

Addressing Food Security Through Public Policy Action in a Community-Based Participatory Research Partnership

Victoria Breckwich Vásquez, DrPH, MPH, MA

Dana Lanza, MA

Susana Hennessey-Lavery, MPH

Shelley Facente, MPH

Helen Ann Halpin, PhD

Meredith Minkler, DrPH

Community-based participatory research (CBPR) is an increasingly utilized research approach that involves the affected community identifying a health-related problem, developing a research agenda, and planning an appropriate intervention to address the problem. This report on a CBPR partnership in San Francisco's Bayview Hunters Point neighborhood documents the rise of a community food security policy in response to youth-involved research that found poor access to quality food in an economically disadvantaged area of the city. To analyze the impact of the research on public policy, a framework of specific steps in the policy-making process is used to organize and better understand the partnership's objectives, activities, strategies, and successes. This community-health department partnership has been able to achieve an innovative and sustainable public policy solution, the Good Neighbor Program, by working closely with policy makers and local businesses to expand community accessibility to healthy food.

Keywords: *community-based participatory research; food security; health policy; nutrition; youth; public policy*

Health Promotion Practice

October 2007 Vol. 8, No. 4, 342-349

DOI: 10.1177/1524839906298501

©2007 Society for Public Health Education

Community-based participatory research (CBPR) is an approach to research and action that has the potential to affect public policy. CBPR is defined as

a collaborative approach to research that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a topic of importance to the community with the aim of combining knowledge and action for social change to improve community health and eliminate health disparities. (Israel, Schulz, Parker, & Becker, 1998)

CBPR has achieved growing legitimacy and is an increasingly valued approach to studying and finding solutions to numerous health and social problems in areas ranging from asthma prevention (Parker et al., 2003) to mental health (Ochocka, Janzen, & Nelson, 2002) and senior immunization (Krieger et al., 2002).

Authors' Note: *The authors gratefully acknowledge the community and academic/health department partners and policy makers whose willingness to share their knowledge and insights made this study possible. We also gratefully acknowledge consultant Angela Blackwell and her team at PolicyLink, as well as members of the study's national community advisory board for their many contributions. This research was made possible by a grant from the W.K. Kellogg Foundation, and we would like to thank the foundation and program officer Barbara Sabol for their belief in and support of this project. Additional financial assistance was provided by a Dissertation Fellowship from the University of California Office of the President.*

The Authors

Victoria Breckwich Vásquez, DrPH, MPH, MA, is chief of the Community Health Action & Assessment Section at the City of Berkeley Public Health Division in Berkeley, California.

Dana Lanza, MA, is executive director of the Environmental Grantmakers Association in New York City, New York.

Susana Hennessey-Lavery, MPH, is with the Tobacco Free Project at the San Francisco Department of Public Health in San Francisco, California.

Shelley Facente, MPH, is the Rapid HIV Testing Program coordinator at the San Francisco Department of Public Health in San Francisco, California.

Helen Ann Halpin, PhD, is a professor of health policy at the University of California–Berkeley School of Public Health in Berkeley, California.

Meredith Minkler, DrPH, is a professor of health and social behavior at the University of California–Berkeley School of Public Health in Berkeley, California.

A distinguishing feature of the CBPR approach involves its commitment to action as part of the research endeavor. In particular, by understanding policy change as a potential “action component,” CBPR has the potential for improving the health of large numbers of people beyond the partners involved or the target populations they serve (Themba & Minkler, 2003).

This article uses a policy engagement framework to describe the specific local food security policy efforts of a CBPR partnership in the Bayview Hunters Point community of San Francisco. The partnership involved a local community-based organization, a local health department, and an external evaluator. Its perceived effectiveness in utilizing a CBPR approach to promote healthy public policy led to its selection in 2003 as 1 of 10 such CBPR partnerships in the United States to be included in a multisite case study analysis funded by the W. K. Kellogg Foundation.

