooking is in the home kitchen and is unpaid (Meah 2014). According to Meah (2014), feminist scholars have noted even improvements in kitchen technology were created to keep women in their place. With the help of technological improvements, there was no reason, not even paid work, for women to not to cook.

However, foodwork provided a way to celebrate skill and acted as an escape from reality for women of color (Meah 2014). Noted black feminist, bell hooks (1990), said, “. . . houses belonged to women, were their special domain, not as property, but as places where all that truly mattered in life took place—the warmth and comfort of shelter, the feeding of our bodies, the nurturing of our souls.” When black women in the United States cooked for white families, it

was perceived as a form of patriarchy, but when they cooked at home it was a form of liberation and power (Meah 2014). According to Nettles-Barcelón et al. (2015), black women have been subjects of both powerful and powerless dialogues related to food. On the one hand, the black woman is a naturalized good cook, and on the other, her body is often problematized through obesity. Because of these contradictions, a product of racism, black women are silenced (Nettles-Barcelón et al. 2015).

At the same time, Perry-Jenkins, Newkirk, and Ghunney (2013) acknowledged single parents are more likely to be of lower socioeconomic status and families of color in the United States. Looking across race, class, and gender is not enough when each social niche or even family has particular cultural norms related to housework. Part of the complexity is due to intersectionality. In feminist theory, Collins (1991) and Yuval-Davis (2006) define intersectionality as the overlapping aspects that create each person, which can include race, sex, gender, class, age, and geographic location (cited in Perry-Jenkins, Newkirk, and Ghunney 2013). For example, second-marriage women do less household tasks than first-marriage women, suggesting second-marriage women's first marriage experience influenced how to divide housework (Perry-Jenkins, Newkirk and Ghunney 2013).

Hays (1996:8) coined the term "intensive mothering," and described it as "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (cited in Elliot and Bowen 2018). In intensive mothering, children are framed as at-risk or vulnerable to justify investments, and the "bad" mother is to blame for not meeting expectations. Poor mothers and mothers of color are at higher risk of being labeled a bad mother (Elliot and Bowen 2018). Elliot and Bowen (2018) studied the ways mothers defend their feeding and mothering practices. In the study, a WIC program provided counseling for mothers whose children are considered at

“nutritional risk.” The WIC program counselors compared children’s sizes to standardized growth charts, and if children were not considered “normal” according to the counselor, then mothers felt judged (Elliot and Bowen 2018).

In Elliot and Bowen’s study (2018), mothers used the words “right” and “good” to describe how they fed their children. Doctors and professionals also described mothers’ feeding practices with moral values such as “perfect.” Mothers were told to simultaneously control their children’s diets and to not control them too much. Elliot and Bowen (2018:512) described “defensive mothering” as “(a) rejecting negative assessments, (b) conveying a favorable impression, and (c) differentiating oneself from an abject and neglectful ‘other.’” For example, one mother, who was homeless at the time and whose baby was having diarrhea, conveyed a favorable impression by not answering questions directly and not telling the doctor about their living conditions during the baby’s checkup. At the same time, the doctor’s questions were not questions, but more like close-ended statements. For example, the doctor would say, “He’s eating a variety of foods.” During the same visit, when the doctor found out the child was anemic, the mother was given a Gerber-sponsored pamphlet and told to feed the child meat, beans and leafy greens (Elliot and Bowen 2018).

Brenton (2017) compared how poor, working-class, and middle-class mothers responded to neoliberal food policy, more specifically health discourse that places responsibility on the individual. In general, she found middleclass mothers focus on feeding their children to ensure a good future such as the need for a good diet to do well in school, and working-class and poor mothers focused on balanced eating. Low-income mothers did not feel the same pressure as middle-class mothers to ensure that their children have a “perfect” diet, but still rationalized their choices with motherhood as the framework. For example, being a good mother means allowing

dessert every now and then (Brenton 2017). One poor black mother of three emphasized the role of meats in a balanced meal—a meat, starch, and vegetable are what she cooks every night.

One of the middle-class white women in Brenton’s study (2017) described “crunchy eaters” as families who consume organic food, made from scratch, and no junk food. Although the mother questioned the legitimacy of the diet, it was still the gold standard as she admitted she was jealous of her neighbors who she considered to be crunchy eaters. While poor mothers did not worry about consuming organic foods or “food purity,” they displayed their motherliness by staying informed about government regulations such as food safety (Brenton 2017). Many black mothers in Brenton’s study (2017) described healthy eating as being associated with white spaces and foodways (e.g., expensive grocery stores). Some black mothers contested stereotypes that black foodways are unhealthy, while others aligned themselves with the white narrative, crunchy eaters, to distance themselves from the negative stereotypes. Similar to Walzer (1996), motherhood gives women empowerment, but it may be living up to the societal standards of motherhood that makes it powerful.

In Bowen, Elliot, and Brenton’s (2014) work, women felt the pressure to cook for their families and described it in a different light than Pollan’s idealistic vision. To plan and make meals for their families that everyone enjoyed was a fraught task. For middle-class mothers, having a full-time job was a time-crunch. Poor mothers cooked even when they were tired of it because it was cheaper than going out to eat. But home cooking was difficult, especially because of the limited space in their apartments or trailers and access to grocery stores. Bowen, Elliot, and Brenton (2014) observed homes that were infested with rats and lacked basic cooking tools or functional appliances. Poor mothers also liked to try new foods, but they had to stick with tried and true meals because they could not risk food waste. These mothers had to consider their

families' food preferences and costs before diversifying their diets (Bowen, Elliot, and Brenton 2014).

Sachs (2013) suggested the heteronormative household model needs to be redefined in order to fix inequality related to cooking. According to Meah (2014), how men and women engage in the kitchen as a domestic space can subvert, disrupt, and reinforce power relations. Meah also described how women move to the public sphere through the kitchen. For example, women in the Global South have created cooking spaces where they can have their voices heard in the community. At the same time, the public space is not egalitarian. Women who make themselves publicly visible are more likely to feel resistance. Bowen, Elliot, and Brenton (2014:25) question why the "frontline in reforming the food system has to be done in someone's kitchen." They believe creative solutions are vital to decrease women's foodwork burden. According to Meah (2014), more work needs to be done to understand how the kitchen is experienced as a gendered space. For example, how it is used to create power and resistance, and for reaffirmation of women's roles in foodwork.

