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James Derrick Cattenhead

Date

The 2x3 Initiative:
A Collective Impact Effort in Florence, South Carolina to Mitigate Poverty, Food Insecurity,
Diabetes, and Mobilize Sustainability through Health Awareness, Healthy Cooking,
and Home Gardening

By

James Derrick Cattenhead
Doctor of Ministry

Candler School of Theology

Kyle Lambelet, Ph.D.
Project Consultant

Jennifer Ayres, Ph.D.
Director of DMin Program

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James Derrick Cattenhead

University of South Carolina, B.S., 2003
Keller School of Management, MHRM., 2010
Gammon School of Theology, M.Div., 2014

Project Consultant: Kyle Lambelet, Ph.D.

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Abstract

The 2x3 Initiative:

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By James Derrick Cattenhead

The age-old saying that poverty is the fault of those who experience it is far from the truth. The truth is that poverty affects everyone. One manifestation of poverty is food insecurity, which often leads to health issues such as diabetes. The research in this initiative study showed evidence of this in the downtown area of Florence, South Carolina, and more specifically within a three-mile area surrounding Central United Methodist Church (Central UMC-Florence). Through The 2x3 Collective Impact Initiative (The 2x3 Initiative), Florence's churches and communities made a collective effort to mitigate poverty, food insecurity, and diabetes in the city. The initiative showed how stakeholders could mobilize residents to share cooking tips, find ways to grow healthy produce through home gardening, and become wiser about maintaining good health and preventing ill-health. This initiative brought together local churches, communities, and organizations amid the COVID-19 pandemic and rapid downtown redevelopment changes, and Central UMC-Florence has served as the incubator for this initiative.

Introduction

I once believed in the adage, “Give a man a fish, and you feed him for a day. Teach a man to fish, and you feed him for a lifetime.”¹ However, seeing hard-working people, including women and children, struggle to make ends meet changed my mind. Rather than helping people become more self-reliant, many efforts to mitigate hunger push people to work for their survival and do not mitigate the underlying issues that communities and families have faced for generations. Additionally, this adage does not consider that some people do not have access to a place to fish, which makes it difficult for them to live healthy and sustainable lives without the help of others. These matters of equality and equitability make it difficult for people struggling with systemic poverty to survive and thrive, especially working families living slightly above the government-defined poverty threshold. The agony of hunger rapidly erodes families and communities, leading to a sense of hopelessness among people suffering from poverty and other issues.

According to the charitable organization Feeding America, over 35 million people lived in poverty in the United States in 2019, meaning that a family of four earning \$25,000 per year struggled with poverty. More than 10 million of these people were children.² Poverty is not restricted to so-called third-world countries such as Haiti; it is also present throughout the United States. In fact, “millions of Americans are at risk of hunger,” including “hard-working adults, children, and seniors who simply cannot always make ends meet and may be forced to go without food.”³ Hunger is a real-life issue and is a sign of poverty and food insecurity. These

¹ WordPress, “Give a Man a Fish, and You Feed Him for a Day. Teach a Man To Fish, and You Feed Him for a Lifetime,” *Quote Investigator*, accessed January 6, 2022, <https://quoteinvestigator.com/2015/08/28/fish/>.

² Feeding America, “Facts about poverty and hunger in America,” accessed January 6, 2022, https://www.feedingamerica.org/hunger-in-america/facts?convio_source=Y13XGIGAA&convio_subsource=gsitelinkbrandHungerFacts&gclid=COCb1LK81b0CFc1j7AodQBQAzg&s_keyword=gsitelinkbrandHungerFacts.

³ Ibid.

realities are present in hundreds of thousands of cities worldwide, including in Florence, South Carolina, specifically in the city's downtown area.

Learning of these alarming statistics, I felt called to invite community and church leaders to join together with other vested stakeholders to mitigate poverty, food insecurity, and common diet-related disorders such as diabetes in our community. Poverty is an issue that pastors, social service providers, businesses, and various community agencies can mitigate together. Poverty adversely affects everyone, not just people suffering from people living below the poverty threshold. For example, covert government policies rooted in racism, such as the illegal practice of redlining, perpetuate poverty, making it difficult for working people to feed their families in safe and healthy ways, pay bills, and manage other necessities of life.

Problem Statement

Although poverty is an agonizing issue in South Carolina, Florence has a higher poverty rate than other cities in the state. In 2021, Florence had a population of 38,531 residents, 19.1% of whom had an income below the defined poverty level, which is 5.3% higher than South Carolina's average total poverty level.⁴ To make matters worse, South Carolina was ranked 45th in the United States for residents with diabetes.⁵ According to the South Carolina Department of Health and Environmental Control:

- *South Carolina had the 8th highest prevalence of diabetes among adults in the United States in 2018. One in seven adults in South Carolina has diabetes, or approximately 500,000 people.*
- *Approximately one in six African Americans has diabetes, compared to one in eight White adults.*
- *One in four adults over 65 has diabetes. Additionally, one in six in this age group has diagnosed prediabetes, a condition wherein one's blood sugar level is higher than normal but not high enough for a diagnosis of diabetes.*
- *Diabetes prevalence among adults has increased from 12.1% in 2011 to 13.3% in 2018. Diagnosed prediabetes has increased from 6.7% in 2011 to 10.9% in 2018.*

⁴ United States Census Bureau, "QuickFacts: Florence city, South Carolina," accessed January 6, 2022, <https://www.census.gov/quickfacts/florencecitysouthcarolina>.

⁵ United Health Foundation, "America's Health Rankings," accessed January 6, 2022, <https://www.americashealthrankings.org/explore/annual>.

- *One in five adults with an annual household income of less than \$15,000 has diabetes.*⁶

Additionally, BioMed Central Public Health research concluded that type 2 diabetes is “the 7th leading cause of death in SC.”⁷ As a person living with type 2 diabetes, I can attest to the problems it causes, such as low energy, sore muscles, blood glucose monitoring, and the threat of a compromised immune system. These statistics are daunting, and preventative measures are needed to mitigate the prevalence of diabetes in South Carolina and Florence specifically. Work must also be done to combat food insecurity, which refers to a lack of access to healthy food options, as it is considered a significant contributor to diabetes.

The Economic Research Service of the United States Department of Agriculture defines food insecurity as “limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways.”⁸ Such food insecurity led to a health crisis in the United States, in which many people lived with diabetes.⁹ In 2021, 67% of South Carolina residents suffered from food insecurity.¹⁰ This meant that many residents could not afford to purchase food, did not have access to quality food, or did not have access to food in general. Many of these residents did not qualify to receive benefits under the federal Supplemental Nutrition Assistance Program (SNAP). This was a sobering discovery for me because SNAP was created to help alleviate poverty, reduce food insecurity, and improve the nutrition, health, and well-being of people living below the poverty threshold.

⁶ South Carolina Department of Health and Environmental Control, “Diabetes Impact in South Carolina,” Diabetes Initiative of South Carolina, accessed January 6, 2022, <https://scdhec.gov/sites/default/files/media/document/DISC%20Diabetes%20Impact%202020.pdf>.

⁷ Dana M. AlHasan and Jan Marie Ebert, “An ecological analysis of food outlet density and prevalence of type II diabetes in South Carolina counties,” *BMC Public Health* 16, no. 10 (January 2016), <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4700568/>.

⁸ United States Department of Agriculture, “...and Food Security,” *Economic Research Service*, accessed January 13, 2022, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/measurement.aspx>.

⁹ Cheyne K, Smith M, Felter EM, Orozco M, Steiner EA, Park Y, et al., “Food Bank–Based Diabetes Prevention Intervention to Address Food Security, Dietary Intake, and Physical Activity in a Food-Insecure Cohort at High Risk for Diabetes,” *Preventing Chronic Disease*, no. 17 (January 2020):190210. <http://dx.doi.org/10.5888/pcd17.190210>.

¹⁰ *Ibid*.

To refer back to the previous adage, a person can be taught how to fish, but if they do not have access to a healthy body of water in which to fish, they will not be able to live a sustainable life. Additionally, they will not become self-sufficient or free from diseases caused by unhealthy eating habits prompted by inadequate funds or a lack of access to healthy food. The initial idea behind *The 2x3 Initiative* jumpstarted a collective effort that helped stakeholders mitigate poverty, food insecurity, and diabetes and support residents, thereby mobilizing sustainability within a three-mile area. *The 2x3 Initiative* became a much-needed source for encouragement and learning, which helped Florence's churches partner with local community entities such as local schools, businesses, and agencies. This idea was represented by the two (2) in the initiative's name. The initiative also focused on a three-mile area¹¹ surrounding Central United Methodist Church (Central UMC-Florence), as this micro-area made the initiative more manageable. Furthermore, the initiative was guided by the Christian principle of the Trinity (The Creator, Jesus, and the Holy Spirit). The three (3) in the initiative's name represented the Trinity and the three-mile area, and these ideas drove the focus of this initiative.

Project Focus Question

According to the United States Department of Agriculture, in 2020, "38.3 million people lived in food-insecure households," and 6.1 million of these were children.¹² To understand the direct impact that community stakeholders could have on mitigating the food insecurity crisis by collectively offering sustainable food innovation in Florence, the following semi-structured and open-ended research question guided this study:

1. What impact can a collective approach have on mitigating poverty, food insecurity, and diabetes when residents are presented with facilitated health awareness seminars; nutrition tips, such as healthy eating and cooking options; and sustainable food options, including home gardening?

¹¹ See Appendix A.

¹² United States Department of Agriculture, "How Many People Lived in Food-Insecure Households," accessed January 13, 2022, <https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/key-statistics-graphics/#foodsecure>.

