

Racism in the U.S. Food System: Insights and Next Steps

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Abstract

This study evaluated conference participants' experiences of racism at the 2024 Racism in the Food System Convening. The post-survey gauged people's experiences of the convening and included 60 respondents. Following the convening, attendees were invited to complete a post-convening feedback form containing a Likert scale and open-ended questions. All 60 respondents completed the feedback form. Demographic data were not collected. We analyzed the Likert-scale responses using frequencies and percentages and presented them visually. We manually reviewed open-ended responses and organized them into recurring themes.

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Food insecurity is defined as limited and unreliable access to food (O'Connor et al., 2025). Compared with other higher-income countries, the United States has a higher rate of food insecurity. According to Bowen et al., 10.5% of households in the United States were classified as food insecure in 2019. The percentage increased during the COVID-19 pandemic; 23% of US households reported experiencing food insecurity (Bowen et al., 2021). These disparities reflect broader structural inequities, including residential segregation and unequal access to fresh and healthy foods and supermarkets. In addition to limiting access to food, food insecurity is associated with 10 chronic diseases, including hypertension, coronary heart disease (CHD), hepatitis, stroke, etc., highlighting its role in social determinants of health (Gregory & Coleman-Jensen, 2017). The inequities in health outcomes and food access have disproportionately impacted minority communities; it's important for research to address the structural and systemic causes of these inequities. This paper reviews racism in the food system and possible solutions. The paper discusses my research experience collecting and compiling

data from conversations with organizations actively working to combat racism in the food system, including their thoughts on next steps to expand food sovereignty efforts to support BIPOC communities.

Literature review

Food sovereignty is a movement aimed at transforming the current food system in the US. Currently, the US food system is characterized by a corporate food regime in which monopolistic groups control food production. Neoliberalism supports the continuation of these systems; this economic philosophy prioritizes the market over individuals and shifts functions once held by the state to the private sector and community groups. Food sovereignty calls for a different approach in which communities control their food production. Alkon and Mares explore two frameworks interested in improving the US food system: the Food Justice Movement and Community Food Security. In the paper, they examine whether these two frameworks support a food sovereignty goal by analyzing two case studies in minority communities. Community food security focuses on food access within communities rather than through individual lenses; this approach enables structural solutions that provide culturally appropriate, nutritious food. It emphasizes local and sustainable production. Food justice, by contrast, addresses racial inequities in the food system and advocates for local food programs, such as farmers' markets, that put community members in charge. The West Oakland farmers market is one of the US sites where the food justice approach was applied; the market provides Black farmers with economic opportunities and connects them with communities in need of fresh food. The vendors also provide the community with culturally appropriate foods such as okra and black-eyed peas. However, the farmers' market eventually shut down because its low-income customers could not

afford the produce. The article critiques the food justice framework as the reason the farmers' market failed. It argues that the market reproduces neoliberal ideals by reducing the customers to consumers and farmers to producers. Its main argument is that these frameworks shift responsibility from the state to individuals and that communities access food through alternative markets (Alkon & Mares, 2012).

Structural racism is when racial discrimination occurs across institutions in society, such as housing, education, health care, etc. Its presence in many institutions reinforces racism and disproportionately disadvantages BIPOC groups. Despite the knowledge that structural racism plays a big role in health disparities, its role in health disparities is overlooked. Research surrounding it doesn't investigate its impact on public health. To properly address it, research must focus on systemic racial inequities and move beyond documenting individual-level health patterns. Hardeman et al. call for research to explore the links between structural racism and modern health. Historically, United States society has been racialized, where Black people have received differential treatment in different contexts such as health, economics, and politics. There has been research showing the connection between historical racism and health outcomes today. For instance, at the structural level, US state policies are not race-neutral, and research has shown connections between health problems such as infant mortality, depression, and high BMI in Black communities and structural state racism. Historical racism and policies such as Jim Crow and historic redlining are connected to racial health disparities (Burrell et al., 2021)

Over the past 20 years, deaths from coronary heart disease and stroke have declined, which is a public health achievement; however, this decline has not been shown across racial and ethnic groups. Specifically, Black Americans experience the highest mortality rate due to cardiovascular disease. The American Heart Association (AHA) mission is to reduce mortality

and morbidity caused by cardiovascular disease (CVD) and structural racism, which devalues minority communities, such as Black Americans, making this mission hard to achieve. The article discusses how the AHA must factor structural racism as a determinant of mortality and morbidity of cardiovascular disease; it outlines how historical factors such as slavery, Jim Crow laws, and racial bias all contribute to increased risk factors for CVD. For instance, segregation and redlining created poverty-concentrated neighborhoods where economic and educational opportunities were limited. This caused low property values. Reducing the quality of local institutions, such as supermarkets, and limited access to quality healthcare. Therefore, the article argues that the AHA must expand its knowledge of and exposure to structural racism. They must acknowledge and take into account the experiences of historically marginalized patients and communities to mitigate the impact of CVD. They must improve historically marginalized communities' experiences in healthcare settings and advocate for policies that improve health outcomes (Churchwell et al., 2020). System modeling compares and models interactions between diseases and risks; it incorporates all the factors that contribute to health. Community-based systems dynamics (CBSD) is similar but includes community members in the modeling process. Excluding community members can miss important lived experiences, and the models may be inaccurate. CBSD aims to build political power; however, if experts create models alone, policy changes may not reflect community needs and may be biased (Glickman et al., 2022)

