



CORONAVIRUS, FOOD, AND INEQUALITY

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May 2020 (Updated October, 2020)

A Preface from Food21

The COVID emergency has impacted all of us, but no group in our society has been so severely impacted as those families who are on the economic edge, often living from paycheck to paycheck. We talk about it and discuss it, but when suddenly - with no warning - everything we fear happens all at once across the nation and the world, we are stunned. It is as if, even though we could articulate the problem, we could never imagine that it would hit with the fury of a Category Five hurricane, everywhere, all at once.

Consider –

- When public schools closed, over 30 million children lost access to what was quite possibly their only consistent daily meal
- Reliance on fast food, restaurants, and prepared food in communities characterized by food insecurity have put those communities at additional disadvantage as operations are scaled back, affecting both food availability and income.
- Supplemental Nutrition Assistance Program (SNAP) recipients found themselves unable to use their benefits for online grocery shopping
- Disabled patrons found online ordering and delivery much more difficult in light of increased demand and overwhelmed systems.
- Sudden loss of income for millions meant they had no way to purchase groceries, since they were not SNAP eligible.
- Food banks, a system designed to support a small number of food insecure, quickly became the emergency go-to for many thousands of hungry families.
- Grab-and-go meal options/recipe packs were inadequate for families who may not have the tools or spaces to prepare them.

Our corporate mission of building a more resilient and sustainable food economy could not be more urgently demonstrated than it is right now for millions of our fellow Americans.

We asked a team of thoughtful and well-informed writers to collaborate on a series of monographs on the interconnection of healthy and sustainable communities and our food system in light of the COVID-19 crisis. We are delighted to present their perspectives as nutritionists, historians, and practitioners. Corey Flynn is our Senior Advisor on Nutrition and Wellness, and she organized and led the remarkable team of women in this project.

Food System and Socio-Economic Inequities

Our global experience will soon be divided into two different historic periods: the time before COVID, and the time after. If you feel a bit of *deja vu* here, you should. This is all too familiar for those of us who lived “Before 9/11” and “After 9/11.” The world changed; there was no going back then, and there will be no going back now.

As we begin imagining our post-pandemic world, we have a **unique opportunity** to put our food system at the forefront, and to imagine a world that closes the gaps that have been caused by generations of oppression and policies that disproportionately affect marginalized groups. To be sure, we have not reached post-coronavirus yet, but we can start to imagine what that will look like, especially regarding our food system.

The COVID-19 pandemic has put in stark reality the disparities at the center of food security.

Minority communities are suffering from shortages of fresh, nutritious food, which leads to diet-related illnesses. Those with nutrition-related diseases like heart disease, hypertension, and diabetes are more likely to suffer from serious COVID-19 complications. Disruptions in the food supply chain have an impact across the country.

In this paper, we set out some of the most significant issues around this and suggest short- and long-term changes that can make the food system more flexible and capable of responding to a crisis for every member of our society. It is a beginning, but we must start now.

Everyone deserves access to healthy, affordable food and quality nutrition care, according to the 2020 Global Nutrition Report, which calls for a pro-equity agenda that mainstreams nutrition into food and health systems.¹

Broadly speaking, the UN's Food and Agriculture Organization (FAO) argues that a nation is food-secure "when all people, at all times, have physical, social and economic access to sufficient, safe, and nutritious food which meets their dietary needs and food preferences for an active and healthy life."² For all intents and purposes, then, no society is totally food secure. This has led scholars and activists to discuss food insecurity, particularly in the context of the industrialized world, on a local, or even individual or household level.³

Food insecurity, a situation unique to our modern, commodified food system, is a long-standing issue for many communities. Since the 2008 recession, consistently between 11-15% of the American population has been classified as food insecure. This is especially true for African American and Hispanic communities that are also seeing the most severe cases of the coronavirus.⁴ Due to the economic disruptions of the coronavirus, overall rates of household food insecurity have doubled, according to the COVID Impact Survey.⁵

The industrial food system that has developed over the last century is experiencing extreme stress, causing supply disruptions throughout the value chain and increasing the risk both to those already experiencing food insecurity and to those who are beginning to do so. The type of disruption to food assistance systems we are seeing is unique in several ways, combining elements familiar from earlier disruptions like the Great Depression and the 2008 recession, but also adding elements more familiar to natural disasters.