This study was conducted in a micro-area of Florence.

Although *The 2x3 Initiative* focused on one small discrete area, poverty is not restricted to one location. I imagine that some of this study's findings and tactics could have broader applications and uses. However, the initiative relied on the involvement of Central UMC-Florence and other vested stakeholders to join the fight in mitigating poverty, food insecurity, and diabetes.

According to Reese, micro-blueprints for change do not rest in organizations or movements. Micro-blueprint movements are “ways individual residents make sense of and navigate the food system, make ways out of no way, and live lives that do not start or stop at the door of the supermarket.”¹³ The founder of the Black Church Food Security Network, Heber Brown, had similar notions about Black food. Brown's organization sought to “co-create sustainable food systems across the United States that [were] anchored by Black churches working in partnership with Black farmers and small business owners” and “[helped] Black churches use their assets to establish gardens on their land, host miniature farmer's markets, and [bought] wholesale from Black farmers.”¹⁴ With this in mind, churches can impact fundamental life changes in their local communities.

Although the statistics for poverty and diabetes are higher in Black communities, *The 2x3 Initiative* relied on partnerships between Central UMC-Florence; people from various socioeconomic and sociocultural backgrounds, experiences, and races; and other community entities. Considering the research viewpoints and the need for positive change related to developing a collective impact approach to mitigating poverty, food insecurity, and diabetes and mobilizing sustainability in Florence, it was essential to bring local churches, communities, and

¹³ Ashante Reese, *Black Food Geographies: Race, Self-Reliance, and Food Access in Washington, DC* (Chapel Hill: University of North Carolina Press, 2019), 133.

¹⁴ Black Church Food Security Network, “About Us,” accessed January 6, 2022, <https://blackchurchfoodsecurity.net/about-us/>.

organizations together. *The 2x3 Initiative* implemented the tenets of this approach through its project innovations.

Project Innovation

I termed the innovation process for this project *The Community PACE Innovation*. The innovations other than the partnership roles will be facilitated with food citizens in two-year cycles. The components of innovation for *The 2x3 Initiative* are as follows:

- **P**artnerships
- **A**wareness and Prevention
- **C**ooking
- **E**mpowerment.

Partnerships

Community partners collectively invested in the positive changes brought about by *The 2x3 Initiative*, and each partner played a unique role in the initiative's success. For example, churches such as Central UMC-Florence were invited to encourage their leaders to pray for God's direction during every step of the implementation process. Additionally, Central UMC-Florence's Outreach Committee¹⁵ was asked to serve as the driving force for the project. Because of church budget restrictions, *The 2x3 Initiative* also secured a generous financial donation from the King Family Foundation. This private non-profit organization served as a valuable partner in the project, particularly in the innovation (implementation) phases. In addition to the positivity of church leaders, McLeod Diabetes Center¹⁶, a health partner, came aboard to facilitate consistent and engaging seminars to educate about and bring awareness to the issues of diabetes.

¹⁵ Central United Methodist Church, "Outreach," accessed January 6, 2022, <https://www.centralmethodist.net/outreach>.

¹⁶ McLeod Health, "McLeod Diabetes Center Treats Chronic Diabetes Patients," accessed January 6, 2022, <https://www.mcleodhealth.org/services/care/diabetes-management/>.

As mentioned previously, children are adversely impacted by poverty and food insecurity. Thus, Florence School District 1's *Farm-to-School Program*¹⁷ entity was invited to partner in this initiative. This entity advocated for and voiced the importance of sound nutrition for students, families, and educators within local schools by offering free gardening tips to residents.

The 2x3 Initiative was turned into a reality through the cooperation of local community residents within the area. Residents were essential to the vision and implementation of *The 2x3 Initiative*. Residents were encouraged to share stories about their experiences with poverty, food insecurity, and home gardening and to discuss their hopes and dreams for their households and communities. Many reported a desire for churches to become more involved in their communities. For example, a mother and father of two children stated that churches are more concerned about building large edifices than tending to their local community's needs. The mother also said that she felt like many church leaders are not aware of the fundamental issues in their communities other than what they hear on the news. Furthermore, she said she wanted to see more church programs create spaces in which people from different socioeconomic and sociocultural backgrounds can meet, tell their stories, and work together for the good of their communities. The residents' stories and concerns emphasized the need for a collective impact approach between churches and other community entities with a "common agenda, shared measurement, continuous communication, and mutually reinforcing activities among all participants."¹⁸ This is important for churches to gauge because, as stated previously, churches have traditionally played pivotal roles in their communities.

¹⁷ Carlos Flores, "Farm at Florence 1 looks to teach agriculture to students and the Florence Community," *WPDE-ABC15 News*, April 3, 2021, <https://wpde.com/news/local/farm-at-florence-1-looks-to-teach-agriculture-to-students-and-the-florence-community>.

¹⁸ John Kania and Mark Kramer, "Collective Impact," *Stanford Social Innovation Review* (Winter 2011): 36–37, <https://login.proxy.library.emory.edu/login?url=https://www.proquest.com/magazines/collective-impact/docview/817183866/se-2?accountid=10747>.

Ortberg suggests that churches can better respond to the needs of communities in their immediate geographic area by building awareness of the changes that occur in society.¹⁹ Because this is relevant to the issues addressed by *The 2x3 Initiative*, it has been essential to focus on urban ministry. Peters argues that failing to address urban ministry creates “alienation, fear, and violence.”²⁰ John McKnight states, “when I’m around church people, I always check whether they are misled by the modern secular vision. Have they substituted the vision of service for the only thing that will make people whole [is their] community [engagement]? [Hence,] are they service peddlers or community builders?”²¹ This also correlates with the views of Howard Thurman, a pastor, scholar, and theologian. He insists that people are called to liberate the oppressed, condemn oppressors (and their cruel systems), and challenge people to repent, resist, and see others as Jesus saw and served them.²² This call is significant to church leaders because they are often looked upon with a certain level of respect and trust by people in their communities, which allows them to give voice and reason to various life-threatening problems.

The church also has a long tradition of bringing people together. Daniel Sack’s book *Whitebread Protestants: Food and Religion in American Culture* illustrates how food brings people together in the church and creates more significant fellowship opportunities connected to food.²³ For example, he explains how food has evolved from communion elements to potlucks, soup kitchens, hunger politics, and moral food. Sack also states that “eating practices reflect their understandings of ritual, community, hospitality, and justice.”²⁴ This also allows church leaders to forge partnerships with vested community stakeholders to address pertinent community issues.

¹⁹ J. Ortberg, “How’s Your Church Doing?” Christianity Today, *LeadershipJournal.net*, accessed January 6, 2022, <http://www.christianitytoday.com/le/currenttrendscolumns/leadershipweekly/churchdoing.html?start=1>.

²⁰ Ronald Peters, *Urban Ministry: An Introduction* (Nashville: Abingdon Press, 2007), 11-12.

²¹ John McKnight, “Why Servanthood is Bad,” *The Other Side*, (January-February 1989): 38.

²² Howard Thurman, *Jesus and the Disinherited* (Boston: Beacon Press, 1976).

²³ Daniel Sack, *Whitebread Protestants: Food and Religion in American Culture* (New York: Palgrave, 2000), 1.

²⁴ *Ibid*, 7.

Similarly, *The 2x3 Initiative* encouraged others to support the ongoing processes of the initiative and attend healthcare seminars.

Awareness and Prevention

The 2x3 Initiative relied on expert advice and feasible information from local healthcare partners such as the McLeod Diabetes Center.²⁵ The center provides participants with a free *Prediabetes Assessment* (CDC Prediabetes Screening Test).²⁶ The center's trained healthcare personnel will also facilitate scheduled in-person or virtual seminars, which food citizens will attend. With the healthcare partner's permission, videos of each seminar section will be recorded and archived for food citizens and other invested stakeholders to watch virtually. Food citizens will also be trained in using other technical processes that can help them improve their health.

Every food citizen will be trained to set up and use *FatSecret*,²⁷ a free and user-friendly online app. This app was chosen because it allows users to input the foods they eat throughout the day. For example, suppose a user overate carbohydrates based on their weight goals and other health measures recommended by our health partners after their initial A1C testing. In this case, the app would send the user an alert to change their eating behavior to stay aligned with their weight goals and other health measures. Overeating carbohydrates could raise their A1C and send their body into diabetic shock, which is not suitable for their overall health.

Additionally, the online app can assist health partners in gathering pertinent nutritional information about the eating habits of each food citizen. This information can help our health partners advise food citizens on the best ways to become healthier, prevent diabetes, and lower healthcare risks. Furthermore, we will provide health awareness and educational sessions and monthly one-on-one health reviews with each food citizen based on reports from the *FatSecret*

²⁵ McLeod Health, "McLeod Diabetes Center Treats Chronic Diabetes Patients."

²⁶ Ibid.

²⁷ FatSecret, "Your Key to Success," accessed January 7, 2022, <https://www.fatsecret.com/>.

online app and other health measures administered by health partners. In addition to health awareness and education, food citizens will be taught how to cook using healthier options.

