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## Making Healthy Food Choices: Factors Affecting Healthy Eating in the Context of The Nashville Mobile Market.

Laura Walton Fenelon

*University of Mississippi. Sally McDonnell Barksdale Honors College*

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Making Healthy Food Choices: Factors Affecting Healthy Eating in the Context of The  
Nashville Mobile Market.

by  
Laura Walton Fenelon

A thesis submitted to the faculty of The University of Mississippi in partial  
fulfillment of the requirements of the Sally McDonnell Barksdale Honors College.

Oxford  
May 2014

Approved by

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Advisor: Dr. Melissa Cinelli

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Reader: Dr. Lifeng Yang

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Reader: Dr. Tony Ammeter

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Foremost, I would like to not only acknowledge, but also dedicate this work to my best friend and sister, Kelley Frances Fenelon. It is because of her that I both chose my thesis topic and developed a passion for non-profits.

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## ABSTRACT

Food deserts are areas that do not have full grocery options, resulting in a lack of healthy foods. These areas are generally low-income, with an abundance of unhealthy convenience stores and chain restaurants. A non-profit organization, The Nashville Mobile Market, was established to combat food deserts in Nashville, TN. This market conveniently provides healthy foods for consumers at low prices. However, The NMM was not utilizing marketing techniques, specifically relationship marketing techniques.

A survey was administered to residents in the food desert areas. From this survey, data was collected pertaining to which factors most affected why these consumers do not buy healthy foods. The most noted factors were translated into different flyers that were later distributed in order to note which factor created the greatest sales response. Simultaneously, ethnography data was collected in order to grasp the effect of relationship marketing.

The findings from this research revealed that the greatest factors affecting consumers' decisions to buy healthy foods include price, lack of knowledge when buying and cooking healthy foods and buying indifference. Thus, the identical flyers distributed to different food desert areas differed in one variable each. Sales data recorded after these flyers were distributed revealed that the one flyer caused the

greatest increase in sales. Also, the ethnography research illustrated that consumers respond positively to continued and reliable relationships.

Based on the results from this research, more research should be conducted pertaining to the most effective ways to teach consumers how to affordably and easily cook healthy foods. Also, further research pertaining to the effect of relationship marketing and sales is necessary.

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## CHAPTER 1

### **Theoretical Development**

#### **Introduction**

Throughout the United States, consumers' food purchases and consumption often fail to meet nutritional standards for healthy eating. Past research has concentrated on the numerous reasons why people consume less healthful food. Such research includes the identification and exploration of food deserts throughout the United States, citing these geographic areas' lack of healthy food options as a reason why people are not eating healthy foods (Nikhanj, 2010). Other research suggests more particular, individual factors play a role, such as the price of healthy foods and the lack of food preparation knowledge. Studies have shown that such factors can correspond with consumers' unhealthy diets (Nikhanj, 2010). Reaching such consumers effectively is another issue; in fact, research suggests that these consumers may respond better to relationship marketing rather than traditional advertising (Sheth & Parvatiyar, 1995). This research is presented in the next section. From this past evidence comes a further, more specific question that brings food deserts and marketing together: what marketing implementation is associated with the greatest healthy food buying increase, in the context of food deserts?

Having identified particular factors that play a role in causing unhealthy eating, we worked to isolate marketing techniques used in advocating healthy food



purchasing. In so doing, we hoped to determine which would be most effective and gain insight into which cause of unhealthy eating proved most pervasive. Three studies were implemented to further the research pertaining to the factors affecting consumers' healthy eating habits and the best method to convince consumers to choose to eat more healthily. We conducted a survey to determine more specifically what affects food desert-based consumers in their food purchasing. In study two, we integrated the survey results with traditional advertising by delivering flyers. By using flyers that emphasized different information, we were able to record to which factor consumers best respond. With the last study, we utilized a differing marketing technique: relationship marketing. A mixed-methodology approach allowed the use of ethnography to ascertain consumers' response.

## **Food Deserts**

### Defining Food Deserts

Hunger in the United States is much more prevalent than one might imagine. This hunger is so ubiquitous that according to the 2004 USDA report, in a given year, one out of five Americans will probably have to partake in some sort of food assistance program (Nikhanj, 2010). However, this widespread lack of food is not limited to a certain age, gender, or demographic. Numerous studies have been conducted to investigate hunger in the United States. One such study concluded that hunger does not discriminate on demographic and socioeconomic groups and that all groups are affected, including all ages and races (Nikhanj, 2010). This study also

found that the majority of hungry people in the United States dwell in urban areas (Nikhanj, 2010).

In the early 1990s, in west Scotland, an occupant of a public-sector housing scheme created the expression 'food desert' (Shaw, 2006). Although two decades have passed since the creation of the term, a universally accepted definition of a food desert is still not in existence. First, communities can only be technically considered food deserts if the criteria for both low-income and low-access communities are met. To be considered a 'low-income community,' the area must have a poverty rate of 20% or greater or the familial income must not exceed 80% of that specific area's median familial income (*USDA*, n.d.). In order to be qualified as a 'low-access community,' the area must have a one-mile distance from a supermarket for 500 or more residents and/or 33% of the population (*USDA*, n.d.). If the community is not in a metropolitan area, then the community's population has to live more than 10 miles from the nearest supermarket or large grocery store. 2.3 million residents live in areas that are more than ten miles from a supermarket (*USDA*, n.d.).

Typically, to be labeled a "food desert," a region must display a lack of quantity and quality of food or where, if healthy foods are available, the food is prohibitively expensive (Bitler & Haider, 2010). Given the many differing definitions of a food desert, choosing the correct definition is quite difficult. According to the USDA, "food deserts are defined as parts of the country void of fresh fruit, vegetables, and other healthful whole foods, usually found in impoverished areas. This is largely due to a lack of grocery stores, farmers' markets,

and healthy food providers (Galagher, 2010, para. 1).” However, Mary Lee’s definition somewhat parallels the previous definition of food deserts: “‘food deserts’ is a term that describes geographic areas where mainstream grocery stores are either totally absent or inaccessible to low-income shoppers. Though these may be located in the vicinity, they remain unavailable to low-income residents because of high prices and inadequate public transit. While the phenomenon is typically associated with large, urban communities, it can also occur in rural neighborhoods (Lee, 2009, para. 2).” Although Lee’s definition goes beyond that of the USDA in including inaccessibility, both definitions agree that food deserts exist. On the other hand, many researchers believe that food deserts simply do not exist (Shaw, 2006). However, this sweeping judgment sometimes develops solely because there are so many different definitions of food deserts, making the term seem meaningless or unhelpful. In fact, no single definition has been suggested (Shaw, 2006). According to Christopher Cook, “the word ‘desert’ immediately conjures up a lack of things – such as water, food, and people. But deserts are never really as empty as we imagine them to be; in fact they’re filled with life, sometimes hidden or untapped. And so it is, to a degree, with ‘food deserts’ – a recent term of art for communities, urban and rural, that at least appear to be devoid of healthy food (Cook, n.d., para. 1).” Cook’s words serve as a reminder that in indicating a lack of food access or availability, food deserts are helpful only in defining a problem; understanding them may point to a solution but will not entail it.

Even when a definition like Lee’s is accepted for identifying food deserts, both similarities and disparities exist among them. Food deserts can be found in

both rural towns and urban neighborhoods, and often have similar characteristics, including a lack of supermarkets and grocery stores (Lee, 2009). If supermarkets and grocery stores do exist in these areas, then high prices and inadequate public transport usually hinder the residents from shopping at these stores (Lee, 2009). Thus, the residents of such food desert areas are instead forced to rely on fast food chain restaurants and convenience stores. Fast food restaurants and convenience stores are recognized as rarely selling healthy food options that are affordable for most residents of rural towns and less affluent urban neighborhoods (USDA, n.d.). The foods that these stores sell are not foods that should be eaten regularly.

Food deserts can sometimes be categorized as food insecure. According to the World Health Organization, an area is food secure “when all people at all times have access to sufficient, safe, nutritious foods to maintain a healthy and active life (as cited in Nikhanj, 2010, p. 1).” When one of three criteria (food availability, food access, and food use) is not met, the population is categorized as food insecure. Although seemingly similar, food availability and food access signal different barriers to healthy food. Food availability requires that healthy foods are constantly available in close proximity. Food access, on the other hand, is the ability to afford not only buying healthy foods, but also transportation to and from the food retailer. Finally, food use is the understanding of how to use healthy foods, such as purchasing and cooking produce for a healthy meal (Nikhanj, 2010).

Research has been conducted to see who this lack of healthy food most directly affects. When addressing physical and mental health, women and children in urban areas are more affected by hunger and food insecurity (Nikhanj, 2010).

Children, specifically, “do not learn and grow properly when they are food insecure. Ensuring food security can thus have a profound impact on the health of urban, food – insecure populations and thus the health of the nation (Nikhanj, 2010, p. 10).”

Julia A. Louk relies on past research to conclude that populations that are especially dense, specifically in urban areas, are more likely to be susceptible to becoming food insecure. She also finds that in the United States, African Americans, Hispanic and single parent households are more frequently affected by food insecurity (Nord et al., 2009). Nikhanj’s research concurs with the assessment that people of urban minorities are more prone to live in food deserts (Nikhanj, 2010, p. 7).