This crisis has dramatically affected the meat packing industry, as many workers contract COVID-19, leading to frequent shortages, and causing stores to limit the amount of meat a customer can purchase. What the result ultimately will be with regard to the future of grocery stores remains unclear, and we have to ask how neighborhoods already at risk for increased food insecurity may be negatively affected by further contraction of the food supply post-coronavirus. The diets of many will change due to limited or shifting food access. A potential push for more vegan and plant-based options could be implemented into the diets of many in an effort to achieve full nutrition and safety when eating.

Social and physical determinants of health such as the availability of resources (e.g., local food markets and safe housing), access to education, jobs, health care services, and public safety, to

¹ 2020 Global Nutrition Report: Action on equity to end malnutrition. Bristol, UK: Development Initiatives, 2020.

² FAO, "Food Security Statistics." <http://www.fao.org/economic/ess/ess-fs/en/> Accessed 4 May 2020.

³ Jean Drèze and Amartya Sen, *Hunger and Public Action* (Oxford: Oxford University Press, 1989), 4.

⁴ "Household Food Security in the United States..." is part of a series of annual publications from the USDA, which can be found at <https://www.ers.usda.gov/publications/>.

⁵ Data Foundation, "The COVID-19 Household Impact Survey" 30 April 2020, <https://www.covid-impact.org/>, Accessed 4 May 2020.

name just a few, have a strong influence on overall health.⁶ There is the significant possibility that high levels of endemic food insecurity may contribute to poor COVID-19 infection outcomes. Regions with above average food insecurity also struggle with higher rates of diet-related disease such as hypertension and diabetes, both of which are high-risk factors for severe COVID-19 infections, indicating a strong correlation between higher rates of poverty and diseases associated with poor nutrition.⁷

During a White House briefing, Dr. Anthony Fauci, MD, NIAID Director, noted that health disparities have been prevalent in the African American community and the current pandemic is “shining a bright light on how unacceptable that is.”⁸ That said, the discourse around COVID-19 and racial disparities has tended to emphasize personal responsibility rather than the systemic inequalities that help lead to higher rates of chronic health conditions in communities of color.⁹

The current situation with COVID-19 has emphasized the extreme disparities the African American population faces.¹⁰ According to the CDC, young African Americans are living with diseases more common at older ages.¹¹ In fact, African Americans ages 18-49 are twice as likely to die from heart disease than whites, and those 35-64 years are 50% more likely to have high blood pressure than white Americans. One underlying cause is rooted in diet: food activists have pointed at soul food and southern cooking, often rich in saturated and trans fats, and high amounts of sodium.¹² The American diet as a whole is also plagued by excess sugar, often included in large amounts in processed food, and is currently being connected to the larger epidemic of nutrition-related diseases.¹³ But the effects of diet are heightened by the well-documented long-term health effects of systemic racism, which include physiological reactions to socio-economic stress, unequal access to preventative medical care, and outright discrimination at the hands of medical professionals.¹⁴ Finally, due to generations of “redlining and other forms of housing discrimination, Black Americans are more likely to live in

⁶ World Health Organization, Commission on Social Determinants of Health. “Closing the gap in a generation: Health equity through action on the social determinants of health,” http://www.who.int/social_determinants/en, accessed 4 May 2020; Department of Health and Human Services, “Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States,” 26 July 2010, <https://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>, accessed 4 May 2020.