Cooking

Food is one necessity that helps people become healthier; however, not all food is healthy. Highly saturated foods coupled with poor nutritional habits can lead to dismal health conditions and death. These issues are also compounded by age, family background, and social factors, including sociocultural and socioeconomic variants. Cooking healthier food is a great way to make food more nutritious rather than simply eating food because it tastes good. There is a way to have both. According to WebMD, there are “healthy ways to cook at home.”²⁸ *The 2x3 Initiative* provides food citizens with access to and feasible funding for virtual online cooking classes. Initially, a local master chef agreed to teach in-person classes as part of the initiative; however, due to COVID-19 precautions, the chef decided to leave the project partnership. Thus, the following online resources featuring healthy recipes, foods to fight diabetes, and virtual cooking classes are offered instead:

- EatingWell (a website that features healthy recipes)²⁹
- Fighting Disease with Food (a chart with foods that help prevent diabetes)³⁰
- Carolina Hunger Matters (free virtual cooking classes)³¹
- Institute of Culinary Education (virtual cooking school with some free classes).³²

However, I recommend consulting a licensed physician, board-certified nutritionist, or healthcare educator before participating in any health initiative. Although cooking and eating healthier foods can mitigate food insecurity and diabetes, learning to grow and produce food further

²⁸ WebMD LLC, “Healthy Ways to Cook at Home,” accessed January 7, 2022, <https://www.webmd.com/heart-disease/heart-edu-20/slideshow-healthy-cooking-methods>.

²⁹ EatingWell.com, “Our Best Healthy Recipes Straight from Your Garden,” (August 2021), accessed January 7, 2022, <https://www.eatingwell.com/gallery/12972/our-best-healthy-recipes-straight-from-your-garden/>.

³⁰ See Appendix B.

³¹ Carolina Hunger Initiative, “Cooking Matters at Home,” accessed January 7, 2022, <https://www.carolinahungerinitiative.org/cooking/>.

³² Institute of Culinary Education, “Free Online Cooking Classes: Virtual Instruction from ICE Experts,” accessed January 7, 2022, <https://www.ice.edu/newyork/free-online-cooking-classes>.

empowers food citizens to sustain healthy habits. This can be achieved by empowering them to plant, maintain, and harvest a home garden.

Empowerment

The COVID-19 pandemic has changed how society functions in public. It has pushed people to pay attention to their habits, the safety of their food supply, the ways they access food (at grocery stores, restaurants, and markets), and potential infection risks. Additionally, efficiency and safety when shopping for food or eating in public have become necessities rather than options. Home gardening can serve as a remedy to these concerns. It is also more efficient than community gardening because individuals or families can safely maintain their gardens without coming into contact with others outside their bubble. Home gardening also makes establishing, maintaining, and growing sustainable food easier. For example, Lowe's provides a resource that teaches people how to build raised garden beds step-by-step.³³ However, one must consider their available space before building a raised garden bed, and it is essential to know if one's community allows such beds to be built. With this in mind, *The 2x3 Initiative* offered several resources to help food citizens use the available space on their properties. For example, Central UMC-Florence Outreach Committee volunteers decided to help food citizens build small, raised garden beds or hydroponic gardens.

The hydroponic garden, made using a simple hydroponic Kratky model, old plastic bottle, aquarium system, or other methods, is a unique way to create a home garden.³⁴ Growing herbs and other foods in this way can help one capitalize on their use of limited space. This method can also change one's relationship to food because similar to other gardens, it allows them to see their food's development (growth) from seed to produce, which is empowering. As

³³ M. Marc, "How to Build a Raised Garden Bed," *Lowe's*, accessed January 7, 2022, <https://www.lowes.com/n/how-to/how-to-build-a-raised-garden-bed>.

³⁴ Susan Patterson, *The Hydroponic Garden Secret: How to Grow More Food Faster All Year Long* (Jupiter FL, 2019), 62-107.

part of *The 2x3 Initiative*, the Coordinator of Florence School District 1's *Farm-to-School* program has plans to facilitate classes on growing sustainable food and consistently maintaining home gardens. Food citizens will be provided with materials to build up to four raised beds or hydroponic gardens, depending on their specific needs. They will also receive seeds for planting and enough soil to fill their gardens. The King Family Foundation will fund these resources.

This is a broad overview of the innovation of *The 2x3 Initiative*, which followed Kotter's "8-Step Process for Leading Change."³⁵ The innovation of the initiative was implemented in four phases:

Phase ONE – Steps 1 and 2: Create a sense of urgency and build a guiding coalition³⁶

- Invited Central UMC-Florence's church leaders to enter into a time of prayer, reading scriptures, reflecting, and seeking the Holy Spirit's direction for the initiative.
- Scheduled several meetings to discuss the initial idea of *The 2x3 Initiative* with clergy colleagues, staff, the Outreach Committee, and others at Central UMC-Florence.
- Encouraged the parishioners of Central UMC-Florence to join in the journey moving forward, with the church being the primary stakeholder and incubator for the initiative.

Phase TWO – Steps 3 and 4: Form a strategic vision and initiative (e.g., enlisting volunteers)³⁷

- Sought feedback from local clergy, family, friends, classmates, professors, and others to further the development of the vision and goals of the initiative.
- Solicited specific people to serve as core stakeholders, such as members of Central UMC-Florence, community organizational leaders, school leaders, local clergy, local elected or appointed government officials, and community residents.
- Continued to invite vested stakeholders to pray, read scriptures, take time for reflection and introspection, and seek direction from God.
- Created a project design model (innovations).
- Used Facebook to seek out users within the area to answer *The 2x3 Collective Impact Initiative Research Survey*³⁸ (note: parameters can be set on Facebook to target specific groups).

Phase THREE – Steps 5 and 6: Enable action by removing barriers³⁹

- Compiled information from the surveys.
- Determined the next steps for the initiative, including taking necessary safety precautions during the COVID-19 pandemic.
- Finalized and ordered the initial produce seeds to be planted in the garden (spearheaded by the Coordinator of Florence School District 1's Farm-to-School program).

³⁵ Kotter Inc., "The 8-Step Process for Leading Change."

³⁶ Ibid.

³⁷ Ibid.

³⁸ See Appendix H.

³⁹ Kotter Inc., "The 8-Step Process for Leading Change."

- Constructed metal raised beds for the garden at The Tiny Home Village.
- With the help of members from Central UMC-Florence and other vested stakeholders, poured the soil and sand into the raised beds.
- *Meet with food citizens (initial residents of The Tiny Home Village) and the coalition team to discuss the details and goals of *The 2x3 Initiative*. Four tentative residents are expected to move in on April 30, 2022.
- *Give the garden a name that will be placed on a sign in the garden area for food citizens, vested stakeholders, and the broader Florence community to honor for years to come.
- *With the help of food citizens and vested stakeholders, plant the initial seeds in the raised beds.

Phase FOUR – Steps 7 and 8: Sustain acceleration and institute change [implementation]⁴⁰

- *On May 12, 2022, one of our health partners, Florence/Marion County Clemson Cooperative Extension, will present a community-wide Health and Wellness Program entitled *Know Diabetes by Heart* at Central UMC-Florence.
- *Shortly after the first harvest from the raised bed garden, a healthy alternative cooking class will be facilitated at the Resource Center of The Tiny Home Village with a local master chef and registered dietician.
- *With the help of one of our health partners, the health progress of food citizens will be monitored through monthly one-on-one sessions.
- *Continue to harvest food from the garden and facilitate cooking classes.
- *Host a community-wide feast for food citizens, other vested stakeholders, elected and appointed officials, local churches, and other local organizations and agencies.
- *Evaluate and adjust strategies for improvement, primarily through shared feedback from partners and food citizens.
- *Share information and ongoing results about the initiative with others, including vested stakeholders and partners.⁴¹

Church and Community Partnerships

The 2x3 Initiative formed partnerships with community entities concerned about poverty, food insecurity, and diabetes. The concept was designed to help people mitigate these issues in sustainable ways in the broader Florence community. Specifically, partnerships were formed with the following community entities:

- ✓ *Central UMC–Florence* (primarily Outreach)
- ✓ *King Family Foundation*⁴²
- ✓ *Florence School District 1 Farm-to-School Program*⁴³

⁴⁰ Ibid.

⁴¹ The starred (*) bullets were not completed because of project delays and changes due to COVID-19, which will be explained later in another section.

⁴² CauseIQ, “King Family Foundation,” accessed January 6, 2022, <https://www.causeiq.com/organizations/king-family-foundation,462343119/>.

⁴³ Carlos Flores, “Farm at Florence 1 looks to teach agriculture to students and the Florence Community.”

- ✓ *Helping Florence Flourish*⁴⁴
- ✓ *House of Hope of the Pee Dee – Tiny House Village*⁴⁵
- ✓ *Florence/Marion County Clemson Cooperative Extension*⁴⁶
- ✓ *McLeod Diabetes Center*⁴⁷
- ✓ *Mercy Medicine Free Clinic*⁴⁸
- ✓ *Food Citizens*
- ✓ *Local Volunteer Chefs.*

However, to ensure that *The 2x3 Initiative* became a reputable resource, it was also important to gather pertinent data through research that others could measure and observe.

Project Research Methodology

The two most prevalent research methods are qualitative and quantitative research. A quantitative approach provides more closed-ended data, while a qualitative approach offers more open-ended data.⁴⁹ For example, quantitative research tests theories or assumptions, and the results are recorded as numbers. In contrast, qualitative research is used to understand thoughts or experiences deeply, and information is typically gathered through interviews. The type of approach used depends on the kind of study. With this in mind, a mixed research method was used for *The 2x3 Initiative* because data from both methods provided different information about the study area and participants.

John W. Creswell, a medical professor and senior research scientist at the University of Michigan, argues that a mixed research method “provides a stronger understanding of the problem or question than either by itself.”⁵⁰ Although a mixed approach requires more work, it

⁴⁴ Helping Florence Flourish, “Working Toward A Visible Demonstration of the Unity of the Body of Christ to Bless Florence: About,” accessed January 7, 2022, <https://helpingflorenceflourish.org/about/>.

