

1 **Is urban growing of fruit and vegetables associated with better diet quality**
2 **and what mediates this relationship? Evidence from a cross-sectional survey.**

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27 **Abstract**

28 Urban agriculture (UA), the growing of fruits and vegetables in urban and peri-urban areas, may
29 improve food security and access, public health and dietary quality on both a broad and personal
30 scale. However, there is little research on the relationship between UA and diet, and potential
31 mediating factors are also unclear. This study aimed to investigate if proximity to and engagement
32 with UA is associated with better diet quality, and what accounts for this relationship. UK-based
33 adults (N=583, 69% Female) completed measures of proximity to and engagement with UA,
34 perceived access to fruits and vegetables, health and ethical food choice motivations, connection
35 with nature, psychological distress and dietary quality in an online survey. Participants were
36 recruited from UA-related groups and the general public. Proposed relationships were analysed
37 using a structural equation model. Greater proximity to and engagement with UA was associated
38 with greater perceived access to fruits and vegetables, more health-related food choice motivations,
39 more ethical-related food choice, feeling more connected with nature, and, surprisingly greater
40 psychological distress. Furthermore, proximity to and engagement with UA was indirectly associated
41 with better diet quality via health-, and ethical-related, food choice motivations. While the direct
42 pathway between proximity to and engagement with UA and diet quality was not significant, UA is
43 associated with better diet quality, partly via healthier and ethical food choice motivations.
44 Upscaling UA may have benefits for dietary quality via these factors, and more research is needed to
45 test causal relationships and understand these complex interactions.

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47 Keywords: urban agriculture, food production, diet, food choice motivations, rurbanisation, health,
48 sustainability

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50 **1. Background**

51 The negative consequences of poor diet are well-documented and far reaching. Overconsumption of
52 energy dense, unhealthy food is a major driver of overweight and obesity, and the associated

53 comorbidities are creating a major global public health challenge (Ng et al., 2014). Under-consumption
54 of fruits and vegetables also presents chronic disease risks, such as heart disease (Boeing et al., 2012;
55 van Breda & de Kok, 2018). The EAT-Lancet report recommended that fruit and vegetable
56 consumption needs to double in order to achieve optimal diets for planetary and human health
57 (Willett et al., 2019), highlighting the critical need to rapidly increase access and availability of such
58 foods to support healthy, sustainable diets. In addition, food insecurity affects an estimated 2 billion
59 people worldwide, including 8% of the populations of Northern America and Europe (FAO, 2019). In
60 the United Kingdom (UK), a significant proportion of households are unable to achieve sufficient
61 nutrition because of limited food access (Loopstra et al., 2019; Taylor & Loopstra, 2016). The
62 consequences of this include stress, reduced well-being and unhealthy eating habits, therefore
63 contributing further to poor diet and health (Taylor & Loopstra, 2016). Also, political uncertainty (e.g.
64 Brexit), climate concerns, and the COVID-19 pandemic pose added threats to food security (Garnett
65 et al., 2020), prompting the need for sustainable solutions to ensure adequate, nutritious food for the
66 population. Tackling these global challenges is a priority as shown by the Sustainable Development
67 Goals of the United Nations number 2 – Zero Hunger and 12 – Responsible consumption and
68 production (United Nations, 2020).

69

70 Urban agriculture (UA), the growing of fruits and vegetables in urban and peri-urban (suburban) areas
71 may represent a solution to ensure a sustainable, efficacious and holistic food system, improving
72 health, well-being, and food security (Audate et al., 2019; Brown & Jameton, 2000; Draper &
73 Freedman, 2010; Genter et al., 2015; Soga, Gaston, et al., 2017; Van Den Berg et al., 2010). UA
74 encompasses a broad range of informal and formal food production operations, from urban
75 allotments and home/ community garden growing, to commercial urban farms (De Zeeuw, 2004).
76 Historically, UA has been relied upon to mitigate food shortages during crises, such as war (Mok et al.,
77 2014). More recently, evidence suggests that UA may help improve diet quality and reduce food

78 inequalities (Edmondson et al., 2020; Martinho da Silva et al., 2016; Poulsen et al., 2015; Zezza &
79 Tasciotti, 2010).

80

81 Recent findings have suggested that UA has positive impacts on health (Genter et al., 2015), and on
82 determinants of health, such as nutrition, physical activity, and well-being (Aude et al., 2019). A
83 range of small-scale studies indicate that engagement with UA of various forms may promote well-
84 being (Kingsley et al., 2009; Soga, Gaston, et al., 2017; Van Den Berg & Custers, 2011; Wood et al.,
85 2016). For example, adults who took part in regular allotment gardening scored higher on a measure
86 of general mental health than non-gardeners (Soga, Cox, et al., 2017). A recent meta-analysis (Spano
87 et al., 2020) also indicated that community gardens and horticultural interventions have therapeutic
88 benefits for psychosocial well-being; however this meta-analysis also highlighted poor study quality
89 and the need for more controlled, quantitative assessment of these benefits.

90

91 Furthermore, there is some evidence that engagement in urban growing is associated with healthier
92 diet (Kamphuis et al., 2006). Increased access to healthier food is an important motivating factor for
93 home growing (Garcia et al., 2018; Lanier et al., 2015; Ruggeri et al., 2016), and these motivations
94 may translate into healthier dietary choices; for example, participation in community gardens and
95 urban home garden programmes is associated with increased fruit and vegetable consumption in
96 adults (Alaimo et al., 2008; Litt et al., 2011; Palar et al., 2019). UA may also have a positive impact in
97 reducing the likelihood of having overweight and obesity (Zick et al., 2013). However, there are also
98 methodological limitations in this literature, such as uncontrolled studies, insufficient data analysis,
99 and small sample sizes which limit the strength of these conclusions and require further
100 investigation.