The variety of food retailers differs greatly across different communities. For example, there are not very many healthy food markets or restaurant options in the poorer communities in Los Angeles, especially when compared to the more prosperous areas of Los Angeles, which have more than enough healthy food markets or restaurant options. The healthy food options that are available in the poorer areas offer much higher priced foods that are hard to afford for many residents (Bitler & Haider, 2010). Generally, Bitler and Haider reported, “using national data, [we] find that poor and minority neighborhoods have fewer chain supermarkets than do more affluent, whiter neighborhoods (Bitler & Haider, 2010, p. 153).” One study suggests that wealthier communities have up to 3 times as many large supermarkets as poorer communities (*Food Empowerment Project*, 2014). The study goes on to conclude that predominately white neighborhoods have four times more supermarkets than predominately black neighborhoods. Even if there are suitable grocery stores in these areas, the stores are considerably

smaller than grocery stores in more affluent areas. Also, there is a much smaller affordable healthy food selection than in stores located in wealthier areas. This lack of selection, in turn, limits the consumers' diets (*Food Empowerment Project, 2014*). Research has demonstrated that when shopping at small, local stores, urban residents spend 3 - 37 percent more money on groceries than if buying the same groceries at a large supermarket (*Food Empowerment Project, 2014*). When shopping for groceries, the majority of consumers shop in larger supermarkets. However, consumers who receive a low income are more likely to shop at local shops. These lower income shoppers are forced to shop locally if there is not a large supermarket within a short distance, because the cost of travelling to the supermarket is too great (Caraher, Dixon, Lang & Carr-Hill, 1998).

With the lack of large supermarkets in food deserts and potentially high cost of transportation to supermarkets elsewhere, other options become necessary. In many food desert areas, there are ample fast food chain restaurants to fill the void that provide very affordable, yet very unhealthy foods. These chain restaurants provide such foods that are high in fat, sugar and salt. Moreover, processed foods are abundant at convenience stores and gas stations throughout these areas. These processed foods include snack cakes, chips and soda. These foods are as unhealthy as the foods that fast food restaurants sell. Luckily, the convenience stores sometimes sell healthy foods, including fruits and vegetables. When the convenience stores sell such healthy foods, however, they tend to sell them individually. This allows for the owner of the convenience store to price the foods as he or she wishes (*Food Empowerment Project, 2014*), often creating higher food

costs especially for those who can least afford them, mirroring the impact of smaller groceries.

What food deserts lack in whole foods, including fruits and vegetables, they far surpass in quantities of such markets categorized as quickie marts. These quickie marts rely heavily on selling products with heavily concentrated amounts of processed foods, sugar and fat foods (Gallagher, 2010). Unhealthy diets are less expensive than diets with a high amount of fresh fruits and vegetables (Shaw, 2006). That these 'quickie-marts' choose to sell such unhealthy foods assists in the ever-rising obesity rate (Gallagher, 2010).

No matter the age, obesity is a gateway illness that can in turn lead to fatal health disorders (*Food Empowerment Proejct*, 2014). The presence of food deserts not only raises the obesity rate, they also make residents more prone to related diseases, such as diabetes (*Food Empowerment Proejct*, 2014). Nikhanj explains that many health-related repercussions can arise from living in a food desert; these include populations that become more susceptible to chronic disease. This impact creates a downward spiral, as they, in turn, continue to have less access to healthy foods that are a major prevention to these diseases (Nikhanj, 2010). Between the years of 1996 and 2007 the number of adults in the United States who were diagnosed with diabetes doubled. Almost one hundred percent of these cases were "type 2 diabetes," which is usually caused by obesity (*Food Empowerment Proejct*, 2014). In addition, researchers have concluded that there is a relationship between food insecurity and increased diabetes numbers. To exemplify this correlation, a study in Chicago discovered that the death rate from diabetes in food deserts is

double the death rates from diabetes in areas where grocery stores are easily accessible (*Food Empowerment Project, 2014*). Unfortunately, the lack of affordable healthy foods also makes diabetes difficult to control after an initial diagnosis is made. In addition to diabetes, a higher body mass index (BMI) also heightens the possibility of cardiovascular disease, hypertension, and high cholesterol (Nikhanj, 2010). Lastly, when food insecurity causes malnourishment, poor physical health is not the only repercussion: developmental disorders can form, causing future learning disorders and difficulties (Louk, 2011). The combination of a lack of supermarkets selling affordable healthy foods and the omnipresence of fast food restaurants and convenience stores selling cheap, unhealthy foods will undoubtedly hold long-term and often fatal consequences (Lee, 2009).

In addition to finding healthy foods for the purpose of maintaining a healthy diet, life in a food desert raises other dietary concerns. Certain cultural diets may be hard to follow in food deserts due to the lack of particular foods that are necessary with these diets (*Food Empowerment Project, 2014*). Also, food desert residents with dietary restrictions have a difficult time abiding by these restrictions in order to remain healthy. These dietary restrictions include, but are not limited to, lactose intolerance and gluten allergies. Without the abundant choices that large grocery stores offer, people with dietary restrictions have a harder time obtaining the necessary foods (*Food Empowerment Project, 2014*).

#### Economic Factors: Supply and Demand



Causal factors that lead to food deserts' existence include both consumer and supplier influenced realities: that is, the basics of demand and supply. A designated food desert may be the result of a lack of supply, a lack of demand, or both. In terms of demand, there are several reasons why consumers choose not to eat healthily. Bitler and Haider have determined the top three reasons and why such reasons exist:

“The most basic determinants of the demand for healthy food are income, prices, and preferences. Economic theory suggests that the quantity of healthy food demanded is decreasing in its own price and increasing in the price of substitutes foods. Assuming healthy food is a normal good, the demand for healthy food will increase with income levels. This observation implies that there will be more food stores with healthy food in high-income areas when compared to low-income areas, even if there were sufficient food stores with healthy food in both (Bitler & Haider, 2010, p. 156).”

Because income and prices are top reasons why consumers do not demand healthy foods, there is a correlation between the amounts of healthy foods offered depending on income in specific areas. In order for food stores to maximize profits, they offer more healthy foods in areas with higher incomes. Other researchers also have cited income as the main reason why people decide to choose not to purchase and consume healthy foods (Caraher et al., 1998). However, when directly questioned about what influences their food choices, consumers reported four distinct, different factors. Consumers claimed to worry about “the problem that

food may go off before it is eaten; the ability to store food; the difficulty of carrying shopping home; not having suitable cooking skills (Caraher et al., 1998, p. 17).”

Mirroring the reasons identified by other researchers, two of these factors correspond with the consumers’ income: the ability to store food and the difficulty of carrying the groceries home. Travelling to obtain such groceries requires income. Also, having enough space to store such healthy foods in order to keep them fresh requires adequate refrigerator storage that can become quite costly. Additionally, healthy foods remain fresh for a short amount of time (Shaw, 2006). The risk of food spoiling may dissuade lower income consumers from purchasing it at all. Thus, income remains an important underlying reason for not buying healthy foods, seen both from self-reporting and other research.

Healthy food procurement incurs more than the cost of the food itself: locating, purchasing, and preparing fresh, healthy foods takes time and resources. Families with children are especially susceptible to this time constraint, particularly when both parents work and transportation and childcare are not available readily. In order to avoid such a constraint, it is easier simply to purchase prepared food as opposed to obtaining all of the ingredients to prepare a meal and cooking it. However, the prepared food often is relatively unhealthy. Thus ensues the decision to spend time and money to prepare a healthier meal, or spend less time and money and obtain processed, unhealthy meals. In fact, a consumer’s income corresponds with his or her ability to have the means necessary to access healthy foods (Caraher et al., 1998). People with a lower income are not as likely to own a car or be able to afford transportation to the supermarket. Such consumers would be forced to carry

all of their groceries after purchasing them and find an alternative means of transportation, such as walking, public transportation, or borrowing a car, all of which contain different difficulties. This is an incentive to shop closer to home, even though the local shops, such as local convenience stores, do not offer the services, food choice, or food quality that is necessary to maintain a healthy diet. Thus, with a greater income, consumers can choose their goods more selectively in terms of location and selection (Caraher et al., 1998).

However, even if stores with affordable, healthy foods are close to consumers' homes, it does not immediately mean that consumers will shop there and buy healthy foods. Likewise, just because a consumer may have a higher income, that does not mean he or she will undoubtedly buy healthy foods (Shaw, 2006). As noted, choice increases with a greater income, such that consumers can afford to choose the fastest, most convenient way to shop for themselves. That more convenient shopping may entail unhealthy foods. These wealthier consumers do not choose their foods based on price, like consumers with lower incomes do. Some research has shown that consumers with higher incomes their food based on taste and what is healthiest (Caraher et al., 1998). Another difference between consumers of higher and lower incomes is that consumers with higher incomes do not shop in terms of meals, but rather individual food wants. On the other hand, consumers with a lower income purchase groceries based on family meals in their entirety (Caraher et al., 1998).

Another issue that diminishes demand for healthy food arises from a lack of knowledge. Consumers may not know which foods are healthier than others, which

would hinder their decision making in attempting to purchase healthy foods (Bitler & Haider, 2010). For example, one influence on the future eating habits of children is the food that is given to them at their schools (Wansink, 2003). School lunches and snacks have changed significantly within the past few decades. Throughout the day, children are offered many high-calorie, unhealthy snacks. Because children are so susceptible to their surroundings, the schools are teaching them that this is the correct food to choose to eat (Wansink, 2003).