⁴⁵ Cameron Crowe, “House of Hope Tiny Home Village in Pee Dee taking shape; more work to be done,” *A Gray Media Group, Inc. Station-WMBF News*, April 12, 2021, <https://www.wmbfnews.com/2021/04/12/house-hope-tiny-home-village-pee-dee-taking-shape-more-work-be-done/>.

⁴⁶ Clemson University, “College of Agriculture, Forestry Life Sciences: Extension,” accessed March 21, 2022, <https://www.clemson.edu/extension/>.

⁴⁷ McLeod Health, “McLeod Diabetes Center Treats Chronic Diabetes Patients.”

⁴⁸ Mercy Medicine Clinic, “Services,” accessed April 5, 2022, <https://www.mercymedicine.org/>.

⁴⁹ J. W. Creswell, *Research design: Qualitative, Quantitative, and Mix Methods Approaches*, 4th ed. (Thousand Oaks, CA: Sage Publications, Inc., 2014), 215.

⁵⁰ Ibid.

also provides a broader study perspective. Thus, the mixed research method was used for *The 2x3 Initiative*. The qualitative approach was used to talk with food citizens about their lives, hopes, dreams for their communities, openness to learning more about healthy practices and cooking alternatives, support of or disdain for local churches, and views of local elected officials' concerns (or lack thereof) for the broader Florence community, particularly regarding poverty. The quantitative approach was used to gather empirical data about the demographics of Central UMC-Florence and the redevelopment of Florence. The quantitative approach will also compile health data provided by each food citizen in the initiative, as obtained from the *FatSecret* app. Additionally, this method will capture food citizens' attendance at various gatherings, including health awareness seminars.

Conceptual Framework

Theology

Although not all people accepted the vision of *The 2x3 Initiative* as a church and community project, God's direction has served as the guiding force for the initiative. The primary guiding scripture for this initiative was Matthew 25:31–40, wherein Jesus feeds the hungry and cares for the least among people. Jesus's examples in this biblical lesson are inspirational and encouraging and exemplify His compassion for hungry people. However, as indicated by the survey findings, churches and their leaders often fail to mitigate poverty in local communities in Florence. As stated previously, I believe churches and their leaders must become more intentional about following the core compassion of Jesus, as written in the gospels. Juxtaposed to those who fail the poor, Jesus did His part by caring for the multitudes who were hungry, as observed in Matthew 14:13–21. This is encouraging for churches, as they are often considered central entities in their communities that represent the examples of Jesus, as written in biblical lessons.

Churches that model the compassion of Jesus plays a pivotal role in bringing community groups together because people often look to churches as places of hope and help. However, church leaders must first learn how to develop a change-friendly culture that is more inviting to others, including those beyond church walls. This is represented in John Kotter's *Classical Model*, which helps organizational leaders (including church leaders) follow "The 8-Step Process for Leading Change."⁵¹ These techniques can empower organizations and leaders to develop innovations for positive change. For example, inviting people from various sectors in the broader community to develop a shared vision (one of the model's eight steps) can create more buy-in for change. This correlates with Peter Block's viewpoint that community citizens must become engaged participants in initiatives and ask for what they need rather than merely observing bureaucrats and other organizations do the work for them.⁵² This notion is an invitation for community entities, including churches, to listen and pay attention to the stories of community residents who are adversely affected by various issues.

According to several local Florence residents at a community meeting hosted by a Greek-lettered fraternity organization, church leaders frequently visit their neighborhoods. They distribute food, clothes, and other items they believe the residents need. However, one resident stated that while these items are helpful, it would be better for church leaders to take the time to ask residents what they genuinely need. She commented that people in her neighborhood do not want to be deemed charity cases; instead, they want opportunities to be self-sufficient and to surmount their life issues through their own engagement. Another resident stated that such a response builds community rapport, street credit, and awareness more effectively. I have found that it also builds trust and new respect between the church and the community.

⁵¹ Kotter Inc., "The 8-Step Process For Leading Change," accessed January 6, 2022, <https://www.kotterinc.com/8-step-process-for-leading-change/>.

⁵² Peter Block, *Community: The Structure of Belonging* (San Francisco: Berrett-Koehler Publishers, Inc., 2009), 73.

Additionally, a 50-year member of Central UMC-Florence stated that churches, especially larger churches such as Central, must do everything possible to become more relevant to the broader Florence community. She said that, in her experience, many churches had become institutions that mirror country clubs rather than institutions that work together for community change. She added that this is primarily a White church issue (Central UMC-Florence is White). Her passion for her church aligns with the 2016 edition of *The Book of Discipline of The United Methodist Church*, which states that local United Methodist churches have a core mission “to make disciples of Jesus Christ for the transformation of the world.”⁵³ As outlined in demographic data, church leaders must understand their neighbors to accomplish this mission.

Demographics

According to the United States Census Bureau, in 2020, Florence had a population of 39,899 and a median household income of \$49,525. White people made up 47.7% of the population, Black people made up 47.6%, Hispanics or Latinos made up 2.1%, and those of two or more races made up 1.5%.⁵⁴ Additionally, the poverty ratio of families of two or more persons in Florence was as follows:

- Black – 28.2%
- White – 5.9%
- Hispanic – 10%
- Asian – 27.4
- Other races – 28.5%.⁵⁵

As indicated in the demographics, the population of Whites was higher than every other race; however, the poverty ratio among these other races was significantly higher.

⁵³ The United Methodist Publishing House, *The Book of Discipline of The United Methodist Church 2016*, 93.

⁵⁴ United States Census Bureau, “QuickFacts: Florence city, South Carolina.”

⁵⁵ MissionInsite PeopleView, January 2022. This is a church account (<https://peopleview.missioninsite.com/app/#/welcome/demographics/step-5>) where I customized a research query to gather information on the number of households, race, poverty, and income of those living within a three-mile radius surrounding Central UMC-Florence. This data connects to various reputable resources, including the U.S. Census.

Archived Information

According to an archived map⁵⁶ of the downtown area of Florence in 1905, the area was once quite diverse. For example, Plots 11 and 12 (Central UMC-Florence on the corner of Irby and Cheves Street) and Plot 1 (Florence Baptist Church at the intersection corner of Palmetto and Irby Street) were predominately White churches. Plot 2 (Mt. Zion African Methodist Church, now Poynor Adult Education School, on the corner of Palmetto and Dargan Street) and Plot 15 (marked as “N church” for “Negro church,” now Cumberland United Methodist Church, one of the oldest churches in Florence, at the top left of the map on Coit Street) were predominately Black churches. As recorded in an interview with a 103-year-old longtime resident of Florence, “the downtown area also included residential homes. Many of the homes were mostly Black people because it made it easier for them to walk to work, which kept the city growing. White people stayed near the country club and other fancy areas.”⁵⁷

As observed in another archived map of the downtown area, by 1918,⁵⁸ the area began to shift more towards businesses, pushing out Black residents. For example, as the 103-year-old resident pointed out on the earlier map, area 10 was made up of homes in the North Florence area, and the resident also stated that this was an all-Black residential area. Today, most homes in North Florence have been abandoned or demolished, making way for predominately White businesses. Over 100 years, the landscape of the downtown area has completely changed.

The *Existing Land Use of Florence, South Carolina*,⁵⁹ shows the area around Central UMC-Florence (the spaces between McLeod Regional Hospital, Maple Park, Timrod Park, and Levy Park in the center of the map). For example, “Area of Focus” on page 1.6 and “Central

⁵⁶ See Appendix C.

⁵⁷ Interviewee is now deceased, and her family gave me verbal consent to use the necessary content from the interview for this project; however, requested that I omit her name from this project, although the interviewee signed a letter of consent.

⁵⁸ See Appendix D.

⁵⁹ See Appendix E.

Residential Neighborhoods” on page 1.8 of the *2011 Comprehensive Plan of Florence* (10 Year Plan)⁶⁰ show the 2021 redevelopment plan for the downtown district in Florence. This area is intended to attract affluent people. Additionally, the redevelopment is designed to create spaces for high-end boutiques, shops, cultural centers, franchise hotels, expensive condominiums, and a more expansive medical center. This would eventually remove most longtime residents, primarily Black residents, from downtown. The residential areas just outside the downtown area of Florence (a three-mile radius) are now considered a “food desert,” as represented in the upper red zone area of the *SC Food Desert Map*.⁶¹ This is important to note because Blacks are currently being pushed out of the downtown area due to redevelopment, and the area they are being pushed into is the only area deemed a food desert in Florence. One could argue that this issue is coincidental, as no one has presented a comprehensive study of gentrification in Florence; however, the archived information points to systemic poverty.

Poverty Defined

In the United States, “the current official poverty measure was developed in the early 1960s when President Lyndon Johnson declared war on poverty. This measure did not reflect the key government policies enacted since that time to help low-income individuals meet their needs.”⁶² The federal government annually determines the poverty threshold (national poverty level) through the Census Bureau.⁶³ This threshold represents the federal government's estimate of how much cash income is insufficient to meet the basic needs of a family of a given size. For

⁶⁰ Kendig Keast Collaborative, “Comprehensive Plan: Florence, South Carolina,” accessed January 7, 2022, <http://www.kendigkeast.com/pdf/Florence-NC-Comprehensive-Plan/mobile/index.html>.

⁶¹ South Carolina Department of Health and Environment Control, “SC Food Desert Map,” accessed January 7, 2022, <https://gis.dhec.sc.gov/fooddesert/>.

⁶² Economics and Statistics Administration, “Measuring America: How the U.S. Census Bureau Measures Poverty,” *U.S. Department of Commerce*, accessed January 7, 2022, https://www.census.gov/content/dam/Census/library/visualizations/2017/demo/poverty_measure-how.pdf.

