

“Building Market Channels for Local Food in the North Carolina High Country”

Appalachian State University, 2021

Appalachian Teaching Project Presentation Script

Developed by Dr. Jessica Martell and her Fall 2021 WRC 1103 students

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1.

We would like to begin by thanking the Appalachian Regional Commission and the Appalachian Teaching Project staff for the opportunity to participate in this conference. We would also like to thank our community partner Blue Ridge Women in Agriculture for collaborating with us; and to acknowledge with gratitude the participation of the Second Harvest Food Bank, the Wilkes Ministry of Hope, and the High-Country farmers who spoke with us.

We are first year undergraduates enrolled in Watauga Residential College, a living learning community within Appalachian State University. This semester we took a class taught by Dr. Jessica Martell labeled “A Critical Perspective On Food,” designed to guide students through interdisciplinary topics about the US food system such as nutrition, food justice, heritage foodways, and environmental impact. We also developed Appalachian State University’s 2021 ATP project, “Building Market Channels for Local Food in the North Carolina High Country,” which focuses on achieving three goals from the ARC’s Strategic Plan, goal 1: creating economic opportunities, goal 4: using natural & cultural assets, and goal 5: expanding leadership and community capacity. Our class partnered with a nonprofit organization called Blue Ridge Women in Agriculture to help them develop a new market channel for local farmers called the Local “Food as Medicine,” or LocalFAM, food box program.

We worked on this mission by producing 600 boxes full of fresh produce, which were purchased from local, sustainable farms, and offered free to food insecure households in the community. The project included not only the hands-on work of assembling the LocalFAM boxes and interviewing stakeholders, but also lots of research. We as a group looked into food deserts and food swamps, the effects of big agriculture and monocultures, the effects of the Covid-19 outbreak on food supplies, and the use of government assistance programs such as SNAP.

In addition to our research, personal experiences working with BRWIA also taught us about the inaccuracy of negative stereotypes associated with the Appalachian region. As reporter Sarah Jones writes in *The Nation*, “The lazy-hillbilly stereotype doesn’t survive scrutiny of the foods that hillbillies invented” (Jones). We read about the diverse history of Appalachian cuisine in Ronni Lundy’s *Victuals* (2016) and Elizabeth Engelhardt’s *Mess of Greens* (2011); we sampled local foods like heirloom apples and traditional meals like soup beans; and we learned about local foodways by interviewing the farmers and receivers of the LocalFAM boxes. Finally, we learned that Appalachia is the most biodiverse foodshed in North America (Veteto et.al.), containing the most diverse edible flora and fauna across the continent. But even with the abundance of natural, healthy, unique foods, the impact of big agriculture and problems of the industrial food system can be seen in Appalachia very clearly, in the effects on the land, the people, and local communities.

2.

The US industrial food system’s job is to create as much food as possible, for as little cost as possible -- and to make as much profit as possible. One way this is done is through

government subsidies for commodity crops like corn, which are priced below the actual cost of production (*Food, Inc.*). Large food corporations buy cheap corn and turn it into highly processed and fast foods that are much cheaper than healthier options like fresh produce. As journalist Michael Pollan points out, one of the US food system's unfortunate outcomes is that, because unhealthy calories are subsidized, "the biggest predictor of obesity is income level" (*Food, Inc.* 41:35).

But industrial food has also given rise to the paradox of what author Raj Patel calls "Stuffed and Starved" syndrome. He argues that obesity and hunger are related problems caused by the "for-profit," corporate food model (Patel 1-3). Food insecurity rates in the US are high -- not because there is a lack of calories produced, but often a lack of access, especially to healthy calories. According to the United States Department of Agriculture, about 12.8% of Americans live in low food access areas, and 6.2% live in a "food desert," or a low income area with little to no easy access to nutritious food ("Food Deserts"). Studies have shown that food deserts produce negative health outcomes, such as cardiovascular disease and diabetes; and they disproportionately affect rural and minority communities (*ibid.*).