Following a brief review of food insecurity and background on the CBPR partnership, we briefly describe the methods through which this partnership effort was explored. We then present findings concerning the partnership’s food security policy efforts using relevant steps in the public policy-making process as an organizing framework, and offer implications for practice.

Food Insecurity

Food insecurity is defined as the “limited or uncertain availability of nutritionally adequate and safe

foods, or limited or uncertain access to food” (Anderson, 1990, p. 1558). Measured at the community level, food security concerns the underlying social, economic, and institutional factors within a community that affect the quantity and quality of available food and its affordability or price relative to the financial resources available to acquire it (Cohen, 2002). Nationwide, poverty-related food insecurity has grown and is associated in part with the ebbs and flows of social safety net programs (Brahinsky, 2003; Cook, 2002). In California alone, at least 2.24 million adults (or 28.3%) below 200% of the federal poverty level are food insecure (Harrison, DiSogra, Manalo-LeClair, Aguayo, & Yen, 2002). Food insecurity is especially prevalent in inner cities, in households with children, in female-headed households, and among African Americans and Latinos. Moreover, individuals who are food insecure have poor quality diets, making them vulnerable to a wide variety of adverse conditions and diseases. Health risks and other consequences are also related to the anxiety and trade-offs necessary in food-insecure households (Harrison et al., 2002).

Dietary choices are influenced by factors in the local food environment, such as accessibility and availability of foods (Cade, Upmeier, Calvert, & Greenwood, 1999; Morland, Wing, & Diez-Roux, 2002; Swinburn, Caterson, Seidell, & James, 2004). Among the documented causes of food insecurity in poor, inner-city neighborhoods are supermarket flight, transportation barriers, the growth of fast-food chains, and a lack of healthy foods at corner stores that instead sell foods high in salt, sugar, and fat (Bolen & Hecht, 2003; Morland, Wing, & Diez-Roux, 2002). In the Bayview Hunters Point (hereafter referred to as the Bayview), the few large grocery stores had all moved out of the area by 1994, making it difficult for local residents to access nutritious foods such as fruits and vegetables (Duggan, 2004; Soltau, 2004). Intake of healthy foods decreases by one third and an increase in fat consumption has been noted to occur in poor and segregated neighborhoods when compared with residents in a neighborhood with supermarkets (Morland, Wing, Diez-Roux, & Poole, 2002).

CBPR Partnership

Literacy for Environmental Justice (LEJ) is a non-profit youth empowerment and environmental justice education organization based in the Bayview that was funded by and worked with the San Francisco Department of Public Health’s Tobacco Free Project (TFP) to form a CBPR partnership (hereafter referred to as the LEJ partnership) beginning in 2002. In addition to funding, TFP facilitated access to an outside research evaluator for consultation and technical

assistance. Youth from local Bayview high schools were recruited (about 6 to 8 per year) to join LEJ's Good Neighbor Project as paid interns working 5 to 10 hours per week. A reflection of their neighborhoods, the youth recruited were largely African American, Asian American, and Pacific Islander American. The LEJ partnership worked collaboratively with these youth in assessing food insecurity-related problems and resources in the community and developed a local campaign (the Good Neighbor Program) to reduce tobacco subsidiary food products and tobacco advertisements and replace them with healthier food alternatives at select commercial businesses. The LEJ partnership then worked with local policy makers to have the Good Neighbor Program adopted by the city, with four city departments contributing staff, resources, and incentives to manage and sustain the program. Efforts are currently underway to evaluate the Good Neighbor Program, explore ways to expand it throughout the city, and develop state policy to support similar efforts throughout California.

► METHOD

As previously mentioned, the partnership was 1 of 10 CBPR partnerships selected to study and document the impacts of CBPR on health-promoting public policy. Several site visits were conducted from October 2003 to August 2004 and included four semistructured, in-depth interviews with community and health department partners, two focus groups with youth, and four semistructured phone interviews with policy/decision makers. The interviews included questions about the formation and evolution of the partnership; research methods, roles, and findings; policy-related goals, steps, and activities undertaken by the partners; barriers, successes, and lessons learned; and perceived contributions of the partnership's research and policy actions to changes in programs, policies, and practices. Relevant documents related to the partnership were collected and reviewed.