⁶³ Office of the Assistant for Planning and Evaluation, “2021 Poverty Guidelines,” *U.S. Department of Health and Human Services*, accessed January 7, 2022, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>.

example, in February 2021, the federal poverty level in the 48 contiguous states and the District of Columbia, excluding Hawaii and Alaska, was as follows:

- \$12,880 for an individual
- \$17,420 for two people
- \$21,960 for three people
- \$44,660 for eight people.⁶⁴

These people do not qualify for welfare assistance, such as SNAP benefits or Medicaid.⁶⁵ Many of these instances have left working families with children in impoverished situations.

According to “A Project of the South Carolina Appleseed Legal Justice Center,” conducted in 2005, more than 64,000 working families with children in South Carolina lived slightly above the poverty threshold.⁶⁶ This is a daunting reality for hard-working people in South Carolina every day. Additionally, it was alarming to learn how poverty adversely impacts African Americans.

Race and Poverty

I once met a single African American woman raising a three-year-old who came into a local restaurant and ordered her food only to discover she did not have enough money to pay for her order. She appeared to be ashamed and hurt because of this situation. Thus, I paid for her food order and invited her to sit and eat with me, and we shared stories about life, church, family, finances, and eating healthy. She stated that she made approximately \$16,000 a year in wages but found it difficult to pay for childcare, food, rent, utilities, transportation, and other necessities. She sadly stated that she was afraid of not having enough money to balance her day-to-day finances. I shared with her that my mother, an African American woman who had been married

⁶⁴ Ibid.

⁶⁵ Economic Research Service, “Rural Poverty & Well-Being,” *U.S. Department of Agriculture*, accessed January 7, 2022, <https://www.ers.usda.gov/topics/rural-economy-population/rural-poverty-well-being/#howis>.

⁶⁶ South Carolina Appleseed Legal Justice Center, “Poverty Despite Work: A Project of the South Carolina Appleseed Legal Justice Center,” (April 2005), <https://www.scjustice.org/wp-content/uploads/2012/04/the-working-poor-in-sc-poverty-despite-work.pdf>.

but became a single mother, raised five children on one income. We often had to do without particular life necessities, including healthy food.

This experience further proved that some people do not have access to financial opportunities to help them become more self-sufficient, which is daunting in the United States, “the land of plenty.”⁶⁷ After conducting some research, I discovered that the wages of the woman I had spoken to were above the income requirement of \$22,646 (before taxes) to qualify for SNAP in South Carolina for a household of two people,⁶⁸ forcing her to make difficult decisions about food security and other life matters. This woman’s story is similar to many other stories about how poverty has adversely impacted people, especially those affected by the global food system.

Ayres states that “the global food system is dizzyingly complex and prone to evoke paralysis or even despair in even the most committed religious ‘foodies.’”⁶⁹ This is particularly relevant to Central UMC-Florence because the church is less than a mile south of one of the most impoverished areas in the broader Florence area, which is deemed a food desert.⁷⁰ However, regardless of whether an area is considered a food desert, poverty is still a widespread issue in South Carolina. Statistics show that poverty is even more alarming among Black children in the broader Florence area. According to the Annie E. Casey Foundation, the concentrated poverty level of Black children in Florence County was 29.2% between 2014 and 2018, which was approximately 8% higher than the overall rate of poverty in all other counties in South

⁶⁷ The Conversation US, Inc., “U.S. is a Land of Plenty, So Why Do Millions of Americans Still Go Hungry,” *The Conversation*, (March 2016), <https://theconversation.com/u-s-is-a-land-of-plenty-so-why-do-millions-of-americans-still-go-hungry-55791>.

⁶⁸ Benefits.Gov, “South Carolina Supplemental Nutrition Assistance Program (SNAP).”

⁶⁹ Jennifer R. Ayres, *Good Food: Grounded Practical Theology*, 14.

⁷⁰ Paula Dutko, Michele Ver Ploeg, and Tracey Farrigan, “Characteristics and Influential Factors of Food Deserts,” *Economic Research Service of the United States Department of Agriculture*, Economic Research Report, no 140 (August 2012), https://www.ers.usda.gov/webdocs/publications/45014/30940_err140.pdf.

Carolina.⁷¹ With this in mind, a collective approach by vested stakeholders was required to address poverty in the broader Florence area to curb the high rate of diabetes connected to poverty and food insecurity.

Diabetes

Work to mitigate diabetes has also been undertaken in other cities. For example, in partnership with food banks and Feeding America, the Centers for Disease Control and Prevention created a pilot project from November 2017 through March 2019 that promoted health awareness, including diabetes prevention, in the Alameda County Community Food Bank in Oakland, California. “The purpose of this pilot project was to assess the effectiveness of a food bank-delivered intervention aimed at improving food security, dietary intake, and other risk factors for type 2 diabetes among food-insecure clients at risk for diabetes.”⁷² However, the project failed because its first food bank went through “organizational changes and no longer could provide DPP [diabetes prevention programs] classes.”⁷³ Although the initiative failed, the concept of preventing diabetes was still feasible. Thus, the idea behind *The 2x3 Initiative* resembles the DPP concept, including the fight against broken food systems that permeate many communities, particularly African American communities.

Justice for Equitable Food Systems

Melanie Harris analyzes the genius of the Rev. Dr. Martin Luther King, Jr. in her book *Ecowomanism: African American Women and Earth-Honoring Faiths*, wherein she argues in support of King’s challenge to White Americans. King challenged White Americans to see African Americans “as fully human, as equally deserving of rights,” treat them humanely, and

⁷¹ Annie E. Casey Foundation, “Children living in areas of concentrated poverty by race and ethnicity in South Carolina,” accessed January 6, 2022, <https://datacenter.kidscount.org/data/map/7370-children-living-in-areas-of-concentrated-poverty-by-race-and-ethnicity?loc=42&loct=2#5/any/true/false/1692/1427/14451/Orange/>.

⁷² Cheyne K, Smith M, Felter EM, Orozco M, Steiner EA, Park Y, et al., “Food Bank–Based Diabetes Prevention Intervention to Address Food Security, Dietary Intake, and Physical Activity in a Food-Insecure Cohort at High Risk for Diabetes,” *Preventing Chronic Disease*, no. 17 (January 2020):190210. <http://dx.doi.org/10.5888/pcd17.190210>.

⁷³ Ibid.

“change public policy and laws that degraded persons of African descent.”⁷⁴ Harris further argues for better environmental awareness and action, citing work conducted by the National Association for the Advancement of Colored People, Dorothy Heights, the National Council of Negro Women, and other documents on “the history of environmental action and justice work among African Americans.”⁷⁵ This argument also correlates with my previously mentioned experience with the single African American woman whose earnings were slightly above the poverty wage, preventing her from receiving subsidized government assistance.

Harris also argues against systems that do not provide equitable access to healthy food, mainly impacting women and children. This correlates with Phelps’s argument that nearly one-third of all Black people have lived in poverty since 1988, indicating a “disproportionate victimization of African-Americans through economic poverty, especially women and children.”⁷⁶ This further correlates with the work of Darriel Harris, the first Cynthia and Robert S. Lawrence Fellow at the Center for a Livable Future. Through Harris’s leadership, the center developed a Food Citizen Project that provided local food citizens⁷⁷ (not consumers or participants) with opportunities to voice concerns about their health, food systems, and living a sustainable life in their community. Giving a voice and identity to these people empowered them to challenge existing systems, including the food systems that had traditionally failed them. It also created a sense of resilience within them.

One example of people demonstrating resilience in their community was in the Deanwood area of Washington, DC, historically known as a Black community. In this community, people came together to deal with poverty and food insecurity without apology.

⁷⁴ Melanie L. Harris, *Ecowomanism: African American Women and Earth-Honoring Faiths* (Maryknoll: Orbis Books, 2021), 66.

⁷⁵ *Ibid.*, 105-106.

⁷⁶ Jamie T. Phelps, “Joy Came in the Morning Risking Death for Resurrection: Confronting the Evil of Social Sin and Socially Sinful Structures,” in *A Troubling in My Soul: Womanist Perspectives on Evil and Suffering*, ed. Emile Townes (Ossining: Orbis Books, 1993), 48.

⁷⁷ Center for a Livable Future, “Food Citizen.”

They created Black food geographies that transcended food issues and gave themselves better access to food by creating home gardens. According to Reese, “the garden was a product of the local grassroots organization’s desire to address food insecurity in predominately Black neighborhoods and residents’ desires to do something meaningful in their community.”⁷⁸ Although injustices are still prevalent in society and are perpetuated by systematic constraints, people are still resilient, inspiring hope.

These are just a few stories of community resilience and determination that sparked the drive for *The 2x3 Initiative*. The initiative has inspired, encouraged, and empowered vested stakeholders, especially food citizens, to become more proactive. Their proactivity has come alive through their collective efforts to mitigate food insecurity and diabetes and mobilize sustainability through health awareness, healthy cooking, and home gardening. Although the initiative has not been fully implemented because COVID-19 caused several project delays and setbacks, it is still necessary to evaluate the innovation processes to ensure that each level of the initiative functions efficiently and as designed.

Evaluation Goals

The ongoing success of *The 2x3 Initiative* will be frequently evaluated, ensuring that innovative processes are practical, ethical, and implemented efficiently. The following are initial benchmarks for evaluation:

1. Administer healthcare seminars on several topics to bring food citizens awareness of preventing diseases connected to poor eating habits. These seminars will be facilitated monthly over one year in a hybrid manner (in-person and feasible virtual video call options) with a trained facilitator connected to a healthcare partner.
2. Encourage initiative food citizens to continue using the healthy eating online app.
3. Challenge initiative food citizens to continue maintaining their home gardens with help from other vested stakeholders and partners.
4. Incite interest in creating a Florence Food Council Network.
5. Incite dialogue and awareness of how corrupt food systems perpetuate poverty and food insecurity.