101

102 Thus, while there is preliminary evidence linking engagement in UA with healthier diets, the
103 mechanisms that may account for this relationship are not well-understood. Identifying the drivers

104 of this relationship is important as a means of informing changes in policy and good practice if UA is
105 to be supported as a food systems solution. A plausible explanation is that UA simply provides
106 greater access to fruits and vegetables, and this is an often-cited benefit of UA (Garcia et al., 2018).
107 However, the individual differences and situational factors underpinning food choice are more
108 complex than this, and other factors are likely involved (Connors et al., 2001; Prescott et al., 2002;
109 Sobal et al., 2014).

110

111 Motivations to eat healthily and ethically/ sustainably are often cited as motivations for engaging in
112 UA (Al-Mayahi et al., 2019; Martinho da Silva et al., 2016; Ruggeri et al., 2016) and may explain the
113 relationship between UA and diet. Furthermore, studies of non-gardening populations suggest that
114 people with such motivations typically report healthier and more environmentally-conscious diet
115 patterns. For example, reporting pro-environmental behaviours appears to be associated with
116 following a health-conscious diet (Asvatourian et al., 2018). Similarly, others have shown that
117 individuals who report more environmental and ethics-related concerns about food also have
118 healthier diets (Allès et al., 2017) and healthy eating attitudes (Sun, 2008).

119

120 UA may also serve as a way of reconnecting people with nature, which could, in turn, have health
121 benefits. As population centres move away from rural areas, a disconnect with nature and green
122 space may be experienced (Maller et al., 2006), which seems to be detrimental to well-being and
123 associated with stress (Uhlmann et al., 2018). Stress has been identified as a driver of poor health
124 and unhealthy dietary choices (Ng et al., 2014; Sominsky & Spencer, 2014). Conversely, exposure to
125 nature appears to have benefits for sustainable behaviours, well-being and diet. Nature exposure
126 promotes environmentally sustainable behaviour, as evidenced by more co-operative and
127 sustainable harvesting strategies in an experimental task (Zelenski et al., 2015), whilst also having
128 benefits for well-being and stress reduction (Bowler et al., 2010; Greiman, 2014; Hazer et al., 2018;
129 Hunter et al., 2019; Pamela Pensini et al., 2016; Roe et al., 2013; South et al., 2018). Exposure to

130 nature scenes has also been shown to increase healthier dietary choices by encouraging people to
131 be more future thinking and delay short-term gratification (Kao et al., 2019). Therefore, as exposure
132 to nature is likely to happen when engaging in UA, increased connection with nature and wellbeing
133 may also be potential explanations for the relationship between UA and diet.

134

135 Taken together, while there is emerging evidence for a relationship between UA and improved diet
136 quality, there is a lack of understanding of the mediating factors which may underpin this
137 relationship; identifying such mechanisms is critical for future work that seeks to develop the
138 beneficial impacts of UA. Considering the evidence described above, theoretically, UA may be
139 associated with i) greater perceived access to fruits and vegetables, ii) increased connection with
140 nature, iii) lower psychological distress, and iv) increased health and ethical food choice motivations,
141 which may in turn promote improved dietary quality and health. However, to our knowledge, there
142 has been no empirical investigation of these potential pathways linking UA with healthier diets.

143

144 Finally, although much of the evidence for associations between UA and better dietary choices and
145 well-being is based on reports of *engagement* with UA, some findings suggest that proximity to UA
146 may be enough to have some benefits. Alaimo et al (2008) found that increases in fruit and
147 vegetable intake were seen in participants with household members involved in a community
148 garden, suggesting that such distal exposure to UA might act to improve diet by increasing access to
149 fruit and vegetables or by priming healthy eating motivations of those not necessarily directly
150 involved in UA. Similarly, Hawkins et al (2013) found that even just exposure to UA (“being” at an
151 allotment) had similar well-being benefits to engagement in UA (gardening activities). Therefore, the
152 benefits of UA may be experienced via a combined effect of proximity and engagement with UA,
153 although research that has tested this is lacking. This is an important aspect to consider as many
154 more people are proximal to urban food growing activities compared with those that are directly

155 engaged, and if benefits are conferred with proximity this has important implications for urban food
156 growing as a health intervention.

157

158 Addressing these gaps, the current study used a cross-sectional online survey to test if proximity to
159 and engagement with UA is associated with better diet quality, and what mediates this relationship.
160 We collected data from a large sample of adults across the UK and used a structural equation model
161 to test the following hypothesis.

162

163 Hypothesis: Greater proximity to, and engagement with, urban agriculture will be positively
164 associated with greater perceived access to fruit and vegetables, more health and ethical concern-
165 related choice motivations, feeling more connected to nature, and negatively associated with
166 psychological distress; in turn, these factors will be positively associated with a healthier diet, apart
167 from psychological distress, which will be negatively associated with healthier diet. These
168 predictions are displayed as a hypothesised statistical model in Figure 1.