Methods

Context

This project took place in Lee Town, Alabama. According to the U.S. Census Bureau, 41% of the population in Lee Town is African American or black, of which 30.8% is below the poverty line (2016). In comparison, 13.6% of the white population is below the poverty line (U.S. Census Bureau 2016). According to a county-level assessment (Meissner 2012), Lee Town has some of the highest numbers of SNAP recipients and has the highest level of vulnerability for food insecurity relative to the rest of the county. I chose Lee Town as the site for the project because I formed a relationship with a grocery store owner in the town, John Harvey. Harvey's grocery store is located near one of the major roads in town, but a passerby would never know it is there. It is also near public housing (about a 300-yard distance). Its size and product selection are similar to that of Foodland and Piggly Wiggly. Harvey estimates 60% of his customers are black and 40% of his customers use SNAP benefits. Harvey is a white man who is active in politics, a member of a local protestant church, and involved with multiple community development and hunger groups in the southeastern region and United States. He has lived in Lee Town his entire life. He agreed to help me with the SNAP meal kit concept and funded the data collection portion of my project, including the food for the creation of the recipes, taste tests, and meal kit pilot.

Approach

In Stoecker's (2009) evaluation of CBR project proposals, he found neither participation nor action were emphasized in the ways intended. Stoecker (2009) laid out four phases of CBR:

(1) diagnoses, which is identify a problem; (2) prescription, which is identify solutions; (3) implementation, which is implement a solution; and (4) evaluation, which is measure outcomes. Stoecker (2009) found community members were included in implementation the most (Stoecker 2009), suggesting they are not included in the formation of the project plan (e.g., diagnoses). Across academic, non-profit, and community-based groups' proposals, community members were the least suggested participants (Stoecker 2009). In this project, adhering to CBR terms (Stoecker 2009), the community was involved in prescribing the solution: approving and designing a meal kit. They were involved in implementing the solution: selling and buying meal kits. If number of boxes sold is an evaluation, then the community was involved there as well. As described in the findings, the role of black women was limited to the prescription phase.

I drew on grounded theory and CBR with the intent of engaging participants in the meal kit concept. Both of these approaches argue they are not methods alone, but frameworks for research that can be used in all types of settings and draw on all sorts of methods (Wallerstein et al. 2018; Stoecker 2009; Strauss and Corbin 1994). To choose participants, I used theoretical sampling, which means the participants guide “the multiplicity and singularity present in [the] case” (Orne and Bell 2015:69). “Multiplicity” recognizes the multiple angles and perspectives in a given research topic. “Singularity” is the unique aspects of the case; the individual case is the focus of the research. Theoretical sampling is used to define what is relevant as the case evolves; moreover, the process will change as the case changes (Orne and Bell 2015; Strauss and Corbin 1994). This means the sample should not be chosen at the beginning (Orne and Bell 2015). Listening guides the entire CBR process to determine who should participate and determine the methods and goals of the research (Stoecker 2009). See Table 1 for a description of how the participants guided the methods and for the race and gender of the participants.

This project underwent two iterative phases, participation and action, between December 2016 and April 2018. There was one action-oriented question that drove the project: “How do we make a meal kit for Lee Town (see Ashwood et al. 2011)?” As I moved through the data collection process, I used many questions and methods for triangulation (Orne and Bell 2015). During the participation phase, I conducted open-ended interviews with institutional leaders, structured interviews with grocery store employees, reconnaissance interviews with grocery store customers, a meeting at a black church, and a meeting at a Head Start preschool (see Table 1). The two meetings were audio recorded. From initial customer feedback, three potential meal kits were created. A taste test was held during the two meetings in order to receive feedback on the proposed meal kits, including the taste, recipe style, number of servings, and amount of preparation time for each meal.

During the action phase, along with some of the stakeholders from the participation phase, meetings were held with employees at the local hospital, business incubator, and university dining; and a graphics designer and extension agent. These meetings were focused on how to create and package the meal kit, including price, purchasing, and logistics. Communication also occurred through email. In several cases, there were multiple interactions with stakeholders. Meal kits were made available to purchase in a local grocery store for one day. Volunteers put them together the day before. A taste test was held in the grocery store for four hours in order to promote the kit on the day they were sold; observations and informal interviews occurred during that time as well.

Table 1: Description of Participants and Methods During Participation Phase

Participant	Race and gender	Role	Outcome relevant to methods
<i>John Harvey, small grocery store owner (n=1)</i>	White man	Initial gatekeeper to the community and owner of store where meal kit was piloted	Recommended I talk to Pastor Nealy and employees, and influenced my relationship with the community in general
<i>Institutional leaders (n=8)</i>	4 white women, 3 black men, 1 white man	Identified where to begin and “make the meal kit idea real”	Met with Pastor Nealy, who referred me to women of the church
<i>Grocery store employees (n=5)</i>	3 white women, 1 white man, 1 black man	In semi-structured interviews, discussed Harvey, customers, and food choices	Used feedback to create recipes and marketing materials for potential meal kit
<i>Grocery store customers (n=25)</i>	17 black women, 4 white women, 2 black men, and 2 white men	Approved the meal kit idea during reconnaissance interviews	Used feedback to create recipes and marketing materials for potential meal kit
<i>Church members (n=8)</i>	Black women and 1 child	In group setting, answered question, “How do we make a meal kit program happen in Lee Town?” and taste tested potential meals	Used feedback to improve recipes and marketing materials for potential meal kit; Shonna recommended I talk to parents at Head Start, where she works
<i>Head Start meeting (n=11)</i>	7 black women, 2 white women, 1 black man, 1 Latina woman	In group setting, answered question, “How do we make a meal kit program happen in Lee Town?” and taste tested potential meals	A favorite recipe emerged among the three proposed meals, they wanted to see it in the store; Used feedback to improve recipe and marketing materials for favorite kit

During the action phase, I was also a participant in the project, thus my time recording data was limited. I was too worried about the meal kit coming to fruition to write down every word every person said. When my hands were being used to throw bags of sweet potatoes into boxes, I could not use them to write down what a participant wanted to tell me about her experience with a meal kit. However, I kept a notebook to record interactions significant to the developing themes. There were at least 90 people who I engaged with in this project to varying degrees, but the data for 58 participants was transcribed.