⁷ “Food Security in the US: Key Statistics and Graphics,” USDA Economic Research Service, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/>, accessed 30 April 2020; “Facts About Hypertension,” Centers for Disease Control and Prevention, <https://www.cdc.gov/bloodpressure/facts.htm>, accessed 30 April 2020.

⁸ J. Lahut, “Fauci says the coronavirus is ‘shining a bright light’ on ‘unacceptable’ health disparities for African Americans,” *Business Insider* 7 April 2020 <https://www.businessinsider.com/fauci-covid-19-shows-unacceptable-disparities-for-african-americans-2020-4>, accessed 4 May 2020.

⁹ Zeeshan Aleem, “The problem with the Surgeon General’s controversial coronavirus advice to Americans of color,” *Vox.com* 13 April 2020, <https://www.vox.com/2020/4/11/21217428/surgeon-general-jerome-adams-big-mama-coronavirus>, accessed 13 May 2020.

¹⁰ Kat Stafford, Meghan Hoyer, and Aaron Morrison, “Racial toll of virus grows even starker as more data emerges,” *APNews* 18 April 2020, <https://apnews.com/8a3430dd37e7c44290c7621f5af96d6b> accessed 30 April 2020; Elizabeth Thomas and Nancy Anoruo, “Coronavirus is disproportionately killing the black community. Here’s what experts say can be done about it,” *ABC News* 9 April 2020, <https://abcnews.go.com/Politics/coronavirus-disproportionately-killing-black-community-experts/story?id=70011986>, accessed 30 April 2020.

¹¹ Center for Disease Control and Prevention, “Vital Signs: African American Health,” <https://www.cdc.gov/vitalsigns/aahealth/index.html>, accessed 13 April 2020; World Health Organization, “Closing the Gap in a Generation.”

¹² “Making Soul Food Healthier,” *NPR.org*, 26 January 2006, <https://www.npr.org/templates/story/story.php?storyId=5172735>, accessed 13 May 2020.

¹³ “Added Sugar in the Diet,” *The Nutrition Source*. Harvard School of Public Health, <https://www.hsph.harvard.edu/nutritionsource/carbohydrates/added-sugar-in-the-diet/>, accessed 13 May 2020.

¹⁴ The literature on the public health effects of racism is extensive, and recently both the City of Pittsburgh and Allegheny County have declared racism to be a public health crisis. For further reading, see the recommended reading list below.

neighborhoods affected by environmental contamination," as well as a lack of primary food outlets that offer robust nutritional choices.¹⁵

Nutrition and Health

Nutrient-dense food helps to boost the immune system and in turn prevents disease, fight infection, and promote recovery from illness. For example, recent research may have connected instances of vitamin D deficiency with severe cases of COVID-19 outbreaks.¹⁶ The pandemic is confirming for the public what health professionals and food justice activists already knew: nutritional inequality has a direct relationship to a person's ability to fight off, and subsequently fully recover from, illness or disease.

The current pandemic food supply has shortened due to breaks in the pre-COVID 19 food system. A system that seemed rigid and unable to change has been forced to. Images of farmers dumping milk and tilling produce back into the field due to breaks in the supply chain have been replaced with images consumers standing in line to purchase their products.¹⁷ States are redirecting food from farms to food banks. In California, the Governor increased the funding of the Farm to Family program by nearly \$4 million. This program supplies local, fresh produce from farms to food banks. Forty-one food banks in all counties working with 128 farmers and ranchers distributed 14.5 million pounds of fresh fruit and vegetables in March and April.¹⁸ The Department of Agriculture has announced that it will spend \$300 million a month to buy surplus vegetables, fruit, milk and meat for food banks.¹⁹ Community Supported Agriculture (CSA) has become more popular than ever, but access to CSAs is uneven.

