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Dr. Nicole: Welcome to Bold Conversations, a podcast from the Immune Deficiency Foundation that explores health and equities through the lens of lived experiences, chronic illness, and community rooted solutions. I'm your host, doctor Nicole Rochester, medical advisor for health access for the Immune Deficiency Foundation, and I am excited to have this conversation today with doctor Jennifer Oliver. Before I introduce doctor Oliver, I just want to frame this conversation. When we talk about help, we often think about access to doctors, access to hospitals, and access to medication. But today, we're turning our attention to something just as essential access to food, and not just any food, but fresh, nutritious, culturally relevant food that supports well-being.

You may have heard the term food desert, which are neighborhoods with few or no grocery stores, but our guest today challenges us to go deeper and we're gonna explore the use of the term food apartheid and so much more. So I'm honored to be joined by doctor Jennifer Oliver, Executive Director of the Mana Movement Collaborative. Doctor Oliver is a passionate food justice advocate educator and systems thinker whose work centers on community power, healing, and equitable access to nourishment. Welcome to the podcast Dr. Oliver.

Dr. Oliver: Thank you so much for having me. I'm excited about this conversation.

Dr. Nicole: I am as well. So doctor Oliver and to the listeners, according to the USDA, thirteen point five percent of US households were food insecure in twenty twenty three. This represents eighteen million households. As a pediatrician, I was particularly saddened to read that one in seven children in the United States lives in a household that struggles with food and security. So just to make sure we're all on the same page, Dr. Oliver, can you share what is food insecurity and what trends are we seeing over the last six to twelve months?

Dr. Oliver: Okay. So food insecurity means that individuals in the community lack consistent access to enough food, important active and a healthy lifestyle. So it's not just about hunger, but it's mainly about instability. So which means a family might have food for today, but they might not know exactly where they're gonna get their next meal for tomorrow. Or it also may mean that their choice for grocery stores might be very limited in their community.

You mentioned the USDA data statistics that was put out in two thousand twenty three stating that thirteen point five percent of U.S. households—about eighteen million—were food insecure. Our food is secure. And what we're the trend that we're seeing is that that has increased over the years. And the pandemic played a role in that, of course. However,

even within two thousand twenty four and two thousand twenty five, we are seeing that we're going to see that trend increase because those pandemic era benefits, specifically the snap benefits that were expanded during the pandemic era, those tax credits that were child tax credits that were expanded, they're going to expire, and it's really looking like a lot of people are going to lose their snap benefits or their snap benefits are going to be decrease, which in essence is going to affect that rate of food insecurity and increasing.

Dr. Nicole: Thank you for sharing that. And and you said something that I've been worried about, you know, I I frankly don't watch a lot of news, but of course, I see the headlines. And as I've been learning about this expiration of benefits. It made me worried that, in fact, we were gonna this problem is gonna get worse, and I think you, you know, you just confirmed that. I wanna circle back to something that you said with regard to the grocery stores because when you talk about or alluded to the fact that for some people, it's not even having access to a grocery store that sells, you know, healthy food options. And that brings us to this term of a food desert. I remember learning just a little bit about food deserts in my medical training some years ago. But I think that even I at the time was not aware with another term food apartheid. So can you walk us through the difference between food desert and and food apartheid and why that distinction is so important as we are talking about food access and food equity.

Dr. Oliver: Yes. Absolutely. So the the term food desert basically refers to areas where people have limited access to affordable and nutritious food, limited access to grocery stores, limited access to to farmers markets as well. The word desert basically implies that this happens naturally. Right?

But the term food apartheid is a a term that was coined by activists ten, fifteen years ago. I can't remember her name. I think her name is Karen Washington. And that term goes a little further because it highlights that this is not natural, that this is a result of systematic and racialized policies with within our communities even from the local aisleway going up different levels of municipalities to the national government. We all probably have heard the stories of the different policies in our society, particularly in in the American society that have been deliberate segregation.

Those policies include things like redlining, disinvestment. All of that is going to affect whether or not people have access. So that that's what I would say. The distinction really is really important that the distinction was made because it's not just about getting access, but it's about redistributing the power, you know, and giving the community the power to control whether they have access or not.

Dr. Nicole: Absolutely. Thank you so much for explaining that. I agree with you. I think it's incredibly important because one of the things that I have found in this work around Health

Equity and Health Equity is there still is a good degree of victim blaming, and a lot of that stems from not just bias, but just a lack of understanding. And so if we view food insecurity as something that just happened, you know, then it might lead someone to think, well, why don't they just and then fill in the blank?

You know, they should just do this or they could just do that. But when we understand that food apartheid, as you stated, is a result of systematic structural inequities, policy changes, laws that are built into the fabric of American society. If if nothing else, hopefully, it engenders a sense of, like, empathy as we better understand why certain individuals find themselves in this situation by no fault of their own. And then, hopefully, from there, it leads us to wanna take action. So So that brings us to food justice.

