

Food Equity through Restaurant Meals: An Evaluation of Los Angeles County's Restaurant Meals Program

By Barbara Robertson

Professor Matsuoka and Professor Rodnyansky

Occidental College, Urban and Environmental Policy

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Abstract

The Restaurant Meals Program has existed in Los Angeles County since 2005, however there are no public evaluations of the program. This paper seeks to evaluate how well the Department of Public Social Services is achieving its goals for the program and how the program can improve. Data was collected through four interviews with people familiar with the program, and the analysis and mapping of a complete list of participating restaurants. The data shows that there is a disproportionate number of national chains participating in the program compared to other types of restaurants, limiting the food options and access to healthier foods. However, the program serves as a vital resource to its recipients and operates as well as it can under its current structure. The Department of Public Social Services can improve by expanding the program, increasing data collection, and creating incentives for vendors and recipients. In order to implement these changes, the state government will have to push the Federal Government to alter the program at a national level. The Restaurant Meals Program is improving food equity amongst low income folks in Los Angeles, and it become more efficient and effective with progressive improvements in its implementation.

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Introduction

Los Angeles County is facing challenges in providing equitable access to healthy, nutritious food to all its citizens. The Supplemental Nutrition Assistance Program (hereafter referred to as SNAP) works to alleviate this inequity through several programs that increase access to various resources, such as supermarkets, farmers markets, and restaurants. This study primarily examines the Restaurant Meals Program (hereafter referred to as RMP), which is a branch of SNAP that only serves elderly, houseless, and disabled individuals. RMP is designed to provide hot meals to those who may be unable to prepare and/or store food. This study aims to answer the question: how effective is the Restaurant Meals Program at providing nutritional and affordable food to houseless, disabled, and elderly individuals? Although part of the goal of RMP is to provide a safe environment for individuals to eat at, this research will not be addressing that goal. The foods and restaurant choices offered through this program, as well as the implementation on the part of Los Angeles County's Department of Public Social Services (hereafter referred to as DPSS) will be evaluated through this study in order to seek improvements to the program. There is little information and research available on this specific program, despite its existence in Los Angeles since 2005, therefore this study will fill a gap in literature to understand the intentions DPSS has for the program and whether it is fulfilling these goals. The research consisted of mapping of restaurants participating in RMP, as well as an interview with a DPSS employee and other people working on food equity issues. This study will provide a basis for how to improve RMP to make it more effective in reaching the target populations and fulfilling DPSS's goals.

Background

In California, about 11% of the population is food insecure.¹ ‘Food insecure’ means food intake or eating patterns of an individual are disrupted due to lack of money or other resources.² SNAP, operating under the name CalFresh in California, is one way policy-makers and government officials are trying to fight food insecurity burdening the population. Using their Electronic Benefits Transfer (EBT) cards, known as Golden State Advantage cards, CalFresh recipients can shop at several sources of food. There are four categories of food covered by four programs within CalFresh: supermarkets and corner stores, farmers markets, flea markets, and restaurants. This paper will focus primarily on restaurants.

CalFresh is most widely accepted by grocers and markets, such as corner stores and supermarkets, however, farmers markets across California accept EBT, as well, allow greater access to fresh fruits and vegetables. Additionally, counties across California, including Los Angeles, participate in Market Match, a program in which individuals using their CalFresh EBT card will receive tokens or vouchers, matching their CalFresh benefits.³ While both CalFresh EBT acceptance and Market Match programs are not found at every farmers market, there has been an expansion of these programs, and they continue to increase. The introduction of EBT acceptance at farmers markets was established as another way for CalFresh recipients to purchase healthy foods, and the Market Match program serves as a further incentive for individuals to shop locally at these farmers markets. Furthermore, California is the only state to

¹ “Food environment index.” County Health Rankings & Roadmaps. Robert Wood Foundation Program. 2019. <<https://www.countyhealthrankings.org/app/california/2019/measure/factors/133/data>>

² “Food Insecurity.” Healthy People 2020. December 2019. <<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health/interventions-resources/food-insecurity#1>>

³ “How it Works,” Market Match. <<https://marketmatch.org/about/how-it-works/>>

allow SNAP benefits at flea markets, with the typical caveat that they are only used for food purchases; only a handful of flea markets accept EBT.⁴

Many of the nutrition programs through the USDA are designed for those who have access to a fridge and a space to prepare meals. However, there is a large population of people that do not have access to a kitchen and/or are unable to prepare a meal, such as houseless, elderly, and disabled to name a few groups. Thus, RMP became an addition to the expansion of CalFresh, with a slightly different goal from other programs; RMP targets specific individuals with the limitations mentioned earlier. While the program is federally approved and active in California State, individual counties decide on hosting the program. RMP was implemented in Los Angeles County officially in 2005 by the DPSS with the goal of providing hot meals to individuals who are unable to store food and/or prepare food easily; the program is only open for enrollment for houseless, disabled, and elderly individuals along with their spouses. These vulnerable populations can use their EBT card to buy meals at any restaurant that participates in RMP, in addition to grocers and farmers markets. On the DPSS website, it states that the mission of the program is for the individuals who eat at these restaurants to be “nourished by an affordable meal in a food-safe environment” with DPSS describing the program as “truly an anti-hunger program.”⁵

Literature Review

USDA Food Assistance History

Every year, millions of Americans struggle to afford food for themselves and their families. In an effort to fight hunger amongst low-income Americans, the United States

⁴ LSNC Guide to CalFresh Benefits, Legal Services of Northern California, <<http://calfresh.guide/using-cal-fresh-ebt-benefits/>>

⁵ LA County Department of Public Social Services, “Restaurant Meal Programs,” <<http://dpss.lacounty.gov/wps/portal/dpss/main/programs-and-services/restaurant-meals/>>

Department of Agriculture (USDA) has created multiple programs that work to fight hunger, starting with the Food Stamp Program. Proposed by President Lyndon B. Johnson, the Food Stamp Act of 1964 gave low-income individuals physical coupons that acted as cash that they could spend on approved food by the government. The program was altered over time, most notably through the Food and Agriculture Act of 1977. This new Act established more restrictions and requirements for recipients and the program itself, such as job search requirements, bilingual services, and the exclusion of non-US citizens (though this exclusion was removed in the 2002 Farm Security and Rural Investment Act with the requirement that the individual has been in the US for at least five years). By 2004, all 50 states had introduced electronic benefit transfer which are delivered on EBT cards, which function similar to debit cards. This new payment system improved the efficiency and effectivity of the program for both recipients and administrators.⁶

The program continues to go through changes. Today, the Food Stamp Program goes by SNAP in an effort to fight stigmas.⁷ It serves close to forty million individuals. During Fiscal Year 2018, 39,651,687 individuals in the United States received benefits from SNAP⁸ with close to four million of these recipients in California alone.⁹ SNAP, managed by the USDA, provides low-income individuals and their families with a monthly income to purchase healthy and nutritious foods; the amount supplied to individuals and their families depends on national regulations based on (1) how many people are in the household and (2) household monthly

⁶ United States Department of Agriculture: Food and Nutrition Service; “A Short History of SNAP,” <<https://www.fns.usda.gov/snap/short-history-snap#1939>>

⁷ Ibid

⁸ United States Department of Agriculture Record. *Supplemental Nutrition Assistance Program*. 2 August 2019. <<https://fns-prod.azureedge.net/sites/default/files/resource-files/34SNAPmonthly-8.pdf>>

⁹ United States Department of Agriculture Record. *Supplemental Nutrition Assistance Program: Number of Persons Participating*. 2 August 2019. <<https://fns-prod.azureedge.net/sites/default/files/resource-files/29SNAPcurrPP-8.pdf>>

income, which must have a net amount one hundred thirty percent of the poverty line. For example, in Fiscal Year 2018, a household with 3 people must make no more than \$1,307 net monthly income.¹⁰ Participants receive an EBT card with their monthly income, which they can use at any businesses that accept EBT solely for food.

Key Definitions

Taking a step back, it is important to understand what a healthy and nutritious meal means. The National Heart, Lung, and Blood Institute “healthy eating...gives your body the nutrients it needs every day.... A healthy eating plan also will lower your risk for heart disease and other health conditions.” People should be focusing on consuming fruits, vegetables, whole grains, proteins, and low-fat or fat-free dairy products. It is important to limit saturated and trans fats, sodium, and added sugars.¹¹ However, sugary and fatty foods tend to be cheaper and more financially feasible. Encouraging low-income people to consume healthier and pricier food just to improve their health is not an effective strategy.¹²

Food Programs for Vulnerable Populations: Houseless, Elderly, and Disabled

In the past, the narrative on food assistance programs for low income individuals and families excluded RMP. More so, women and children’s nutrition are written about, as they are the most vulnerable population. When the narrative focuses on houseless, disabled, and elderly folks, it is often about the longstanding programs such as Meals on Wheels, but even that is limited in the amount of literature. There needs to be more studies centering on food assistance

¹⁰ United States Department of Agriculture: Food and Nutrition Service. Supplemental Nutrition Assistance Program (SNAP): FY 2018 Income Eligibility Standards. 1 October 2017. <<https://fns-prod.azureedge.net/sites/default/files/snap/FY18-Income-Eligibility-Standards.pdf>>

¹¹ U.S. Department of Health and Human Services; National Heart Lung and Blood Institute; “Healthy Eating Plan;” <https://www.nhlbi.nih.gov/health/educational/lose_wt/eat/calories.htm>

¹² Drewnowski, A., and Darmon, N. “Food Choices and Diet Costs: an Economic Analysis.” *The Journal of Nutrition* Vol. 135. 1 April 2005. <<https://academic.oup.com/jn/article/135/4/900/4663788>>

programs for these often-forgotten populations that have more difficulty storing and preparing meals.