Often, communities disproportionately located in or adjacent to food deserts also experience easiest access to unhealthy fast food restaurants that provide no nutritional or dietary benefits to the body, but are often cheap and provide caloric "bang for your buck." To better control and fight the virus as well as serve communities hardest hit by the coronavirus, nutrient dense food that offers immunological value should be readily available. Many startup food companies have begun to drive the push for healthier menu options, including plant-based foods. An increase in vegan restaurants and foods in grocery stores have begun to pop up around the entire country, but are more likely to be located in higher income neighborhoods, leaving many minority communities without equal access.

As food banks find themselves at the forefront of the crisis, many families are now facing an often overwhelming need to prepare their own food at home, sometimes with food they have never seen before, do not know how to cook, or even that their children are wary of eating. We need additional solutions that connect access, distribution, affordability, variety and preparation.

¹⁵ Anna North, "Every Aspect of the Coronavirus Pandemic Exposes America's Devastating Inequalities," *Vox.com* 10 April 2020, <https://www.vox.com/2020/4/10/21207520/coronavirus-deaths-economy-layoffs-inequality-covid-pandemic>, accessed 13 May 2020.

¹⁶ Katherin Czink and Dina Bair, "Severe Vitamin D deficiency may be connected to COVID-19 complications," *WGNtv.com* 7 May 2020, https://wgntv.com/news/medical-watch/severe-vitamin-d-deficiency-may-be-connected-to-covid-19-complications/?fbclid=IwAR1qi_z6vV4e3EoFfd4tb8IRB0CDZZfwpFuBq5X3C5_QDEByXPo6xDLVIKw, accessed 7 May 2020.

¹⁷ Julie Wernau, "Cheese Off a Truck: Farmers Try to Salvage Food, and Some Sales," *Wall Street Journal* 28 April 2020, https://www.wsj.com/articles/cheese-off-a-truck-farmers-try-to-salvage-food-and-some-sales-11588084929?mc_cid=1785deea2b&mc_eid=13f93674b5, accessed 4 May 2020.

¹⁸ "Gov. Gavin Newsom Announces Initiative to Connect Excess Produce to Food Banks," *Bay City News*, 29 April 2020, <https://www.nbcbayarea.com/news/california/gov-gavin-newsom-announces-initiative-to-connect-excess-produce-to-food-banks/2281606/>, accessed 4 May 2020.

¹⁹ Michael Corkery and David Yaffe-Bellany, "Trying to Prevent Massive Food Waste," *The New York Times* 2 May 2020, https://www.nytimes.com/2020/05/02/business/coronavirus-food-waste-destroyed.html?mc_cid=1785deea2b&mc_eid=13f93674b5, accessed 2 May 2020.

In our paper series, we examine the many ways that households will begin to provide for their families post-coronavirus, and what to expect in a world where restaurants and grocery stores cannot sustain our current population's needs.

A Way Forward

The cracks in the unjust system that disproportionately affects African American and Hispanic communities have not just highlighted the issues with the food system but have brought into focus the solutions. We cannot go back to the old way of doing things. Community food systems have to be strengthened.

Measuring food insecurity is key to assessing the needs of the community. Applying quality data to shape programs to solve this issue is key to a healthy and resilient society.

One of the many tools Food21 is employing to address the issue of food insecurity is the development of a mobile application using the Food Abundance Index (FAI) to better measure the degree of a community's food insecurity. The FAI is unique in that it is a score card that assesses a neighborhood's food insecurity across five key dimensions: access, diversity, quality, density and affordability.²⁰ The FAI then applies the analytical dimensions based on a points system, the results of which categorize an area from most severe to most secure as a food desert, food gap, food cluster or food bounty.

The FAI can be an important tool in identifying not only areas hit hard by coronavirus shortages, but also those that, after lockdowns have ceased, have moved down the scale by losing food centers or seeing slow recovery to their food supply. This will empower advocates in each region to quickly know where to focus resources.

The overnight solutions that have developed to meet the immediate needs of the community must continue to grow to foster long-term, community-driven solutions. These emergency solutions can evolve into permanent ones such as more robust systems for farmers to sell directly to consumers; restaurants continuing to provide healthy, diverse meals to those in need; and nutritious grab-and-go meals for children. These are community-driven solutions that develop health, wealth, dynamic assets and community relationships.