Lora Smith, co-founder of the Appalachian Food Summit, suggests that in Appalachia specifically, the term "food swamp" makes more sense than "food desert." In an interview, she says that where she lives, "I'm surrounded by fast-food restaurants. It's not that people don't have access to food—it's that they don't have access to healthy food" (qtd. in Jones). Because fast food can be the only option in rural areas, low food access causes significant health disparities between Appalachia and the rest of the US, including its lower life expectancy (Singh, et.al.). In 2015, scientists at The Centers for Disease Control found that Appalachian counties

make up one-third of what they call “the Diabetes Belt,” where rates of Type II diabetes are higher than national averages (“CDC Identifies Diabetes Belt”).

The Covid-19 pandemic caused skyrocketing rates of food insecurity (Zack, et.al. 804), but new approaches to solving the twinned problems of food access and poor nutrition have emerged in its aftermath. For decades, food scholars, activists, and community leaders have discussed the idea of using “food as medicine,” which until the pandemic, was not a mainstream approach to health care that doctors or insurance companies took seriously. “Food as Medicine” makes nutritious food part of healthcare, rather than relying on prescription medications to treat diseases like hypertension, diabetes, and high cholesterol (Gorn). According to Dr. Richard Afbale, CEO and president of St. Joseph Hoag Health, “medical institutions... are starting to make a philosophical switch to becoming a *health* organization, not just a *healthcare* organization” (qtd. in Gorn). The “Food as Medicine” approach has the potential to revolutionize cultural attitudes about diet and health; and it may be a trend that is here to stay, post-pandemic.

3.

Since 2020, non-profit organizations in North Carolina have been experimenting with the “food as medicine” approach. Blue Ridge Women In Agriculture, or BRWIA, is a women-led non-profit that “helps build an equitable, sustainable local food system by supporting producers and cultivating community connections that educate, inspire, and increase the demand for local food” (brwia.org). They run three farmers markets, offer educational programs, and create partnerships to expand economic opportunities throughout the North Carolina High Country.

During the Covid-19 pandemic, BRWIA piloted an emergency food box relief program through their online farmers market, the High Country Food Hub. For our ATP project, we

helped them transform the pilot into a more permanent market channel, now called theLocalFAM food box program.

Starting in August, a group of students would go to the Food Hub in downtown Boone every week. There, they would help the staff assemble the food boxes, which are just like fresh, local CSA boxes, but free of charge to recipients. What you're seeing are our student volunteers packing the boxes for the week of October 14. These included both green and sweet bell peppers, French breakfast radishes, salad greens, and purple potatoes.

Jess McClelland, BRWIA's Producer Programs Coordinator, is in charge of purchasing the produce each week for the boxes. She chooses a rotating selection to offer varieties of produce to recipients based on availability, seasonality, and quantity. For instance, in August, the season allowed for more tomatoes to be included, while towards the end of the project we packed butternut squash. We successfully assembled 50 boxes each week. They also included recipes that would educate recipients about uncommon produce like those purple potatoes, or items that could be difficult to prepare, like the winter squash.

Every Friday, these boxes would arrive at five different food pantries around the High Country. The non-profit Second Harvest helped to identify some of these pantries, for example, the Wilkes Ministry of Hope, Samaritans Kitchen, and Casting Bread.

Over the last 12 weeks, the High Country Food Hub has packed and delivered about 600 boxes (McClelland, et.al.). These boxes contained around 4,400 pounds of fresh produce, and \$17,427 went back to the local farmers whose food was used (McClelland, et.al.). All produce in the boxes is organic, biodynamic, and sustainably produced within 100 miles of downtown Boone. John Triplett of Wilkes Ministry of Hope praised the food that was donated to his food pantry, saying, "What we got from [the High Country Food Hub] is the best of the best."

4.

We know through the research our class collected this semester that healthy food is a valuable resource with numerous social benefits. Unfortunately, it is also a privilege many people in the US and Appalachia don't have access to. The idea of an emergency food box program has been floated in the past, and was even implemented at the federal level during the early phase of the pandemic. Intended as a quick way to repurpose food after restaurants closed down in 2020, the USDA Farmers to Families box program shut down in May of 2021 ("USDA Farmers to Families"). The food insecure people who had been receiving those boxes, though, still need the help.