The extent to which houseless individuals are included in the health conversations and policy is typically limited to shelter resources. In a study titled “Nutrition for homeless populations: shelters and soup kitchens as opportunities for intervention,”¹³ the abilities of soup kitchens and shelters to improve the health of clients was put into question. Shelters and soup kitchens are two of the biggest interventions to provide food for this population, yet they are considered safety nets with the intention of providing any source of food rather than healthy meals; in other word, they address hunger but not nutrition specifically. Despite shelters relying on local or state public funding, there are no nutrition guidelines for the food that needs to be provided. In comparison, soup kitchens often run on donations from outsiders-restaurants, individuals, supermarkets-donating surplus items, so the choice of foods is limited. At both shelters and soup kitchens, the food is often nutrient deficient and high in sugar and fats. Through 60-minute interviews with soup kitchen and shelter directors, it became evident that there are strategies they can enforce in order to improve the health of their clients, even with limited budgets for shelters. The healthier food options they have, though scarce, are chosen more by clients than the unhealthy foods. Directors shared that even with clients that were more hesitant at first, when fruits and vegetables became available to them, they tended to gravitate towards them more than the less healthy options. This could be due to the nutrition education some shelters and soup kitchens provide to their clients; it could relate to the layout of their environment. An additional finding from this study suggested that increasing nutrition in these

13 Koh, Katherine A., Monica Bharel, and David C. Henderson. “Nutrition for Homeless Populations: Shelters and Soup Kitchens as Opportunities for Intervention.” *Public Health Nutrition*, Vol. 19. May 2016. <<https://doi.org/10.1017/S1368980015002682>>

settings can be achieved at little cost by displaying healthier foods more prominently than unhealthy options.¹⁴ This study shows that when people have the ability and encouragement to consume healthier meals, they are likely to do so. Accessibility plays a big role in this, as only under the condition that they have access to these healthier foods will they be more likely to eat them with encouragement.

This contradicts arguments of low-income people preferring unhealthy foods over healthy ones. There is a commonly held idea that that individuals on food assistance programs buy cheap, unhealthy foods solely because they enjoy them; in other words, their food choices have little to do with price or access. Yet, it seems that food choice is influenced more by underlying socioeconomic and environmental factors, such as education and access; with the proper education and consideration of accessibility, these same low-income individuals choosing the unhealthy foods would most likely gravitate towards the healthy ones.

Physical Access

The houseless shelter and soup kitchen findings by Koh, Bharel, and Henderson¹⁵ are backed by a study performed by Athens et al. that explores proximity to fast food outlets and supermarkets as predictors of dining at fast food restaurants.¹⁶ In neighborhoods in Baltimore and Philadelphia, people that were further from supermarkets and closer to fast food outlets were more likely to get their meals (excluding snacks) from fast food restaurants. Physical accessibility evidently plays a significant role in the meal choices people make, no matter their socioeconomic status.¹⁷ Specifically, the closer people live to fast food, the more likely they are

¹⁴ Ibid

¹⁵ Ibid

¹⁶ Athens, JK., Duncan, D.T., Elbel, B. "Proximity to Fast-Food Outlets and Supermarkets as Predictors of Fast-Food Dining Frequency."

<<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4967005/>>

¹⁷ Ibid

to get their meals there. Not only is there less travel time, and therefore the meal can be consumed sooner, but the benefit of fast food is that it is already prepared. People will not have to potentially gather foods to create a meal after a long day, let alone the people that cannot make or store food.

Furthermore, the presence of fast food restaurants in comparison to full-service restaurants affects food choice, as well, and health status, according to one study¹⁸. Areas with an abundance of full-service restaurants tend to eat out at those restaurants, which also leads to less weight gain. In comparison, areas with a higher ratio of fast food compared with full-service restaurants have higher weight statuses due to the availability of lower nutritionally-valued food.¹⁹ An individual's choice to dine at a full-service joint more consequently means that they are eating at fast food joints less when they choose to eat out. With the association of lower weight gain risk of obesity, people that have more full-service restaurants close by tend to have less issues related to unhealthy weight gain, as it provides a more "healthful eating environment."²⁰

Consequently, the distance of restaurants, combined with transportation access, affects the physical accessibility of healthier foods. If individuals need to walk to their food sources, the walkability of a neighborhood could affect restaurant and food choice. The walkability of a neighborhood, meaning how smooth the sidewalks are, the presence of crosswalks, traffic levels, etc., was the most influential on food insecurity.²¹ Regardless of whether a person feels safe and comfortable in their community, if they are unable to walk to their markets, they will have

¹⁸ Mehta, N. and Chang, V. "Weight Status and Restaurant Availability: A Multilevel Analysis." *American Journal of Preventative Medicine*, Vol. 34. February 2008.

<<https://www.sciencedirect.com/science/article/pii/S0749379707006538>>

¹⁹ Ibid

²⁰ Ibid

²¹ W. T. Chung et al, "Linking Neighborhood Characteristics to Food Insecurity in Older Adults."

trouble accessing foods in general. For a city like Los Angeles that is car-centric, it can be difficult to get around, especially for elderly or disabled folks that may have walking tools or wheelchairs. In many areas, the sidewalks are either uneven and cracked, creating hazards for these folks, or are nonexistent. While it is necessary for people to get out of their homes, home delivery meal programs take away one stressor for going outside; people do not have to worry about feeling unsafe or incompetent getting around just to feed themselves. These programs have the ability to lower food insecurity for vulnerable older and disabled populations.

Lastly, meal delivery programs, such as Meals on Wheels, are a type of program that allow individuals who have trouble physically accessing food to still receive meals. These programs aim to fulfill the needs of elderly and disabled people who would otherwise have trouble purchasing and preparing meals. A component of the nationwide Older Americans Act is the home-delivered meal (HDM) program²², which provides one meal per day for at least five days a week. The meals are mostly subsidized for by federal agencies, however they do accept voluntary and confidential contributions. When data was collected on the nutrition participants in the HDM program, the results were mixed. Some studies demonstrate that the program was effective, and people had higher nutrient levels when they received meals during the week in comparison to the weekends,²³ while other studies suggest that many nutrients, such as zinc, calcium, and vitamin E, lacked in these foods. However, overall, longer participation in the program shows a decrease in food insecurity amongst its participants.²⁴

²² Vaudin, "Home-Delivered Meals and Nutrition Status Among Older Adults."
<<https://onlinelibrary.wiley.com/doi/abs/10.1177/0884533614536446>>

²³ Ibid

²⁴ Ibid

Food Disparities

The presence of food deserts, in which healthy foods are missing, and food swamps, in which unhealthy foods are plentiful, creates further challenges to addressing the lack of food options in low income areas. The addition of EBT acceptance at fast food restaurants indirectly promotes food deserts and food swamps. Food swamps, especially, may have a multitude of food retailers and restaurants in the area, but they are selling meals with low nutritional values, such as fast food restaurants. They are already present in the community, so it would be easy to include them in RMP, rather than needing to build healthier restaurants or making people travel outside their communities to access a restaurant, which would create more problems than solve them. The convenience of these food sources already in the communities would create an incentive for unhealthy fast food to be welcomed in food swamps, despite their harm towards people's health. Furthermore, the trend in fast food restaurants participating in RMP creates more use for them to exist in these low-income areas where the target audience will primarily live. Coupled with the fact that areas containing a larger population of people on public assistance tend to have few larger supermarkets with a greater variety of food the presence of fast food joints seems to be filling a gap in food access, despite its lack of health and nutrients.²⁵

Further, the motives for restaurants participating in RMP are called into question when thinking about the ways they are targeting vulnerable populations. Fast food restaurants are more concentrated in low-income areas where their low meal prices draw in sales, despite their lack of nutritional value.²⁶ A decrease in meal prices at fast food restaurants is associated with an

²⁵ Algert, S. and Lewis, D. "Disparities in Access to Fresh Produce in Low-Income Neighborhoods in Los Angeles." *American Journal of Preventive Medicine*, Vol 30. May 2006.

<<https://www.sciencedirect.com/science/article/pii/S0749379706000614>>

²⁶ Larson, N. and Nelson, M. "Neighborhood Environments: Disparities in Access to Healthy Foods in the U.S." *American Journal of Preventive Medicine*, Vol 36. January 2009.