Using substantive coding (Holton 2007), data collection merged with analysis (Strauss and Corbin 1994). After transcribing the data, I used line-by-line coding to create themes (Holton 2007). Incidents, which are empirical indicators, were used to create major themes and then analyzed to create concepts. Themes were struggle for participation and action, sense of community, need for meal kit, perceptions of health, SNAP and capitalism, perceptions of food, perceptions of cooking, and gender and intersectionality. Then incidents in each theme were consolidated into smaller specific concepts, focusing less on descriptive details. Incidents were also pulled apart to put them into the proper conceptual categories.

Results

Participation

Institutional leaders, including extensions agents, university faculty, and a church pastor, were among the first interviewed, none of which were black females. When the interviews were conducted, I did not know the direction of the project, thus the purpose was to figure out “how to make the meal kit idea real.” In general, initial stakeholders discussed the importance of health and the potential for a meal kit and suggested potential connections to move the project forward. At the same time, reconnaissance interviews were conducted with customers in Harvey’s grocery store, which comprised almost half the 58 participants in the participation phase. The majority of the customers said they would try a meal kit given caveats, such as type of food and price. In general, respondents indicated that they wanted a meat and two sides or a pasta dish, like spaghetti, because they were considered simple meals. Some respondents said they were willing to try new things. Others said they like to pick out every ingredient themselves. Using their direction, I experimented with recipes. Based on taste, price, ease of preparation, ability to be turned into a meal kit (e.g., food safety, physical structure of kit), the researchers (aka me and my roommates) narrowed down the potential meals to a veggie-cheese sauce pasta, similar to macaroni and cheese; barbecue chicken wings and coleslaw; and a mushroom-beef hamburger with sweet potato bites.

Pastor Nealy, a pastor at a small black church, met through Harvey, recommended showing the potential meal kits to the church women because he believed they would know where to begin a meal kit project. The church women gave me feedback, and Shonna, a church

member and Head Start parent counselor, suggested we work with Head Start, a preschool for low income families next. At the Head Start meeting, a favorite meal kit emerged. In general, Head Start participants wanted to have the ability to purchase it in the store. I named the kit “Community Choice,” which contained everything for skillet burgers and sweet potato bites, including whole grain buns, hamburger and mushroom patties, sweet potatoes, rosemary, olive oil, salt, tomato, lettuce, and a recipe trifold (see Figure 1). The patties were pre-patted, and the sweet potatoes were pre-cubed.

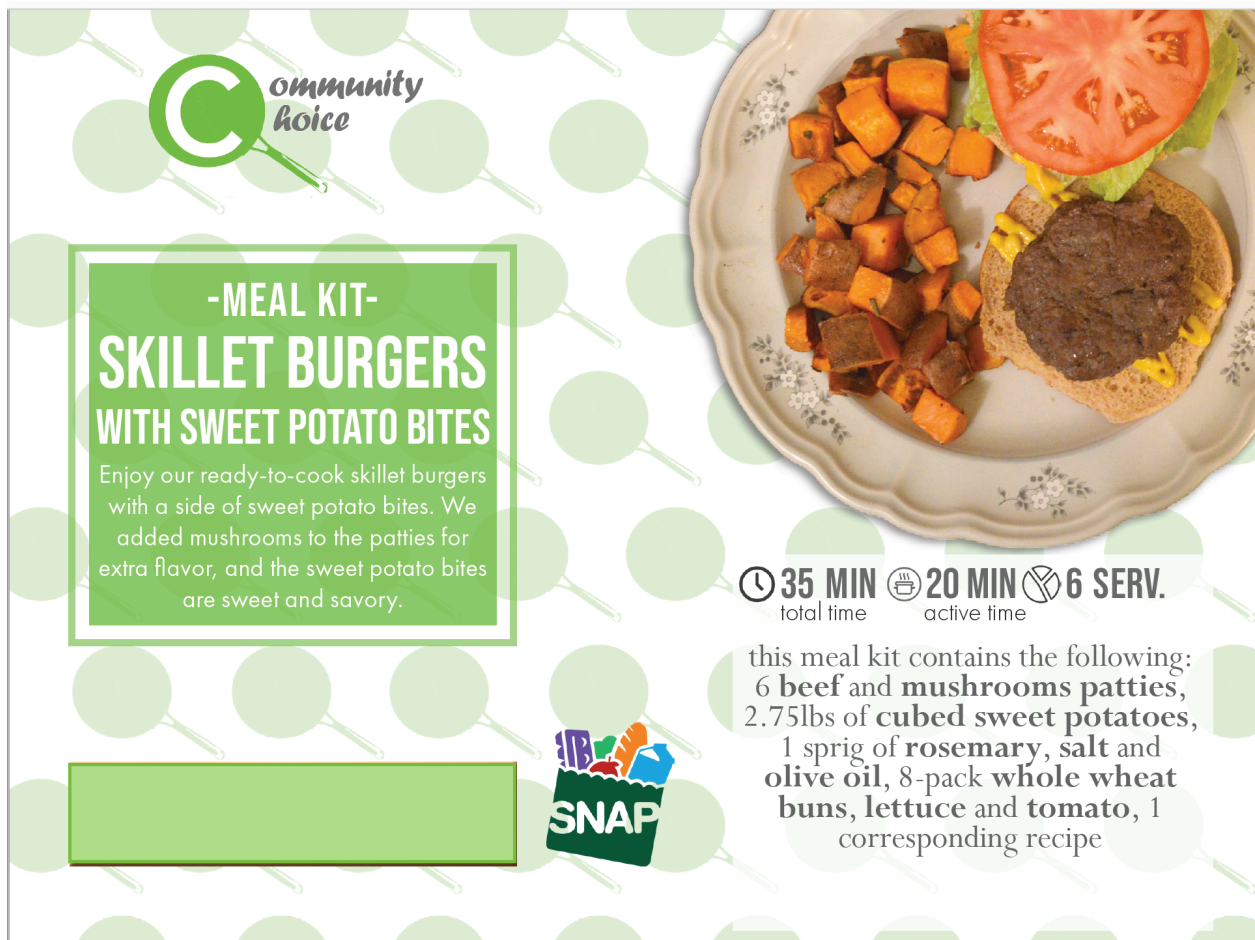


Figure 1: Meal Kit Label¹

¹Green bar inserted over identifying information

Action

During the action phase (i.e., preparing the kit to sell), a majority of the volunteers were from a university hunger group, a local medical center, and the university nutrition department. Others helped, but it was part of their jobs or I paid them, such as an extension agent and employee at a university business incubator. Most who helped with the action portion, paid or unpaid, were women. For example, almost all of the nutrition students and hospital volunteers were women. Of all the women (in the participation and action phases) who mentioned having paid jobs, a majority of the jobs were rooted in altruism. For example, of the church women (n=7) who mentioned paid work, they cited Department of Human Resources, Head Start, and speech pathology.