Moreover, advertising for less healthy products may influence consumers' decision-making process and undermine their healthy food purchasing and consumption. If advertising for unhealthy foods surpasses advertising for healthier foods, then consumers are more likely to recognize and buy unhealthy foods, no matter the price, especially if they are unaware or they are unfamiliar with the healthier foods and do not have information about these foods (Bitler & Haider, 2010). Such decision-making has become especially fraught in the past few years due to the recent surge in media's presence in consumers' everyday lives. Choosing healthy food has not escaped this trend. Media influences can be distracting for healthy decision-making. Cheaper, processed foods advertise so frequently and ubiquitously that healthier food advertisements can become masked and ignored. Advertising for unhealthy foods also has begun openly targeting children throughout their media campaigns. By advertising to these children, a brand loyalty to these unhealthy foods begins at a young age (Wansink, 2003). Processed foods promote their products by concentrating on how inexpensive and universally enjoyed processed foods are. As seen above, issues of cost and concern about

choosing foods to please all household members rank high in determining the purchasing decisions of lower income consumers. These factors make it difficult for healthy foods to compete on such a playing field (Wansink, 2003).

### Possible Solutions

With food insecurity and food deserts posing a prevalent problem throughout the United States, it is unsurprising that many solutions to the problem have been proposed (Nikhanj, 2010). High-level attention has also been received. One example is that of First Lady Michelle Obama's Let's Move! campaign, which has expressed a goal of eliminating food deserts in the United States by 2017 (Gallagher, 2010). This goal is supported by a four hundred million dollar investment from the government (*Food Empowerment Project, 2014*). Finally, urban communities are proactively concentrating their attention on solving the problems presented by food deserts. These urban areas are working to create incentives for supermarkets with affordable, healthy foods, to open stores in that specific food market (*Food Empowerment Project, 2014*).

This solution – simply finding a way to bring food to the residents of food deserts, enticing supermarkets to open in food desert areas as opposed to forcing residents to find healthy food elsewhere – is popular (Caraher et al., 1998). In fact, it has received national attention from the White House through First Lady Michelle Obama's Let's Move! initiative, which proactively works against childhood obesity. The campaign includes a Healthy Food Financing Initiative that “will expand the availability of nutritious food to food deserts – low-income communities without

ready access to healthy and affordable food – by developing and equipping grocery stores, small retailers, corner stores, and farmers markets with fresh and healthy food (Gallagher, 2010, para. 4).” The initiative concentrates on giving tax breaks to supermarkets, if they are to open in food deserts (*Food Empowerment Project*, 2014). Christopher Cook also believes that a way to assist food deserts is to incorporate a greater number of chain supermarkets into the area (Cook, n.d.). Smaller types of markets in food desert areas have also gained traction. The implementation of mobile markets finds support in Bare (Bare, 2013). These grocery stores on wheels provide easy access to healthy foods for the residents. Several cities have invested in this type of market and the results have been positive (Bare, 2013). Other similarly localized methods of making fresh, healthy foods available include farmers’ markets and produce-focused food banks. These methods generally target local foods grown in or around the area. These local foods could come from such markets as neighborhood farmers’ markets, cooperative food stores and community gardens (Nikhanj, 2010). Having local churches and community organizations buy this produce not only allows for more affordable produce but also makes fresh food more easily attainable. Local food banks can also assist food deserts (Store, Kaphingst, Robinson-O’Brien & Glanz, 2008).

Another type of solution addresses the knowledge-based barriers to food security. The foci for change-oriented healthy food intervention must include solidarity with and outreach to those who make the largest impact on familial diets: so-called “nutritional gatekeepers.” The nutritional gatekeeper is the member of the family who decides whether or not his or her family consumes a healthy diet. These

nutritional gatekeepers are “the biggest food influence in the lives of their children as well as in the life of their spouse or partner. Regardless of the gatekeeper’s sex or age and regardless of whether they are culinarily challenged, they have a huge day-to-day influence on their family’s nutrition (Wansink, 2006).” The gatekeeper’s control over what his or her family eats can be a good or bad thing when considering a healthy diet. If the gatekeeper chooses to provide mainly healthy foods for his or her family, then this will help to instill a healthy diet for the rest of his or her family. However, if the gatekeeper is not adamant about providing healthy foods for his or her family, then this can be detrimental for the diets’ of the members of the family (Wansink, 2003). Wansink concludes that nutritional gatekeepers control 72 percent of what their family consumes. Even though the gatekeepers do not control 100 percent of their families’ diets, this percentage is still significant enough that dietary habits can be established for the long-term. For example, Bare recommends including residents in community activities such as cooking classes. Residents of food deserts may not adopt healthy eating if new, healthy food is simply brought into their neighborhood and they are suggested to eat it. With a cooking class, the residents are able to not only learn how to prepare the new foods, but also to do so with others in the community (Bare, 2013). Thus, when attempting to convince consumers to eat healthily, gatekeepers should be approached and influenced first and most often, so that they can then educate the rest of the family. The nutritional gatekeepers for families must realize the amount of leverage they have on deciding the future eating habits for their family (Wansink, 2003).

Bare supports such a focus on the residents of the area, taking it further to include the need for their input and participation. He suggests that any process towards fixing the problem of food deserts must include residents as much as possible. Another, equally beneficial way to include residents is to provide jobs when new, healthy supermarkets are opened in the area (Bare, 2013). Like Bare, Cook also suggests that a successful path away from food deserts is to concentrate on involving the residents in the area. He suggests that each community should encourage the residents to begin growing healthy foods themselves for the area. This will allow the people to see first hand the growing of the healthy foods, and allow them to adapt to the healthy lifestyle. Also, this will create an inner-community dependence on one another. This more thoughtful approach to helping food deserts does not only assist in creating more healthy food options and enhancing the community, but will also help in creating self-worth for the residents of the food desert. When considering such a communally attentive approach, Cook explains that “this richness provides an important guide for moving the story away from narrative of ‘lack,’ and toward deeper coverage of the multiple causes and potential solutions to the crises of food access in America’s poor and working-class communities (Cook, n.d).”

In the end, myriad opinions exist about – and multiple tactics are needed for – the alleviation of food deserts. According to Bare, the first step that should be taken to eradicate food deserts is to extinguish the term ‘food desert’ entirely. He believes that by using this term, researchers will become consumed with mapping food deserts to legitimate the term, instead of concentrating on finding a solution to



the problem (Bare, 2013). Some credence can be given to this claim, as evidenced by the Let's Move! focus on its map of food deserts known as the Food Desert Locator (Gallagher, 2010). Cook concurs, concluding that researchers and media concentrate most on expressing the problems that food deserts encounter, only briefly expressing a common solution: the need for more chain supermarkets. Cook believes that more options to assist food deserts do exist, but that the time is not given to fully develop these other possibilities (Cook, n.d.). Ultimately, the 'correct' solution to the plight of those living in food deserts has not been discovered any more than a definitive definition to the term 'food desert' itself. Even so, many of these initiatives and ideas have recorded success in making positive strides.

### **Background of The NMM**

The idea for the Nashville Mobile Market was born in January 2010 when a medical student from Vanderbilt Medical School, Ravi Patel, received complaints from patients at the Shade Tree Clinic of East Nashville pertaining to a lack of healthy food options. Ravi Patel noted that many of the illnesses that the patients suffered from were diet related and could be prevented with better nutrition. These patients were advised to eat healthier foods by their doctors and nutritionists, but patients expressed that they did not have access to these healthy foods in their neighborhoods. Thus, Ravi Patel decided that an affordable grocery store option was needed in East Nashville, an area that could be considered a food desert.

The Nashville Mobile Market was founded in March of 2010. This market was a collaboration between many Nashville community and educational

institutions. This collaboration developed into a partnership with the Community Food Advocates and the Organized Neighbors of Edgehill. Ravi Patel then developed his “Emphasis” project<sup>1</sup> for Vanderbilt Medical School centered on the idea for the Nashville Mobile Market. Patel began by visiting Edgehill Family Resource Center meetings and interviewing important community leaders. Then, Vanderbilt students conducted a study in order to decide if the mobile market project would be profitable and sustainable. Also, community members were surveyed about the feasibility of the mobile market project. This survey, conducted door-to-door in the Edgehill neighborhood, asked questions about where residents currently purchased their food. With these surveys and the study from the Vanderbilt students, it was decided that the mobile market plan was both profitable and sustainable, and the survey allowed for market share and demand to be estimated for the mobile market (Executive Director Manual, 2012).

The next step in the process of implementing the market was to conduct a market analysis to which a partnership was developed with Shade Tree Clinic and the Center for Community Health Solutions at Vanderbilt University and the Organized Neighbors of Edgehill. This partnership created The Nashville Mobile Market for the area of Edgehill with which Vanderbilt University students operated and managed the market. After this pilot project at the Edgehill community, the NMM increased to adding stops in the East and North areas of Nashville (Executive Director Manual, 2012).

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<sup>1</sup> Vanderbilt University Medical Students must complete an “Emphasis” project that consists of a mentored project pertaining to the science of Medicine.