169

170 **2. Method**

171 *2.1 Participants*

172 Participants were recruited from the Qualtrics participant panel and by an opportunity sample of
173 members of the general public. The Qualtrics participant panel is an online platform where
174 individuals participate in online studies and are financially reimbursed for their time. Qualtrics
175 distributed the survey to members of their panel, and were paid a fee by the research team for
176 doing so. The survey was distributed to panel members aged 18 years and over, who were based in
177 the UK. To ensure that our participant sample would include participants who were engaged or
178 interested in urban agriculture (as this was critical to addressing our research questions), we
179 supplemented the Qualtrics participant panel recruitment by specifically targeting study adverts to
180 urban growing and home gardening groups based in the UK, such as allotment societies,

181 horticultural groups, social media communities and discussion forums related to home food
182 growing. We took this recruitment approach in order to capture the experiences of participants from
183 a range of backgrounds.

184

185 We aimed to recruit 595 participants. A sample size calculation indicated that 475 participants were
186 needed for 90% power at alpha .05 (H0, Root Mean Square Error of Approximation (RMSEA) = .01,
187 H1 = RMSEA = .08 (Hu & Bentler, 1999; MacCallum et al., 1996)). We increased this by 20% to allow
188 for attrition. We aimed to recruit 400 participants via the Qualtrics participant panel, plus 195
189 participants from the general public to ensure that our sample contained a mixture of participants
190 who did and did not have experience of urban agriculture. Participants were eligible to take part in
191 the study if they were aged 18 years or over and based in the UK.

192

193 *2.2 Measures*

194 *2.2.1 Demographics*

195 Participants indicated their gender (male, female, other, prefer not to say), age (years), height and
196 weight, employment status, and ethnic group (Asian/Asian British; Black/ African /Caribbean/ Black
197 British; Mixed/ Multiple ethnic groups; White; Other; prefer not to say). They also reported their
198 education level, post-tax household income and household composition (the number of adults, and
199 children under 14 years old). Income and household composition were used to calculate Equivalised
200 Household Disposable Income (EHDI; 55). We used EHDI and education level as a proxy for
201 Socioeconomic status (SES).

202

203 *2.2.2 Urban Agriculture Proximity and Engagement (UAPE)*

204 We devised a series of questions to measure participants' proximity to and engagement with urban
205 agriculture on a continuous scale. Participants were presented with the following definition of UA:
206 *"Urban agriculture is defined as growing fruits and vegetables in urban or suburban areas"*. They

207 then completed a series of four questions to assess their proximity to (3 questions) and engagement
208 (1 question) with UA. Proximity questions asked about participants' awareness of examples of UA,
209 such as allotments, growing in gardens, growing on balconies, within their i) neighbourhood (defined
210 as 1 mile/20-minute walk of their home), ii) within their town or city, or iii) elsewhere. Responses
211 were scored so that higher scores reflected participants indicating awareness of higher number of
212 UA examples in their proximity. Engagement questions asked if participants took part in any forms of
213 UA and how frequently they engaged in this (daily to less often Scores reflected the number of
214 examples of UA participants engaged in and the frequency they engaged in this, with higher scores
215 representing greater engagement in UA. Scores for proximity and engagement were combined to
216 give a total score; higher total scores indicated greater proximity to and engagement with UA.
217 Further details of the questions and scoring are shown as Supplementary Material. Cronbach α value
218 for the measure was .851.

219

220 *2.2.3 Perceived accessibility of fruits and vegetables*

221 Three questions, adapted from previous studies (Caldwell et al., 2009; Ma et al., 2013) were used to
222 assess perceived accessibility of fruit and vegetables. Participants reported the following: i) the
223 number of supermarkets and shops selling fresh fruits and vegetables, and farmers' markets within 1
224 mile/20-minute walk of their home. ii) their level of agreement with the following statements: 1. "A
225 large selection of fresh fruit and vegetables is available in my neighbourhood" (responses 1= strongly
226 disagree to 5= strongly agree); and iii) how easy or difficult they find it to access fresh fruits and
227 vegetables (response 1= very difficult to 4 = very easy). Higher scores on these questions represent
228 better perceived access to fruit and vegetables. Cronbach α value for the measure was .614.

229

230 *2.2.4 Food Choice Questionnaire – Health and Ethics subscales*

231 Endorsement of health-related and ethics-related eating motives was assessed using the Health
232 Concern (6 items) and Ethics Concern (3 items) subscales of the Food Choice Motivations

233 Questionnaire (FCQ; Steptoe et al., 1995). Health Concern (FCQ-H) items assess motivations for food
234 that are driven by health concerns (for example, “It is important to me that the food I eat on a
235 typical day keeps me healthy”). Items on the Ethics Concern (FCQ-E) subscale assess food choice
236 motivations motivated by political and environmental concerns (e.g. “It is important to me that the
237 food I eat on a typical day is packaged in an environmentally friendly way”). Responses are scored
238 from 1 (not at all important) to 4 (very important) and a mean for each subscale is calculated.
239 Greater mean scores for each subscale indicate more health- and ethics-related food choice
240 motivations. Cronbach α value was .881 for the Health Concern subscale, and .782 for the Ethics
241 Concern subscale.