Long-term solutions should include rebuilding regional food systems. This means decentralized, smaller food manufacturing at a more appropriate scale than the large, centralized industrial food systems that have exacerbated the current emergency. Collaborative food manufacturing such as urban farming and indoor greenhouse technology can be utilized on a large-scale to better serve entire communities.

Conclusion

A strong immune system is the front line to combat illness. Doctors continue to find ways that the virus attacks the body; but to help control the virus and to slow the spread, a strong immune system is essential. The most organic way to build this is through healthy, nutrient-dense food, and the bottom-up solutions that communities are developing may well point to a more equitable food future. It is especially important for the post-coronavirus world to create a healthy food environment

According to the FAO, 800 million people go to bed hungry. Two billion do not have access to

²⁰ Audrey Murrell and Ray Jones, "Measuring Food Insecurity Using the Food Abundance Index: Implications for Economic, Health and Social Well-Being," *International Journal Environmental Research and Public Health* 17, no. 7 (2020) : 1-12, <https://doi.org/10.3390/ijerph17072434>.

quality diets.²¹ Now is the time to act, as we start to recover from the global pandemic that has highlighted these inequities. Preventive health care that incorporates quality nutrition for all is a necessity. Quality nutrition is crucial in the function of an individual's defense against COVID-19. The post-COVID-19 food system must include support for those who are the most vulnerable. Safe, available, accessible and nutritious food has never been more relevant than it is now. We cannot go back to the pre-COVID-19 way of life. This is our wake-up call.

20 October 2020 – An Update from the original publication of this paper

Since the publication of our first paper, there have been an extraordinary number of publications related to Covid-19 – in fact, this pandemic has been unique in that it has democratized information to an unprecedented extent. Scholarly journals as well as newspapers have made pandemic-related research free to access and download, and journals in particular have fast-tracked a substantial number of papers while noting that the peer review process has been interrupted. The global conversation among scholars and researchers has also been unprecedented, as has the interdisciplinary involvement: sociologists, historians, and anthropologists have joined in, alongside community activists pursuing goals in economic, food, and health justice.

On the other hand this also means a rapid deployment of new information and recommendations, and while we can make assertions and recommendations based on the best information we have at hand, that information could change by next month, next week, or even tomorrow. As experts warn of a fall/winter surge (despite the end of the first wave itself being debatable), it will be interesting to see if a rise in rural cases as well as a potential decline in the availability of healthful foods due to the end of the northern growing season and continuing restrictions on travel and trade will cause shifts in the demographic data.

As of August, Black, Hispanic/Latinx, and Indigenous Americans were more likely to be hospitalized for COVID-19, and 1.1-2.1 times more likely to die from the disease than white Americans.²² For 2019, Black and Hispanic families were more likely to experience food insecurity, and Indigenous families experienced an insecurity rate of 25%.

Keeping that in mind, the research and recommendation regarding various aspects of food policy has remained relatively stable, as has research on racial disparities and COVID-19 outcomes. In April, Farah Naja and Rena Hamadeh published an examination of nutritional policies, and recommended “a multi-level framework of action to support nutrition during the COVID-19 pandemic” that included individual recommendations as well as reforms on the local, national, and global levels – while there is little evidence that these have yet to be put into place, they are on par with the recommendations we have also put forward: improving food accessibility, making food assistance programs easier to navigate, and improving education and information.

²¹ FAO. <http://www.fao.org/hunger/en/> Accessed 19 May 2020.

²² Centers for Disease Control and Prevention, “COVID-19 Hospitalization and Death by Race/Ethnicity,” 18 August 2020, <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html>, accessed 20 October 2020.