<<https://www.sciencedirect.com/science/article/pii/S0749379708008386?via%3Dihub#bib89>>

increase in visits to the restaurants, creating an incentive for companies to keep their prices low. Further, the change in price of meals has a greater inverse relationship with low income individuals compared to higher income individual, meaning in communities with more low-income individuals, the lower prices will bring in a greater amount customer.²⁷ Consequently, despite the lower income per sale, these restaurants would be making more sales. This fact leads to a predatory relationship between fast food corporations and the low-income communities they exist in in large quantities. Yet the issue of high enrollment from these fast food restaurants in RMP is complex, as they are not the best sources of nutritional food but they fulfill the hunger aspect of the program.

An absence of government sponsored food assistance programs-or proper outreach to attract potential recipients- is being filled by citizens that are trying to improve food access in the ways they can. For example, celebrity Jaden Smith has dawned his pop-up vegan food truck restaurant, I Love You, on Skid Row. The food truck appeared in July 2019 to serve the houseless community that populates Skid Row to provide them with healthy vegan food for free. While the food truck has only operated one day to date, Smith had a goal to feed an ignored population and he did. He is reported to have given away 8,000 meals that one day in July.²⁸ Other people have started more regular food assistance services, but these programs are not sustainable in the sense that they are not backed financially by reliable sources-such as the

²⁷ Gorden-Larsen, P., Guilkey, D., Popkin, B. "An economic analysis of community-level fast food prices and individual-level fast food intake: longitudinal effects." National Institute of Health. November 2011. <<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3190083/pdf/nihms317215.pdf>>

²⁸ Weinberg, Lindsay. "Jaden Smith Launches Food Truck for L.A. Homeless." The Hollywood Reporter. 9 July 2019. <<https://www.hollywoodreporter.com/news/jaden-smith-launches-vegan-food-truck-la-homeless-1223125>>

government. It is certainly helpful for these individuals to try to lessen hunger, however, policy needs to be written to adequately and sustainably serve vulnerable populations.

Nutrition

Further studies were done focusing on the diets of houseless folks, such as a Rhode Island study of food intake pertaining to obesity and health risks.³⁰ Poor nutrition is typically associated with the houseless experience due to the obvious lack of funds to spend on more expensive and healthier foods; however, their nutrition intake also relates to their inability to store foods, which results in buying more processed and non-perishable goods that are not nutrient-rich. When weight, height, and waist circumference measurements were taken they showed that around 70% of the houseless folks were at an elevated weight, with 39% considered obese (body mass index >25).³¹ Though the Food Security Survey of houseless individuals showed that 94% of the participants were food insecure, there was little association between the health indicators and food security of the individuals. Interviews with houseless individuals indicated that only 55% of the sample was receiving SNAP benefits despite closer to 100% are qualified to be recipients.³² While SNAP proves to be an important resource for individuals, it does not serve useful to all populations in the same ways. This raises the question of whether the acceptance of EBT at restaurants that prepare inexpensive meals could help increase the number of SNAP recipients amongst houseless folks and the nutritional intake of this population. Incidentally, Rhode Island is one of the states that implements RMP.

³⁰ D. C. Martins and K. S. Gorman et al, "Assessment of Food Intake, Obesity, and Health Risk among the Homeless in Rhode Island."

<<https://onlinelibrary.wiley.com/doi/abs/10.1111/phn.12180>>

³¹ Ibid

³² Ibid

EBT Usage

The USDA has also expanded programs in order to increase accessibility. One example of this is the expansion of SNAP to be used at farmers markets. It is up to the markets, and sometimes the individual booths, to decide whether they would like to accept EBT, but markets across the nation have been adding this service. In most cases, customers will exchange EBT for tokens or vouchers that people will exchange at individuals' vendors; some programs limit spending to fruits and vegetables, while others include packaged foods, such as jams and breads. Large cities, like Los Angeles and New York City have created incentives to increase the amount of SNAP recipients shopping at farmers markets. The increase of SNAP consumers at these markets would increase business for the sellers while simultaneously increasing access to healthier foods.

Research from a San Diego County farmers market consisted of data collection on patterns of spending for Cal Fresh recipients.³³ Not only is EBT accepted at these markets, but there is a 1:1 token match program—for every dollar spent on the tokens, a customer gets an extra token. Evidence from the study indicates that the incentive program increases participation in farmers markets for low-income individuals. In California, Social Security Income (SSI) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) recipients can also participate in the farmers market program. This study³⁴ shows that SNAP and SSI recipients shopped at the farmers markets more than WIC recipients for over 12 months, likely because WIC recipients have a more defined time frame for receiving this assistance. Overall, however, the longer people stayed participating in this program, that is, every additional month they

³³ Ratigan, A., Lindsay, S., Lemus, H., Chambers, C., Anderson, C., Cronan, T., Browner, D. and Wooten, W. "Factors Associated with Continued Participation in a Matched Monetary Incentive Programme at Local Farmers' Markets in Low-Income Neighbourhoods in San Diego, California." *Public Health Nutrition* 20, no. 15 (October 2017): 2786–95. <<https://doi.org/10.1017/S1368980017001549>>

³⁴ Ibid

redeemed tokens, the more fruits and vegetables they purchased and incorporated into their diets.³⁵ This further supports earlier ideas that if given the opportunity and access, low-income individuals will include healthier options in their diets. Also, the incentive program may draw patrons out to farmers markets when they previously would not have thought about going. Not all people understand the benefits of farmers markets, and sometimes it is more out of the way than a supermarket or corner store, and therefore it seems less practical to go to one. In San Diego, for example, not only did purchasing fruits and vegetables increase monthly, but people were spending more money at the markets.³⁶ This fact shows that people actively wanted to buy more fruits and vegetables; rather than going to any other place to buy these foods, they went to the place where they would be able to get more for their dollar.

In Los Angeles, a study done by the Urban and Environmental Policy Institute examines the benefits of a neighborhood-based approach for both residents and local farmers in the community.³⁷ One important theme noted in a customer focus group during the study was the draw of access to healthy foods that attract them to their local farmers market.³⁸ Considering this is one of the most important features of a farmers markets to consumers, the ability to make EBT purchases allows a base of customers that could potentially not afford the foods at the markets previously to now have access and provide more income to vendors. A major theme among managers' responses to questions about their perception of what draws in customers was the

³⁵ Ibid

³⁶ Ibid

³⁷ M. Bomba, "Promoting Farmers Markets in Los Angeles." Urban and Environmental Policy Institute, June 2018.

<<https://www.oxy.edu/sites/default/files/imported/assets/UEPI/Market%20Together%20Research%20Report%20FINAL.pdf>>

³⁸ Ibid

existence of food assistance programs, such as Market Match.³⁹ WIC even provides more funds in the summer season to spend more at farmers markets.

The USDA tries to make the process to accept EBT easy, through support and no cost, but managers of the farmers markets and booths (depending on who can make the decisions) are still resistant, according to a study from Alabama.⁴⁰ A report on Alabama farmers markets details some of the hesitations vendors have in markets where the vendor gets to decide on whether to accept SNAP or not. The most popular reasons for not accepting EBT were: vendors accept cash only, lack of internet access, a small customer base/limited SNAP clientele, an increased burden for processing payments and increased need for bookkeeping/staffing.⁴¹ This study⁴² was performed in more rural areas, thus the issue of internet is less prevalent in urban areas like Los Angeles. The apparent burdens for vendors may be less than what they expect. USDA works hard to educate vendors and walk them through the process through online information and vendor assistance. The equipment necessary is all provided free of cost to encourage vendors to expand their services. Additionally, while it may create more work for the vendors, accepting EBT would also give them more customers. A lack of customers could be a bigger issue of a lack of advertisements and awareness of the program. By educating people about the program, through advertisements on public transportations or at health centers, vendors will likely increase their clientele. In big cities, especially, advertisements are seen throughout trains, buses, etc. As time goes on, the USDA and county level social services offices are working on improving the program to make it more accessible to vendors and customers.

³⁹ Ibid

⁴⁰ K. Kellegrew et al., "Evaluating Barriers to SNAP/EBT Acceptance in Farmers Markets." <<https://www.foodsystemsjournal.org/index.php/fsj/article/view/568/549> >

⁴¹ Ibid

⁴² Ibid

RMPs Across the Country

California is not the only state, to expand EBT spending to restaurants. Several states across the country have implemented RMP. In May 2019, a bill adding restaurant spending to SNAP purchases for houseless, disabled, and elderly recipients in Illinois passed the House of Representatives and was headed to the Senate for votes. In July 2019, the Senate passed the bill and it will take effect immediately; all participating restaurants are required to accept EBT by January 2020.⁴³ Maryland is currently in the process of trying to pass the bill; other states, including Arizona, Rhode Island, and Florida, currently have RMP in place.⁴⁴

RMP provides relief for its target population in many ways including providing prepared meals to people who may be unable to prepare meals themselves and a safe space to consume meals. However, concern is drawn from the restaurants that are available to these individuals. While the types of restaurants that participate in this program range, often RMP certified restaurants are fast food places with low nutritional value. In fact, Michigan discontinued their RMP due to a lack of healthy options. The state started its RMP in the 1990s with very few restaurants enrolled until 2007 when a surge in restaurant enrollment occurred leading up to the 2008 recession.⁴⁵ By 2012, fifty-four restaurants accepted EBT.⁴⁶ In 2013, the state eliminated restaurant options once concerns came up about the nutritional value of the food.⁴⁷ The