242

243 *2.2.5 Nature Relatedness Scale (NR-6)*

244 Feelings of connection with nature were assessed using the 6-item Nature Relatedness Scale (Nisbet
245 & Zelenski, 2013). Participants reported their agreement with statements about the way they view
246 their relationship with the natural world (e.g. “My relationship with nature is an important part of
247 who I am”). Responses were scored 1 (disagree strongly) to 5 (agree strongly). Mean of the total
248 response was calculated as a score for connection with nature, with higher scores representing
249 greater feelings of connection. Cronbach α value for the measure was .862

250

251 *2.2.6 Depression Anxiety Stress Scales 21 (DASS-21)*

252 Psychological distress was measured using the 21-item Depression Anxiety Stress Scales (DASS-21;
253 62). This scale comprises of 3 subscales: Depression, Anxiety and Stress, measured by 7 items each.
254 Participants responded on a 4-item Likert scale, anchored 0 (did not apply to me at all) to 3 (applied
255 to me very much of most of the time) to indicate how much they felt each statement applied to
256 them over the previous week. Statements refer to feelings of depression, anxiety and stress.
257 Cronbach α value for the three subscales were: Depression α = .945; Anxiety α = .902; Stress α =
258 .917.

259

260 *2.2.7 Short Food Frequency Questionnaire (SFFQ)*

261 Diet quality was assessed with a short food frequency questionnaire (SFFQ), which has been used in
262 previous studies (Green et al., 2016; Keenan et al., 2020; Robinson et al., 2021). Such brief dietary
263 quality assessments that are based on larger food frequency questionnaires, including a similar
264 measure which includes most of the foods used in the SFFQ, are predictive of diet quality and have
265 acceptable reliability and validity (Roberts et al., 2018; Roberts, 2017; Schaffer et al., 1997).

266

267 Participants reported how many portions of 1) fruits and 2) vegetables they ate per day; response
268 options were none to five or more (scored none = 0 to five or more = 5). Participants reported how
269 often they consume the following foods: wholemeal bread, white bread, fried chicken, crisps,
270 processed meat, sugary drinks, oily fish, other fish. Responses options ranged from “more than once
271 per day” to “never” and were coded more than once a day = 7 to never = 1. Responses for white
272 bread, fried chicken processed meat, crisps, and sugary drinks were reverse coded (more than once
273 a day = 1; never = 7) and summed with scores for wholemeal bread, oily fish, other fish, and fruit and
274 vegetables. A higher total score represents better diet quality. Cronbach α value for the measure
275 was .683.

276

277 Participants also reported how many of the portions of fruits and vegetables they consume were
278 grown locally (response range “all” to “none” plus “I don’t know” option). These data were for
279 descriptive purposes and do not form part of the diet quality score.

280

281 *2.3 Procedure*

282 The survey was delivered through Qualtrics via a weblink. Participants viewed the Participant
283 Information Sheet and provided informed consent at the start of the study. Then they were
284 presented with the definition of UA and completed the UAPE. Next the NR-6, questions about

285 perceived access to fruits and vegetables, FCQ-E, FCQ-H, DASS-21, SFFQ, Demographic and SES
286 questionnaires were presented in a random order. Survey completion took approximately 20
287 minutes. Participants from the general public were offered entry to a prize draw at the end of the
288 study to win a share of £250 shopping vouchers as thanks for their time. The £250 prize fund
289 comprised of five prizes: a £100 voucher, two £50 vouchers, and two £25 vouchers. Winners were
290 selected at random upon completion of all data collection. Participants recruited from the Qualtrics
291 participant panel were paid by Qualtrics for the time spent completing the survey. The study was
292 approved by the University of Liverpool Health and Life Sciences Research Ethics Committee,
293 Reference 5383. Data were collected in July-August 2019.

294

295 *2.4 Analysis*

296 Scale scores were calculated in accordance with author recommendations (NR-6, FCQ-E, FCQ-H,
297 DASS-21, SFFQ) or as detailed above. Descriptive data were processed using SPSS 24 (IBM Corp,
298 2016). The proposed structural equation model was analysed in MPLUS (Muthén & Muthén, 2017)
299 with a Satorra-Bentler correction for non-normal data (Savalei, 2014). Model fit criteria were
300 standardised root mean residual (SRMR) values $<.08$; comparative fit index (CFI) and, Tucker-Lewis
301 Index (TLI) $\geq .95$ (Hu & Bentler, 1999); root mean square error of approximation (RMSEA) $\leq .08$
302 (Browne & Cudeck, 1992). Unstandardized regression coefficients and 95% Confidence Intervals (CI)
303 are reported. Perceived access to fruits and vegetables and psychological distress were treated as
304 latent variables and evaluated using Confirmatory Factor Analysis (CFA); model details and
305 evaluations are presented in the Supplementary Material. Analysis of effects found in the model was
306 carried out using bias corrected bootstrapping. Covariances between FCQ-E and FCQ-H, NR-6 and
307 FCQ-E, NR-6 and FCQ-H, and Depression and Anxiety scales of the DASS-21 were added in the model
308 based on Modification Indices.

309

310 Data from participants who were missing values for any of the key variables of interest (UAPE, NR-6,
311 questions about perceived access to fruits and vegetables, FCQ-E, FCQ-H, DASS-21, SFFQ), or who
312 provided improbable values (e.g. reporting 1000 supermarkets within their neighbourhood) were
313 removed from the dataset. The study protocol and analysis plan were preregistered on Open Science
314 Framework: <https://osf.io/4zrhy/>.

315

316 An adjusted, supplementary version of the proposed model controlling for age and EHDI (see
317 Supplementary Material) was also run. Not all participants provided this data so sample size was
318 reduced ($N=520$). Model fit criteria and latent variables were as described above. Adding age and
319 EHDI to the model did not improve model fit or explain the effects reported in the main analysis, so
320 the unadjusted model based on a larger sample size is presented here, and the results for the
321 adjusted analysis are available in the Supplementary Material.