⁷⁸ Ashante Reese, *Black Food Geographies: Race, Self-Reliance, and Food Access in Washington, DC* (Chapel Hill: University of North Carolina Press, 2019), 113.

These cornerstones will be measured through the participation of initiative food citizens in monthly health awareness seminars, shared nutritional reports, shared stories, and home gardening activities, including the production of planted food and comprehensive milestones set by the coalition (core design team). *The 2x3 Initiative* will also embrace a simple evaluation process,⁷⁹ and each food citizen will have their healthy habits assessed before the start of the project and again upon its completion. The survey results will not be presented in this project submission because of the delays caused by the COVID-19 pandemic. However, the work is far from over, as this initiative is a life-long project needed in the broader Florence area, specifically the defined three-mile area.

Conclusion

People should not accept adages that imply everyone can become self-reliant if they are taught specific skills. Many do not consider issues of equality and equitability, which contribute to poverty, food insecurity, and conditions such as diabetes. Poverty is an agonizing problem that can affect all people. As such, *The 2x3 Initiative* is a call for pastors, social service providers, businesses, and various community agencies to come together to mitigate this issue.

The time to come together is now, considering that in America, over 35 million people lived in poverty in 2019, 38.3 million people lived in food-insecure households in 2020, and approximately 500,000 adults lived with diabetes in South Carolina in 2018. With these statistics in mind, *The 2x3 Initiative* will continue to bring local churches, communities, agencies, and organizations together in Florence, South Carolina, to mitigate these issues through collective impact efforts. The initiative also will mobilize vested stakeholders, including residents and food citizens, by providing health awareness, disease prevention education, healthy cooking alternatives, and education on how to grow healthy food through home gardening. Diligent

⁷⁹ See Appendixes F and G.

research, primarily qualitative research, will be further conducted. This will be done through additional literary reviews, surveys, and other archival resources, although it should be noted that the initiative's innovation processes incurred several changes, delays, and failures.

Project Changes, Delays, and Failure

Although ample research was conducted, innovation phases were envisioned, and partnerships were forged, COVID-19 created significant project delays and failed implementation. For example, the initial research method was to conduct door-to-door residential interviews in various neighborhoods within the defined area. However, because of safety concerns, this plan was interrupted. Additionally, the initial project was designed to create a community garden adjacent to Central UMC-Florence. The church's Board of Trustees voted to set aside a specific plot of land on campus for this endeavor. However, the City of Florence denied the permit for this endeavor after local elections shifted the power dynamics of the city. I am convinced that most of these newly elected leaders are not supporters of Central UMC-Florence. Some church members that wish to remain nameless argued the decision was political, as a community garden would pose an issue for the economic development and aesthetics of the downtown area.

A prayerful decision was made to shift from a community garden to helping residents establish home gardens. With the help of four local pastors, four initial food citizens (family households) were selected to start the initiative from each quad area on the three-mile radius map. However, two of these food citizens decided to wait because of COVID-19 concerns. Therefore, another prayerful decision was made to shift the home gardens to The Tiny Village of Florence because of time restraints. This community in Florence will comprise 24 tiny houses that will provide shelter and temporary housing for those with no place to go.⁸⁰ Because this

⁸⁰ Cameron Crowe, "House of Hope Tiny Home Village in Pee Dee taking shape; more work to be done."

community is a two-year transitional opportunity, mainly for small and single-parent families, it is ideal for implementing *The 2x3 Initiative*. It is also ideal because the community is less restrictive and will allow food citizens to participate on-site without worrying about traveling to other areas. Furthermore, they can join with other food citizens living in The Tiny Village of Florence. However, because of building supply delays and other uncontrollable issues such as inclement weather, the village was unable to open in August 2021. The first move-in has been postponed to the summer of 2022, at which time I will have completed this doctoral project and will be appointed to a different church in another city.

The goal of *The 2x3 Initiative* failed to answer the project focus questions feasibly, although the initiative goals were lofty and well designed. As illustrated, many uncontrollable issues led to changes and delays, preventing the full implementation of two of the four innovation phases. However, the collective impact approach concept is still a feasible model and can be implemented in the Florence area and replicated in other regions and cities with the help of God and vested stakeholders.

Survey Findings

According to the survey findings, 26 people over the age of 18 responded to the social media survey. The survey was specifically set to reach 5,000 people within the three-mile area. Each potential respondent was asked to select the closest landmark to their current residence. The results were as follows: 46.15% lived near Briggs Elementary School, 34.62% lived near MUSC Florence Hospital, and 19.23% lived near West Florence High School. Of the 26 people who responded to the survey, 23 were White, two were Black, and one was Hispanic. Additionally, from a list of income range choices, 19.2% reported an income of \$13,000–\$21,000, 11.54% reported \$22,000–\$32,000, 11.54% reported \$33,000–\$50,000, 30.77% reported \$51,000–\$75,000, and 26.92% reported above \$75,000. Of the respondents, 96.1%

believed poverty to be an issue in their community, and 92.31% believed diabetes to be an issue. Furthermore, 57.69% of the respondents believed that local churches do not adequately address poverty in their communities. In addition, 76.92% of the respondents stated that they practice good nutritional habits, 50% knew their glucose (sugar and A1C) numbers, and 84% of respondents stated that they would be willing to participate in free educational workshops on health, cooking better meals, and creating a home garden if offered.

Assumptions

Although 26 people took the survey, several observations came to mind. First, the survey findings implied that Black and Hispanic people were not as concerned with poverty, food insecurity, diabetes, and making food more substantial through home gardening than Whites. However, one could argue that many Blacks and Hispanics did not take the survey because they did not have time for other obligations, such as work. Additionally, no Asians or people of two or more races completed the survey. Second, respondents from three predominately White communities participated; however, no one near Wilson High School participated. Black communities highly populate this area, and communities near the high school are the only area deemed a food desert in Florence. There may have been several reasons why more Blacks, Hispanics, Asians, and other combined races did not complete the survey. However, the results were still alarming, considering diabetes is higher in this area. Third, most of the survey respondents were well above the poverty threshold of \$12,880 for an individual and \$21,960 for a family of three.

Additionally, most respondents felt that churches are not doing enough to mitigate poverty in their communities. A more qualitative research approach would have allowed respondents to share their thoughts about how churches could mitigate poverty in their respective communities. The qualitative research method would have helped project volunteers from

Central UMC-Florence meet more people in the church's community and listen to their stories about poverty, food insecurity, health awareness, and home gardening. However, because of COVID-19 restrictions, the method was changed to a social media survey.

Hopeful Future

The hopeful outcome assumption for *The 2x3 Initiative* is for food citizens to resist poverty, tackle food insecurity perpetuated by unfair food systems, and prevent and overcome diabetes. The initiative will also help food citizens sustain healthy lifestyles and food independence through home gardening projects. Additionally, I hope other pastors, social service providers, businesses, and various community agencies will come together to mitigate these issues and encourage others to join the mitigation efforts. I also hope others will replicate this initiative in their respective areas with necessary changes relevant to their contextual setting and other issues.

Although many changes were made and aspects of the initiative were not implemented, I hope the initiative will be implemented in *The Tiny Village* when the initial residents move into the community in May 2022. Regardless of the setbacks, *The 2x3 Initiative* remains a feasible resource for vested church and community stakeholders.