⁴³ “New Law Allows People to Use SNAP Benefits for fast food in Illinois,” 23 WIFR, 23 July 2019, <<https://www.wifr.com/content/news/New-law-allows-people-to-use-SNAP-benefits-for-fast-food-in-Illinois-513094221.html>>

⁴⁴ Youngmann, Charlie, “Maryland could allow people to use EBT cards at restaurants,” Capital Gazette, 1 March 2019, <<https://www.capitalgazette.com/politics/ac-cn-cns-restaurant-meals-20190304-story.html>>

⁴⁵ “DHS Talking Points-New Policy Ending EBT/Restaurant Program.” Midwest Independent Retailers Association. <<https://miramw.org/michigan-news/dhs-talking-points-new-policy-ending-ebtrestaurant-program/>>

⁴⁶ Ibid

⁴⁷ Elejalde-Ruiz, Alexia, “Dining out on food stamps: Bill to let some recipients spend SNAP benefits at restaurants heads to Pritzker's desk,” *Chicago Tribune*, 17 May 2019, <<https://www.chicagotribune.com/business/ct-food-stamps-restaurant-meals-20190515-story.html>>

Department of Human Services, which managed the program in Michigan, cited the lack of healthy options at the predominantly fast food restaurants enrolled in the program and the concern about “potential fraud and/or abuse with the restaurant EBT program.”⁴⁸ The restaurants participating in this program conflict with the goal of RMP, and SNAP, to provide low-income people with healthy and nutritious meals.

Fast food restaurants barely provide food of significant nutritional value, a fact that is evident just by looking at any fast food restaurants menu. Yet, it is primarily what these house-less, disabled, and elderly individuals are getting through RMP, according to the updated list of restaurants.⁴⁹ Other states, such as Rhode Island, also struggle with having primarily fast food restaurants as the sole sources of food through RMP. In Rhode Island, RMP consists of a short list of restaurants and all of them, as of October 2019, are Subway, therefore individuals enrolled in the program have little food choice.⁵⁰ While Rhode Island is a relatively small state and the program is positively received, its list is still limited to a single option.⁵¹

By providing individuals with these food sources, LA County DPSS may be indirectly suggesting that this is the type of nutrition and care these individuals deserve. Especially considering public policy that sets standards for the nutritional value of food given to the general population, such as the Vending Machine Nutrition Policy. This LA policy⁵² applies to all county-contracted vending machines, including those in public schools, and limits the total sugar, calorie, fat, and sodium content of each product. A similar but broader federal policy,

⁴⁸ “DHS Talking Points-New Policy Ending EBT/Restaurant Program,” et al.

⁴⁹ LA Department of Public Social Services. “Listing of Participating Restaurants in Restaurant Meals Program By Zip Codes.” Los Angeles County. November 2019.

⁵⁰ Rhode Island Department of Human Services. “Restaurant Meal Program.” October 2019. <<http://www.dhs.ri.gov/Documents%20Forms/RestaurantMealsProgramFlyerSubwayOct2019.pdf>>

⁵¹ Ibid

⁵² County of Los Angeles Public Health. “Vending Machine Nutrition Policy.” Choose Health LA. <http://publichealth.lacounty.gov/chronic/docs/20131227_IMP_Nut_Policy_SNACKS.pdf>

Smart Snacks in School⁵³, exists for all food and drinks in schools during school hours.

Evidently, LA County is able to implement policies that regulate foods available to people, but it neglects to have as much consideration with RMP. The current RMP certified restaurants may seem to take on the problem and solve it, but it is missing the important element of being healthy and nutritious.

Nutrition programs aimed at vulnerable populations will benefit those populations due to the approach being specifically catered towards those populations. In contrast, a program that is for the general public and is advertised to the general public will make less of an impact on populations that have different needs or requirements. There must be various programs in place in order to ensure that people with different needs in different environments are being sufficiently equipped with the resources to access nourishing foods.

The alternative option of not having RMP, the option Michigan chose, is not the solution to this problem. RMP has been present in Los Angeles for over ten years, and yet there is no public data on the effects it has on any of its target populations. The literature mentioned above expands on other programs improving nutrition, both involving the use of EBT and not, but there was not much as for an assessment of the implementation for Los Angeles County SNAP specific extension programs. Through this research, it will become evident how effective RMP is at providing nutritional meals for the targeted population. This study includes looking at the types of restaurants participating and the methods DPSS is using to advertise the program and healthy eating. Lastly this information will help inform DPSS of next steps for the program in order to improve its quality and expand services.

⁵³ “School food & beverage restrictions.” County Health Rankings & Roadmaps. Robert Wood Johnson Foundation Program. <<https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/policies/school-food-beverage-restrictions>>

Methodology

This research used a quantitative and qualitative approach to analyze the effectiveness of RMP through a case study of the program itself. Both primary and secondary research will be used to answer the question: Is the Restaurant Meals Program an effective way for Los Angeles County to provide nutritional food to houseless, disabled, and elderly individuals? The sub-questions that will be answered more directly from the data are: ss DPSS fulfilling the goals they have set for the program, and what are ways to improve the Program?

The first part of this research consisted of review of DPSS data and analysis of the restaurants participating in RMP and their geographic location. A document listing all the individual restaurants-including their name, address, and phone number- participating in the program, as of January 2020, organized by zip code was provided by DPSS. Additionally, in order to categorize the restaurant types, the researcher assigned each restaurant to one of four categories: National Chain, Regional Chain, Local Restaurant, or College Establishment. For this research, “National Chain” refers to any restaurant that has locations outside of California; “Regional Chain” refers to any restaurant that has four or more establishments within California; “Local Restaurant” refers to any establishment with fewer than four locations; finally, “College Establishment” refers to any restaurant on a college campus. The data was then reorganized by creating the following separate columns: address, city, state, zip code, name of establishment, phone number, and type of restaurant. Using this document, three maps were created through BatchGeo mapping to observe the placement of the restaurants using different perspectives. One map shows the location of all the participating restaurants, one map clusters restaurants based on their name and the other map clusters restaurants based on their type. A count of how many restaurants, which restaurants, and the types of restaurants was noted.

Additionally, primary research was collected in the form of four semi-structured interviews with one DPSS employee, one other government employee, and two people at non-profit organizations. Two sets of interview questions were used. The DPSS employee was asked questions about the goals DPSS has set for RMP, how they measure those goals, and how they can improve the Program. Other interview subjects were asked about their perception of the program and how food access can be improved both within and separate from the program. A copy of the interview questions asked can be found in Appendix A.

I was connected with a DPSS worker, who referred me to interview another worker familiar with the program. Similarly, I met with an employee of the Urban and Environmental Policy Institute who provided contacts from organizations that were of interest. Organization employees provided names of other people from other organizations to meet with.

One challenge of this method was that I was unable to collect all the data I planned to. One of the datasets listing recipient participation information was originally to be supplied by DPSS, but they were unable to provide that information in the end. Further, the list of participating restaurants had errors in it and the same restaurant chains were called slightly different names. For non-national chains, this made the process of determining the type of restaurants they were slightly more difficult. In some cases, I had to use my best judgement to categorize these restaurants. Lastly, the short time frame and was a short time frame to organize the study and collect data. This research could have many layers to it, including examining the locations, education, and other systemic reasons for lack of nutritious foods to the target populations. However, these other layers made their way into the research because they naturally impact food access.

Findings and Analysis

Restaurant Types

RMP is a vital resource for its target population, especially for the houseless population which has less programs catering to their nutritional needs. A Department of Public Social Services worker familiar with the program shared that when the program first began, it was difficult for the implementers to manage the restaurants, They did not have a system, yet, that would allow them to handle an influx in application, leading to a cap on the number of restaurants that could participate. Due to this cap, DPSS had a waiting list of restaurants until last year in 2019 when they did away with the waiting list.⁵⁴

As of January, Los Angeles County's database lists 1,141 restaurants participating in RMP. Of this extensive list, 982 restaurants are national chains. Multiple locations of restaurants, such as Carls Jr., Jack in the Box, Domino's Pizza, Kentucky Fried Chicken, and Pizza Hut, dominate the list. However, some healthier chain restaurants are also part of the program, such as El Pollo Loco and Subway. The DPSS worker emphasized these healthier options, described as being typically lower in sodium, fat, and added sugar.⁵⁵ Still, as Figure 1 in Appendix B shows, there is a large cluster of national chains that overshadows the other types of restaurants. When looking at one neighborhood, for example the Eagle Rock/Highland Park area in Figure 2, there is a scarce number of restaurants, and they are all national fast food chains. DPSS explained that while there are a fair number of fast food chains, that does not make them inherently bad for participants in the Program. While mom-and-pop and regional chain restaurants are limited, there are still quite a few listed, such as Jordan's Hot Dogs in Los Angeles and Flip It Café in Inglewood. The program has also expanded to college campuses more recently, as evidenced

⁵⁴ DPSS Worker. Interview by Barbara Robertson. Phone interview. Los Angeles, January 2020.