322

323 **3. Results**

324 *3.1 Participants*

325 Six hundred and twenty-four participants reached the end of the survey. Following removal of
326 incomplete and improbable responses the sample available for analysis was $N=583$. Participants had
327 a mean age of 42.75 years (*s.d.* 15.71, range 18-86 years).

328

329 Participant characteristics are displayed in in Table 1. Most participants were female ($n=400$; 69%)
330 and white (87.5%). Regarding employment status, 46.5% were employed full-time, 17.2% were
331 employed part-time; 14.2% were retired; 7.2% were unable to work or a homemaker; 5.8% were
332 students; 3.8% were unemployed and not seeking work; 2.1% were unemployed and seeking work;
333 1.2% selected “prefer not to answer; 1.2% did not provide a response; 0.9% reported voluntary
334 employment. Most participants (79.9%; 466) scored above 0 on the UAPE, indicating that most
335 participants had some exposure to UA.

336

337 Table 1. *Participant characteristics.*

	<i>Mean</i>	<i>Standard deviation</i>	<i>Range</i>
Age (y)	42.75	15.708	18 – 86
BMI kg/m ² *	27.14	6.15	16.38 – 57.09
UAPE-total score	34.43	30.56	0 – 133
Perceived access - Supermarkets	3.68	3.30	0 – 30
Perceived access- shops	3.06	4.08	0 - 30
Perceived access – farmers’ markets	1.07	2.59	0 – 30
Health-related Food Choice	3.11	.67	1 – 4
Motivations			
Ethics-related Food Choice	2.72	.85	1 – 4
Motivations			
Connection with nature	3.70	.87	1 – 5
DASS – Anxiety	8.33	9.91	0 – 42
DASS – Depression	10.90	12.02	0 - 42
DASS - Stress	11.93	10.93	0 – 42
Diet Quality	45.72	7.92	15 - 63

338 *Note.* BMI = Body Mass Index; UAPE = Urban Agriculture Proximity and Engagement Scale – total
 339 score; DASS = Depression, Anxiety Stress Scales. **n*=540 for BMI as not all participant provided these
 340 data.

341

342 *3.2 Structural model*

343 The structural equation model is shown in Figure 2. The model was an acceptable fit of the data
 344 (SRMR = .070, CFI = .964, TLI = .942, RMSEA = .058). Although the TLI was slightly below the ≥.95 cut

345 off described by Hu and Bentler (1999), other model fit indices were good. Direct associations
 346 between the variables are shown in Table 2.

347

348 Table 2. *Direct associations between the variables.*

Association	<i>b</i> (<i>SE</i>)	<i>p</i>	95% CI
UAPE → Diet quality	-.002 (.013)	.850	-.024 to .019
UAPE → Perceived access to fruits and vegetables	.014 (.005)	.010	.006 to .023
UAPE → Health-related food choice motivations	.003 (.001)	<.001	.002 to .005
UAPE → Ethics-related food choice motivations	.008 (.001)	<.001	.006 to .009
UAPE → Connection with nature	.009 (.001)	<.001	.008 to .011
UAPE → Psychological distress	.045 (.016)	.004	.019 to .071
Perceived access to fruits and vegetables → Diet quality	-.371 (.038)	.010	-.609 to -.133
Health-related food choice motivations → Diet quality	2.469 (.570)	<.001	1.531 to 3.406
Ethics-related food choice motivations → Diet quality	1.259 (.391)	.001	.616 to 1.901
Connection with nature → Diet quality	.404 (.418)	.333	-.283 to 1.092
Psychological distress → Diet quality	-.273 (.038)	<.001	-.336 to -.210

349 *Note.* UAPE = Urban Agriculture Proximity and Engagement Scale – total score; CI =confidence
 350 intervals; SE = standard error.

351

352 The direct effect of UAPE score on diet quality was not significant. However, consistent with our
 353 hypothesis, greater UAPE total score was associated with greater perceived access to fruits and
 354 vegetables, health-related food choice motivations, ethically- related food choice motivations, and
 355 nature connectedness. However contrary to predictions, greater UAPE score was associated with
 356 greater psychological distress

357

358 Both health-related food choices motivations and ethics-related food choices were associated with a
 359 better diet quality. Greater perceived access to fruits and vegetables was unexpectedly related to
 360 poorer quality diet, as was greater psychological distress. There was no association between
 361 connection with nature and diet quality.

362

363 *3.3 Mediation analysis*

364 The indirect effects of UAPE on diet quality are shown in Table 3. There were significant indirect
 365 effects of UAPE score on diet quality through health-related food choice motivations, ethics-related
 366 food choice motivations and psychological distress. Indirect effects through perceived access to
 367 fruits and vegetables, and connection with nature were not significant. Therefore, in line with our
 368 hypothesis, higher UAPE total score predicted more health and ethics-related food choice
 369 motivations, which in turn predict a better diet quality. However, an unexpected finding is that
 370 higher UAPE total score also predicts greater psychological distress, which then predicts poorer diet
 371 quality.

372

373 Table 3. *Hypothesised indirect effects.*

Association	<i>b (SE)</i>	<i>p</i>	95% CI
UAPE → Perceived access to fruits and vegetables → Diet quality	-.005 (.003)	.105	-.011 to .000
UAPE → Health-related food choice motivations → Diet quality	.008 (.003)	.005	.004 to .013
UAPE → Ethics-related food choice motivations → Diet quality	.010 (.003)	.004	.004 to .015
UAPE → Connection with nature → Diet quality	.004 (.004)	.332	-.003 to .010
UAPE → Psychological distress → Diet quality	-.012 (.005)	.014	-.021 to -.004

374 *Note.* UAPE = Urban Agriculture Proximity and Engagement Scale – total score; CI =confidence
375 intervals; SE = standard error.