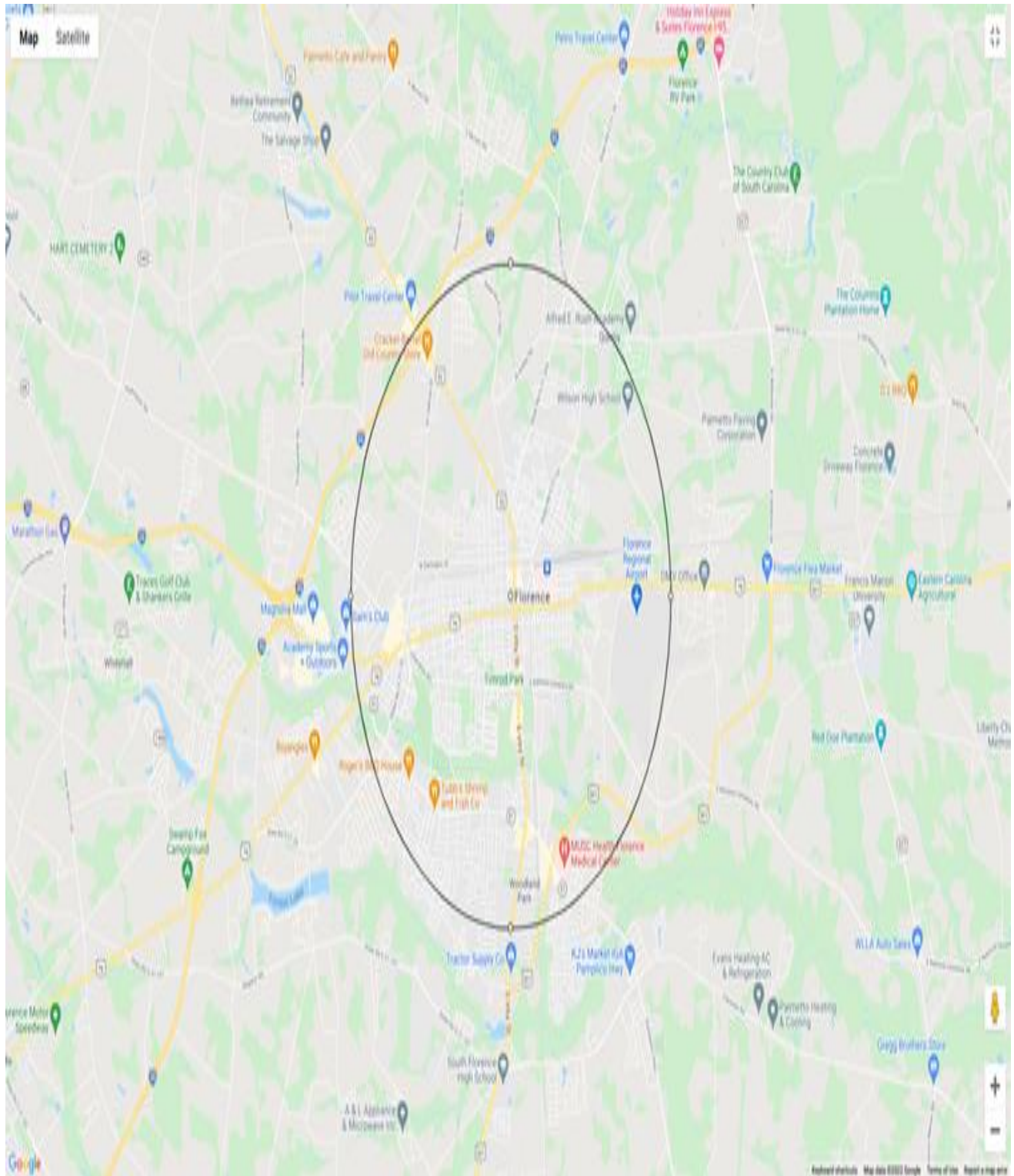
The initiative is a feasible project because it will help local churches, communities, and vested stakeholders mitigate poverty, food insecurity, and diabetes and create sustainable healthy living habits. I hope *The Community PACE Innovation* components, the conceptual framework, and my timeline notes on the four phases will serve as models for others to emulate accordingly.

The future for this change initiative is hopeful and possible not only for Florence but also for other cities, especially considering that poverty, food insecurity, and diabetes are common in many communities. Because these issues are widely prevalent, *The 2x3 Initiative* will remain a viable collective impact approach tool for churches, communities, stakeholders, and future

generations. I challenge and encourage others to join the fight, including pastors, social service providers, businesses, and community agencies. Indeed, “the harvest is plentiful, but the laborers are few.”⁸¹ We can mitigate these issues through health awareness, alternative cooking options, and home gardening. I do not believe we are alone, and God is with us and will help us in this fight.

⁸¹ Matthew 9:37.

Appendix A Map: Three-mile Radius Surrounding Central UMC-Florence



Appendix B

Fighting Disease with Food (Diabetes)⁸²

DIABETES

A complex condition that affects how the body uses glucose, resulting in too much glucose in the blood. If diabetes is not well controlled, or left untreated, it leads to health complications such as blindness, kidney failure, loss of circulation in the extremities resulting in amputation, and increased risk of heart attack and stroke.

Foods	Health Benefits	How To Use	Composition (based on Cup)
 <p>Apples</p>	Apples contain pectin, as well as fiber, which helps to reduce the intensity of insulin and blood glucose responses, resulting in better glucose control and less risk of heart disease. ¹	Breakfast is the best time for diabetics to eat apples. Fresh apples are definitely preferable to canned apples that may be sweetened, or dried apples where the sugar is more concentrated.	Fresh Apples Carbohydrate: 17 g Fat: 0 g Protein: 0 g Sodium: 1 mg Vitamin C: 5.7 mg Vitamin E: 0.2 mg Dietary Fiber: 3 g
 <p>Blueberries</p>	Blueberries contain vitamins C and E which improve glucose tolerance ² as well as reduce inflammation. ³ Both these vitamins protect against damage to eyes, kidneys and blood vessels. ²	Blueberry Waffles: Blend ½ cup cashews, 1 tablespoon honey and 1 cup water until smooth. Add 1 ¼ cups water, 2 cups rolled oats, 1 teaspoon vanilla, ½ teaspoon salt and blend well. Stir in 1 cup blueberries. Bake in waffle iron until steaming stops.	Fresh Blueberries Carbohydrate: 21 g Fat: 0 g Protein: 1 g Sodium: 1 mg Vitamin C: 14.4 mg Vitamin E: 0.8 mg Dietary Fiber: 4 g
 <p>Avocados</p>	Avocados may help to normalize the fat composition of the blood, reduce cholesterol levels and may help to maintain a reasonable blood glucose level. ⁴ They also contain a reasonable amount of dietary fiber.	Avocado Guacamole: Combine mashed avocado, a little fresh chopped onion and tomato, minced garlic, lemon juice and salt to taste. Chill for 30 minutes to allow flavors to blend. Eat with carrot and celery sticks or on baked potatoes.	Fresh Avocados Carbohydrate: 13 g Fat: 22 g Protein: 3 g Sodium: 11 mg Vitamin C: 15 mg Vitamin E: 3.1 mg Dietary Fiber: 10 g
 <p>Olives</p>	The nutrients found in olives have been found to be effective in improving endothelial function, normalizing lipids, reducing blood pressure, preventing clotting and reducing inflammation. ⁵	Consume one serving of olives (usually 10 olives or 2 tablespoons of tapenade) daily. Choose olives simply cured with water and salt. It is best to avoid olives preserved with vinegar and other substances.	Small Canned Olives Carbohydrate: 8.06 g Fat: 14.8 g Protein: 1.34 g Sodium: 1,172 mg Vitamin C: 1.2 mg Vitamin E: 2.28 mg Dietary Fiber: 4.03 g
 <p>Potatoes</p>	During digestion, the fiber and complex carbohydrates found in potatoes cause glucose to be released slowly. Used in moderation they prevent a sharp drop in blood glucose levels. ⁴	Perfect Baked Potatoes: Pierce the skin of a scrubbed potato a number of times with a fork. Rub olive oil over the skin of the potato. Place in a baking dish and bake in the oven for 90 minutes at 300°F, or until soft.	Baked Potatoes Carbohydrate: 63 g Fat: 0 g Protein: 7 g Sodium: 30 mg Vitamin C: 28.7 mg Vitamin E: 0.1 mg Dietary Fiber: 7 g
 <p>Black Beans</p>	Beans are rich in fiber and have a low glycemic index. Consumption of beans helps to lower postprandial glucose and insulin concentrations, contributing to better glycemic control, and reduced hemoglobin A1C levels. ⁶	Black Bean Butternut Bowl: Place shredded lettuce in a bowl. Separately combine ½ cup warm Roasted Butternut Cubes,* ½ cup warm cooked black beans and ½ cup warm cooked quinoa. Spoon into the bowl with lettuce. Drizzle with Avocado Ranch Dressing.*	Cooked Black Beans Carbohydrate: 41 g Fat: 1 g Protein: 15 g Sodium: 2 mg Folate: 256 mcg Omega-3: 181 mg Dietary Fiber: 15 g

36

HEALTH TIP: A ten-minute walk after each meal helps move sugar out of the blood stream and into the cells.²

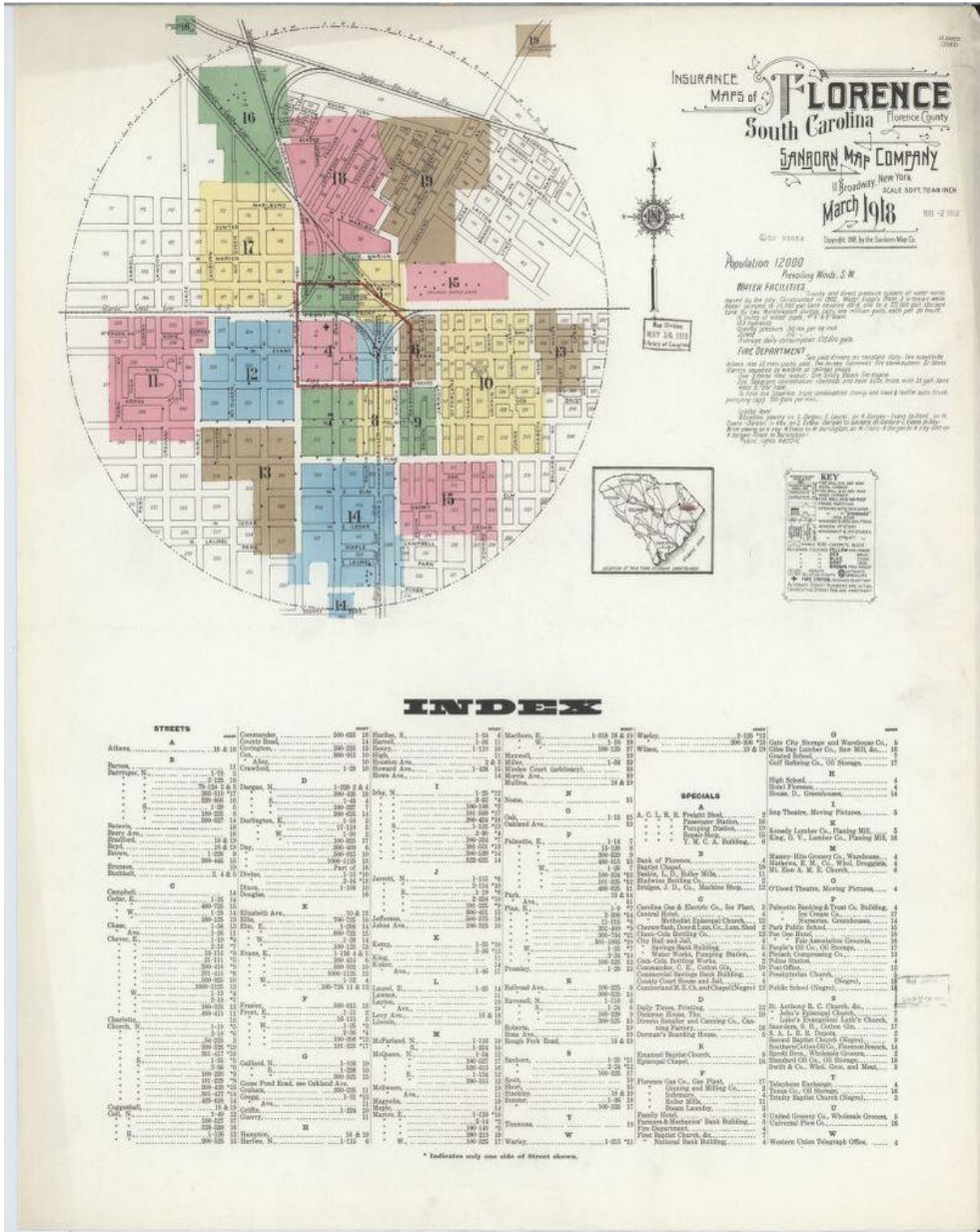
⁸² Colleen Louw, *Fighting Disease with Food* (Coldwater: Remnant Publications, 2019), 36.