Partnerships were also created with the Second Harvest Food Bank of Middle Tennessee, the YMCA of Middle Tennessee, Associated Wholesale Grocers, Urban Epicenter, Interdenominational Ministers Fellowship, and several local churches. In order to build relationships with the residents of the community, The Nashville Mobile Market Community Outreach team worked with local agencies and community outreach centers in specified food desert neighborhoods of Nashville. This outreach allowed for an initial relationship foundation to be built, which in turn began instilling trust in the Mobile Market among community members. The Community Outreach team also concentrated on spreading the word of The Nashville Mobile Market, and its ideals of “support[ing] food access and reduc[ing] barriers to healthy food access” were successfully received and spread throughout the neighborhoods (Executive Director Manual, 2012, p. 10). Lastly, the Community Outreach team also formed partnerships with nutrition education promoters within South, East, and North Nashville that were already in existence.

Focus groups were conducted with residents in the food deserts in order to receive feedback. The goals of these focus groups were to learn where the mobile market should stop, the current obstacles to food access, and if there was a desire for cooking and nutrition classes. The results and suggestions from these focus groups helped shape the final plans to launch The Nashville Mobile Market.

Upon learning of the plan for The Nashville Mobile Market in September of 2010, The Frist Foundation in Nashville decided to urge Ravi Patel and The

Nashville Mobile Project team to apply for fundraising. In November, The Frist Foundation gave The Nashville Mobile Market \$65,000, which was used to cover start-up costs, inventory, and to support the market in its first three months of operations. Finally, Ravi Patel was able to build The Nashville Mobile Market team. This team consisted of his friends and peers from Vanderbilt University who shared beliefs pertaining to food deserts and the current situations in not only the country but in Nashville. Also, this team agreed with Patel in that a mobile market may better communities and deliver healthy foods throughout Nashville. This team developed into a 43-person NMM board during the fall of 2010, which led to a student-led board that introduced The Nashville Mobile Market in February of 2011 (Executive Director Manual, 2012).

The Nashville Mobile Market Team then decided on the initial eight locations that the market would stop throughout Edgehill, acquired a business license, a health department certification, state registration and insurance for the trailer, EBT certification and an Elavon Point of Sale System terminal and contract. Also, the places for food purchasing were finalized: Associated Wholesale Grocers, HG Hill Food Stores, and Mid-South Produce. The market itself consisted of a twenty-eight foot car hauler trailer that was attached to a Chevrolet truck that was acquired from the Vanderbilt Plant Operations, which is where the market was to be stored during non-operating hours.

On February 4, 2011, The Nashville Mobile Market began officially running. By April of 2011, there were more stops added in East Nashville, and in September of 2011, North Nashville stops also began. In this first year, The Nashville Mobile

Market worked five days a week. However, by July of 2012, the market began running six days a week with stops in all areas of Nashville.

The mission statement for the market is: “The Nashville Mobile Market is a non-profit social enterprise venture that aims to increase access to healthy foods in the South, East, and North Nashville communities (Executive Director Manual, 2012, p. 8).” In 2009, the USDA dubbed the communities in Nashville that the market serves food deserts. These communities fit this description because there were such a great number of fast food restaurants, liquor stores, and convenience stores in the areas, but a shortage of healthy food options, such as super markets and corner stores.

The Nashville Mobile Market is based on a social enterprise model. This model calls only for preliminary capital investments to begin the organization. Following the initial investments, The Nashville Mobile Market has been self-sustaining and profitable. Not only does the market seek to assist those living in food deserts in making healthy food purchases, but also it also strives to make a positive social impact. “Through a mobile vending business structure, NMM provides these communities with access to fresh produce, lean meats, dairy, whole grains, and select non-perishable staple item (Executive Director Manual, 2012, p. 8).” As an end result, The Nashville Mobile Market hopes to lessen the avoidable diet-related medical conditions while providing affordable healthy foods.

## **Relationship Marketing**

Relationship marketing is centered on providing long-term value to customers. Relationship marketing far exceeds simple repeat purchase behavior and inducements (Sheth & Parvatiyar, 1995; Morgan & Hunt, 1994). According to Kotler and Armstrong, “relationship marketing involves creating, maintaining, and enhancing strong relationships with customers and other stakeholders (as cited in Knox & Gruar, 2007, p. 115).” Gordon explains, that these relationships provide benefits for both the customer and the marketer, because the relationship “involves understanding, focusing, and managing ongoing collaboration between suppliers and selected customers for mutual value creation and sharing through interdependence and organizational alignment (as cited in Bergeron, 2001, What is Relationship Marketing section, para. 1).” Relationship marketing must entail trust. Morgan and Hunt portray “trust as existing when one party has confidence in an exchange partner’s reliability and integrity (Morgan & Hunt, 1994, p. 23).” Throughout the practices of relationship marketing, the knowledge of the distinction between what is productive relationship marketing and what is unproductive relationship marketing should always be noted. The successes and failures of relationship marketing are very important to document. In addition to contextual factors affecting the successes or failures of relationship marketing, relationship commitment and trust contribute to relationship marketing successes,

while power and training individuals can contribute to relationship marketing failures (Morgan and Hunt, 1994).

Non-profit organizations must concentrate on marketing first and foremost when developing an organization. This initial marketing will begin the branding process of the organization. Branding is very important for non-profit organizations to develop themselves, because “your brand defines your organization to the outside world. Take the initiative and define yourself, before one of your enemies tries to define you (Williamson, 2009, p. 8).”

Non-profit organizations must concentrate on brand building, mission impact and fundraising when developing a marketing strategy. This strategy calls upon the organization to take the organization from where it is currently to where it wants to be by making fundamental choices (Williamson, 2009). When concentrating on fundraising, it is imperative that non-profit organizations make sure to always consider donors as individuals, because it is easy to compare donors to simply numbers and objects in order to raise more money. This wrong categorization of donors can potentially greatly affect a non-profit organization by “depersonalizing and devaluing” the relationships with donors (Maude, n.d.). “For non-profits, operating with only a fraction of the resources of corporations, discipline and focus become all the more important in developing effective communications strategies (Williamson, 2009, p. 9).” The target market for non-profit organizations must be decided first and foremost, with the development of the strategic marketing plan following. The focus consistently remains the exchange of goods or services for money, even for non-profit organizations (Maude, n.d.).

Non-profit organizations' marketing strategies must begin with a very coherent objective or goal. This goal should be easily measurable. Then, the strategy should continue in a tight logical sequence. Non-profit organizations cannot be impatient when carrying out the marketing technique. Impatience usually leads to making quick assumptions, which can be a great demise to the non-profit organizations' goals. "Developing tightly integrated marketing and communications plans with a focus on a measurable goal, and a clearly identified target audience thus can serve as the perfect antidote for the congenital lack of discipline and self-referentialism of so many nonprofits (Williamson, 2009, p. 10)." It is important to remember that board members and volunteers need to be encouraged and expected to assist with marketing efforts for non-profit organizations. Not only will board members and volunteers assist, they will do so eagerly, for when considering non-profit organizations, passion for the corporations' missions is always a common factor, and it is with this passion that board members and volunteers are most likely willing to help (Maude, n.d.).

However, relationship marketing has not always been a prevalent marketing theory. Relationship marketing has recently become popular because "marketers now have both the willingness and ability to engage in relational marketing. (Sheth & Parvatiyar, 1995, p. 265)." This willingness is ignited from self-interest and the notion that retaining customers is more profitable than seeking new customers, and by developing relationships with these customers; they are more likely to maintain ongoing business transactions. The ability stems from technological advances that assist the management of these relationships (Sheth & Parvatiyar, 1995). The



concentration of consumer marketing has diverted from making brand and store loyalties to growing direct relationships (Sheth & Parvatiyar, 1995). This shift is notable because it constitutes a shift in not only marketing theory but also marketing practices (Morgan & Hunt, 1994). This growth of relationship marketing has occurred both in practices with businesses and in academic research (Palmatier, Dant, Grewal, & Evans, 2005). "The need for relationship marketing stems from the changing dynamics of the global marketplace and the changing requirements for competitive success (Morgan and Hunt, 1994, p. 34)." According to Sheth and Parvatiyar, the popularity and practicing of relationship marketing will continue to grow in the future (Sheth & Parvatiyar, 1995).

The advantages of relationship marketing can be developed only if and when the target market of consumers is willing and able to partake in the relationship (Sheth & Parvatiyar, 1995). This commitment should be mutually important. These advantages evolve from far more than just repeat purchase behavior. Relationship marketing is believed to lead to "greater marketing productivity by making it more effective and efficient (Sheth & Parvatiyar, 1995, p. 263)." The possibility of greater productivity persuades marketers to become more enthusiastic and able to participate and preserve long-term relationships with consumers.