Harvey and I decided to have 25 kits available for sale for one day, a Friday. The promotional price for one kit was \$16.99, even though they should have retailed for at least \$19.99 due to incurred costs if they became part of a business model. On the day the kits were sold, Harvey put an advertisement in the newspaper for deals on items such as bananas and canned vegetables. We, the employees and volunteers, held a taste test in Harvey's store from 10:00 am to 2:00 pm to promote the kits with a raffle for a free meal kit at the end of the taste test. No other form of advertisement was used, that is, before entering the store, customers were unaware of the meal kit pilot. See Figure 1 for meal kit label and details of the kit. See Figure 2 for a few recipe details. A total of 16 of 25 kits were purchased. We looked at the transaction data, which shows EBT card use, to find that two kits were purchased with EBT cards. Five of the 16 sold were purchased by my peers or volunteers. It is unclear if Harvey or others will continue with the meal kit concept.

INGREDIENTS



- 1 spring of rosemary
- 1 tsp of salt
- 4 tbsp of olive oil
- 6 beef and mushroom patties
- 2.75 lbs of sweet potato cubes
- 6 whole wheat buns
- 1 head of romaine lettuce
- 1 tomato

TOOLS



- 10-inch skillet w/ lid
- spatula
- paper towels
- 17x12-inch sheet pan
- knife
- cutting board

Before we put this meal kit on the shelf, it went through an Community taste test. We listened to your feedback to make a kit just for you!

-RSCOPS-
SKILLET BURGERS WITH SWEET POTATO BITES
 Enjoy our ready-to-cook skillet burgers with a side of sweet potato bites. We added mushrooms to the patties for extra flavor, and the sweet potato bites are sweet and savory.

We are learning! For questions or concerns, contact Lindy Olive.

Figure 2: One Side of Trifold Recipe²

² Green bar inserted over identifying information

Navigating Community and Accessing Resources

While this was a community-based project that engaged with its members as much as possible, the community had its own power dynamics that had to be navigated. Harvey, for instance, sometimes said stereotypical things about low income and black families related to food, although his true feelings were never clear. For example, he said the low-income black population is the hardest to reach in terms of changing health habits. Harvey's involvement in and knowledge of the community helped me find participants, but by accessing the community through him, it bounded who was considered to be in the project. Harvey was in a network of community and national-level hunger initiatives. One of which was an institutionalized food security group and the other was a larger symbolic food security group, which included political leaders, store employees, church leaders, extension agents, and non-profit leaders. Since he owns a grocery store, donates or invests money in food security entrepreneurial projects, and speaks on behalf of these various groups, Harvey had access to a variety of resources in conjunction to the meal kit project. The closer to Harvey's local food security group, the more likely individuals or groups participated.

Figure 3 is a visualization of the way the local network of groups was connected in the meal kit project. Starting on the left side of the figure, I met Harvey through the university hunger group. Harvey allowed me to use the grocery store to interview employees and customers, and to use the space to sell a product. Harvey connected me to the black church, store employees, business incubator, and hospital. In the figure, the boxes touching each other were initial groups or people to be part of the study, and the boxes linked with dashed lines were secondary or tertiary connections. The size of the boxes represents number of participants associated with each group. The placement of the boxes and the length of the lines represent how

well the groups were connected. For example, Harvey seemed to have a stronger relationship with the extension than the university business incubator, exhibited by a shorter line between Harvey and extension than Harvey and the business incubator. The Head Start participants, although not linked to the customers in terms of how they were found in the study, were Harvey’s customers as well, and they had a similar sociodemographic profile as the customers.

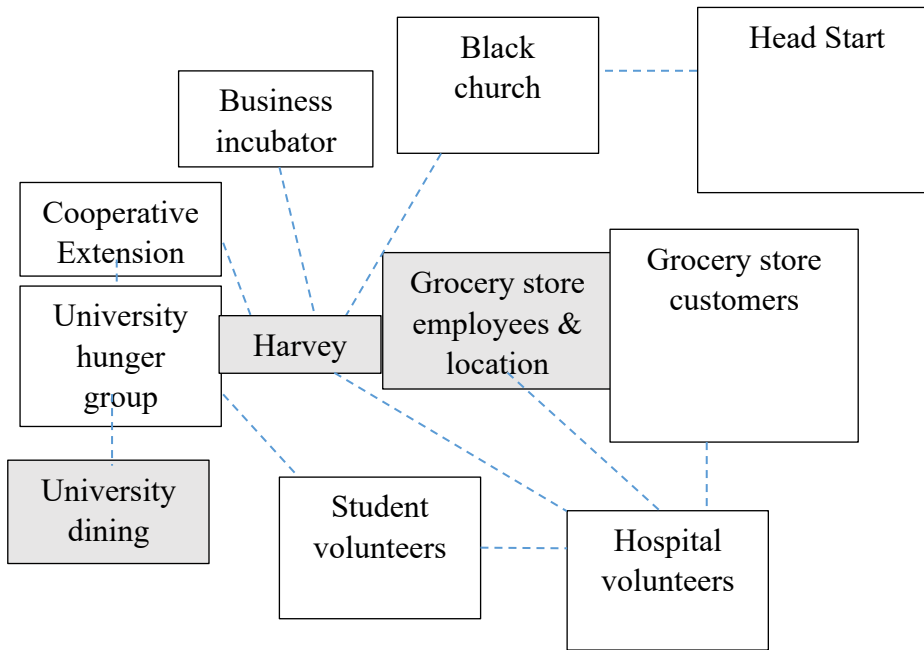


Figure 3: Visual of Community Connections in the Project

- Boxes touching each other were initial groups or people to be part of the study
- Boxes linked with lines were secondary or tertiary connections
- Size of the box represents number of participants associated with each group
- Placement of the boxes and the length of the lines represent strength of connections
- Physical and monetary resources were associated with those in grey boxes