Audiotapes of the interviews and focus groups were transcribed and coded using a coding sheet that contained domains of interest. Qualitative software, ATLAS.ti, was used to group all responses related to each key domain, and reports were generated for each domain and reviewed independently by the research team to gather and reconcile themes using pattern recognition analysis (Boyatzis, 1998). A project site summary and longer case report was developed and shared with partnership members to ensure the accuracy of data interpretation.

► POLICY STEPS OF LEJ PARTNERSHIP

The stages of a CBPR partnership generally begin with the identification of a problem and progress toward deciding on a research question, conducting the study, developing and implementing action plans, and evaluating the outcomes. During the action phase of CBPR, there are few guideposts to provide direction for interventions that undertake policy-related action. Therefore, the better defined field of policy making can guide the development of a clear pathway through which CBPR can leverage its research findings and translate them into policy change. A number of relevant frameworks of stepwise public policy making have been developed (Bardach, 2000; Kingdon, 1995; Mayer & Greenwood, 1980). Although there is a general understanding that policy making proceeds nonlinearly and is embedded within changing sociohistorical contexts (Milio, 1998), policy steps nonetheless shape the content, course, pace, and development of policy and may contribute to the relative success of some policies over others. Where it occurs, the LEJ partnership's engagement in policy steps (problem definition or identification of an issue; setting the agenda; deciding on the policy to pursue; and implementing the policy) is described below. These steps are common to policy processes at different levels of policy making among different sectors.

Problem Definition/Identification

CBPR partnerships are typically brought together to research and solve a health or social problem identified by the community, so they commonly begin by identifying and defining the problem. To identify a problem for serious policy consideration, a foundation of research is needed that may dictate policy action (Kingdon, 1995; Richan, 1996). CBPR partnerships necessarily participate in some type of research as part of their endeavor, contributing needed data to identify new problems or issues, and proposing solutions to address them.

The TFP was influential in helping to develop the focus of the LEJ partnership and in defining the food security problem. An important focus of TFP is to educate youth and communities about the impact of tobacco globalization and tobacco food subsidiary globalization on people and communities locally and in other countries. Thus, the relationship between health and the corporate dominance of the food system became an integral part of the LEJ partnership's problem definition and later policy intervention. TFP leveraged state tobacco funds and funded youth-involved organizations that identified issues of concern to their

communities and implemented the five steps of the TFP research-to-action model, the Community Action Model (Hennessey-Lavery et al., 2005), to achieve policy-related change (for more information about TFP, see <http://siftc.globalink.org>).

Many preliminary developments helped lay the foundation for the LEJ partnership's Good Neighbor Program, among them community organizing around toxic issues, participatory research, and forums by local environmental organizations (Bhatia, Calandra, Brainin-Rodríguez, & Jones, 2001), municipal efforts that prioritized food insecurity through environmental justice programs, and Health Impact Assessments. Two important local developments also took place early on and were "foundation builders"—a term used by the TFP staff and the San Francisco Department of Public Health—of the Good Neighbor Program. A group of community elders met regularly in the early 1990s to discuss the problem of "corner stores" (i.e., small local businesses selling disproportionate amounts of alcohol and cigarettes on the Bayview's main thoroughfare) in attracting loitering and vandalism. It was this group's initial idea to have these stores become "Good Neighbors" to deter crime while also improving the quality of food they offered. Together with other local efforts, and with the strong support of a charismatic community leader who later became a city supervisor (Sophie Maxwell), these early stakeholders helped identify food security as a key community concern.

To understand the extent of the food insecurity problem in the Bayview from the perspective of various local constituencies, the LEJ partnership undertook several types of research. With training and ongoing technical assistance from their health department and evaluator partners, LEJ youth and project staff designed and conducted a brief four-question survey with a convenience sample of 130 residents on a Bayview thoroughfare. The survey covered needs and desires relating to local markets, health behaviors and daily nutrition habits, and what incentives or changes it would take to get them to shop locally.