And admittedly, doctor Oliver, I had not heard of the term, food justice. You have described food justice as a deeply intersectional issue. One that touches housing and education, economic policy, and systemic racism. Can you help our listeners understand how the structural inequities that you and I have just kind of touched the surface on How do those lead to entire communities being cut off from affordable nutritious food options?

Dr. Oliver: Food justice is is social justice. And it is very intersectional. When you think about poverty and all the various factors that play into poverty. Access to food is just one little string. Right?

There's job access. Right? There's educational opportunities. All these other little things that played about this transportation. It's very intersectional because even in our approach to to developing solutions to make a more just food system.

So all of these factors kind of feed into this whole feedback loop. Right? If I have limited resources, just just take income, for example. If I have limited income, I may have to make a decision whether I use a income to get to work, to take public transit, or do I use that income to buy a week of groceries? Right?

So you can kinda see from that example that all of these factors are interrelated. It's more than, again, it's more and I'll probably say this over and over again. It's more than just put in a grocery store in my area. That's not gonna truly fix the issue. That's not gonna truly get rid of the inequity.

I I believe for justice is social justice. There are all these other social determinants that determine whether a family is able to live a healthy life, a nutritious life, and we really have to address all of those to make sure that all people have access to culturally appropriate and affordable food.

Dr. Nicole: Absolutely. I appreciate the specific examples and and also that you lifted up that it's not simply putting a grocery store in a neighborhood, you know, that's just that's just part of the issue. So what's what's another thing, you know, beyond making sure that a

neighborhood has a grocery store, what's maybe one other example or something that can be done or something in the realm of food justice.

Dr. Oliver: Let's just say, we put a grocery store in the neighborhood. What's being sold at the grocery store? All the items being sold culturally appropriate for the makeup of the neighborhood. Are the items in the store affordable, which is huge. Right?

Mhmm. So all of that plays a role because if I go into a store and I can't afford to buy the organic broccoli, you know, and I really need the organic broccoli as opposed to the conventional broccoli. Right? Then that's a level of food insecurity if I can't afford to buy the food. That has to do with, you know, whether somebody can afford to buy groceries or whatever other needs that that we need to live.

Clearly, it has to do with their access to income, their ability to make a living wage, their ability to get to their jobs so so that they can't make a living wage. So A lot of times families have a lack of access because they're having to make these decisions.

Dr. Nicole: Absolutely. And it it makes, you know, many of us who don't have these issues. It it's hard to even understand sometimes without really under without experiencing it. This idea of having to make a choice between, you know, buying food for your family and getting to work. And like the catch twenty two, the vicious cycle that you described because, you know, of course, everybody wants to be able to feed their family, but they also need to go to work.

And if they don't go to work, they won't make the money to feed their families. So these are choices that really no one should have to to have to face. Well, I want to kind of narrow it down and bring it to the primary immunodeficiency community. And we know that primary immunodeficiency and other chronic illnesses often require dietary modifications, and nutrition that supports a healthy immune system. What unique challenges do individuals with serious health conditions face when they live in these areas you've described with limited access to healthy food?

And then what kind of solution should we be thinking about for those communities?

Dr. Oliver: I love that question. I believe food isn't just fuel that it is medicine. These individuals need access. Certainly, the access to fresh and nutrient dense foods. Unfortunately, in areas that are considered food deserts, you have a lot of convenient stores.

Farmers markets may be limited and and so forth. In a lot of these grocery stores, you have a lot of shelf stable products that are filled with high sodium additives that are not necessarily that are not I'll just not I won't say necessarily they are not beneficial to somebody that is amino compromised. Right? And as I said before, again, they may not have the transportation or they may not be able to afford the ability to make healthy

choices that they need to make, you know, for their own health. So here we're seeing that your access to food as a direct relationship with your ability to steward your own health. What I would say about solutions is that you have to start thinking about developing solutions that are holistic. One of the things that I do to my nonprofit is I try to help communities to build capacity, build community based food systems, and I spend a lot of time making partnerships with health systems as well, making sure that the health systems know that we have food hubs or food pharmacies, where their clients or their patients can get vouchers to get fresh produce box twice a month that they can. So that's one holistic solution. Another one is really putting pressure on policymakers to expand what's called medically tailored meal program that a lot of hospitals have and they have them because again that particular health system may have partnered with a food hub or another. Can community based organization to provide these meals that are nutrient dense for their clients and patients. So a lot of them do this through, like, the social work department of the hospital. And many of these programs are funded by Medicaid and by SNAP. That's another solution that I know works pretty well, but it just needs to be expanding. Expanded. A lot of people don't know about those particular programs.