An extreme of how Harvey's network shaped the project is when Harvey met the Secretary of Agriculture while he was representing a grocery store organization. Although the details of the conversation were never made clear to me, within hours of the event, OMB Director, Mick Mulvaney, said the following in a White House press briefing:

You may have heard about this already: the Food Box Program. One of the most innovative things—actually, I think it originated at the USDA. Secretary Perdue wanted to give it a chance. We thought it was a tremendous idea so what we do is propose that, for folks who are on food stamps—part, not all—part of their benefits come in the actually sort of—and I don't want to steal somebody's copyright—but a Blue Apron-type program where you actually receive the food instead of receive the cash. It lowers the cost to us because we can buy prices at wholesale, whereas they have to buy it at retail. It also makes sure that they're getting nutritious food. So we're pretty excited about that. That's a tremendous cost savings. (US Office of Press Secretary 2018)

After the OMB announcement, Harvey and I agreed that putting a product on the shelf was urgent, because we thought we needed to show how the SNAP meal kit concept could be done in a grocery store format. Because of the sense of urgency at the time, we took the in-home meal kit trial out of the developing plan, even though Head Start parents seemed interested in a trial (i.e., Head Start parents could have taken meal kits home for free and given us feedback). Harvey's local-level food security group, which included extension agents and members of a university hunger group among others, thought their group was the most significant to the research. An extension agent mentioned at least two concerns: holding a community meeting, because those who cannot show up would not be represented, and the pitfalls of attempting CBR in such a short time span. Ultimately, however, according to the agent, since Harvey is the "community champion," even if I tried to involve others, whatever came from the CBR project would be his responsibility.

Because I needed space to prepare food and was interested in accessing and including others, I attempted to use the Head Start kitchen to prepare their taste test. I received approval

from the nutrition specialist to use the kitchen, but when I arrived with the ingredients the afternoon before the taste test, the kitchen manager told me her staff would not appreciate sharing the small space in the morning when they had to make the children's breakfast. As a resolution, I drew on resources connected to the university when it was time to construct the kit. In Figure 3, the grey boxes represent the participants who gave me economic or physical resources for the pilot. Harvey contributed money, the grocery store employees contributed food and set up for the pilot, and university dining contributed space and tools to prepare for the pilot.

Distrust of low-income people emerged during the church and the Head Start meetings. Wendy, a member of the church, said, "My concern is that you say that you are going to give these boxes to families for free. If *we* did like what you did today, then you could tell which ones would be serious, and get better reliable data back." The lack of vision led to distrust among meeting participants as well. For example, at the beginning of the project, it was unknown whether the meal kit pilot would be part of a for-profit or a non-profit business model. During that time, I quoted the base price—the price that covered the cost of food:

Lindy: Yeah! What we are trying to do is get this box down to where you could get five meals for a family of four for approximately thirty-five dollars. So five meals, family of four, thirty-five dollars. It ends up being \$1.50 to \$2.00 per serving.

Jenna: That ain't bad.

Wendy: That's cheap.

Lindy: We are trying to really get it down, so it can be realistic for anybody.

Tina: But that's just starting out, ya'll will ease up after a while, won't you?

Lindy: Well see, yeah no, that's like the base price. If this ends up being something for SNAP, we don't know if we will end up turning it into a non-profit or something, where they wouldn't have to pay more than the absolute base-price. Yeah, it's weird because we don't know what's going to happen.

Skepticism occurred on the day of the pilot, due to poor communication. The promotional price, \$16.99, made some people doubt they understood the concept—everything for the meal *is* in the box.

While the Head Start families' expressed interest in the trial kit, and a few responded to email, the Head Start and church participants did not participate after the initial meetings or purchase a kit. Ariane, a black woman who appeared to be in her 60s, talked the most at the Head Start meeting, but did not have a response to my more direct call:

Ariane: The only thing bad about a meal kit is, it depends on the neighborhood. You gotta make sure you in the right neighborhood. For most people, it would be better to pick it up in the store, because depending on the season, if you put a box of anything on somebody's porch or anything, somebody could come up and get it. There's a meal that's gone. I used to work at UPS, I retired. Therefore, I know.

Lindy: We need you on our team, we need you.

Ariane laughs.

Ariane: They will take it, you better have insurance on this.

In some cases, it was clear that the participants were overburdened. Pastor Nealy wanted some kind of church-based intervention for the church members to eat nutritious foods. However, he preferred for me to contact him through Harvey. After not responding to Harvey, I emailed him about scheduling another church meeting as requested by the women. He responded with the following:

Dear Lindy,

All is well at the church, sorry it took so long to respond, but with work and church, I have been very busy. I don't have a problem with you using the church, but after talking with the ladies, they felt it would be more beneficial for you to contact Head Start. They have a parent engagement specialist who can help you solicit low income families that they serve. Anything we can do to assist you let us know.

Pastor Nealy

In other cases, lack of engagement may have been due to the realities of parenting. At the end of the Head Start meeting, the president of the local Head Start parent council tried to encourage parents to participate at the Head Start:

Cynthia: I'm a member of the parent council. I'm the president of your parent committee. I really need some other parents on the committee. I have one other person who's on the committee for this center, where the other centers have like five or six parents. We make the decisions about who will come in and teach our kids, what we are doing for the month. If I can get just two people to sign up, name, phone, email, so you can come to the meetings, hear what's going on in the centers...

Dara: I was going to come to the meetings, but my daughter had RSV.³

Cynthia: That's fine, if you guys could just come out.

Everyone was quiet.

Harvey's grocery store had its own community dynamic. For example, on the morning of the meal kit pilot, the day started as expected: a big mess. While attempting to cook the sweet potatoes for the taste test, the breaker was tripped, which caused a portion of the store to lose power for at least a few minutes. The hospital volunteers told customers to make another loop around the store, because even if the sweet potatoes were not done, at least the burgers would be done soon. The customers remembered the hospital volunteers from their previous visit to the store—the hospital has an in-store taste test event once a month. According to Harvey, the hospital's taste tests are a success with the customers. Throughout the day, Kevin, the produce manager, attempted to convince customers to try the kit. He also engaged with customers about their families and the community in general.