The LEJ youth also conducted store mapping research in all 11 central Bayview corner stores to determine how much shelf space was devoted to fast foods, tobacco, liquor, meat, and fresh produce. Youth used an innovative diagramming method that estimated shelf space using Quadrille graph paper with different colors used for the various products measured (see Cheadle et al., 1991, for other ways of measuring shelf space). Building on what they had learned from TFP about the relationship between tobacco and food companies, the youth also counted the total Kraft Foods and Nabisco products as a percentage of the total number of products sold. Using

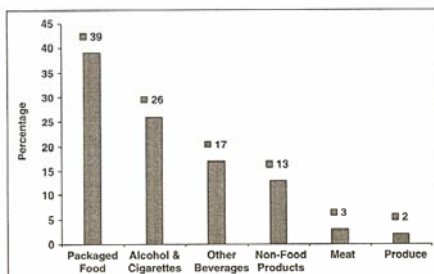


FIGURE 1 Products Sold in 11 Corner Stores in Bayview Hunters Point (June 2002)

these methods, the youth learned that an average of only 2% of shelf space in the 11 corner stores was devoted to fresh produce, whereas 39% was allocated for packaged goods, and 26% for alcohol and cigarettes (see Figure 1). They further found that the top three non-tobacco or alcohol-related products available at these stores were cookies, cereals, and crackers, and that Kraft/Nabisco made 90% of the cookies and nearly 80% of the cereals and crackers, many of which had high sugar, fat, and salt content. Finally, youth learned that 47% of tobacco products and 41% of alcoholic beer products were owned by Philip Morris.

The partnership felt strongly about building relationships with merchants, so during this initial identification phase of the project, in-depth interviews were conducted with local merchants at five of the corner stores. Merchants were often reluctant to speak with youth who, in the words of an LEJ staff person, "did not look any different than the youth who hang around in front of the store and are often associated with stealing or causing a nuisance." But the store owners who agreed to participate stressed the hardships of owning businesses that attract violent behavior, along with the struggles they experience to keep their businesses afloat. Merchants also pointed out that alcohol and cigarettes were the most profitable products they sell due to the cheap bulk price that distributors offer for these items.

To gain additional information for better defining the problem of food insecurity in the Bayview, LEJ youth were trained to conduct GIS mapping and produced maps highlighting locations of corner stores, supermarkets/grocery stores, transportation routes, and relevant demographic characteristics of the community. Findings from the GIS mapping showed that

census tracts where the majority of the Bayview population live are primarily hillside areas, whereas the local grocery stores are in the flats more than one half mile away. When transportation routes were overlaid on the maps, they revealed that existing public transportation requires about one hour and an average of three bus transfers from the Bayview hills to reach the closest supermarket.

The problem identification phase of the project, in short, included a multipronged approach to data collection and provided a wealth of relevant information about diverse dimensions of the problem of food insecurity in the Bayview neighborhood.

Setting the Agenda

Agenda setting is an important component of public policy making (Cobb, Ross, & Ross, 1976; Kingdon, 1995; Rochefort & Cobbs, 1994). The LEJ partnership focused on agenda setting by strategically fitting and timing the food security issue within the larger, historically based concerns about the community's redevelopment following data collection and analysis. The partnership also focused on building relationships with local policy makers to determine their interest in the issue and garner their support to strengthen their visibility for agenda setting. Disseminating their research findings to key local partners helped the LEJ partnership set a local policy agenda that prioritized food security. LEJ's long relationship with Supervisor Maxwell was credited by community partners, TFP partners, and policy makers with opening the door to city agencies and spearheading the Good Neighbor Program. The city-based priorities of redevelopment and community violence also may have served as windows of opportunity to produce an ideal environment for opening the discussion about food insecurity and its connection to community improvement. Revitalizing the area and decreasing the violent crime focused mutual attention on corner stores, which became their primary policy target.