Relationship marketing thrives on customer loyalty. Customer loyalty has previously been perceived as merely repeat buying. Yet, as consumer behavior has developed, Newman and Werbel have concluded, "repurchase is not sufficient evidence of brand loyalty (as cited in Morgan & Hunt, 1994, p. 23)." While searching for value in a relationship with marketers, customers may not recognize the value

until he or she has received benefits from the relationship. To strengthen relationships with customers, sellers must invest more time, effort and resources into the relationship. "Such investments often generate expectations of reciprocation that can help strengthen and maintain a relationship (Palmatier et al., 2005)." Communication is vital between the customer and the seller to strengthen this relationship. Communication assists in resolving disagreements, creating parallel goals and developing opportunities with which greater value can be formed (Palmatier et al., 2005). If either the seller or the consumer misuses the mutual trust and confidence that corresponds with the relationship, marketing productivity will falter. In order to ensure the trust that is needed for the relationship to grow deeper, the consumer's perspective must be taken into consideration to better understand the motivations of the consumer. Also, this understanding will reveal what aspects strengthen customer loyalty, which in turn develops trust. For example, when engaging in relationship marketing, consumers concentrate on becoming more efficient when making decisions (Sheth & Parvatiyar, 1995). Also, consumers hope to decrease necessary information processing, maintain a consistency in decision-making, and diminish perceived risk for the future (Sheth & Parvatiyar, 1995). When continuing to shop with the same marketer, consumers are able to learn from these transactions, which can assist them in similar situations in the future. However, consumers are not alone in decision making for themselves. Society, family, and reference groups affect consumer decision-making (Sheth & Parvatiyar, 1995). Throughout relationship marketing, consumers are called upon to assist in tasks including order processing, designing products, and managing

information (Sheth & Parvatiyar, 1995). By handling these tasks, most consumers feel empowered. This empowerment usually leads to more satisfaction with the relationship. “Engaging in relationships, therefore, essentially means that consumers, even in situations where there is choice, purposefully reduce their choices, especially when they engage in choice situations, such as buying and consuming foods, beverages, and convenience products in general (Sheth & Parvatiyar, 1995, p. 256).”

Recently, non-profit organizations have begun to heavily concentrate on marketing. When developing their marketing plans, non-profit businesses have begun to parallel the practices of larger corporations. “This powerful trend has three primary causes: the decrease in funding from the public sector, the increase in competition for funds among an expanding number of not-for-profit organizations, and the rise in funder pressure for not-for-profits to operate in a ‘businesslike’ manner (Maude, n.d., para. 1).” Because marketing for non-profit organizations is fairly new, many non-profit organizations are naive to the strategies of marketing and how to become successful marketers. Thus, non-profit organizations must acknowledge that marketing is not simply making a sale or receiving a donation. Marketing techniques, marketing strategies and business plans that profit-seeking businesses entertain also correspond with the marketing techniques, marketing strategies and business plans that non-profit organizations must use. Unfortunately, non-profit managers often do not view the marketing portion of their organization as very important or profitable. These managers do not understand the effects that marketing can and cannot have on their organization. However, advocacy or social

enterprises that do utilize marketing for these organizations are centered on communications and outreach. “Forward-looking nonprofit leaders, however, will recognize what their counterparts in the for-profit sector understood long ago: marketing is essential (Williamson, 2009, p. 2).” In non-profit organizations, marketing provides answers to the public to such questions as the distinction of program, what the organization aspires to be known for, and the relevancy of the organizations work. Although non-profit managers often do not realize the advantages marketing can have on their organization, the disadvantages of not concentrating on marketing for their organization are becoming very apparent, especially in the area of fundraising. Fundraising is necessary for all non-profit organizations. However, the initial marketing plan for non-profit organizations usually includes only tangibles, such as pamphlets and brochures (Williamson, 2009). This form of marketing is not the most effective for non-profit organizations. Instead, non-profit organizations should concentrate on building relationships and respecting and listening to the customers and donors, even more so than in regular marketing to a consumer (Williamson, 2009). For profit companies measure success at their bottom line, while non-profits’ measure their success with the delivery of their goods and/or services to aid the customer. In addition, many printed marketing materials require a price much steeper than simply building relationships with consumers and fundraisers. Non-profits must use their resources wisely. Social marketing can assist in non-profit marketing because behavioral change is the focus of non-profit marketing. “Social marketing can’t advance every mission, and is not for every organization. It can be expensive and requires

significant expertise, both in-house and out. But it works, and must be part of your marketing and communications strategy if changing the world for your organization involves changing the behavior of people: health habits, purchasing choices, social norms, voting patterns (Williamson, 2009, p. 7).”

### **Overview of Current Research**

This previous research centers on what constitutes a food desert, why people do not eat as healthy as possible and consumers’ responses to relationship marketing. This research led to a decision to further investigate these issues in the context of neighborhoods in Nashville in which The Nashville Mobile Market makes routine stops. Based on previous research, these neighborhoods are considered food deserts. The reasons that impede these residents from choosing to eat as healthy as possible and their attitudes towards eating healthy were investigated. The research conducted and conclusions drawn were established from three studies that included a survey that was developed and distributed, marketing strategies based on the survey responses that were implemented and ethnography work based on relationship marketing, all with the goal of increasing consumers’ buying healthy foods.

## CHAPTER 2

### **Study 1—Survey of Nashville Residents**

The survey aimed to discover the reasons why consumers choose not to eat healthy foods. The short survey consisted of questions pertaining to consumers' current eating habits and what affects these habits. Questions included which factors most affected consumers when deciding whether or not to buy healthy foods and which factors most affected consumers when deciding where to buy groceries.

#### **Procedure**

The survey was administered at several different locations along The Nashville Mobile Market route. Surveys were first distributed at a community meeting at the Organized Neighbors of Edgehill, located near Gernert Studio Apartments. At this community meeting, the surveys were administered in a one-on-one basis with the community members. Eight surveys were completed at Organized Neighbors of Edgehill. Also, the surveys administered at Hadley Park were handed out firsthand to a class of senior citizens. 25 surveys were completed at Hadley Park. For the rest of the surveys to be completed, the community center workers and the NMM team were responsible for the administering of the surveys. 100 surveys were given to various community centers, to be distributed. After a

month, the surveys distributed by third parties were retrieved, which resulted in 71 completed surveys from residents of Hadley Park, the Martha O'Brian Center, the Organized Neighbors of Edgehill and the McGruder Family Resource Center.

## **Results**

When researching the importance of healthy eating, I decided that I must first study how important individuals feel that it is to make healthy food choices. I found that overall, according to the individuals that I surveyed, it is important to make healthy food choices ( $M = 4.96, t = 7.73, p < .05$ ). Also, I found that these individuals want to make healthy food choices in the future ( $M = 4.41, t = 13.134, p < .05$ ). The importance of making healthy food choices and agreeing to make healthy food choices in the future are positively correlated in that as the importance of making healthy food choices in the present increases, the intention to make healthy food choices in the future also increases ( $r = .529, p < .05$ ).

Also, I believed that it would be essential to discover how healthy individuals feel their current diet is. Overall, the individuals that I surveyed felt that their current diet is healthy ( $M = 4.38, t = 6.66, p < .05$ ). Because both males and females were surveyed, I researched the effect that gender has on the feelings towards whether or not one's diet is currently healthy. I found that gender has no effect on an individual's perception of how healthy his or her diet currently ( $M_f = 4.31$  vs.  $M_m = 4.53, t = -.703, p = .484$ ). However, there is a positive correlation between age and the effect it has on the feelings towards whether or not one's diet is currently

healthy. As an individual's age increases, he or she believes that his or her diet is healthier ( $r = .268, p < .05$ ).

Survey takers were also asked how many servings of fruits and vegetables they consume daily. On average, these individuals consume 2.44 servings of fruits and vegetables per day. When comparing the gender effects on the number of servings eaten daily, I found that there is no effect ( $M_f = 2.54$  vs.  $M_m = 2.21, t = .637, p = .526$ ). Also, the research indicates that there is no correlation between age and the number of servings eaten. Thus, age does not affect more or less servings of fruits and vegetables eaten on a daily basis ( $r = -.116, p = .384$ ). Lastly, I was interested in the overall correlation between how healthy an individual's current diet is and the number of servings of fruits and vegetables consumed per day. I found that again, there is no relationship between the perceived healthfulness of an individual's current diet and the number of servings consumed ( $r = .103, p = .423$ ).

I hypothesized that if an individual's current diet is healthy, then it must be important for he or she to make healthy food choices. However, this was not the case for my findings. The level of healthiness of an individual's current healthy diet does not influence the importance to make healthy food choices, because it doesn't matter if an individual's diet is currently healthy, every individual feels that it is important to make healthy food choices, no matter the level of healthiness that their current diet reflects ( $r = -.029, p = .812$ ). Likewise, I found that there is no relationship between an individual's current healthy diet and his or her agreement with choosing to make healthy food choices in the future ( $r = -.029, p = .812$ ).



Next, I focused on the factors affecting buying healthy foods. The factors I felt should be included in this analysis were, the price of healthy foods ( $M = 3.04, t = .233, p = .816$ ), the convenience of buying healthy foods ( $M = 2.80, t = -1.22, p = .226$ ), the availability of healthy foods at his or her favorite grocery store ( $M = 2.41, t = -3.61, p < .05$ ), lacking the knowledge to cook healthy foods ( $M = 2.10, t = -5.57, p < .05$ ), disliking healthy foods ( $M = 1.52, t = -14.15, p < .05$ ), not being raised eating healthy foods ( $M = 1.84, t = -7.718, p < .05$ ), disapproval from friends if changing the way he or she eats ( $M = 1.33, t = -17.62, p < .05$ ), not making decisions about the food his or her family eats ( $M = 1.76, t = -8.96, p < .05$ ) and lacking the knowledge of what is considered healthy food ( $M = 1.48, t = -12.66, p < .05$ ). When considering these factors, the price of healthy foods and the convenience of buying healthy foods moderately affect the decisions to buy healthy foods. The remaining factors all have a small affect on the decisions to buy healthy foods. Thus, none of the factors were recorded as having a strong effect on the decision-making. The mean response when taking into account all of the different factors is that the factors have very little effect on the decision making ( $M = 2.03$ ). When changing the test value to 2.03, the results revealed that the price of healthy foods ( $M = 3.04, t = 5.52, p < .05$ ), the convenience of buying healthy foods ( $M = 2.80, t = 4.708, p < .05$ ), and the availability of healthy foods at his or her favorite grocery store ( $M = 2.41, t = 2.37, p < .05$ ), have a greater effect on the decisions to buy healthy foods, when compared to the lack of knowledge to cook healthy foods ( $M = 2.10, t = .433, p = .666$ ), disliking healthy foods ( $M = 1.52, t = -4.87, p < .05$ ), not being raised eating healthy foods ( $M = 1.84, t = -1.27, p = .21$ ), disapproval from friends if changing the way he or she eats

( $M = 1.33$ ,  $t = -7.40$ ,  $p < .05$ ), not making decisions about the food his or her family eats ( $M = 1.76$ ,  $t = -1.97$ ,  $p = .053$ ) and lacking the knowledge of what is considered healthy foods ( $M = 1.48$ ,  $t = -4.59$ ,  $p < .05$ ).