⁵⁵ Ibid

through restaurants on the County data base, such as Bamboo Terrace at California State University Northridge's Geronimo dining hall. A breakdown of the types of restaurants in the RMP can be found in Table 1 and Figure 3 of Appendix B.

Despite the disproportionately large amount of national chains, DPSS puts some thought into which restaurants to allow into the program. While some restaurants are healthier than others, as described above, all participating restaurants must have at least five healthy meal options that pass a screening that looks at their nutritional value. The 2015 Healthy Eating campaign is responsible for advancing this screening, as its emergence and concept of "better for you" items helped guide the program. Under this Campaign, the screening tool for restaurants was created in partnership with the Department of Public Health. Incidentally, this campaign also created a requirement for all restaurants to provide free water to anyone who asks for it. Further, the County excludes certain restaurants that they do not believe have items with the proper nutritional value; for example, McDonald's has not been a part of the program since its creation in 2005, as the County "didn't want to go that route."⁵⁶

Strategies and Flaws of Advertising To Restaurants

An element of determining which restaurants participate in the program is partly due to the methods DPSS has used to recruit them. When the program came into existence in 2005 creators were knocking on restaurants' doors for them to join. Frank Tamborello, executive director of Hunger Action LA, used to work for DPSS to create this program; he shared that El Pollo Loco was the first restaurant they reached out to for a single pilot restaurant. The chain was "very enthusiastic about having a program that would help low income people" according to

⁵⁶ Ibid

Tamborello.⁵⁷ While DPSS was originally reluctant to the program, after a conversation with El Pollo Loco, they decided to open enrollment up to the entire county. Due to the program being new and the application process being less streamlined, fast food restaurants were the first to sign up.⁵⁸ As well-established companies, national chains have less to lose financially from taking a risk on a new program, such as RMP. Jared Call, a senior advocate at the California Food Policy Advocates (CFPA), suspects that the benefit of being part of a franchisee from large corporations may help these restaurants “overcome any administrative challenges in terms of applying and maintaining status as a participant.”⁵⁹ The leverage of these fast food joints as entities of a larger company gives them an advantage in enrolling in RMP.

DPSS tries to communicate with all restaurants that the program is free to enroll in, yet the lack of advertisement causes fewer local restaurants to enroll. Eventually more regional chains and mom-and-pop restaurants decided to join the program.⁶⁰ Once the program became more widespread and the application process became more efficient, local restaurants applied. It seems however, that the most advertisement for restaurants to know about the program is through signs in other restaurants’ windows.

To Participants

The primary marketing of the program to potential applicants is through window signs that read “EBT Accepted Here.” These signs advertise two things; these signs indicate that the specific restaurant it is in is participating and that the program exists. Other ways of communicating its existence come from case workers or communications with organizations that

⁵⁷ Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

⁵⁸ Ibid

⁵⁹ Call, Jared. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

⁶⁰ DPSS Worker. Interview by Barbara Robertson. Phone interview. Los Angeles, January 2020.

work with the targeted population. While this can be effective, there is an abundance of elderly people, houseless people, and people with disabilities who are unaware of the program. An anonymous person familiar with the program mentioned that they knew a previously houseless woman (who was also receiving CalFresh benefits) who frustratingly told her that she never knew the program existed. They suggested that there be “a little bit more effort on talking about this.”⁶¹

Although effective, advertising EBT acceptance in the window of these restaurants has flaws, as well. Call critiques this method of advertisement, as it “isn’t helpful to the program image and perception and reputation” due to the stigmatization of low income eating at fast food restaurants.⁶² When the general public sees these signs, they are often outraged that the government is supporting these programs, and they feel the need to monitor people’s consumption just because they are low income. Further, chain restaurants typically have bigger, primarily colorful, and eye-catching posters that are more likely to draw in recipients, whereas mom-and-pop shops may have small, plain signs.⁶³

Limited Local Restaurants

As mentioned earlier, RMP is dominated by national fast food chains, which still have unhealthy connotations despite the screening tool DPSS uses to ensure the restaurants have healthy options. They often have a “dedicated staff” compared to mom-and-pop shops that may have less staff and feel unable to manage the program.⁶⁴ Fast food restaurants are also leading the market, making it hard for DPSS to exclude such a big portion of restaurants from the program; in doing so, participants would have fewer choices and less access to food. While the

⁶¹ Ibid

⁶² Call, Jared. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

⁶³ Anonymous. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

⁶⁴ Ibid

presence of fast food joints in neighborhoods plays a role in the high quantity of participating ones, it is hard to ignore the subsequent lack of healthier, local restaurants. Both these issues relate to food swamps and deserts. However major this barrier is, it is beyond DPSS's capacity to fix this, and it especially would not be right to limit the amount of fast food available in the program as they need to have options for the participants.⁶⁵

Tamborello echoed this idea and added that they also cannot force participation among restaurants that do not want to participate; even if there are some local restaurants in an area, if there are only large chains that want to participate, they have to accept it. He pointed out that in order for the food insecure neighborhoods to improve and for healthier options in RMP, people would need to see the "entrepreneurial possibilities." A non-profit restaurant, for example, could buy healthy ingredients for a low-price wholesale, prepare simple meals, and sell them for market value; this type of model would create local restaurants that are tasty, healthy, and affordable.⁶⁶

Call had a different take, but ultimately agreed that the food options in a neighborhood are beyond DPSS. Call noted that the primary factor in accessing adequate nutritious food was simply access to resources.⁶⁷ Having access to a supermarket or a corner store, which almost all metropolitan areas have, draws people to buying and consuming healthier foods, even if they are in an area with unusually high fast food options. Ultimately, it is the job of the USDA to improve food options in areas, which can include providing more federal guidance on both stricter requirements for enrolling restaurants and support for local, healthy options to join.

⁶⁵ Ibid

⁶⁶ Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

⁶⁷ Call, Jared. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

Misconceptions About RMP

When asked about misconceptions about the program, the DPSS employee shared that a common misconception is about who the program serves. As mentioned, the only people eligible to participate in RMP are houseless, elderly, and disabled individuals. Additionally, the EBT card they use is the same for other programs under CalFresh; the funds the participants get for RMP is stored on this card and is the same as the regular CalFresh credit. RMP, in basic terms, expands the use of CalFresh funds, it does not add on to it. For example, if someone decides to spend CalFresh benefits at the farmers market, that cuts into the amount they have to spend at a restaurant. The restaurants that people use their EBT at must meet the requirements of the Program, and the people using the card must be within the target population. In other words, no one that is not qualified for the program can be using the card at any restaurants, let alone restaurants not participating in RMP.

Participants are not the only ones that need to be educated on the use of their EBT cards, though. Adequate vendor education is necessary to ensure that individuals are able to get their meals with no problem. Call communicated that there are many stories of store owners or employees not allowing the purchase of certain items because they think they are not allowed. While this happens at smaller shops, typically, it is worth addressing. The computer system should automatically be programmed to know which items are allowed, yet they need to be programmed correctly to prevent these mistakes.⁶⁸ In a situation where an RMP participant is wrongly denied, they do not have much power in the situation and they may not inquire about this problem with DPSS. Therefore, their options end up more limited due to a mistake. It is just as important to educate the vendors as it to educate the individuals purchasing the meals.

⁶⁸ Ibid

Fraud Within RMP

Fraud within RMP is not a concern of DPSS. While they do take measures to avoid fraud, there has been no reason for the agency to be on the alert. A red flag that would raise concern would be if someone was spending one hundred dollars in one transaction, but so far, they have not seen any such activity. The DPSS employee joked that it would be hard to spend that much money in one transaction considering most participating restaurants are inexpensive. The app for participants to track their transactions also allows them to notice any wrong charges or fraud with a stolen card. For example, if they notice a charge at a restaurant they never went to, they could report this to DPSS. However, EBT can be converted to cash, and that is the only issue that really defeats the purpose of RMP and CalFresh in general. Through the EBT cash, participants get cash from their accounts, similar to a regular debit card, and they can spend this money wherever and however they would like. Still, the DPSS employee interviewed did not see fraud as a threat to cancel the program, unlike in Michigan.

Lack of Program Evaluation

As for how DPSS is measuring this goal, their only measure is existence of the program itself and the it of restaurants. Through the existence of the program, DPSS assumes that they are effectively providing for their target population. There is no readily available collection of data surrounding the amount of people that are eligible but not enrolled in the program. This lack of program evaluation inhibits DPSS's ability to improve the program. There is no tracking method for what foods have been purchased using EBT and how many eligible individuals are enrolled in the program versus not. Compared to other government sponsored programs, RMP is regarded far less. For example, at the state level there is more priority on the aging population and excitement is surrounding home delivered meals.⁶⁹ It is not bad that other programs are getting

⁶⁹ Call, Jared. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

attention and evaluated; rather the problem lies in the abandonment of RMP. It's almost as if the sheer existence of RMP is good enough and requires no more thought put into it. Further, evaluations play a key role in expanding the program nationally. Considering that not nearly a majority of states in the United States implements RMP, evaluations would also provide reliable evidence to encourage other states to implement the program.