Constructing Policy Alternatives

Developing a policy action plan in a CBPR partnership involves community participation in the interpretation and translation of research findings into concrete policy actions. Partnerships may consider many alternative actions, evaluating their feasibility against political or community pressures and deciding on actions that have the fewest negative consequences for powerful and politically strong allies and constituents. The LEJ partnership considered policy-related strategies that fit with its goal of addressing the link between

tobacco and food security and finding a solution to expand access to healthy foods in the Bayview. These did not involve a predetermined set of alternatives considered in turn but instead were made part of a larger ongoing partnership decision-making process that was constantly evolving over time. For all policy options they considered, the partnership went through a deliberate process to determine who the key players were and whether they had an appropriate contact or policy connection. After getting to know the merchants and their circumstances, the LEJ partnership considered the foremost policy alternative one that involved working with merchants instead of penalizing them.

Deciding on a Policy to Pursue

Kingdon (1995) describes the separate streams of problems, policies, and politics that may come together at a moment in time to influence how policy decisions are made. Those policies judged politically and analytically feasible present an enormous opportunity for CBPR partnerships to push through policy solutions. The partnership's early focus on trying to craft a city resolution to support a Good Neighbor ordinance was soon abandoned after Supervisor Maxwell reminded the LEJ partnership that "hundreds of resolutions are passed annually," but these are usually ineffective because "they have no teeth."

The LEJ partnership therefore considered trying to get legislation for a "restricted use district" for incoming merchants, which would include making better food available to Bayview residents, requiring that tobacco subsidiary products be removed, and that there be restrictions on tobacco and alcohol advertising. However, partners quickly realized that this might be legally impossible. At the same time, as their understanding of the economic and social complexity of low-income community food distribution increased, they began to see the merchants as another vulnerable constituency and developed a focus on working closely with small businesses rather than alienating or challenging them.

Supervisor Maxwell's support seemed clearly behind a third policy option, a voluntary policy targeted at corner stores and involving working with merchants to improve community food security rather than beginning with strong-arm regulatory strategies. The evaluator noted: "[The LEJ partnership] decided on a voluntary policy because there are a lot of economic issues involved. They didn't want to go into the neighborhood and say 'we're another group telling you what you should be doing.'" Naming the endeavor the Good

Neighbor Program, the partnership gathered solid support from other potential partners, including four city departments as well as other city entities, such as the San Francisco Redevelopment Agency (MacLaughlin, 2003). Such a policy also was consistent with sound health promotion theory and practice: Incentives-based policy strategies like this one have been used in promoting health and work through the building of alliances instead of the threat of penalties (Schauffler, Faer, Faulkner, & Shore, 1994).

To decide on appropriate incentives for the Good Neighbor Program, the LEJ partnership worked with the Good Neighbor Advisory Committee, which brought together LEJ staff and youth, community organizations and residents, city representatives, and other stakeholders. They discussed appropriate merchant incentives to devise a plan to partner with incentive-providing entities. The incentives they prioritized included access to low-interest loans and energy efficient appliances to help corner stores properly store produce and other healthy foods. An economic feasibility study was conducted to explore existing city-sponsored economic incentive mechanisms for small merchants in San Francisco (MacLaughlin, 2003).

The types of health-promoting changes corner stores were to make in exchange for incentives were to stock a minimum amount (10% of items) of fresh produce (encouraging organic and locally grown); stock an additional minimum (10%) of healthy foods (for example, not Kraft or Nabisco products); stock products at affordable prices; participate in food stamp and other related programs; adhere to environmental standards and codes that address loitering, cleanliness, and safety; limit tobacco and alcohol advertising, promotion, and sales (with indoor height requirements for displays and elimination of outdoor tobacco and alcohol advertising); and adhere to laws restricting the sale of tobacco and alcohol to minors. Corner store incentives and health-promoting changes were secured through a memorandum of understanding that the LEJ partnership helped develop under the direction of the Advisory Committee.