Also when considering the factors that affect decisions to buy healthy foods, I was interested in the effect that gender may have on these factors. However, I found that price is the only factor where gender has an effect ( $M_f = 3.35$  vs.  $M_m = 2.35$ ,  $t = 2.44$ ,  $p < .05$ ). Thus, price has a greater effect on women than it has on men. Gender has no effect on the other factors (all  $p$ 's  $> .25$ ). There is a marginally significant relationship between age and price as a factor affecting buying healthy foods ( $r = -.238$ ,  $p = .06$ ). This inverse relationship proves that as age increases, the influence of price affecting buying healthy foods decreases. However, age does not have a significant relationship with any of the other eight factors (all  $p$ 's  $> .23$ ).

In addition to considering the factors affecting the decisions to buy healthy foods, I also was interested in the importance of different factors when deciding where to buy groceries. The factors that I felt should be contemplated when deciding where to shop include the lowest prices ( $M = 4.28$ ,  $t = 3.70$ ,  $p < .05$ ), closeness to his or her house ( $M = 3.85$ ,  $t = 1.61$ ,  $p = .113$ ), a clean and attractive appearance of the store ( $M = 4.69$ ,  $t = 5.59$ ,  $p < .05$ ), and the produce selection at the store ( $M = 4.76$ ,  $t = 6.32$ ,  $p < .05$ ). I discovered that the store's closeness to his or her house is relatively unimportant when deciding where to buy groceries. However, the lowest prices, clean and attractive appearance of the store, and the produce selection are all at least somewhat important. When considering the average of all of the survey responses ( $M = 4.4$ ), I found that the closeness of his or her house to

the store ( $M = 3.85$ ,  $t = -2.59$ ,  $p < .05$ ) is less important, relative to the other criteria of lowest prices ( $M = 4.28$ ,  $t = -.56$ ,  $p = .58$ ) and clean and attractive appearance of the store ( $M = 4.69$ ,  $t = 1.35$ ,  $p = .18$ ), which are both important. However, the produce selection factor is marginally more important relative to the other three factors ( $M = 4.76$ ,  $t = 1.80$ ,  $p = .077$ ).

I felt that gender would not pose too great of an importance on these factors when deciding where to buy one's groceries. I found that gender actually has no relationship with the importance of these factors when considering where to buy groceries (all  $p$ 's  $> .332$ ). Also, I felt that age would have a significant affect on these factors. However, I was incorrect, for age also has no relationship with any of these factors (all  $p$ 's  $> .12$ ).

Of the consumers surveyed, 46.5% have heard of The Nashville Mobile Market, while 53.5% had not. However, only 5.6% of the consumers surveyed routinely shop at the NMM when buying his or her groceries. 91% of the consumers surveyed shop at popular chain stores when grocery shopping.

There are many factors that prevent consumers from eating as healthy as he or she would like. The most common answers given were the price of the groceries (26.8%), he or she does not know how to eat healthy (4.2%), the consumer does not have time to eat healthy (7%), it is difficult for the consumer to get to healthy foods (7%), he or she simply does not like healthy foods (1.4%), and that the consumer claims to just be lazy or doesn't want to eat healthily (11.3%). Also, several survey takers responded that nothing is preventing them from eating as healthy as they like (26.8%). Thus, the factors most preventing consumers from eating as healthy as

they would like are the price of the healthy foods and the response that nothing is preventing them.

## CHAPTER 3

### **Study 2—Marketing Strategy Effectiveness**

Using information from the completed surveys, three variables were identified which contributed to individuals' decision to eat healthfully. Three dominant variables pertaining to why consumers chose not to eat healthy were the price of healthy foods, the lack of knowledge of what healthy foods are and how to cook them, and indifference towards eating healthy. Three flyers were made that were specifically designed to address these three variables. Each flyer was identical except for one factor: one flyer included a coupon, one flyer included a recipe and one flyer included information about The Nashville Mobile Market. On the backside of all three flyers there was a list of available foods offered on the market and their prices<sup>2</sup>.

#### **Procedure**

Three locations, that were as similar as possible, were selected for distribution of 100 flyers each. Thus, three senior and disabled resident centers that The Nashville Mobile Market periodically stopped at were chosen. These centers included, Hadley Towers, Gernert Studio Apartments and C.B. Waller Manor. Flyers

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<sup>2</sup> Actual flyers can be found in Appendix

with a recipe were distributed to Hadley Towers' residence; the flyers with a 15% off coupon were distributed to Gernert Studio Apartments; and the flyers with information pertaining to The Nashville Mobile Market were distributed to C.B. Waller Manor. These flyers were each distributed to the specific center during the allotted time of the market stopping there. The first center to receive flyers was Hadley Towers on Tuesday, July 23. However, due to the rules and regulations of the towers, the front desk would not allow flyer distribution by persons not employed by Hadley Towers to residents' front door. Thus, the manager of Hadley Towers became responsible of distributing the flyers to every resident. Second, Gernert Studio Apartments received flyers on Friday, July 26. Contrastingly, personal distribution to every resident's door was allowed. Lastly, C.B. Waller Manor received surveys on Saturday, July 27. Paralleling Hadley Towers' rules and regulation, personal distribution was not allowed. So, reliance on the manager of C.B. Waller Manor to distribute the flyers to all of the residents was necessary. I was not allowed to distribute the flyers myself. Which left me to rely on a worker to make certain that each resident received the flyer.

When the market closed each day, the average number of customers and the average amounts for these tickets sales were recorded by a team member into an ongoing sales spreadsheet. It is from this spreadsheet that the results from the flyer disbursement were collected. The sales data from the weeks prior to the flyer disbursement was compared to the sales data from the weeks after the flyer disbursement, in order to review which set of flyers caused the greatest increase in average number of customers and average ticket price.

## **Results**

After distributing all of the flyers, I was able to review The Nashville Mobile Market sales information for each location in the weeks before the flyers were given out and the weeks after. An outlier that consisted of a substantially more popular day at the market, with a magnitude of three or four more than average daily sales, was a prominent source of sales in the sales data that I reviewed. The data revealed that on a particular day, one customer spent an overwhelmingly larger amount on the market. This amount of \$69 far surpasses the norm amount spent on The Nashville Mobile Market, which rarely exceeds \$25. Thus, this particular customer's ticket amount was not included in the data analysis, so that the average would not become skewed. There was no other equally as popular day. I examined the average number of customers per stop before the flyers were distributed and after the flyers were distributed. Also, I analyzed the average amount spent per customer, which did not correspond with how many customers came on the market, but rather how much money he or she spent. In addition to comparing the three different locations' sales data, I also included the sales data of another senior and disabled center, Vine Hill Studio Apartments, which did not receive any flyers.

Throughout the summer, The Nashville Mobile Market as a whole became less popular overall, except for the areas that received the flyers. As the control, Vine Hill Studio Apartments' sales illustrated that over the course of the summer, the market not only became less popular to visit, but also less amounts of money were spent per customer. This control group had 24% fewer people shop at the

market during the second half of the summer than the beginning of the summer. Before the week when the flyers were distributed to other centers, Vine Hill Studio Apartments had an average of 31.75 customers at one stop per week. The average number of customers decreased after the week of flyer distribution, to 24.11 at one stop per week. When considering the average amount spent per customer at Vine Hill Studio Apartments, the average ticket price was \$4.07, but as the summer continued, the ticket price decreased to \$3.66, which reveals a 10% decrease.

With the recipe attached to the flyer, I hypothesized that the flyer would make somewhat of an impact on residents at Hadley Towers, but I did not realize how much of an impact. When analyzing the sales data, the flyers may not have had a direct relationship with the number of customers that shopped at the market, but did have a direct relationship with the amount of money spent, because the newness of the stop at Hadley Towers. The sales data revealed that the number of customers increased by 28%, excluding the counts from the outlier mentioned prior. The average number of customers at Hadley Towers before the flyers were distributed was 7.833 customers and increased to an average of 10 customers per day. The average ticket price also increased. This increase was by 13%, with the average ticket price before the flyer distribution consisting of \$3.73 and the average ticket price after the flyer distribution consisting of \$4.21.