Issues with Tracking Purchases

The one component of the program that should not be used for data collection or evaluation is purchases at the restaurants. Tracking purchases contributes to the stigmatization of recipients, inherently representing a need to monitor their meals. Further, it infringes upon people's privacy; just because these people are receiving government money does not give the government the right to see how they spend that money. For example, Social Security Income is for the intention of supplementing income for elderly people who are no longer making money; yet, no one is monitoring what they are spending that money on. Tamborello states, "there's two sides to that coin. That's going to be used by conservatives to cut the program... restricting it to "healthy foods" opens a can of worms. Whose definition of "healthy?"⁷⁰ Even participating individuals are unable to track their exact purchases. They do, however, have access to an app on their phone that traces their own transactions in order to make sure no one else is using their card. Alternatively, DPSS is doing right by recipients for not tracking their purchases.

Complementary Programs

There is an abundance of other programs working to provide foods, amongst other services, to these populations. Their presence is just as vital as RMP due to the financial and nutritious limitations of the program. Tamborello emphasized this point when he said, "no

⁷⁰ Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

everyone can afford to use [RMP] on an ongoing basis so restaurant meals should not be used as a crutch.”⁷¹ The goal of RMP, to provide healthy and affordable food, is achieved by a combination of the many different programs filling in each other’s gaps. One program mentioned during all my interviews was Meals on Wheels and other home-delivery food programs. Meals on Wheels is especially important to elderly people who cannot get around. Even with access to RMP, this population may not be able to get to the actual restaurants. Without a home delivered meal, this population could go hungry due to the lack of physical accessibility. Home delivered programs extend to people with disabilities for the same reason; according to the anonymous subject, “we need to get these meals to elderly and disabled people. I don’t think there’s any other way that would get food to these populations as effectively. They may not be able to go out and walk somewhere, even if it’s 10 minutes away.”⁷² Especially when thinking about people with disabilities, if they are in a wheelchair, they may have trouble going down the cracked and broken sidewalks. They may go in the streets, but that poses a health risk.

In addition to home delivered meals, policy surrounding ordering food online also improves access to adequate meals. Some states have implemented this policy⁷³, and while it is not specifically meals, it complements these home-delivered meals, and increases access to healthy foods and a wider range of options. Home delivery is particularly important now, during the COVID-19 pandemic, because the target populations for all these programs are extremely vulnerable to the virus, so their ability to stay indoors and to not risk going out for food is a matter of life and death.

⁷¹ Ibid

⁷² Anonymous. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

⁷³ Call, Jared. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

Other relevant food resources that complement RMP are volunteer programs and food banks. Tamborello is an avid supporter of these resources for the houseless population. The meals that they cannot afford, even with a monthly subsidy, come from volunteers handing out food. Consequently, people that might have only had one or two meals a day are able to get additional meals to sustain their survival on the streets. There has been controversy surrounding these forms, however, with the creation of new rules and regulation. Assembly Bill 2178 created a new rule around volunteer groups registering with the health department, costing these groups money that they do not necessarily have. This rule is a trap for charitable groups as the county did not have the funding to advertise it, Tamborello describes; thus, groups that are providing these services usually do not know about the this “grossly unfair” rule.⁷⁴ The creation of these bills that limit volunteerism prohibit DPSS and the county from providing more adequate food and nutrition to their population, further straying from their goals.

Mixed Success of the Program

RMP seemingly has had mixed success in providing nourishment to its recipients; positive impacts have been made-but not without challenges. According to the DPSS worker, food options are healthy and affordable, disproving the “misconception that eating healthy is expensive.”⁷⁵ Tamborello agrees with the benefit of RMP, adding that it is “absolutely essential” in order to meet the needs of those who cannot cook and/or store food. It’s important to note, too, that even if someone is in subsidized housing, they do not always have access to a sufficient kitchen or even a hot plate.⁷⁶ Call also mentioned the need for a new understanding of the time and resources low income people have, as they often do not have the time, energy, and

⁷⁴ Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

⁷⁵ DPSS Worker. Interview by Barbara Robertson. Phone interview. Los Angeles, January 2020.

⁷⁶ Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

equipment to prepare food. In these circumstances, it is vital to the health and well-being of these individuals to have access to a hot, prepared meal.

Still, Tamborello sees the flaw in the Program's financial sustainability, stating, "It can make the difference between life and death; on the other hand, even at the cheapest places, it can get to be unaffordable after a while."⁷⁷ While DPSS enrolls less expensive restaurants (relative to other restaurants), eating out every day can deplete funds quickly. Further, individuals get only around \$194 per month in CalFresh benefits and a low amount in other benefits, so they may struggle to pay rent and other expenses. These individuals often have to choose between eating or paying rent.⁷⁸ Call shared that the current food benefit formula is outdated, and people need higher funds to sustain their situations of needing prepared meals. However, based on the calorie count of available meals through RMP, those meals are "high value in terms of high caloric for a low price." When addressing the goal of affordable meals, RMP is successful at providing meals that are on the affordable side but being affordable to the general public does not equate affordability to low income individuals living off \$200 a month for food.

The perception that RMP addresses healthy eating is also challenged. As mentioned earlier, DPSS ensures healthier options by setting requirements for restaurants, thus there is a standard for the nutritional value. However, many criticize the food for not being as healthy as it declares-especially when people are going to the participating restaurants regularly. While they may offer some healthy options to meet the minimum standards, they are not healthy restaurants, per se. On the topic of health, the anonymous subject said, "I think the Restaurant Meals Program meets the hunger initiative...but it doesn't address health."⁷⁹ There is no doubt that the

⁷⁷ Ibid

⁷⁸ DPSS Worker. Interview by Barbara Robertson. Phone interview. Los Angeles, January 2020.

⁷⁹ Anonymous. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

program allows people to eat, but access to food in general does not mean access to nutritious food. A more effective way of increasing access to low cost, healthy meals is to expand the program to prepared foods, suggested Tamborello. He gave the example of a rotisserie chicken which is “affordable, has protein, is hot and tasty. It will get your mind off the fact that you’re struggling on the sidewalk.”⁸⁰ Especially for houseless folks, who need a substantial amount of calories just to survive on the street, expanding the meals accepted by the program would expand access to food while maintaining the goals of the program.

Despite these limitations in the program, DPSS tries to maximize their goals by educating their recipients. They promote healthy eating through nutrition classes, which are listed on their app. Further resources include the Department of Public Health’s Champions for Change initiative; the Champions for Change website contains tips for eating healthy and ideas on the components of healthy meals.⁸¹ The efforts are not part of RMP specifically, but this education combined with RMP can help people make informed healthier food choices. Despite not directly affecting the food accessible through the program, educational resources allow people to make do with what they have.

As reflected in the interviews, RMP is successful in the basic sense of providing food at relatively low cost, playing a big role in increasing their participant’s access. Yet, there is large room for growth.

⁸⁰ Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

⁸¹ DPSS Worker. Interview by Barbara Robertson. Phone interview. Los Angeles, January 2020.

Recommendations

Future Research

This research is only the beginning of the discussion on RMP and provides room for further studies to be done. While the bare bones of the program and what it does are the central focus of this research, it did not center around the recipients of the program and their opinion on how effective it is. Like any policy, it is important for the people being directly affected to be involved in the conversation. It would benefit DPSS to conduct a study in which they survey or interview recipients about RMP so that people could share their concerns and what they like about the program, giving the County feedback to work with. Additionally, the county could do a study surrounding the marketing of both RMP and meals at participating restaurants. The data suggests that there is a lack of awareness of the program's existence, which prevents a group of people from accessing a useful resource. Further, while vendors must have healthy options, if they are not promoting those healthy options it is less likely that recipients will purchase them. The conduction of research surrounding this factor in enrollment would provide the county with the knowledge it needs to understand how more effectively market this program and healthy eating. This data could also be used to encourage the program to expand to other California counties or states.

Additionally, DPSS could conduct a formal survey for restaurant operators who participate in the program and would like to participate in the program with the goal of improving the enrollment process. While it seems like DPSS has created an effective and efficient application process after years of problem solving, there can be improvements catered toward local restaurants. Noting the low enrollment of local restaurants relative to national chains, it would be useful to understand what is preventing operators from applying.

Lastly, DPSS could reach out to non-government organizations and volunteer programs that provide food services to the target populations of the program in order to learn about the strategies and offerings, with the intention of implementing or better complementing those services to maximize food access. It is important for the county to know officially what foods are being provided through different types of programs (outside of their own) and how the programs complement each other. The county could implement either new programs or alter their current ones. The county could also research alternative ideas mentioned in the findings, such as non-profit restaurants, in order to envision the potential for new restaurants backed by government funding, such as grants. If the county is unable to dedicate time and resources to these projects, it is wise for other organizations to do this research as it can significantly contribute to better food access. These future studies are not all based on RMP themselves, but they explore the possibility of other programs that could support and help RMP thrive more.

Expanding the Program

A key result of the data suggests that while RMP is doing well with the limitations it has, it needs to be expanded to include more resources and forms of access meals. This recommendation extends beyond the county and state border. Despite RMP being one of the nation's less focused programs, the state and federal government need to be initiating more conversations around how to improve it. This state-federal collaboration, using data collected through DPSS to back these improvements, has the potential to maximize the use of this program, making it a more recognized vital piece of nutrition access. It is crucial that DPSS and other California counties push for this conversation, as the program has seen little change in terms of the meals it provides.