Implementing the Policy

To help decide how this voluntary policy might work with merchant criteria and incentives in place to improve access to healthy food products, the LEJ partnership decided on an intervention at one pilot corner store in the Bayview, Super Save. Together with the support of the Good Neighbor Advisory Committee and TFP's grant, LEJ launched a 6-month Good Neighbor Store pilot in December 2003 with incentives provided by several city agencies (see Table 1).

Education and information dissemination is an important tool for policy making that can serve both to change undesirable behaviors and engage community members in protecting their own health. During this time, LEJ youth promoted products in the pilot store by conducting in-store press events, taste testing, and promotional giveaways of canvas shopping bags and fresh produce. Youth worked with a local graphic artist to develop and implement an award-winning media campaign to raise awareness about the Good Neighbor Program in the Bayview (Reed, 2004). The artwork was recently featured in a peer-reviewed journal article (Baker, Metzler, & Galea, 2005). The LEJ partnership sent out several press advisories to local media sources, and the pilot store intervention was covered by several local media sources, including KPFA (FM), the local ABC news, and the *San Francisco Chronicle*. This coverage helped to promote the Good Neighbor Program within the nonprofit funding community and city government.

Policy-Related Outcomes

The LEJ partnership, together with the high level of commitment of influential partners, including a city supervisor, has realized policy outcomes at the local, municipal, and state levels. According to those interviewed and the multiple documents reviewed, the partnership's research and policy actions have contributed to these outcomes. The partnership's impact on the involved youth has been detailed elsewhere (Breckwich, Lanza, Hennessey-Lavery, & Minkler, 2005).

The pilot store intervention was seen as a local success with broad interest in replication and expansion. Community and TFP partners told us that the *combination* of research and media coverage both raised awareness of the issues and influenced policy makers to address it in this preliminary way. Super Save's manager reported in July 2004 that these efforts led to an increase in fresh produce sales from 5% to 15% in the first 7 months of Good Neighbor involvement. Alcohol sales were also reported to have declined (from 25% of total sales to 15% presently). The latter change was believed to reflect the fact that fewer individuals were coming in the store solely to buy alcohol, now that the store had a more family-friendly ambience and decreased alcohol advertising.

The LEJ partnership then secured additional funding through the California Endowment and the TFP to expand the Good Neighbor Program to a goal of eight corner stores in the Bayview and to evaluate their efforts. LEJ is the lead partner on these expansion plans and has four city agency partners. As of this writing, five additional stores have agreed to become Good Neighbors.

TABLE 1
Good Neighbor Program Incentives for Corner Store Merchants

<i>Responsible Party</i>	<i>Incentives</i>
Literacy for Environmental Justice	Store branding, external and internal product promotions, healthy food tastings at participating stores, and community outreach and education
San Francisco Power Co-op	Grants for energy efficient upgrades (lighting and refrigeration), indoor and outdoor motion detector lighting, energy audits, education, and outreach to the business community
San Francisco Department of the Environment	Funds the SF Co-op, networking, outreach
San Francisco Department of Public Health	In-kind training, technical assistance, and resources on health promotion; the San Francisco Green Business Program; food systems
San Francisco Redevelopment Agency	Facade improvements to existing buildings; permit expediting
Neighborhood Economic Development Organizations	Free business development training
Mayor's Office on Economic Development	.25 FTE for Good Neighbor Program; consulting with grocers on store layout
Rainbow Grocery	Collective buying of whole foods for participating merchants
San Francisco Produce Market	Facilitate purchase and instruct care of organic produce; refrigeration units
Veritable Vegetable	Deliver organic produce from warehouse twice per week; collective bulk purchasing of organic produce

Policy makers at the city government level have credited the LEJ partnership for producing credible research evidence of food insecurity in the Bayview and for playing a key role in persuading policy makers on the importance of the problem and an appropriate policy solution. A local policy maker commented that the partnership's research findings and LEJ's youth involvement "shed a lot of light" on the nature and urgency of the food security problem among city policy makers and decision makers.