From the beginning of the study, I always assumed that the flyers with the coupon would reveal the greatest impact. However, this was not the case. The average number of customers before the flyers were distributed was 6.5 at Gernert Studio Apartments. Post flyer distribution, the number of customers had a 23%



increase, with an average of 8 customers per visits. Likewise, the average price spent per customer also improved post flyer distribution with an 8% increase. The average ticket price per customer at Gernert Studio Apartments was \$3.63 before the flyers were distributed, while after the flyers were distributed the average ticket priced lowered to \$4.21. Thus, the flyers with the coupon did affect the average number of customers and the average ticket price per customer in a positive way for The Nashville Mobile Market, but these flyers did not have as a great of a positive effect as the flyers with the recipes distributed at Hadley Towers.

Lastly, I assumed that the flyers with simple information about The Nashville Mobile Market would not reveal as impressive of results as the previous flyers. I was correct in my conjecture, as the data from C.B. Waller Manor proved aspect decrease in both average number of customers and average ticket price spent per customer. The average number of customers before the flyers were distributed was 4.636 and decreased to an average of 3 customers. . The average amount per ticket before the flyers were given out was \$4.78 and decreased to \$4.22 post flyer distribution. This created a 12% decrease.

Thus, flyers that were more than just an average flyer with information created more of an increase in traffic and amount spent on The Nashville Mobile Market. The flyer that simply had information about the market had decreasing effects, as did having no flyer distributed at all. When comparing the two flyers that caused an increase in both the average number of customers and average ticket price per customer, the flyer containing the recipe caused a greater outcome than the flyer with the coupon.

## CHAPTER 4

### **Study 3—Relationship Marketing Ethnography**

The Nashville Mobile Market (NMM) concentrates on striving to better its relationships within the neighborhoods that it visits. There are many tasks that the members of the NMN team ensure occur in order to strengthen these relationships. Many communities have Resident Association meetings that members of the NMM team make a point to attend. The presence of a NMM team member allows the community members to be reminded of the Market's neighborhood presence and provides an opportunity for them to give their input on how NMM can become more effective, trusted, and utilized in their community. The Nashville Mobile Market also maintains an active effort towards continuing to build relationships with community members by designating a member of its team to spend time interacting directly with community members during each market. The NMM team member goes beyond the confines of the market and approaches members of the community directly, whether they are gathered outside or in the lobby of a community building near the market's location. These interactions begin to create mutual trust between the members of the NMM team and community residents. Also, this interaction helps the community members remember the existence of the Market and the healthy foods that it offers. Often, members of the NMM team will make free

samples of a healthy snack that can be given out to residents when they stop by the market. If the shoppers enjoy the sample, the recipe would be provided.

On several instances, I was chosen as the team member to leave the market and venture around the surrounding areas to engage community members in conversation, often encouraging them to come shop at the market while it was parked in their community. Initially, this situation seemed very awkward. I was not comfortable approaching these strangers. However, after my first encounter with some community members, I realized that they were receptive and eager to hear what I had to say, helping me to relax and reminding me of NMM's conversational, relational approach. I took flyers with me when I approached community members in order to show them both the schedule of The National Mobile Market's stops and what foods the market sells. Also, if we had made samples, I encouraged the residents to go try the samples in hopes of introducing them to the market and the possibility of shopping there.

During my volunteer time with The Nashville Mobile Market, I concentrated on building relationships with two different communities. The communities that I spent the most time with were the Hadley Park and the Parthenon Towers communities. When investing time with Hadley Park residents, we utilized several different tactics. One tactic was getting to know the members of the community by leading a food education and healthy eating series for the children enrolled in the Hadley Park community's summer camp. This series not only allowed us to teach children about making healthy choices, but also allowed the children to share what they learned with their families after the camp concluded. In addition to teaching

the children from Hadley Park about fresh fruits and vegetables, this experience allowed the NMM team to correspond and work with the workers at Hadley Park, which in turn continued the relationship between NMM and the Hadley Park Community Center. Another tactic used at Hadley Park in order to build relationships with the community members involved inviting those taking different classes at the community center to shop on the market once these classes ended. After building enough trust with Hadley workers and community members to encourage their honest feedback, the market's location was moved closer to the Center for greater accessibility following class sessions. Also, a member of the NMM team began to linger in the community center lobby to direct those inside to the market.

In addition to building relationships with the community of Hadley Park, I was also able to be a part of a relationship building initiative in the Parthenon Towers community. Differing from the Hadley Park community, which consists of a senior and disabled housing facility near a community center for all ages with different kinds of classes, the Parthenon Towers is solely a senior and disabled housing facility. Thus, some of the strategies employed towards building relationships with the community members differ from those used at Hadley Park. For example, we devoted an entire morning to getting to know the tower residents. During this morning, the majority of the NMM summer team ventured into the lobby of Parthenon Towers, going to where residents gathered in recognition of their lack of mobility. Dividing into teams of two, we approached bystanders in the lobby and the surrounding areas and chatted about NMM. We made a point to solicit feedback

and include all of the details about the market, such as the times that the market stops at Parthenon Towers and what healthy foods are offered on the market. Also, we talked with the Parthenon Towers' workers and leaders amongst the residents and discussed announcing the arrival of the market throughout the towers and the distribution of flyers about the market to residents. By establishing the support of the tower's staff and the Residents' Association President, we gained NMM advocates trusted by the community. Tangibly, we secured placement of market information in the housing facility's monthly publication.

The biggest setback for The Nashville Mobile Market is the lack of trust that the consumers in these neighborhoods have for the market. This lack of trust prohibits residents from choosing to shop on the market. The proper foundation of trust was not established before the market was running. Thus, it is necessary to build this trust in order for the market to thrive on the ultimate level. The residents' lack of trust can stem from several different aspects. For example, the residents may not trust that the NMM prices are actually lower or that the foods provided are healthy alternatives. Also, the fact that the NMM is a new and different concept in these neighborhoods immediately initiates a sense of uncertainty and lack of trust. Because these are low-income areas, the residents are more cautious with how and where they spend their grocery money. Thus, if they do not have a trusting relationship with the NMM team, then they are not as prone to spend their money at the market. The way to encourage this trust is through relationship marketing. The Nashville Mobile Market team and I worked to establish this trust when venturing

into the centers to establish relationships with the consumers. By casually conversing with the residents, a trusting relationship is formed.

Another problem that The Nashville Mobile Market faces is that residents may not know the foods that the NMM is selling or may not know how to cook them. Relationship marketing can also help with these problems. In order to teach residents about the different kinds of foods sold on the market, the NMM team can not only teach the residents about these foods when building relationships at the specific stop, but also can further these relationships by walking the residents through the market when he or she is shopping. This not only allows for the resident to learn firsthand about the food, but also builds trust. Also, the resident will be more likely to come back to the market because he or she now has the knowledge to shop for certain products on the market. By making samples for the residents, the NMM team is furthering relationships when giving the samples out and teaching the residents a quick and easy recipe for healthy foods. This in turn usually is followed with more easy recipes that residents can make from ingredients on the market. All of these interactions not only help residents eat healthy foods, but by furthering the relationships between the residents and the NMM team, mutual trust increases.

## CHAPTER 5

### **General Discussion**

To create better and more effective ways to market for The Nashville Mobile Market, I created two different strategies. One strategy involved handing out different flyers to similar senior and disabled centers in order to review which flyer resulted in the most positive, while the other strategy consisted of building relationships with consumers at community centers in order for the consumers to feel a sense of comfort when shopping on the NMM.

Initially, I distributed surveys to several community centers in order to gain information about consumers' healthy eating habits. After reviewing the results, I found that the majority of people really do care about eating healthily but it has its limitations. People do feel that they have an overall healthy diet. Given the results, the main reasons for not eating healthily were money, time, lack of knowledge on how to cook healthy foods, difficulty in obtaining healthy foods, lack of desire to want healthy food and no significant reason. From these results, I was able to decide on three different flyers to disperse at three different senior and disabled centers at which The Nashville Mobile Market routinely stops. The differing factors included on these flyers were that one had a recipe, one had a coupon and one had brief information about The Nashville Mobile Market. After distributing these three

different flyers, I recorded the sales data from each center in the weeks before and the weeks after the flyers were distributed. I reviewed the results to discover that the center that received the flyers with only information about the market and the center that did not receive flyers at all had decreasing ticket sale amounts and decreasing average number of customers. The centers that received the other two flyers had increased ticket sale amounts and average number of customers. However, the center that received the flyers with the recipe had the greatest increase.

When implementing the other strategy, I ventured into community centers with other members of The Nashville Mobile Market team. These excursions involved conversing with members of the community in their familiar setting. These conversations involved explaining the aspects of The Nashville Mobile Market, while also instilling mutual trust between the team members and the consumers at large. In addition to holding casual conversations, we also introduced the community members to free, healthy samples from ingredients on the market. After these encounters, there was a sense of comfort when the consumers entered the market, because they had previous relationships with the NMM members.

Throughout my experience of building relationships with the community members, I found that as the conversations continued, a sense of comfort and ease grew, especially when these community members shopped on the market. As previous work has found, after forming these relationships, they must be maintained and periodically enhanced (Kotler and Armstrong, 1999, p. 50). By concentrating on these relationships on several occasions, we demonstrated to the



consumers that we cared about deepening the relationship. Also, we had to instill that we were a reliable market. In order for the relationship to flourish, we had to be consistent in our times assigned to every community center and also have the healthy foods advertised in stock. Morgan and Hunt also agree that this reliability and integrity is key when continuing a relationship between consumers and marketers (Morgan & Hunt, 1994). The Nashville Mobile Market team is gaining momentum in its use of relationship marketing, which will have positive impacts for the market, because as previous work has found, relationship marketing has recently become a trend for non-profit organizations (Maude, n.d.).