Two wheelchair-bound customers helped promote the kit on the day of the pilot as well. Susan, a black woman who lived at the public housing apartment complex down the road, had a few samples of the food and went back to her home to tell her neighbors about the deal. She won

³Respiratory syncytial virus

the free kit and planned to put the box between her legs on her wheelchair to take it home, but the volunteers agreed to drop it off for her. Cindy, a white woman who looked to be in her late 60s, drove her motorized wheelchair around the store with a kit in her cart. She was telling customers about “the box.” At the Head Start meeting, the parents referenced how often they go to Harvey’s store and trusting it the most compared to other places. Cynthia, a Head Start parent, said, “I shop at Harvey’s all the time. If the product and produce is coming from them, I would pick it up for them [referring to her children].” Donna said, in reference to the grocery store, “I go every week...My little girl thinks she owns the place, she’ll just take off.”

While the store had a sense of community, the state was not part of it. On the day of the pilot, Harvey allowed a woman from a local agency to promote SNAP benefits. She had done this once before in conjunction with the hospital taste test. I recorded the following in my field notes:

Around 11:00 am, Gina, a white woman with white fluffy curls and a business casual outfit, showed up. She had a rolling bag and a small fold out table, like one for TV dinners. One of the volunteers told her what we were doing, and her face lit up. Gina offered to stand by the cooler of meal kits to help us sell them. She smiled the whole time she was there. Some papers and a sign-up sheet were on her table. The purpose of the sign-up sheet was never clear. By the end of her shift, I saw one page full of names. Although she was cheery, her presence was awkward. Her voice was quaky as she would ask, “would you like to buy our meal kit today?” Although the volunteers and employees knew her and were cordial, customers avoided her, taking sharp turns around the shelves in the opposite direction, walking past her if they were looking for something in the coolers beside her where their eyes were glued. At one point she admitted with laughter in her voice that customers were avoiding the meal kits because of her. I thought it was a funny coincidence that we had a rush after she left, selling the most kits in the last hour.

Perceptions of Health and Food

I told participants I have a nutrition degree, but I never talked about the nutritional value of foods, such as macro and micro nutrients. Nevertheless, participants referenced nutrition in relation to meal kits and food choices in general. For most institutional leaders, nutrition was a dichotomy; there are southern foods and there are healthy foods. In a couple of incidents, leaders believed low income families did not know how to eat without guidance. Employees focused on meat consumption and processed foods, the two items customers purchased the most, but cited work schedules and price as the barriers to eating better. Employees, when asked, “what do you think of using less meat?” believed meat is engrained in the culture, saying “it’s what they know.”

Customers and Head Start families referenced doctors or medical conditions such as diabetes and heart disease for eating less of a specific ingredient, such as salt. Ariane said, “I cook with salt, but I don’t *use* salt.” She explained that she does not add salt to the food when it is ready to eat, only when it is cooking, because she needs to improve her blood pressure. Head Start parents valued cooking from scratch and purchasing meat at Harvey’s grocery store instead of supermarkets. All groups were focused on eating less of something, but almost none of them talked about which foods they should or want to eat more, except references to fresh or healthy. Turkey meat was a reference to better health across groups, while participants did not discuss why that was the case. Tina, a white Head Start parent, said “My son won’t eat red meat.” The black woman next to her did not understand the reference, and thought she meant rare meat. Cynthia explained, “[Tina] is saying like ground beef, hamburger steak.”

There were no references to healthy food having the ability to taste good; taste was perceived as a compromise until the hamburger taste test. Almost everyone at the Head Start

meeting had anxiety about eating vegetables in general, eating vegetables in a new way, or eating whole grains; however, almost everyone liked the hamburger, which contained mushrooms and whole grains, and the sweet potatoes, which were baked with extra-virgin olive oil and rosemary.

In my field notes, I described Leticia's response to mushrooms:

Lina was sitting at the end of the table furthest from the front of the room. She looked at the recipe and scrolled through her phone. Leticia asked her if she liked the sweet potatoes: Lina nods her head 3 times. Leticia asked her if she liked the burger: head nods again. Leticia, referring to the mushrooms in the hamburger, her voice fluctuating, asked "...but it don't taste like it do?" Lina shook her head and gestures her burger toward Leticia. Leticia pointed to her burger that had been sitting on her plate since the beginning of the conversation. She took the top bun off and moved her face closer to observe the burger. Hesitating, her eyes moved left and right, peaking at her peers. She asked Ariane if the burger was good. Ariane said yes. She pinched a piece of the burger between her finger and thumb, put the burger in her mouth and chewed it slow. Nodding fast, she said, "It *is* good!"

Meat consumption connected participants to each other and Harvey's store. Harvey's store has a butcher and a regular meat deal: five packs for \$19.99. This price also includes the option for some pre-processed items such as frozen lasagna. Meat was also the most valued food item among participants. Referencing the meatless pasta dish, Wendy, a church member, said, "A lil' hamburger meat or a lil' chicken in there, then it would be a meal." In unison, everyone said, *mhmm*. Although they had strong preferences for how foods were cooked, the ones they were familiar with cooking, they did not have strong preferences the types of food. Head Start participants cited Hamburger Helper, spaghetti, chicken, pork, pizza. At one point, Leticia, a Head Start parent, said, "I got small kids. They're not big on soul food all week long, or they'll be running every which way from them leftovers."

While at the Head Start meeting, Shonna, a Head Start employee, encouraged parents to talk to me and helped me serve the food for the taste test. She did not believe the parents' interactions would differ based on the parent counselors' presence, so the counselors attended the

meeting. The counselors did not say much, but they sat in the back and observed. The Head Start participants, however, may have felt their presence. At one point, the intercom came on during the meeting. It was so loud, we could not hear each other talk. When it quietened, the women rolled their eyes and mocked the cheery voice. Ariane, the most outspoken of the group recognized a need to be quiet in front of me:

Lindy: Would you be interested in taking a box home for more feedback?

Ariane: And say, 'add this, add that.'

Ariane laughs

I'm trying to behave ya'll.

Lindy: It's OK. You don't have to behave.

Everyone laughed.

