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Palatable Help: Experiences of Food Insecurity in a Suburban Environment

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**Palatable Help:
Experiences of Food Insecurity in a
Suburban Environment**

Tannya Forcone

Honor's Research Project

Dr. Rodriguez-Soto

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Abstract

Food insecurity is a ubiquitous and stigmatized, equal-opportunity threat to community health. Irregular access to nutritious foods impacts both physical and emotional well-being. Food insecurity is burgeoning in the suburbs. Economic hardships of the recession have impacted families that were previously middle class, and in this environment, food insecurity is often hidden and unacknowledged with unique challenges and coping strategies. This ethnographic study in the Midwestern U.S. examines the intersection of poverty and shame associated with diminished household resources. The research considers solutions and applications beyond food provisioning that can reverse negative emotional impact on individuals while stabilizing the community.

Introduction

In 2013 14% of U.S. households reported some level of food insecurity (Coleman-Jensen, 2014). The United States Department of Agriculture (USDA) gives the very broad and inclusive definition of food insecurity as “having access to enough safe food for all members of a household for an active, healthy life” (Coleman-Jensen, 2014). Or as one study participant, Lisa, defined it, “It’s not havin’ enough food and just trying to stretch what you got.” Between these two definitions lay a variety of challenges, coping strategies, and tumultuous feelings that impact the physical and mental health of our communities and our next door neighbors. This ethnographic research explores these features of food insecurity in the suburban U.S. and presents patterns of behavior that we can use to improve support to the local food insecure population.

The term food insecurity came into use in the U.S. in the late 1990s and by 2006 the USDA officially acknowledged the differences in accessibility, physiology, and social inequality that had previously been clouded by the term “hunger” (Habicht, 2004; Himmelgreen and Romero-Daza, 2010). Clarification of the terminology was indicative of an ever growing awareness of the characteristics of food insecurity and the interwoven nature of poverty and food. Further clarity was provided through regular and standardized reports about food insecurity, and the demographics of the food insecure population (Coleman and Jensen, 2014; Nord et al, 2014; Weinfield et al, 2014).

Poverty in the U.S. has changed over the years. In the 1930s most of the country was mired in the Great Depression; Americans struggled together. Then President Roosevelt established the Agricultural Adjustment Act which included a precursor to the welfare and food stamp programs (Rasmussen, 1976). After World War II the country was booming, the middle class and suburbia grew into the prime mover of the nation’s economy. The poor were in the inner cities; they were minority and marginalized communities. Throughout the latter half of the twentieth century the economy was impacted by a number of social challenges including a changing business climate, an increase of single

parent households, and the Civil Rights Movement. The welfare and food stamp programs were developed and signed into law by President Kennedy in 1961 (USDA-FNS, 2014). By the turn of the century poverty and hunger had moved into the suburbs. By 2007 suburbs across the nation were interspersed with vacant homes lost to foreclosure (Kneebone and Berube, 2013). School districts saw more children qualifying for free and reduced lunch programs. Gas prices spiraled upward while the standard of living for many Americans was spiraling downward. The U.S. had spent the previous 50 years in a position of global dominance and economic growth. It is an embarrassing fact to many Americans that in a rich post industrial country, the food insecure rate, the number of households within the U.S. population that do not know where their next meals are coming from, peaked in 2011 at 14.9% and decreased to 14% by 2013 (Coleman-Jensen, 2014).

It is important to understand the intersectionality of poverty and its negative effects on our communities. Food insecurity can impact individual mental health, domestic violence, crime, and learning outcomes in children (Chilton and Rose, 2009; Goodman et al, 2009; Hadley and Crooks, 2012). Many urban and suburban areas have a network of governmental offices, charity organizations, and assistance groups to provide food aid to families in need. Creating access to these services is more complex than simply providing a storefront. It is the key to repairing damaged systems that support households and families on a local level, while strengthening the individuals involved.

This honor's thesis is based on research that studied food insecurity hidden within the trappings of middle class life. An interpretivist framework was used to understand the meaning of the words and the choices of the participants. This interpretivist approach is not objective and focused on proving a specific hypothesis. The analysis is searching for an emic, cultural explanation for behavior (Geertz, 1973). A meaning is assigned by those within the culture, for this paper, it is the suburban food insecure population. Kneebone and Berube (2013, pg vii) state that the "suburban poor are the fastest-growing low-income population in the country." I will examine the emotional struggle and coping strategies of

11 individuals through in-depth interviews, as they grapple with the shame and frustration of the stigma surrounding this situation. The intersectionality theory considers the entwined nature of race, class, gender, and health (Jackson and Williams, 2006). It was applied in the consideration of possible solutions to the problems of socially acceptable food acquisition, including logistical issues such as location and transportation, and the more abstract problem of self-esteem. These respondents give voice to a population who often goes unheard. By comparing their challenges and their strengths, we can consider solutions to make food assistance more palatable to those in need.