They further suggest international cooperation with regard to commodities pricing, as well as tariff reforms.²³

Other scholars have made direct connections between food habits or food insecurity and the kinds of health disparities that have made certain groups more vulnerable to poor COVID-19 outcomes. Mattioli et. al. have noted that the combination of anxiety and an decrease in physical activity during the shutdowns have created the potential for long-term cardiovascular problems, particularly if people have experienced limited access to healthful foods.²⁴

Dr. Julia A. Wolfson and Cindy Leung have argued that the economic consequences of the 2020 shutdowns have “already led to devastating consequences for millions of Americans who were struggling to make ends meet and will continue to exert lasting damages disproportionately felt by low-income Americans and communities of color.”²⁵ Wolfson and Leung focus specifically, however, on “unprecedented levels of food insecurity that eclipse anything seen in recent decades by the United States, including during the Great Recession,” noting that food insecurity have “more than tripled to 38%” in the spring of 2020.²⁶ With Black families already more likely to experience food insecurity, the racial disparities with regard to food access become starker when taken into consideration with other systemic inequalities. Dr. Clyde W. Yancy has argued that the kinds of precautions that help prevent the contraction of COVID-19 infection, like working from home, are simply not available to as many Black Americans:

...[C]onsider the aggregate of a higher burden of at-risk comorbidities, the pernicious effects of adverse social determinants of health, and the absence of privilege that does not allow safe practices, and does not even allow for 6-foot distancing. The consequent infection and death rates due to COVID-19 complications are no longer surprising, they should have been expected.²⁷

Outcomes for Indigenous Americans are also potentially affected by endemic food insecurity. As per the Network for Public Health Law, Indigenous Americans are often excluded from official reports on food insecurity, literally grouped into a category of “other,” and though rates as high as 25% were discovered for the decade prior to the Great Recession, tremendous regional differences persist. The provision of food to Reservation communities depends upon a number of federal programs, and for decades activists have voiced concerns about the nutritional quality of subsidized food, though adjustments to program coverage have allowed for more diversity within diets. After the onset of the COVID-19 pandemic, Reservations were excluded from many of the

²³ Farah Naja and Rena Hamadeh, “Nutrition Amid the COVID-19 Pandemic: A Multi-Level Framework for Action,” *European Journal of Clinical Nutrition* 74 (2020) : 1117-21.

²⁴ Anna V. Mattioli et. al., “Quarantine During COVID-19 Outbreak: Changes in Diet and Physical Activity Increase the Risk of Cardiovascular Disease,” *Nutrition, Metabolism & Cardiovascular Diseases* 30 (2020), 1409-17.

²⁵ Julia A. Wolfson and Cindy Leung, “Food Insecurity During COVID-19: An Acute Crisis with Long-Term Health Implications.”

²⁶ Ibid.

²⁷ Clyde W. Yancy, M.D., MSc, “COVID-19 and African-Americans,” *Journal of the American Medical Association* 323, no. 19 (15 April 2020), 1891-92, doi:10.1001/jama.2020.6548, accessed 20 October 2020.

emergency responses that allowed for better food distribution.²⁸ Unfortunately beyond the statistics from the CDC, data regarding Indigenous COVID-19 experiences is extremely limited, though there are movements to rectify data collection underway.²⁹ Head of the Urban Indian Health Institute Abigail Echo-Hawk has been vocal about the exclusion of Native Americans from COVID-19 data, noting that this is the latest evidence of the longstanding exclusion of Native Americans from health care data in general as “statistically insignificant.”³⁰

The third demographic group to be disproportionately affected by COVID-19 are Hispanic and Latinx Americans, with Pew Research also finding that unemployment rates among Hispanic Americans hit a high of almost 19%, outstripping the rates during the Great Recession.³¹ Food insecurity has followed suit, with Northwestern University finding 32% of Hispanic households experiencing shortages.³² Like Black Americans, Hispanic Americans are less likely to be able to work from home, making them more vulnerable to infection.³³ Both Black and Hispanic Americans are also more likely to be among the uninsured, making it more difficult to access preventive health care to manage existing comorbidities, or even seek care in the early stages of infection.³⁴