Dr. Nicole: I really appreciate you sharing that because one of the things that we've talked about on prior episodes of this podcast really with regard to Health Equity is this idea that at the root are these systemic barriers that you and I have been talking about and policy changes. And unfortunately, you know, I have my seasons of being less optimistic about our ability to influence, you know, the systems and the policies. But there are absolutely things that we can do, you know, at the community level And so I appreciate the work that you do with Mana Movement Collaborative and how your organization is partnering members of the community with the health systems and and creating these valuable partnerships whereby, like, this idea of a food pharmacy. I mean, that's amazing, you know, to be able to literally write a prescription to a patient and and then provide the means for them to get this nutritious food that we've been talking about that literally influences the course of their disease. What are what is something that a community member can do?

You know, we've talked about health systems and and the policymakers. If there's someone listening right now who is either feeling outraged about what they've learned or maybe feeling inspired. And they're wanting to know, you know, what's something that they can do maybe within their own community to advance this this cause and to promote food justice in their own community or neighborhood something that community members can do?

Dr. Oliver: So I would say start local. You can start by supporting your local farmers market as a consumer. Many of these local farmers markets community gardens, they have in kind donations that there are always taking. You know, to support operational efficiencies of

their programming. Just do a Google search and find it, see if there's an organization that's doing similar type of work in your community.

You don't need to start an organization or feel like you have to run an organization. To make a difference because there's probably a organization or a few or if you're in California, we're super saturated with organizations for people to get involved in. You can support a community fridge, a food co op, you can support a black or indigenous owned farm. If you're a city, a lot of cities have food policy councils, you can join that food policy council, join a working group there. Or you can put some pressure on your local leaders to start one. I've seen that happen as well. So so those are just a couple, like, low hanging fruit action items for somebody to get involved in food justice work. Those are some a couple of things that they can do.

Dr. Nicole: Thank you. Those those are all extremely doable and, you know, I think it's very easy for us to be able to search for that. I mean, you you've given me some ideas and some things that I'm gonna do to search some local things in in my own community. So, Dr. Oliver, you mentioned this idea of a food council, which I think is also a novel topic for many of us.

Can you share maybe a success story that came out of the food council that you have participated in. And maybe some advice or a recommendation or blueprint for others who may want to explore doing something like that in their local municipality.

Dr. Oliver: Yes. So I I have been involved with the LA Food Policy Council for the past. Often on for the past, I would say, six years what I've noticed with with this particular group is they do a very good job with filling out the community. What do I mean by that? They do a a very good job with hosting forums I'm surveying the community about what is I'm really going on in your neighborhood in terms of your access.

What do you believe good food is? How can we assure that everybody has access to good good food? Right? So they are constantly doing this, and they have a model of I can be an individual who's never that any type of who justice work at all. Right?

And I go to their meetings. I have the upper opportunity to learn and grow and learn from from other people who've been in this space for years and years has more experience. I'm able to join a working group and to give my opinion as as a consumer first fight, but but then your opinion kinda grows as you are in that space even more. They they give your opportunity to really build yourself up as an advocate for your own community as it relates to your communities access the food. So they they really have a good way of reaching down to just the the everyday person and say, hey, if you have an interest in helping our community increase the access for good food for everybody.

We're going to take you out of hand and come to the meeting to get the training and we're gonna give you the the tools. We're gonna equip you to go into your community and to be

the voice for your community. So they do a really good job with grassroots organizing. That has been my experience with the LA Food Policy Council.

Dr. Nicole: That sounds amazing. Thank you so much for sharing that. Well, as we wrap up, I just wanna thank you Dr. Oliver. This has been such a powerful and eye opening conversation.

I love that you mentioned that food is medicine. You know, it's something that I think is increasingly being recognized in the medical community as well as delay community and that's why we're talking about food justice today because it directly ties, as you stated, to our health. And, you know, this idea that we're really not healthy as a society until everyone's healthy as a society and And the idea that having access to nutritious food really is a right. You know? It it really is a human right, and that's what makes this a social justice issue.

So I really appreciate everything that you shared. And I guess as we close, I I think that there are a lot of myths about food and and the importance and the connection between food and health and connections to health equity. So maybe as we close, is there one thing that maybe bothers you, something that maybe comes up in your work that's a misconception that you would love to address on today's podcast.

Dr. Oliver: I think the biggest misconception I do believe I probably stated it before is that access of loans solves the problem. That building a grocery store loan will solve the problem, but particularly when you're dealing with building within the historically excluded neighborhood that doesn't automatically, you know, bring food justice to the forefront. It doesn't automatically mean that food will be affordable or culturally appropriate. So that's probably the number one misconception. Wonderful.

Dr. Nicole: Well, if listeners want to learn more and I know they will want to learn more about Food Justice and learn more about the Manta Movement Collaborative, where can they go to get more information?

Dr. Oliver: You can go to [www dot manna Movement dot org](http://www.mannaMovement.org).

Dr. Nicole: Thank you so much, doctor Oliver.

Dr. Oliver: Thank you so much for having me. I appreciate it.