Prepared Meals Program

Although RMP aims to provide prepared meals to its recipients, some counterproductive requirements of the restaurants present barriers to achieving this goal; in fact, the program being called a ‘restaurant’ program creates a standard that is not necessarily needed. One goal of this national program is to provide safe place to eat, thus requiring that the resources have seating; seating would provide more comfort, but it limits a lot of shops with hot, prepared meals that could contribute significantly to the program. In response to this issue, the programs requirements for restaurants only should be revisited. The Federal government should reconsider this barrier they created to the elderly, houseless, and people with disabilities. By doing so, they would not decrease restaurant enrollment, but rather increases overall vendor enrollment. The program could be called the “Prepared Meals Program” which redirects the sole focus to providing individuals with food. Tamborello stated “you can’t use SNAP to buy prepared food except for the Restaurant Meals Program but then there’s these other stipulations where you need to have a place to sit, a menu, and really bizarre things that aren’t essential to people’s well-being.”⁸² It is worth mentioning that the seating aspect of the program is valued by a lot of people, Call notes, recalling a survey where people mentioned “real sit in restaurants with healthy options” and a social gathering spot as the ideal place to eat.⁸³ Expanding the program would not take away from that experience, it would give more options. Expanding the program as the “Prepared Meals Program” would allow people to be able to go to grocery stores and other shops to buy prepared meals, rather than just restaurants with seating. In response to the fear of

⁸² Tamborello, Frank. Interview by Barbara Robertson. Phone interview. Los Angeles, February 2020.

⁸³ Call, Jared. Interview by Barbara Robertson. Phone interview. Los Angeles, March 2020.

abuse of the program, Tamborello said “no one is being abused if people are able to get something to eat.”⁸⁴

Expanding to Farmers Markets

A further expansion to the program would add a prepared meals aspect to farmers markets. While some farmers markets permit EBT use and even match the money spent, establishing more prepared foods in markets would increase access to healthy and local foods. Farmers markets have their own standards that surround the concept of providing fresh, locally sourced food; therefore, there would be no worries about chain restaurants dominating the field. Many farmers markets currently have booths for prepared food already, and the county could implement the same screening tool to these booths; the county could also provide the EBT transaction equipment that they already provide vendors. Under the current requirement of the program, these farmers markets would need a place to sit, which many of them have, so this component would fit in with the current set up of the program. For the houseless community, in particular, a farmer’s market salad would provide the nutrients they are missing on the streets.⁸⁵ Incorporating RMP into farmers markets would not only provide recipients with nutrient-rich foods, but it would allow the local economy to grow and local farmers and food sources could increase clientele. DPSS can create a Farmers Market and RMP Liaison role to oversee the implementation of this expansion; one of the tasks for this role can be researching local restaurants or other food services that would be interested in a spot at the farmers market, in accordance to the farmers markets guidelines. The county can use reasoning of economic gain to organize markets and justify expanding their prepared food offerings.

⁸⁴ Ibid

⁸⁵ Ibid

Subsidies to increase participation

A final recommendation is for the county to subsidize on the side of both the vendor and recipient. Similar to the Market Match program, the government could pay for half the cost of healthier meals, such as the five healthy items restaurants present to enroll in the program, on the side of the recipients. This would create an incentive for them to purchase healthier meals, while not monitoring or limiting them. The higher price for less caloric value can deter people from purchasing a healthy salad, for example, but if they only had to pay half the price for that salad, they may be more inclined to choose it.

On the vendor side, subsidizing their sales would incentivize local restaurants to enroll. Restaurants need to calculate how much foot traffic they are getting and what an average meal needs to cost for them to meet their expenses. CalFresh recipients would typically be spending a few dollars a meal, which does not give much profit to these restaurants. Their hesitance to enroll may be just an economic problem, but without reasonable sales it may be a burden for local restaurants to enroll themselves. Local participation is a major factor in diversifying the options and providing more healthier options. In places, such as Northeast Los Angeles where there is an abundance of local restaurants, there's little enrollment in the program, and as reflected by the whole county, they are mostly national chains. Providing some sort of incentive to increase local restaurant participation has the potential to change food access drastically.

Limitations

This research opens the conversation on RMP, as there is very limited research out there focused on the specific program. However, this research has limitations that stunt its contribution within the conversation. First, the number of interviews and opinions gathered could be greater. While this research included perspectives from people with different relationships to RMP, it lacked the perspective of organizations working specifically and intentionally with the target

populations. Additionally, this study bases the success of RMP on the perspectives of people who have observed the program and have knowledge of it, but who are not recipients. Therefore, personal experience of participants is missing, which could have skewed the results.

Due to time constraints and the sudden COVID-19 outbreak, I was unable to conduct a more substantive number of interviews. Although I reached out to a number of organizations, many of them did not reply, presumably because they closed or short-staffed. Additional interviews would be especially interesting during this time, as COVID-19 has affected and changed a lot of social services and access.

Additionally, a lack of updated data and constant changes led to inaccurate analysis of the restaurants participating in the program. DPSS updates their list of participating restaurants monthly, therefore the January version of the list I used may be different from current list. Restaurants could have been added and/or removed, however any changes would not likely be drastic. My lack of permission to access data and limited data collection on the part of DPSS also limits the analysis of the Program's effectiveness. I was unable to do quantitative research, such as analyzing the number of EBT recipients enrolled in RMP compared to those who are eligible but not participating, which would provide hard evidence as opposed to biased opinions that occur naturally during the interview method.

Conclusion

In conclusion, RMP plays a major role in food access for its target population. Does the program meet the goals set forth by DPSS? In some ways it struggles to provide diverse, healthy options as observed by the heavy presence of national chains. Yet, it would do a great disservice to mitigate the impact of this program. The more important and necessary focus should be on the effects of RMP and how it can be improved to properly provide nutritional food. As the aim of

SNAP is to make healthy food options affordable and accessible to low-income individuals and families, it is necessary for DPSS to analyze the food options available to these recipients and improve the program for the sake of their health.

RMP sets the groundwork for prepared meals becoming more key in the fulfillment of the elderly, houseless, and people with disabilities. It is vital to collect data and continue evolving the program in order to expand its reach. An increase in vendor and recipient participation is needed to maximize the goals of the program; the government needs to make it cost effective for both the vendor to want to participate and the recipients to purchase nutritional, substantial food. With how the program is designed right now, a key strategy for DPSS is marketing and education, as the available restaurants are out of their hands.

Lastly, Los Angeles County must encourage the state of California to initiate conversations at the federal level to lead the changes mentioned in this study. The way RMP is federally, it is not in conversations and therefore is not getting reformed in any ways. However, if the state prioritizes it, and calls on the country to support its expansion eventually some change could occur. It may take some time and patience, but if the federal government is held accountable for improving the program, the improvements in food access for the recipients can improve significantly. RMP gives its recipients a sense of agency and safety of knowing they have access to a hot, prepared meal no matter their circumstance.

Appendix A

DPSS Interview Questions:

Personal:

1. What's your name?
2. Can you describe your role at DPSS to me? What are some of your daily tasks?
3. How long have you been working there?

RMP:

4. How would you describe the food RMP recipients have access to?
5. What are DPSS's goals for RMP?
6. How is DPSS measuring these goals?
7. How has DPSS fulfilled these goals?
8. In what ways is DPSS experiencing challenges with fulfilling these goals?
 - a. Do you have possible ideas for how DPSS can remedy these challenges?
9. The Restaurant Meals Program has been active in the county since 2005. In your opinion how has the RMP changed over time?
10. Many of the restaurants that are participating in the program are fast food restaurants which are known to have unhealthy food options. What do you say to the people that think that this program is not helpful to the population it is serving and it's just providing them unhealthy options?
11. What efforts are being made to incentivize or bring healthier options into the program?
12. Why do you think there is heavy participation amongst fast food restaurants rather than other types of restaurants?

13. Are there any misunderstandings about the program that either on the side of individual participants or restaurant participation should be cleared up? Any common misconceptions?
14. In your opinion, what are still some gaps in terms of food access for the elderly, disabled, and houseless?
15. Do you have any questions for me?

Other Organization's Questions:

Personal:

1. What's your name?
2. Can you describe your role at _____ to me? What are some of your daily tasks?
3. How long have you been working here?