When traveling to food deserts with The Nashville Mobile Market, I perceived the areas to be low-income. Consumers constantly complained about the prices of the groceries on the market. However, the prices of foods on the market are all relatively cheaper than prices in chain grocery stores. This complaint of price parallels with my findings from my surveys, in that consumers noted that price was a main factor when choosing not to buy healthy foods, due to low-income. Previous researchers have also found this to be a significant reason for not buying healthy foods (Bitler and Haider, 2010). My perception of food deserts paralleled that of previous work, in that fast food chains were plentiful, in addition to several dollar stores. Past research has indicated that although these fast food restaurants, that are abundant throughout food deserts, are cheaper, they are significantly more unhealthy (*Food Empowerment Project*, 2014). Also, I noticed that consumers on the market repeatedly asked what different vegetables were and how to cook such vegetables. This corresponded with my survey results of consumers' lack of

knowing what healthy foods are and how to cook these foods. John Bare suggests that one way to solve this problem could be to include teaching cooking classes for community residents (Bare, 2013). These classes could instill the confidence and knowledge needed to persuade consumers to buy more healthy foods. The results from the flyers I distributed also proved that this lack of knowledge proves to be a main factor, because these flyers caused the best result with the greatest increase in sales data.

### **Managerial Recommendations**

After my time studying The Nashville Mobile Market and even spending several weeks working on the NMM, I have several suggestions. Seeing firsthand how receptive community members are to relationship marketing, I feel as though members of the NMM team should utilize lag time and venture into community centers in order to further these relationships, as opposed to waiting on the market for residents to venture to the market. In addition to continuing relationships with community members, the NMM team must continue relationships with community leaders. In order to continue these relationships, I believe that members of the team should attend community meetings consistently in order to remind these leaders of the existence of the NMM and ask for any suggestions to better the business between the NMM and the communities. Also, I suggest that the NMM work to have more site-specific sales.

If considering starting a market paralleling The Nashville Mobile Market, one must initially concentrate on building a mutual trust with communities. This trust

must stem from firsthand relationships with community leaders. It is imperative that these community leaders give their advice about what they believe will benefit both the future market and the community members shopping on the market. Without an initial relationship, community members are not as likely to shop at your market, because they do not know or owe you anything. The initial creative council for The Nashville Mobile Market consisted of peers to the NMM creator. However, I feel that a creative council should consist of community leaders and colleagues. This will allow for different views that will in turn create a more successful market. Marketing plans and implementation should also begin before the market opens. By marketing beforehand, community members will already know about the future market and there will not be a lapse of time, without the ideal sales, once the market is running.

### **Limitations and Future Directions**

Throughout my research I was faced with numerous limitations. The most notable of these limitations was my location throughout all of the research. Due to my continuous enrollment at the University of Mississippi, my days allotted to traveling to Nashville were very restricted. Thus, I was not able to give the amount of time I felt necessary to fully understand The Nashville Mobile Market and its operations. Also, this lack of time usurped my efforts when handing out surveys. Thus, I was not able to personally hand out all of the flyers, in order to make sure that each consumer partaking in the survey not only understood the questions, but also fully completed the survey. Another limitation that I was faced with was the

inability to personally distribute the flyers to every member of Hadley Towers and C.B. Waller Manor. Thus, I was never positive that each resident received his or her flyer. Lastly, Hadley Towers was a very new stop for The Nashville Mobile Market. Because the stop was so new, it had not had the same chance to learn about the market as the other stops. Thus, I could not be certain that all of the increase in average ticket sales and average customers was solely due to the flyers that I distributed at Hadley Towers. Also, Hadley Towers was a new stop for The Nashville Mobile Market. Thus, the flyers that I distributed may have been the first advertisement that residents of Hadley Towers had been exposed to.

From my studies with The Nashville Mobile Market and reading previous research, I noticed aspects that could be further explored. With the results revealing that flyers with a recipe on them caused the greatest increase in sales data, I believe that ways to make consumers feel comfortable cooking these healthy foods should be researched. Whether it is simply giving out recipes, or conducting cooking classes, I believe that further research on the outcome of this influence on consumers' comfort level is worth studying. If recipes and cooking classes increase consumers' comfort with cooking healthy foods, then they are more likely to buy healthy foods. Also, I believe further research is needed for relationship marketing and to what extent building these relationships actually changes the shopping patterns of consumers. Community members may appreciate marketers taking the time to build relationships with them, but it is not definite that these relationships can be the sole reason consumers act.

## **Conclusion**

Through all of my surveys and experimentation, I decided that a cheaper and more effective way of marketing to the consumers in the different community centers is to build relationships with them. These relationships stimulate mutual trust, which is necessary in order to maintain repetitive buying at The Nashville Mobile Market. Also, I was able to conclude that the easy, yet slightly more expensive, marketing technique of distributing flyers is more effective when adding a simple recipe to the flyer. The community that received these flyers had the greatest increase in sales response. The ingredients in the recipe can all be found on the market, which makes the recipe even more accessible and thus easier. Also, the flyer with a coupon increased sales, due to the noted problem of the cost of healthy foods. By partaking in these marketing strategies, in addition to utilizing lull time on the market and continuing relationships with community leaders, The Nashville Mobile Market will increase in sales and customer visits.

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## APPENDICES

### **Appendix 1—Healthy Food Choices Survey**

#### **Healthy Food Choices**

My name is Laura Walton Fenelon, and I am a junior at the University of Mississippi. I am writing my undergraduate thesis on healthy food choices. I am researching the eating habits of Nashville residents and would like for you to partake in my survey. This survey will take approximately five minutes and all results will remain anonymous. This data will not be shared with your community center. It is important for the research that you answer honestly and truthfully.

## Food Choices

Age:\_\_\_\_ Gender:\_\_\_\_ Race:

<b>White</b>	<b>Black or African American</b>	<b>Hispanic</b>	<b>Asian</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. How healthy is your current diet?

Very Unhealthy	Mostly Unhealthy	Somewhat Unhealthy	Somewhat Healthy	Mostly Healthy	Very Healthy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. In an average day how many servings of fresh fruits and vegetables do you eat? (one serving of vegetables= half cup, one serving of fruit= one apple, banana, etc.)

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3. How important to you is it to make healthy food choices?

Very Unimportant	Unimportant	Somewhat Unimportant	Somewhat Important	Important	Very Important
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. "I would like to make healthy food choices in the future."

Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. What is preventing you from eating as healthy as you would like?

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**6. How much do each of the following factors affect your decisions to buy healthy foods?**

	Has no Effect	Affects Very Little	Moderately Affects	Affects	Strongly Affects
Price of healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of buying healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of healthy foods at my favorite grocery store	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm not sure how to cook healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't like healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wasn't raised eating healthy foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends disapprove of me changing the way I eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't make decisions about the food my family eats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I don't know what is considered healthy food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. How important are the following factors when deciding where to buy groceries?**

	<input type="checkbox"/> Very Unimportant	<input type="checkbox"/> Unimportant	<input type="checkbox"/> Somewhat Unimportant	<input type="checkbox"/> Somewhat Important	<input type="checkbox"/> Important	<input type="checkbox"/> Very Important
Lowest Prices						
Close to House						
Clean and Attractive Appearance						
Production Selection						

8. Where do you currently get your groceries? \_\_\_\_\_

9. Have you shopped at the Nashville Mobile Market before?

<input type="checkbox"/>	<input type="checkbox"/>

**Appendix 2: Flyer for Hadley Towers**

**Appendix 3: Flyer for Gernert Studio Apartments**

**Appendix 4: Flyer for C.B. Waller Manor**

THE NASHVILLE

**MOBILE MARKET**



## **Hadley Towers Market!**

**EVERY TUESDAY from 12:00p.m. - 2:00p.m.**  
Parked directly behind Hadley Towers

We take cash, credit, and EBT- with no card limits!  
See reverse for price/product list

### **CUCUMBER SALSA RECIPE**

Here is a **QUICK** and **EASY** recipe using only products  
from the Market!

- 2 cucumbers: peeled, and chopped
- 2 tomatoes: chopped
- 1 green bell pepper: chopped
- 1 jalapeno pepper: chopped
- 1 onion: chopped
- 1 garlic clove or garlic salt (if use garlic salt omit the salt)
- Juice of 1 lime
- Half a bunch of cilantro: chopped
- 1 pinch of salt

THE NASHVILLE

**MOBILE MARKET**



## **Gernert Studio Apartments' Market!**

**EVERY FRIDAY from 12:00p.m. - 2:00p.m.**

Parked at 11<sup>th</sup> and Edgehill

We take cash, credit, and EBT - with no card limits!

See reverse for price/product list



### **COUPON**

Bring this flyer with you on your next visit and receive 15% off your purchase!



## **C.B. Wallor Manor Market!**

**EVERY SATURDAY from 9:30a.m. – 11:30a.m.**

Parked in the traffic circle directly  
in front of the building



\*Convenient Grocery Store on wheels

\*Healthy fruits and vegetables and other healthy foods at an affordable price

\*Just steps from your front door!

\*Produce prices at or below local grocery options

\*If you want your purchases delivered call 615.669.6668

We take cash, credit, and EBT – with no card limits!  
See reverse for price/product list