Gender, Parenting, and Food

Harvey articulated his perception of customers' wants and needs. He hypothesized: "Traditional meal kit consumers are happy to buy meal [kits], because they usually don't cook and can afford it, whereas the meal kit users we will be targeting take pride in cooking and cook to survive." The Head Start women referenced themselves when referring to who cooks, plans dinners, and goes to the grocery store. They seemed to embrace their roles: Cynthia, said, "I don't go to restaurants." They also had confidence in their critiques of the meal kits. Cynthia told me the chicken wings needed, "More honey, baby." For the church women, it was part of their church positions as well:

Tara: I'm a member of the church, sing in the choir, work with community outreach at the church.

Lindy: Oh, awesome.

Tara: I think all of us do a little of the cooking at some point.

We all laughed.

In the case of the church women, foodwork was not their primary role. Most of them made it clear that they have paid jobs. They referenced their work throughout the meeting,

whereas the Head Start mothers almost never mentioned a paid job. Throughout both meetings, some participants mentioned their partners, husbands, but did not talk about them cooking. Their relationship statuses were not clear—some mentioned husbands in conversation and, in one case, the mother and daughter live together.

At the Head Start meeting, after the taste test and during the meal kit discussion, all admitted cooking can be a burden, especially because their children do not engage in foodwork. Cynthia referenced her son, “He’s nine. I’ll be like, can you go and cook something? Go warm up something.” In a pouty voice, she says, “I don’t wanna cook mama, I just wanna eat.” Dwayne, the one man at the Head Start meeting, said, “I cook cake too...or when I feel like it. But you know what, my son, he gon’ break it, because he be wantin’ to go to fast food.” Depending on their children’s ages and ease of preparation of the meal kit, participants thought their children would be able to prepare the meal from the meal kit themselves.

Cooking was perceived as generational, which was still the woman’s responsibility according to Bill, an employee at Harvey’s. He referenced his son eating frozen pizza and said, “Well, his mom let him eat that stuff. Sometimes she’ll cook, but she has a job.” I think he remembered he was talking to a woman, so he added, “Sometimes I’ll cook too.” Later, I spoke to him again, after he bought a meal kit.

Bill: Man, good job on the meal kit. I loved the sweet potatoes. I mean everything was good, but the sweet potatoes were great. My wife cooks them all the time now.

Lindy: Oh yeah, they are so easy.

Bill: What's in them? Parsley?

Lindy: Rosemary.

I was happy that he and his wife enjoyed the meal, but was upset to hear it was still his wife’s responsibility to make the meal kit and adapt it in later meals.

There was tension between Head Start participants about how to ensure their children eat well.

Lindy: For your kids, do you like the “sneaky” veggies?

Leticia: I would.

Cynthia: I don't have no problem with my kid eating vegetables. If it's good they gon' eat it.

Ariane: If they don't know what's in it, they gon' eat it. That's all I got to tell 'em.

Lindy: *Lets out a laugh in attempt to diffuse the tension.* Don't question anything.

Ariane: Just eat it. If you don't want it, don't eat it.

Cynthia: That's right.

Discussion with the Head Start parents revealed that meal kits should include enough for more than a family of four. Moreover, even if meal kits include enough servings, they still may not fit the needs for a growing family or growing children.

Lindy: Would this be enough for your families?

Almost everyone said no.

Katina: 9 in mine.

I was surprised and laughed.

Lindy: In your own household?

Katina said, not amused with my laugh: Yeahhh.

Leticia said with faint laughter: We have really large families.

Ariane: Mannnnnnn, let me see, just count the number of people who just come over to eat. 10 comes to eat at her house, but my grandson [sic] is a football player. I'm trying to count to see how many he is in one. He would need his own box.

This conversation led me to change the amount of food in the kit from four to six servings. I thought it would be too difficult to include more than six servings in terms of box logistics (e.g., overall weight) and make the price too high for a new product. I told myself if the families needed more than 6 servings, they could purchase another box to have 12 servings, giving them leftovers if the number of servings was too much food.

Discussion

CBR, Gender, and Nutrition

Potential reasons for a lack of participation beyond the participation phase include the following: poor communication, overburdened participants (e.g., caring for family, work), and a lack of vision for the meal kits. However, it may come as no surprise that the project was still completed, because women and food go hand in hand with unpaid labor. While Harvey funded projects and informed policy, women, including me, were responsible for the project from start to finish, of whom a majority helped on a volunteer basis. Nutrition-focused CBR almost never includes community in the prescription phase, especially not while embracing community food preferences, here the preferences of black women. I found Head Start participants' and customers' food values did not predispose them to making unhealthful food choices; if anything, their willingness to cook and purchase fresh meat predisposed them to better eating practices. However, they did not have the option to try new foods, including vegetables, because of a lack of or strain on their resources (e.g., time, energy, money).

Although nutrition was a high priority in the solution, I did not tell participants they need to change their diets or reduce a component of it. The kit was designed to meet their desires, while inserting vegetables many had never had the opportunity to eat in a format they found pleasurable (e.g., the mushrooms). I note taste and pleasure as different components here because sometimes participants described the kits with positive taste attributes, but overall found it was not satisfying compared to different versions of the same meal. For example, the coleslaw was too similar to a salad and did not compare to the varying descriptions of coleslaw given by the

participants. This does not mean the participants versions of recipes were “unhealthier.” If I were to describe their versions of coleslaw using hegemonic nutrition or nutritionism, some of them had less fat, a perceived bad food, than the one in the taste test, which was mayonnaise-based. During the meetings, there were so-called nutrition teaching moments I did not use. Maybe if I were more prepared, I could have used my education to demystify its essence, that is, to use the knowledge gained through my degree to clarify some of the health information from which the participants were drawing.

Nutritionism is a Display of Whiteness

Harvey’s hypothesis was on point in terms of how cooking was sometimes described by participants. It was a point of pride and means for survival, but he failed to consider gender. In Lee Town, it is not clear if women choose to do unpaid foodwork, because their options are also unclear. For example, none of them discussed how their relationship statuses effect foodwork. Although I believe women benefitted, because of the meal kit’s ability to transfer foodwork to the market or even other members of the household, we still took women’s roles in the kitchen at face value. CBR practitioners have to grapple with if and how to address gender inequality, for example, by reaching out to men to participate in food-related research. Here, asking women how to include men seemed insensitive to women’s roles and relationships to men, because of how the women talked about cooking and who does it.