376

377 *3.4 Structural model adjusted for age and SES*

378 We repeated the analysis of the structural equation model adjusting for the effects of age and EHCI
379 on UAPE score and diet quality. Sample size for this analysis was reduced due to missing data ($N =$
380 520 from 583). Model fit for this model was poorer than for the structural model described above.

381 This indicates that adjusting for the effects of age and EDHI did not explain any additional variance in
382 the model or the results described above. AIC and BIC were 28328.626 and 28507.722, respectively,
383 for the unadjusted model, compared to 41890.819 and 42111.918 for the adjusted model.

384 Additional details of the adjusted model are shown in Supplementary Material.

385

386 *3.5 Exploratory Analysis - Separate effects of Proximity and Engagement Scores*

387 Two additional exploratory analyses were conducted to test if the effects seen in the hypothesised
388 structural model were specific to UAPE-Proximity or UAPE-Engagement Scores by substituting these
389 UAPE total score and re-running the analysis described above. The results of this analysis are
390 presented as Supplementary Material (Tables S3-S6). The overall pattern of results from these
391 analyses was similar to the results presented in the main analysis described above. Thus, the effect
392 of UAPE total score on diet quality via health and ethics-related food choice motivations and
393 psychological distress is being driven by both proximity and engagement with UA, rather than either
394 one in isolation.

395

396 **4. Discussion**

397 This study explored the association between proximity to and engagement with UA and diet quality,
398 and whether this relationship is explained by one or more of several mediating factors. Results
399 indicated that greater proximity to and engagement with UA is associated with greater perceived

400 access to fruits and vegetables, health and ethical-related food choice motivations, nature
401 connectedness, and, unexpectedly, greater psychological distress. Mediation analysis revealed that
402 the relationship between UA and higher diet quality was indirectly explained by health and ethical-
403 related food choices motivations. There was also a counter-intuitive indirect effect whereby UA was
404 associated with poorer diet quality via higher psychological distress. Adding potential confounders to
405 the model, namely age and EHDI, and exploring separate effects of proximity or engagement with
406 UA, did not alter these findings.

407

408 Our findings indicate that participants who reported greater proximity to and engagement with UA
409 were more motivated by health and ethical concerns when making food choices, which in turn was
410 associated with having a better-quality diet. Thus, the relationship between UA and diet can be
411 partially explained by people being more motivated by health and ethical issues when making food
412 choices. This is partly consistent with previous literature, as health and sustainability motivations
413 have been highlighted as reasons for taking part in UA (Al-Mayahi et al., 2019; Martinho da Silva et
414 al., 2016; Ruggeri et al., 2016), and these motivations for food choices are associated with healthy
415 eating attitudes (Sun, 2008). UA may also act as a potential health promotion intervention (Brown &
416 Jameton, 2000; Genter et al., 2015; Howarth et al., 2020), and our findings suggest that specifically
417 incorporating and targeting health and ethical-related food choice motivations within such
418 interventions may facilitate UA's beneficial impact on diet quality

419

420 Contrary to our hypothesis, greater perceived access to fruits and vegetables was associated with a
421 poorer quality diet. This is surprising as others have shown that such access is associated with
422 increased fruit and vegetable consumption (Caldwell et al., 2009). One explanation could be that
423 access to fruits and vegetables alone is not sufficient to improve diet quality. We quantified access
424 to fruits and vegetables via numbers of local shops, supermarkets and farmers markets that sell such
425 produce, however these retailers also likely sell other, less healthy foods that could contribute to

426 lower diet quality scores. However, it should be noted that the mediation pathway between UA-
427 perceived access to fruits/vegetables and diet quality was not significant, meaning that this finding
428 and potential explanation should be interpreted with caution.

429

430 The observed association between UA and *greater* psychological distress was unexpected and goes
431 against a growing amount of evidence for beneficial effects of home growing and gardening on
432 psychological wellbeing (Genter et al., 2015; Howarth et al., 2020). One tentative explanation is that,
433 because these data are cross-sectional, we are unable to determine temporal relations between the
434 variables, specifically whether participants in our sample who were already experiencing
435 psychological distress may have turned to UA as a way of coping with distress. In our exploratory
436 analysis we saw that scores for engagement with UA, not proximity to UA, were associated with
437 greater psychological distress (Tables S4, S6), which may support this. This would fit with recent
438 suggestions that gardening could be beneficial treatment for poor well-being (Howarth et al., 2020).
439 It is also worth noting that the mean scores shown in Table 1 for Anxiety and Depression subscales
440 of the DASS-21, our measure of psychological well-being, are within the ranges for “mild severity” of
441 symptoms (Lovibond, S. H., & Lovibond, 1995). Estimated mean ($\pm s.d.$) population norm scores for
442 Depression, Anxiety and Stress DASS subscales are 5.55 (7.48), 3.56 (5.39) and 9.72 (8.04),
443 respectively (Crawford & Henry, 2003). The scores reported by our participants are higher than these
444 norms. It may be that participants in our sample do not reflect typical levels of psychological
445 distress, so this finding warrants further consideration. Notwithstanding this, the association
446 between greater psychological distress and poorer diet quality which we detected in our model
447 conforms with previous findings that stress and depression are associated with poorer diet quality
448 (Appelhans et al., 2012; Sominsky & Spencer, 2014).