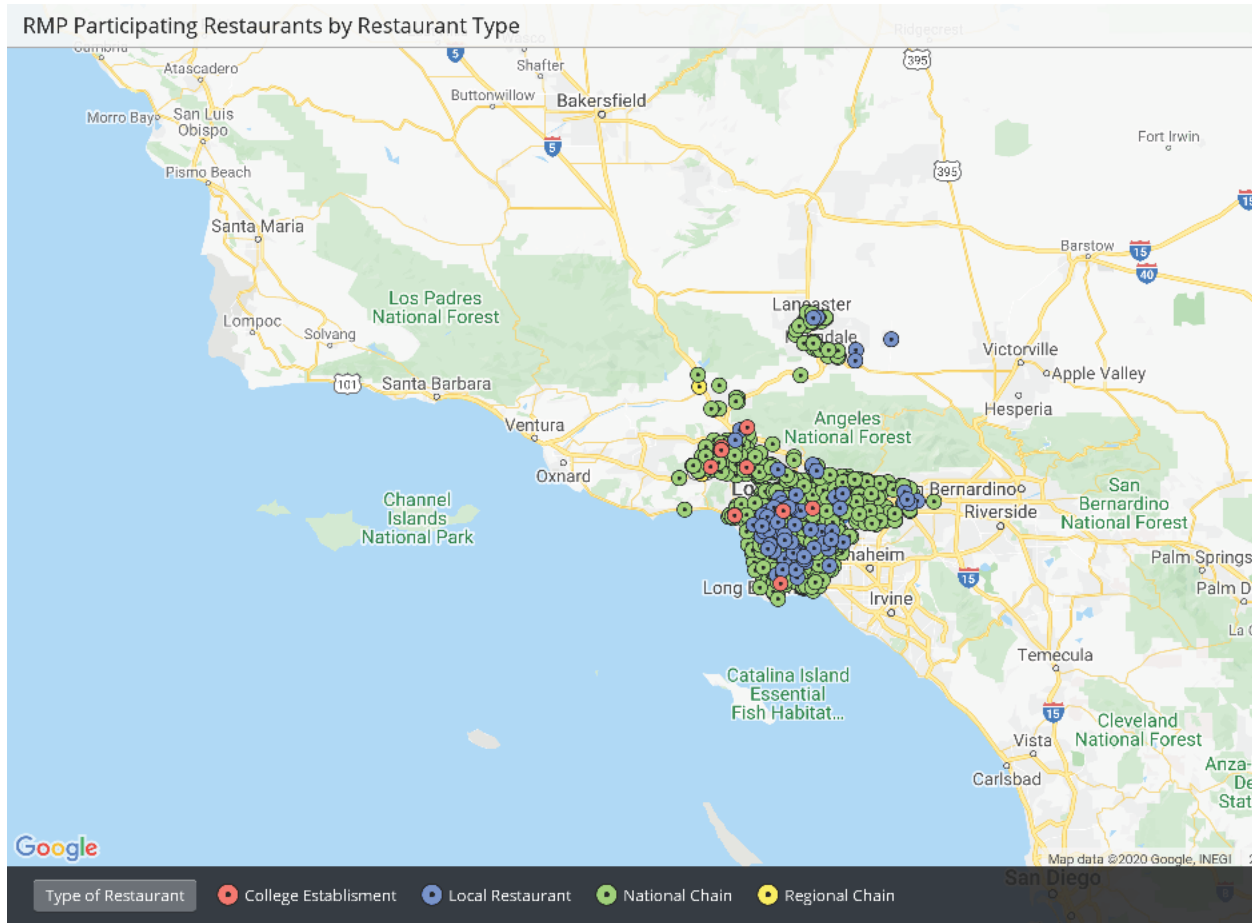
RMP:

4. What is your opinion of the RMP? Do you think it is giving access to healthy and affordable foods?
5. How do you think the program could improve? How could it be expanded?
6. Someone I interviewed with the department of social services who works closely with the program mentioned that to a certain degree, food choice is out of their hands. If there's a food desert or swamp that's out of their hands. What are your thoughts on this statement?
7. Are there other programs that complement it or have the potential to complement it?
8. For my project, I'm not talking to the target groups (elderly, houseless, and disabled) but are there other people talking to them about their food access? Or the RMP specifically?

9. In your opinion, why do you think there is a lack of studies and just general discussion about this program?
10. What are some of the methods/programs that have worked well at providing nutritional foods for these populations?
11. What do you think it will take for the county to have a more robust RMP?
12. Do you have any questions for me?

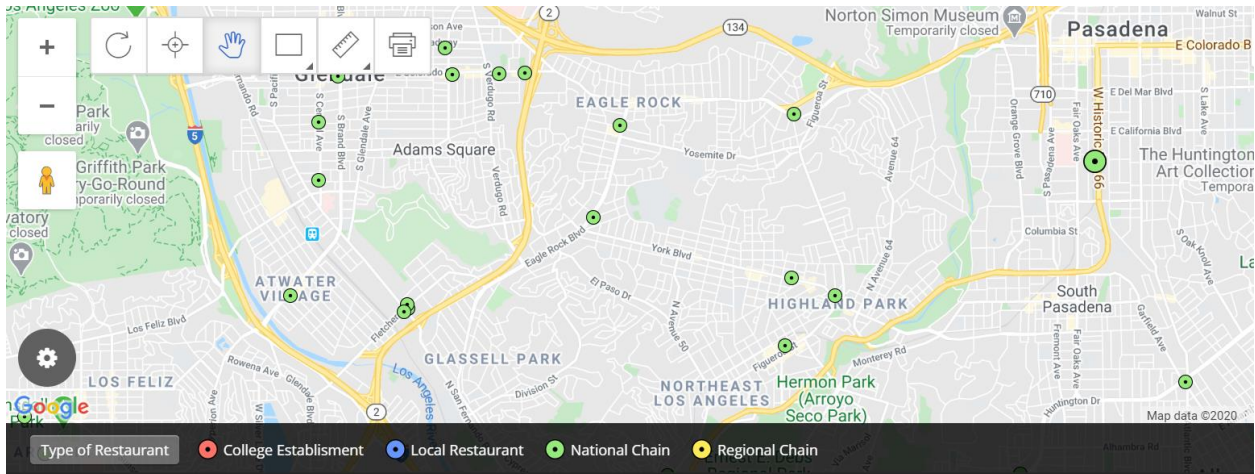
Appendix B

Figure 1



Source: LA Department of Public Social Services. "Listing of Participating Restaurants in Restaurant Meals Program by Zip Codes." Los Angeles County. January 2020.

Figure 2



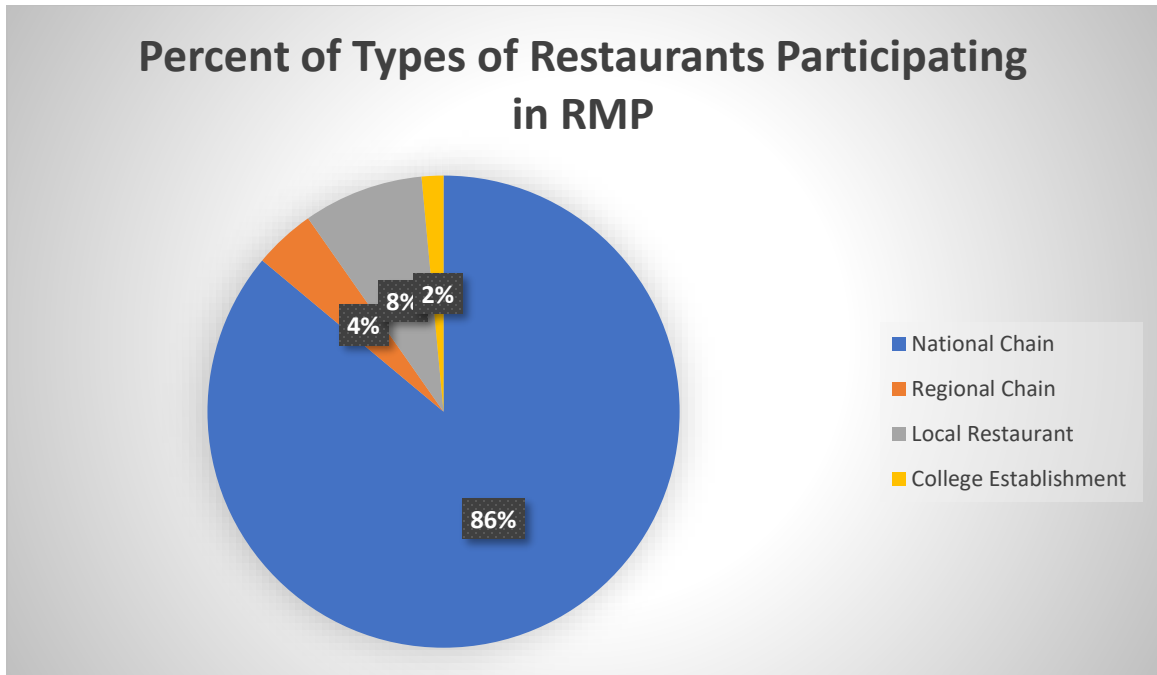
Source: LA Department of Public Social Services. “Listing of Participating Restaurants in Restaurant Meals Program by Zip Codes.” Los Angeles County. January 2020.

Table 1

Breakdown of the Types of Restaurants in RMP	
<u>Restaurant Type</u>	<u>Number of Restaurants</u>
National Chain	982
Regional Chain	48
Local Restaurant	94
College Establishment	17
	Total 1,141

Source: LA Department of Public Social Services. “Listing of Participating Restaurants in Restaurant Meals Program by Zip Codes.” Los Angeles County. January 2020.

Figure 3



Source: LA Department of Public Social Services. "Listing of Participating Restaurants in Restaurant Meals Program by Zip Codes." Los Angeles County. January 2020.

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