At the level of state policy, the LEJ partnership is currently working with Assemblyman Mark Leno and the California Food Policy Advocates on legislation (AB 2384) to support Good Neighbor efforts throughout the state. The legislation would create a demonstration project to (a) improve the supply of healthy choices (fresh fruit and vegetables) in small corner stores, (b) provide grocers with technical assistance to procure, store, display, and market healthy choices, and (c) increase their demand in underserved communities by providing food stamp recipients with bonus dollars toward the purchase of fruits and vegetables.

► CONCLUSION

The LEJ partnership is a community-driven CBPR partnership that stands firmly in the environmental justice movement, with youth at its center. Undergoing

strategic efforts to frame food security as an environmental justice issue, the LEJ partnership proceeded with funding from a local health department to advance a policy agenda in collaboration with a local legislator and several city agencies. This partnership has made an impressive series of policy-related victories in only 3 years. These include youth-led research on the understudied problem of food insecurity, a successful pilot Good Neighbor store intervention, community outreach and education to influence community knowledge and behavior change, the development of a city- and foundation-sponsored initiative to expand the Good Neighbor Program, and state legislation to support similar efforts throughout California. The success of this effort expands the potential for involving youth in a policy-focused process to promote healthy environments in our most challenged urban communities.

REFERENCES

- Anderson, S. (1990). Core indicators of nutritional state for difficult-to-sample populations. *Journal of Nutrition*, 120(Suppl. 11), 1557-1600.
- Baker, E. A., Metzler, M. M., & Galea, S. (2005). Addressing social determinants of health inequities: Learning from doing. *American Journal of Public Health*, 95(4), 553-555.
- Bardach, E. (2000). *A practical guide for policy analysis: The eightfold path to more effective problem solving*. New York: Chatham House Publishers of Seven Bridges Press.