449

450 *4.1 Limitations and Future Directions*

451 The cross-sectional nature of these data limits our ability to make any causal inferences regarding
452 the relationships between UA, diet and mediating factors. We acknowledge that without
453 longitudinal, intervention-based assessments this evidence base is still lacking and our study is
454 limited in its ability to address methodological shortcomings in this area of research that have been
455 highlighted by others (Spano et al., 2020) . Furthermore, we used a brief, self-reported proxy
456 measure of dietary quality and the Cronbach α reliability score for this scale was not optimal. Explicit
457 assessments of food intake and food choice are needed to confirm such causal relationships.

458

459 We also developed our own measure of proximity to and engagement with UA as there was no pre-
460 existing measure in the literature that would be suitable for our analytic approach. Further work is
461 now needed to validate this tool to ensure it is an accurate reflection of participants' proximity to
462 and engagement with UA.

463

464 Finally, our sample is comprised of mostly white, female participants who are in some form of
465 employment. This limits the generalisability of our findings and future work should seek to include a
466 more diverse sample of participants.

467

468 *4.2 Conclusion*

469 Proximity to and engagement with urban agriculture (UA) is indirectly related to better diet quality
470 via health and ethical-related food choice motivations. UA was also associated with greater
471 perceived access to fruits and vegetables and nature connectedness, however these factors did not
472 mediate an association with diet. UA was unexpectedly associated with higher psychological distress;
473 however, this association is more plausibly explained by people engaging in urban growing as a way
474 of coping with stress. However, these findings also highlight the complexity of the relationship
475 between UA and diet and warrant further investigation using robust assessments of diet quality and
476 via a longitudinal, intervention setting to confirm causal relationships. These findings will be relevant

477 to policy makers, health practitioners, and those involved in the design of UA-based interventions
478 for diet.

479

480

481 **5. Declarations**

482

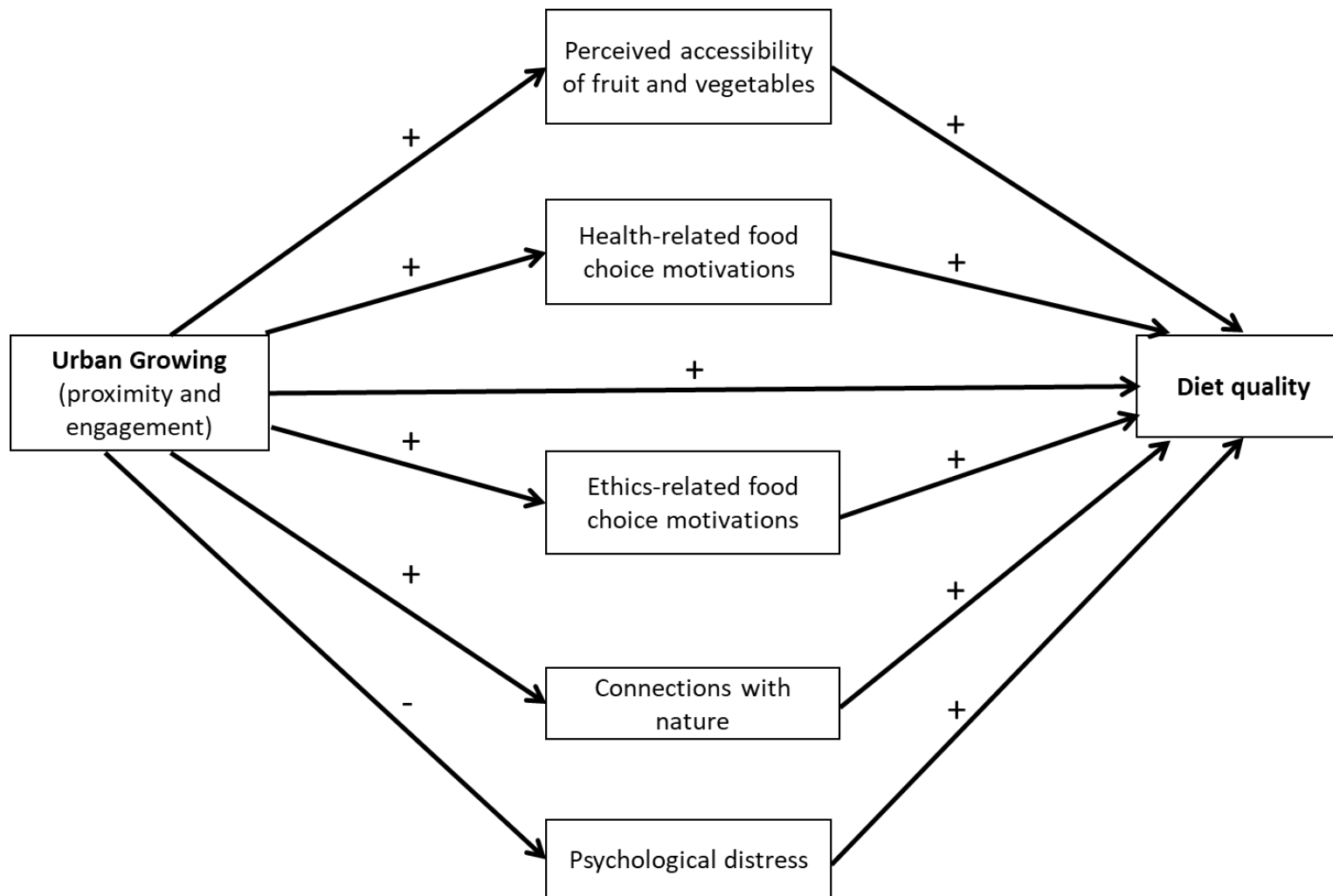
483 *5.1 Competing interests:* BRM has received funding to their institution from WW (formerly Weight
484 Watchers International) for her PhD studentship. PC and CAH have received research funding from
485 the American Beverage Association. CAH has received speaker fees from the International
486 Sweeteners Association for work outside of the submitted manuscript. NF, JACD, SK, LW and LL
487 declare that they have no conflict of interest.