Methods

The 2024 Racism in the Food System convening brought together diverse experts and practitioners across the food system. Before the convening, participants received a survey with demographic information and questions designed to capture participants' perspectives and

expectations for the event. Following the convening, attendees were invited to complete a post-convening feedback form containing a Likert scale and open-ended questions. A total of 60 respondents completed the feedback form, and the study did not collect demographic data. The Likert-scale responses were analyzed using frequencies and percentages and presented visually. I manually reviewed open-ended responses and organized them into recurring themes. An AI assistant supported organizing and summarizing responses during the qualitative review process.

Findings

The post-convening survey data revealed that participants valued attending the 2024 Racism in the Food System convening because it gave them the opportunity to interact with diverse individuals across the food system and to have a space for critical discussions about the food system centered on BIPOC communities. Many participants praised the Wisdom Circle as a unique feature of the convening, emphasizing the value of learning from elders. Survey feedback also indicated that people enjoyed the content and space provided during the convening; however, they raised concerns about its structure. They described some panels as too content-heavy and said they felt overwhelmed at times. Many expressed a desire for additional time for networking and discussion. Moving forward, respondents expressed interest in receiving a contact list of attendees and in having an online platform, such as Slack, to support continued connection after the convening. They also emphasized the need for future convenings, whether in person or virtually. Finally, participants emphasized the importance of continuing the movement and working toward systemic and measurable change.

Discussion

Participants valued unique convening components such as the Wisdom Circle. Their feedback also highlighted opportunities to improve the convening structure, particularly by adding more formal networking time.

Next Steps: Creating an attendee contact information list and an online space for interaction.

Limitations: The post-survey did not include demographic questions, so we cannot reach out to participants for clarification. The post-survey had a smaller sample size of 60 respondents, while the pre-survey had 299 respondents.

References

- Alkon, A. H., & Mares, T. M. (2012). Food sovereignty in US food movements: Radical visions and neoliberal constraints. *Agriculture and Human Values*, 29(3), 347–359.
<https://doi.org/10.1007/s10460-012-9356-z>
- Bowen, S., Elliott, S., & Hardison-Moody, A. (2021). The structural roots of food insecurity: How racism is a fundamental cause of food insecurity. *Sociology Compass*, 15(7), e12846. <https://doi.org/10.1111/soc4.12846>
- Burrell, M., White, A. M., Frerichs, L., Funchess, M., Cerulli, C., DiGiovanni, L., & Lich, K. H. (2021). Depicting “the system”: How structural racism and disenfranchisement in the United States can cause dynamics in community violence among males in urban black communities. *Social Science & Medicine*, 272, 113469.
<https://doi.org/10.1016/j.socscimed.2020.113469>
- Churchwell, K., Elkind, M. S. V., Benjamin, R. M., Carson, A. P., Chang, E. K., Lawrence, W., Mills, A., Odom, T. M., Rodriguez, C. J., Rodriguez, F., Sanchez, E., Sharrief, A. Z., Sims, M., Williams, O., & On behalf of the American Heart Association. (2020). Call to Action: Structural Racism as a Fundamental Driver of Health Disparities: A Presidential Advisory From the American Heart Association. *Circulation*, 142(24).
<https://doi.org/10.1161/CIR.0000000000000936>
- Glickman, A. R., Clark, J. K., & Freedman, D. A. (2022). Participatory modeling of the food system: The case of community-based systems dynamics. In *Food Systems Modelling* (pp. 257–283). Elsevier. <https://doi.org/10.1016/B978-0-12-822112-9.00003-5>

Gregory, C. A., & Coleman-Jensen, A. (2017). *Food Insecurity, Chronic Disease, and Health Among Working-Age Adults*. <https://doi.org/10.22004/AG.ECON.261813>

O'Connor, E. A., Webber, E. M., Martin, A. M., Henninger, M. L., Eder, M. L., & Lin, J. S. (2025). Preventive Services for Food Insecurity: Evidence Report and Systematic Review for the US Preventive Services Task Force. *JAMA*, 333(15), 1340. <https://doi.org/10.1001/jama.2024.22805>