It was clear the Head Start women found power in their roles as home cooks, because of the pride in their voices and in their choices. However, these choices are still not “healthy” enough according to nutritionism rhetoric. For example, the participants cited experts (e.g., doctors) in reference to eating less of a certain nutrient or food group, although the information they referenced does not align with research. Ariane was worried about table salt in her diet, but

Monteiro et al. (2010) found ultra-processed foods make up a majority of salt in the diet. Feng, Dell'Italia, and Sanders (2017) reviewed hypertension research and further complicate the issue of salt intake. For example, Feng, Dell'Italia, and Sanders (2017) consider the role of potassium, which is found in fruits and vegetables, in the endothelium's response to high salt intake. Similar to Bacon and Aphramor (2011), I argue a focus on table salt along with other macro and micro nutrients in the diet without the broader context (e.g., fruit and vegetable intake, role of socioeconomic factors) violates clinical ethics.

The constant push for women to do better in the kitchen is veiled by the name of health, which undermines the power women have found through food, especially black women. Unlike Greaves et al. (2004), who found mothers felt pitted against the state on how to take care of children, nutritionism has created a void that mothers feel needs to be addressed as well. The void is created by experts, educators, the food industry, government, and research not including other ways of knowing food. Nutritionism embraces the lack of confidence, because as Scrinis (2008) notes, it allows for the agrifood system to benefit. I argue nutritionism is problematic, because it allows the state and market to define nutrition, responsabilizes mothers, and excludes certain groups from the definition of nutrition and health. By valuing expert knowledge, especially when it is inaccurate, over black women's knowledge, nutritionism is a display of whiteness; and this whiteness excludes black women from the process of defining health. Moreover, experts advising black mothers with perpetuated and reductive science excuses them from not acknowledging deep inequality.

The double bind for women is created through ongoing tension between the state, market, and individual. Unlike other food projects that rely on good mothering as a form of empowerment, CBR should focus on utilizing women's voices, not adding to their burdens. In

this sense, since the action was created through local institutions rather than Head Start parents, CBR did not add to the mothers' burdens. Moreover, the meal kit did not call on good mothering, but on the market to serve the mother.

Contradictory Capital

In the context of this project, the market is the idea of buying and selling as a form of trade. The values the market prioritizes are not the values of the participants in the meal kit project. For example, the market uses food labels to appeal to "logic" instead of the senses, such as taste (Biltekoff et al. 2014). The meal kit market does not target potential SNAP recipients, even though they may benefit from meal kits the most. Broadly speaking, meal kit companies affirm nutritionism through the values they display (e.g., through idealized cooking and the people who take up the meal kit space). This project used the market to benefit those who do not or cannot align with the market's values. Thus, I call the simultaneous questioning and use of market logic *contradictory capital*. Contradictory capital is not a pure form of capital, inherent in the phrase, but it is a concept for how the market can benefit everyone, including those disenfranchised. CBR yielded a unique case where other ways of engaging with food besides nutritionism was prioritized in the market. Another facet of contradictory capital is giving community the ability to assert agency in the market. Similar to how CBR has to work with imperfections and power dynamics of the community, contradictory capital reframes capital in the imperfections and power dynamics of the market. While economic determinism is a view of the market from the top, contradictory capital inserts itself at the bottom through community-level engagement.

The meal kit was piloted once, because of a lack of time, logistics, and resources needed to do a pilot on a larger and more efficient scale. Future research needs to include more time to

plan and engage with the community, including the creation of goals. I also recommend including monetary compensation for as many participants as possible for such an in-depth project. Future studies need to include other community members besides mothers. Those who have high potential for hunger, such as children, the homeless, and the elderly, were not included in this study. Moreover, the concept of a meal kit was new for the participants I most wanted to target, which was a barrier. Future studies need to focus on ways to include education and marketing in their plan, so participants are not learning about a meal kit at the same time as they are purchasing them or engaging with the concept. More studies need to be conducted to better understand how meal kits can relieve women's burdens without losing their sense of power found through unpaid labor. Finally, more work needs to be done to understand the sustainability and cost of including SNAP benefits in meal kit business development.

Nutritionists and other professionals can play a crucial role in addressing inequality in the food arena. Here, participants did not consume many vegetables, but when they were included in new ways, stereotypes were broken about the taste of vegetables, who eats them, and how they can be prepared. Help in the form of education should be framed in the positive instead of focusing on aspects which are perceived as "bad." Nutritionists and others should go beyond cooking classes. For example, one focus could be reorienting nutrition education to include pleasure and culture in the diet, instead of restriction. Further, nutritionists and researchers ought to gear their efforts toward understanding the black experience in navigating nutrition, food advice, and food counter cultures. Although taste testing had not been used in CBR before this study, it provided a means for participants to elaborate on foods they eat by comparing and contrasting them to the ones offered in the taste test. They also commented on the taste, cooking

style, type of foods, and who cooks them. Moreover, the taste test drew on the act of eating to introduce new foods and to triangulate the data.

Conclusion

The perspective of Pollan (2008) and Nestle (2013) is like ordering the progressive sandwich, biting in only to realize it is doused neoliberal sauce (don't worry, it *is* organic). Nestle and Pollan blame food inequality on the market's role in misunderstanding food, and the solutions they offer are embedded in the assumption that it has to stay that way. Similar to Guthman's sentiment (2003:55), "Surely there are those who will eat a Jack N the Box[®] hamburger one day and a salad of *mesclun* the next," I believe contradictory capital will illuminate opportunities for change. Contradictory capital does not rely on dichotomies, such as organic versus fast food, southern versus healthy, home cooked versus processed, or state versus market. I found a meal kit is best utilized when put in the same vein as fast food or processed foods, rather than focusing on idealized forms of cooking, in order to create spaces for choices. For example, mothers thought the pre-cubed sweet potatoes and a corresponding recipe would help them decrease the preparation time and need for meal planning (more on this topic in a forthcoming paper). As for policymakers, idealizing a transition back to home cooking will further embed women in the double bind as their unpaid labor will continue to be unrecognized. Instead, I argue for the promotion of solutions that recognize and break the double bind. Here, I offer the concept of contradictory capital as the means for thinking about and acknowledging potential empowerment in the market. Meal kits are a possible solution. Although not Secretary Perdue's version, but rather the format created to recognize women's foodwork in the market.

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