488

489 *5.2 Funding:* This research was funded by the Global Food Security's 'Resilience of the UK Food
490 System Programme', with support from BBSRC, ESRC, NERC and the Scottish
491 Government (BB/S01425X/1).

492

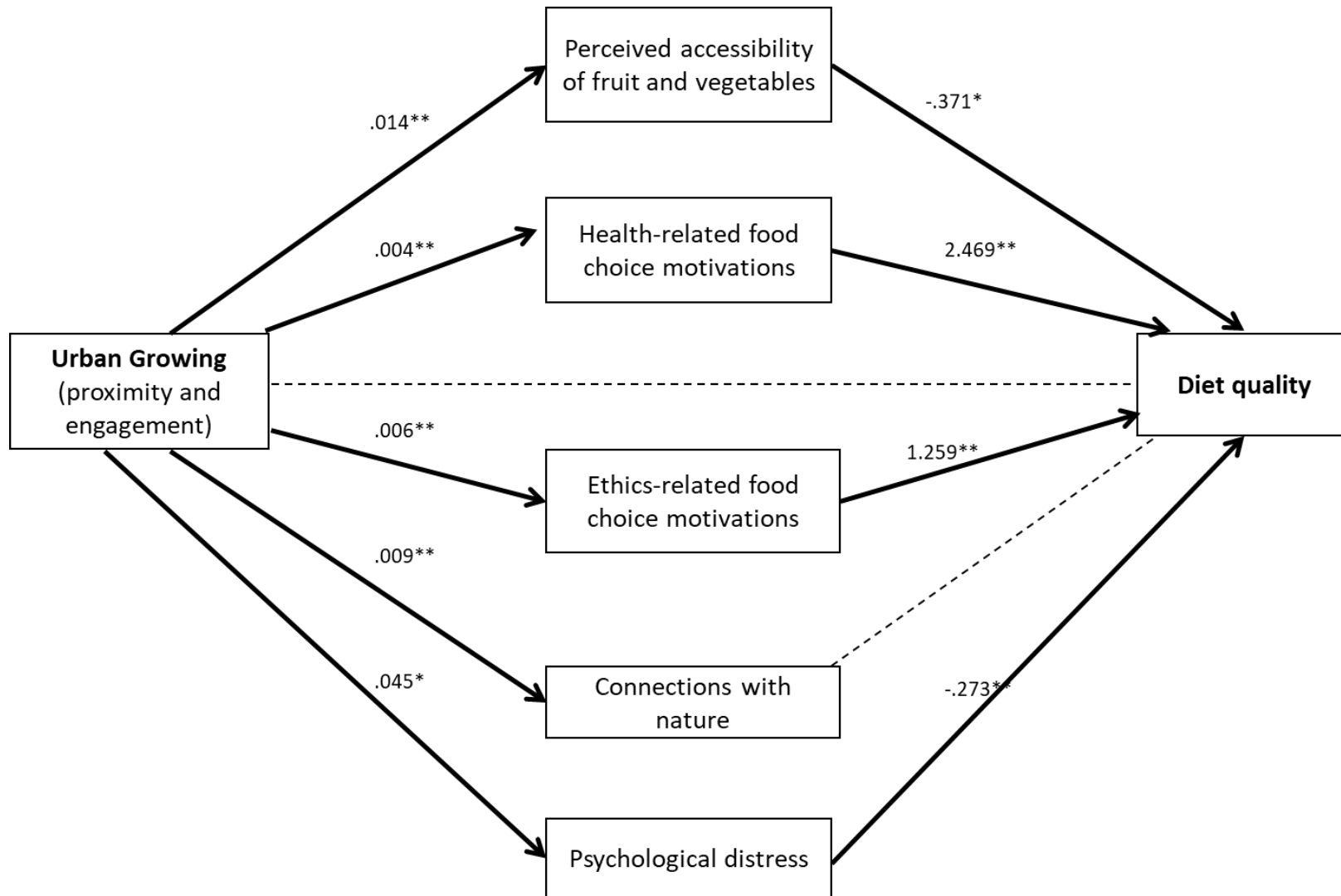
493 *5.3 Author Contributions:* BRM, JACD, NF, CAH, SK, LL, and LW contributed to designing this
494 research. BRM undertook data collection. BRM and PC analysed the data. BRM drafted the
495 manuscript. All authors contributed to the final written manuscript. All authors were responsible for
496 the final approval of the manuscript.



497

498

499 *Figure 1.* Hypothesised structural model of the associations between UA, potential mediators, and diet quality. Associations predicted to be positive are
500 indicated by a + symbol; associations predicted to be negative are indicated by a - symbol.



501

502 *Figure 2.* Associations between UA, potential mediators, and diet quality. Solid arrows indicate significant associations. Unstandardised regression
 503 coefficients are shown. $*p < .05$, $**p < .001$.

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