Appendix C 1905 Zoning Map of Downtown Florence⁸³



⁸³ Archived in Central UMC-Florence's Schofield Library.

Appendix D 1918 Zoning Map of Downtown Florence⁸⁴

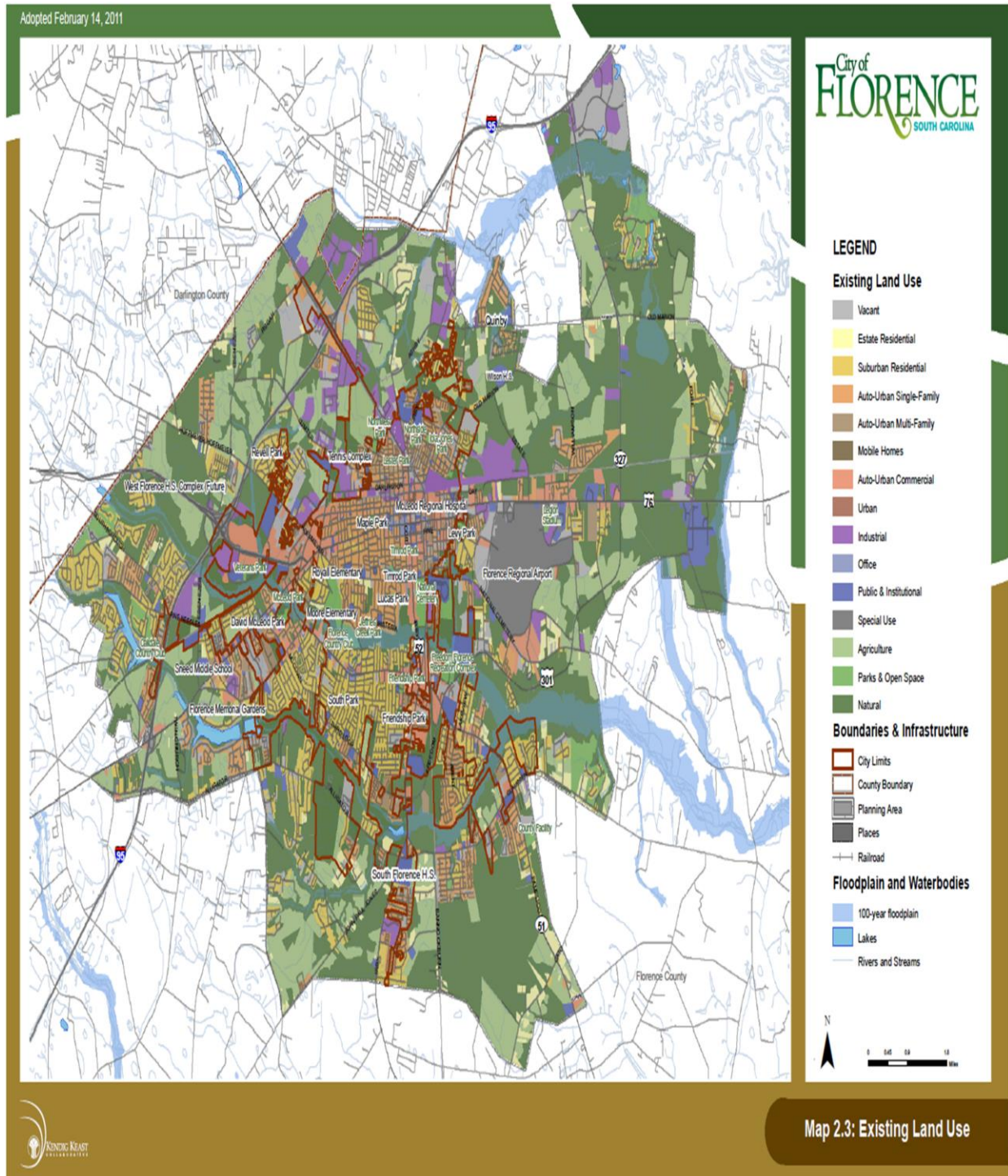


⁸⁴ Ibid.

Appendix E

Existing Land Use of Florence, South Carolina

(Used to Redevelop the Downtown Area of Florence, South Carolina, by 2021)⁸⁵



⁸⁵ Kendig Keast Collaborative, “Map 2.3: Existing Land Use of Florence, South Carolina,” (February 2011), <http://www.kendigkeast.com/project/comprehensive-plan-florence-sc/>.

Appendix G
EXIT SURVEY
The 2x3 Initiative

Instructions: Please answer all questions openly and honestly that best represents your feedback.

Please circle one number for each statement/question below: (1= Poor to 5=Best)

1. The lessons of each session were clear. 1 2 3 4 5
2. The instructions for each project lesson were easy to follow. 1 2 3 4 5
3. The instructors were engaging. 1 2 3 4 5
4. I was satisfied with each class's time/day offerings. 1 2 3 4 5
5. How would you rate the initiative? 1 2 3 4 5
6. Have your health improved since you began this initiative based on measurable information provided by health professionals and the online application? **Yes or No**
7. Would you recommend this initiative to others? **Yes or No**
8. Was the hybrid approach to learning appropriate for you (a mix between virtual learning and in-person sessions)? **Yes or No**
9. Have your thoughts changed about poverty, food insecurity, diabetes, healthy cooking, and home gardening changed since you became a food citizen? **Yes or No**
10. What would you change about this process?

11. In what way(s) has this process improved your Christian spiritual formation/faith relating to health?

12. In what way(s) has this initiative drawn you closer to God, including serving as change agents exemplary to Jesus Christ, as discussed in biblical gospels?

Optional (Please write your name for additional follow-up):

Appendix H

The 2x3 Collective Impact Initiative Research Survey

Introduction

This anonymous survey will gather pertinent information about residents and businesses living and serving within a three-mile radius from Central UMC-Florence. The survey aims to help students and potential community stakeholders, including residents and businesses, mitigate poverty, food insecurity, and diabetes in the defined radius area. The information is for educational research purposes and should take approximately 10 minutes.

Instructions

Please carefully read each survey inquiry and select the appropriate answer that fits your current life situation to the best of your ability. Thank you in advance for taking part in this research survey.

Survey Inquiries

1) From the list of choices, please select the closest landmark to your current place of residence (i.e.. Your house, condominium, or apartment).

- A. Wilson High School
- B. MUSC Florence Hospital
- C. Briggs Elementary School
- D. West Florence High School

2) From the list of choices, please select your age group.

- A. 18-35
- B. 36-50
- C. 51-64
- D. 65 and over

3) From the list of choices, please select your income range.

- A. \$13000-21000
- B. \$22000-32000
- C. \$33000-50000
- D. \$51000-75000
- E. Above \$75000

4) How many people reside in your household?

- A. 1
- B. 2
- C. 3
- D. 4 or more

5) From the list of choices, what is your racial background?

- A. Black
- B. White

- C. Hispanic
- D. Asian
- E. Other combined race

6) From the list of choices, please select how long you have lived/worked in your current community.

- A. Less than a year
- B. 1-5 years
- C. 6-10 years
- D. 10 or more years

7) Do you believe poverty is an issue in your community?

- A. Yes
- B. No

8) Do you believe diabetes is an issue in your community?

- A. Yes
- B. No

9) Are you affiliated with a local church community?

- A. Yes
- B. No

10) Do you believe local churches are adequately addressing the issue of poverty in your community?

- A. Yes
- B. No

11) Do you consider yourself a person that practices good nutritional habits?

- A. Yes
- B. No

12) Do you know your Glucose (Sugar and A1C) health number?

- A. Yes
- B. No

13) Are you willing to make medically advised changes to improve your health, if offered?

- A. Yes
- B. No

14) Are you willing to participate in free educational workshops on health, cooking better meals, and creating a home garden, if offered?

- A. Yes
- B. No

15) If the answer is yes, to #14, please confidentially email your name, email domain, telephone number, and the best day and time to contact you to DCattenhead@centralmethodist.net. Subject Line: The 2x3 Initiative.

Again, thank you for taking the time to complete this research survey.

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