While examining ongoing research can give us indications of the short- and long-term impacts of the COVID-19 pandemic, we really will not know the full range of its effects until the pandemic comes to an end. But it is clear that the scattered and unequal systems on which Americans rely –

²⁸ Matthew R. Swinburne, “Addressing Native American Food Insecurity during the COVID-19 Pandemic: Food Distribution on Indian Reservations,” *Network for Public Health Law* 12 August 2020, <https://www.networkforphl.org/news-insights/addressing-native-american-food-insecurity-during-the-covid-19-pandemic-food-distribution-programs-on-indian-reservations/>, accessed 20 October 2020.

²⁹ Lizzie Wade, “COVID-19 Data on Native Americans is a ‘national disgrace.’ This Scientist is Fighting to be Counted,” *Science* 24 September 2020, <https://www.sciencemag.org/news/2020/09/covid-19-data-native-americans-national-disgrace-scientist-fighting-be-counted>, accessed 20 October 2020.

³⁰ Ibid.

³¹ Jens Manuel Korgstad and Mark Hugo Lopez, “Coronavirus Economic Downturn has Hit Latinos Especially Hard,” *Pew Research Center* 4 August 2020, <https://www.pewresearch.org/hispanic/2020/08/04/coronavirus-economic-downturn-has-hit-latinos-especially-hard/>, accessed 20 October 2020. Note: while some studies distinguish Latinx and Hispanic populations, this relies on data that does not.

³² D.W. Schanzenbach and A. Pitts, “How Much Has Food Insecurity Risen? Evidence from the Census Household Pulse Survey,” Northwestern Institute for Policy Research, 10 June 2020, <https://www.ipr.northwestern.edu/documents/reports/ipr-rapid-research-reports-pulse-hh-data-10-june-2020.pdf>, accessed 20 October 2020.

³³ Elise Gould and Heidi Shierholz, “Not Everybody Can Work from Home: Black and Hispanic Workers Much Less Likely to be Able to Telework,” Economic Policy Institute, Working Economics Blog, 19 March 2020, <https://www.epi.org/blog/black-and-hispanic-workers-are-much-less-likely-to-be-able-to-work-from-home/>, accessed 20 October 2020.

³⁴ Heeju Sohn, “Racial and Ethnic Disparities in Health Insurance Coverage: Dynamics of Gaining and Losing Coverage over the Life-Course,” *Population Research and Policy Review* 36, no. 2 (2016), 181-201, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5370590/>, accessed 20 October 2020.

food, aid like unemployment, and healthcare – are not only inadequate, they are fundamentally incapable of sustaining Americans in sustained crisis. The proof is in the data, and now is the time to act in order to rectify the glaring inequalities that affect millions.

Our Authors

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Julia Hudson-Richards, PhD, is a historian whose research has focused on gender, inequality, the emergence of industrialized food systems, food workers, and the emergence of global food markets. Her work has appeared in the *Journal of Women's History*, *International Labor and Working-Class History*, and the *Huffington Post*.

Brooke L. Walker is a student at the University of Pittsburgh who is dedicated to discovering a brighter, safer, and more equal future for everyone. Seeing first-hand the impact of food on communities she created her own company, Healthy Soul, which is a food and drink delivery company whose mission is to fix issues of malnutrition in low income communities. Nutrition and its relation to health especially amidst the global pandemic has made Ms. Walker that much more dedicated to connecting good nutrition to communities who are suffering.

Data Tools

Johns Hopkins University Coronavirus Tracking.

<https://coronavirus.jhu.edu>

The Covid Tracking Project.

<https://covidtracking.com>.

COVID Impact Survey

<https://www.covid-impact.org>

The Food Abundance Index Toolkit.

<https://www.business.pitt.edu/sites/default/files/FOOD%20ABUNDANCE%20INDEX%20TOOLKIT.pdf>

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