- Bhatia, R., Calandra, C., Brainin-Rodriguez, L., & Jones, P. (2001). *Food access study of the Bayview Hunters Point*. San Francisco: San Francisco Department of Public Health—San Francisco League of Urban Gardeners.
- Bolen, E., & Hecht, K. (2003). *Neighborhood groceries: New access to healthy food in low-income communities*. San Francisco: California Food Policy Advocates.
- Boyatzis, R. E. (1998). *Transforming qualitative information: Thematic analysis and code development*. Thousand Oaks, CA: Sage.
- Brahinsky, R. (2003, December 31). Fresh vision: A new program seeks to improve healthy-food access for Bayview-Hunters Point residents. *San Francisco Bay Guardian*, p. 18.
- Breckwich, V. A., Lanza, D., Hennessey-Lavery, S., & Minkler, M. (2005). *Youth research and policy action in community based participatory research: Roles, perspectives, and lessons learned from a food security policy partnership*. Unpublished manuscript.
- Cade, J., Upmeyer, H., Calvert, C., & Greenwood, D. (1999). Cost of a healthy diet: Analysis from the 1K Women's Cohort Study. *Public Health Nutrition*, 2, 505-512.
- Cheadle, A., Psaty, B. M., Curry, S., Wagner, E., Diehr, P., Koepsell, T., et al. (1991). Community-level comparisons between the grocery store environment and individual dietary practices. *Preventive Medicine*, 20, 250-261.
- Cobb, R., Ross, J.-K., & Ross, M. H. (1976). Agenda building as a comparative political process. *American Political Science Review*, 70, 126-138.
- Cohen, B. (2002). *Community Food Security Assessment Toolkit (E-FAN-02-013)*. Washington, DC: United States Department of Agriculture, Economic Research Service.
- Cook, J. T. (2002). Clinical implications of household food security: Definitions, monitoring, and policy. *Nutrition in Clinical Care*, 5(4), 152-167.
- Duggan, T. (2004, July 16). Bringing health produce to poor neighborhoods: Food activists, small farmers lead project. *San Francisco Chronicle*, p. B1.
- Harrison, G. G., DiSogra, C. A., Manalo-LeClair, G., Aguayo, J., & Yen, W. (2002). *Over 2.2 million low-income California adults are food insecure: 658,000 suffer hunger* [Policy brief]. Los Angeles: UCLA Center for Health Policy Research.
- Hennessey-Lavery, S., Smith, M. L., Esparza, A. A., Hrushow, A., Moore, M., & Reed, D. F. (2005). The Community Action Model: A community-driven model designed to address disparities in health. *American Journal of Public Health*, 95(4), 611-616.
- Israel, B. A., Schulz, A. J., Parker, E. A., & Becker, A. B. (1998). Review of community-based research: Assessing partnership approaches to improve public health. *Annual Review of Public Health*, 19, 173-202.
- Kingdon, J. W. (1995). *Agendas, alternatives, and public policies, 2nd edition*. New York: Addison-Wesley Educational.
- Krieger, J. W., Allen, C. A., Cheadle, A., Ciske, S. J., Schier, J. K., Senturia, K. D., et al. (2002). Using community-based participatory research to address social determinants of health: Lessons learned from Seattle Partners for Healthy Communities. *Health Education and Behavior*, 29, 361-382.
- MacLaughlin, K. (2003). *Making good neighbors: Creating food security with small food retailers in Bayview/Hunters Point*. Berkeley, CA: Department of City and Regional Planning, University of California—Berkeley.
- Mayer, R. R., & Greenwood, E. (1980). *Design of social policy research*. New York: Prentice Hall.
- Milio, N. (1996). Priorities and strategies for promoting community-based prevention policies. *Journal of Public Health Management and Practice*, 4(3), 14-28.
- Morland, K., Wing, S., & Diez-Roux, A. (2002). The contextual effect of the local food environment on residents' diets: The Atherosclerosis Risk in Communities Study. *American Journal of Public Health*, 92(11), 1761-1768.
- Morland, K., Wing, S., Diez-Roux, A., & Poole, C. (2002). Neighborhood characteristics associated with the location of food stores and food service places. *American Journal of Preventive Medicine*, 22(1), 23-29.
- Ochocka, J., Janzen, R., & Nelson, G. (2002). Sharing power and knowledge: Professional and mental health consumer/survivor researchers working together in a participatory action research project. *Psychiatric Rehabilitation Journal*, 25(4), 379-387.
- Parker, E. A., Israel, B. A., Williams, M., Brakefield-Caldwell, W., Lewis, T. C., Robins, T., et al. (2003). Community action against asthma: Examining the partnership process of a community-based participatory research project. *Journal of General Internal Medicine*, 18(7), 558-567.
- Reed, D. (2004). *Literacy for Environmental Justice—Youth Envision's Good Neighbor Program in Bayview Hunters Point: A case study*. San Francisco: San Francisco Department of Public Health, Tobacco Free Project.
- Richan, W. C. (1996). *Lobbying for social change* (2nd ed.). Binghamton, NY: Haworth Press.
- Rochefort, D. A., & Cobbs, R. W. (1994). *The politics of problem definition: Shaping the policy agenda*. Lawrence: University of Kansas Press.
- Schauffler, H., Halpin, Faer, M., Faulkner, L., & Shore, K. (1994). Health promotion and disease prevention in health care reform. *American Journal of Preventive Medicine*, 10(Suppl. 5), 1-31.
- Soltau, A. (2004, January 6). Fresh look for the Bayview. *San Francisco Independent*.
- Swinburn, B. A., Caterson, I., Seidell, J. C., & James, W. P. T. (2004). Diet, nutrition and the prevention of excess weight gain and obesity. *Public Health Nutrition*, 7(1A), 123-146.
- Themba, M., & Minkler, M. (2003). Influencing policy through community-based participatory research. In M. Minkler & N. Wallerstein (Eds.), *Community-based participatory research for health*. San Francisco: Jossey-Bass.