BRWIA's LocalFAM program started under similar circumstances; but whereas the government-led food box program was discontinued after they determined that the initial wave of pandemic food insecurity had been dampened, BRWIA has turned its efforts to stabilizing their food box program in order to normalize food access as part of their daily operations. Sales at the Food Hub skyrocketed during the pandemic in the aftermath of supply chain disruptions, so it is clear that consumer demand exists to support local farmers. But what about those who want to eat locally but can't afford it? The LocalFAM food box program shows promise as a new market channel that can grow and diversify the number of people who are able to participate in a local food system. By removing the barrier of socioeconomic status, LocalFAM offers the potential for the Food Hub, and its farmers, to scale up deliberately and with the ethical considerations of the community in mind. It also offers farmers a different perspective on farming: it allows them to make a good profit from their labor, but it also allows them to farm in a way that nurtures, protects, and heals their community.

To the farmers working with BRWIA, LocalFAM has been nothing short of “miraculous,” to quote Matt Cooper of Lively Up Farm. By providing the community with accessible food channels, BRWIA is simultaneously able to create economic resilience for farmers and opportunities for Appalachian producers to flourish in their region. As Kara Dodson of Full Moon Farm said, “We really love and trust these nonprofits to be enacting these programs for the people that need it, and that it's all done in a really dignified and respectable way” (Dodson).

LocalFAM food box recipients, too, have showered praise onto the program. Through Amanda Hege of Second Harvest Food Bank, families have reached out to share their experiences with LocalFAM. “This is so easy to do! I love the greens.” said one family. Another family was amazed by the freshness of the food, saying that they had “never had produce this good of quality.” Still another marveled that “my kids are eating better than they ever have.” Through their feedback, it is clear that LocalFAM has had a tremendous impact on the food insecure people receiving this farmer fresh food, as well as the farmers themselves (Hege, et.al.).

5.

The Covid-19 pandemic highlighted the systemic problems of the current industrial food system and presented new opportunities to solve them. With more resources and a shift in cultural attitudes towards what eating should look like, organizations like BRWIA are ready to stabilize and sustain emerging market channels like the LocalFAM program so that they become part of a healthy new normal. LocalFAM is a win-win, feeding community members in need with nutritious food grown by local farmers who are paid to participate. Farmers are then able to achieve more income stability, investing back into their farms and growing in scale if desired.

This mutually beneficial arrangement is a model for rural prosperity, keeping wealth in local communities rather than losing it to outside corporate entities. Furthermore, it strengthens community ties by connecting local farmers to new kinds of consumers who may not otherwise be able to afford their produce.

Appalachian “Diabetes Belt” communities stand to benefit greatly from such innovations. As Sarah Jones explains, “when entities like the Appalachian Regional Commission talk about economic transition, [public health disparities] are the sorts of inequalities they hope to resolve” (Jones). The “Food as Medicine” approach could be easily implemented and expanded through new market channels, whether it looks like food shopping trips with a medical professional (Gorn), a token-based prescription to shop at farmers markets, or a weekly food box pick-up, like BRWIA’s LocalFAM program.

Since we began our ATP work in August, two important developments have happened in our state that predict an optimistic future for “food as medicine.” In September 2021, Blue Cross and Blue Shield of North Carolina announced a 3.2 million dollar study that offers free food boxes to patients whose health may benefit from eating more fresh produce. Earlier this month, the NC Alliance for Health announced that non-profit lobbying has secured over 2 million dollars for food box programs in the 2022 state budget, as well as 40 million dollars for food pantry assistance, which could be used to expand food box partnerships (private email). Developments like these provide workable models for other states in the region to work towards greater food security as well as food justice.

As Jess McClelland of BRWIA has observed, “Making [the LocalFAM] program a more reliable source of income for farmers... has huge ripple effects. It contributes to making the local economy more stable, increasingly localizing food systems, making those systems more

sustainable, and getting people more nutritious food” (McClelland, et.al.). We have been privileged to work with BRWIA this semester and to support their efforts to foster an entrepreneurial ecosystem of mutual support and shared prosperity. Thank you for listening, and we hope this presentation inspires you to explore local food opportunities in your own community.

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