Literature Review

Food insecurity is a social construct based on food scarcity, hunger, and the biological and psychological issues that accompany the situation (Habicht, 2004). The global media have historically presented images of extreme hunger in developing areas, such as sub-Saharan Africa, the Indian subcontinent, and Latin America. These images usually were of children with diseases of nutritional deficiency, such as the distended bellies of kwashiorkor and cadaverously thin limbs of marasmus. Television commercials of the Christian Children's Fund (now ChildFund) and UNICEF told Americans that hunger was not a problem here. There was a sense of othering in under developed regions. Throughout the 1990s social scientists and public health personnel began to deconstruct food insecurity in an effort to minimize food deprivation world-wide (Habicht, 2004). In 1995 a team from ABt Associates and the USDA developed the Household Food Security Survey Module (HFSSM) to measure food insecurity (Habicht, 2004). This form has been adapted for use in many nations to accurately measure food insecurity in a variety of cultures (Salarkia et al, 2014; Vargas and Penny, 2010). In 2000 the United Nations adopted a list of Millennial Development Goals that put decreasing poverty and hunger as the number one goal worldwide for the next 15 years (UN, 2000).

Social scientists have been looking at food insecurity in a variety of different ways for the last half century. Since the 1930s and the Great Depression the national community has determined that individuals and households should not have to face starvation here in the United States (Biggerstaff et al., 2002). The New Deal created a temporary food stamp program that disappeared during World War II and the post-war years. However, in the 1960s President Kennedy reinstated the program and since that time, the U.S. has developed a number of food security safety-nets. To further understand and support such programs the social science community has been researching and reporting on the state of hunger in the U.S.

Prior to 1995 any national figures collected came from a variety of different entities, using different methodologies at irregular intervals (Bickel et al, 2000; Hoefler and Curry, 2012; Jones et al, 2013). The U.S. Census department collected information decennially regarding poverty levels and income but not food acquisition (Kneebone and Berube, 2013). Often, the information came from private advocacy organizations like Second Harvest (Larson et al., 2002). In the last twenty years the research has become more refined. Statistics are more readily available. The United States Department of Agriculture (USDA) has been responsible for monitoring food security data since 1995 (Hoefler & Curry, 2012). With this standardization, the statistics are clearer and it has lead to differing foci.

In the U.S., previous research in the food insecurity field has largely been performed using a political economy framework. The concentration has been on food accessibility in the form of location, availability, transportation, and safety. In 2009 Larson et al. reviewed 110 studies from 1985 through 2008 to identify patterns of food acquisition. The oldest research was prior to the creation of the term “food desert”, which is an urban area without stores that provide healthy and nutritious foods. This term first appeared in the United Kingdom in the early 1990s (Cummins and MacIntyre, 1999), however conceptually this is what Larson et al were looking for. They found that most studies that looked at the location of stores and restaurants did not include the field work, to determine if these place were still in

business in the locations listed in telephone books and other published databases. The internet was early in its development and was not easily accessible nor a reliable source. Some of the studies included by Larson et al. (2009) looked at the types of stores and found that when convenience stores were closer to homes than standard grocery stores or farmer's market, this could affect dietary intake. It was also determined that small grocery stores did not offer the same range of nutritious food at affordable prices. Stores with high nutritional value were often in urban and suburban areas, where "stark racial and ethnic disparities were also demonstrated" (p 76). Full spectrum and chain grocery stores had a 50% higher presence in predominantly white neighborhoods than in predominantly black ones, and 68% more than in predominantly Hispanic neighborhoods. One of the difficulties in the studies was the definition of neighborhood. This term is geo-locally defined consequently the researchers were challenged to understand where the actual food procurement area really was.

Much of the previous research on food insecurity has been on specific health outcomes, particularly on obesity and children's cognitive development (Connell, 2005; Crooks, 2007; Kirkpatrick, 2010). The corpus of food insecurity research has been done in urban (Behrman et al., 2014; Oberholder & Tuttle, 2004) and rural (Gross and Rosenberg, 2010; Walker et al., 2007) areas in the US. It was only recently that Kneebone and Berube (2012) produced detailed information on suburban poverty and food insecurity. In the 1970s, the highest levels of poverty were in rural areas, followed closely by the inner-city areas of the nation's largest population centers. The trend has since shifted and by 2000 roughly 30% of the nation's population in urban areas was in poverty. The rural areas had dropped to approximately 22%. The fastest growing segment of the poor populations, those below the Federal Poverty Level (FPL), is in the suburbs. The FPL is the income amount used for means testing to determine eligibility for various programs. These percentages increase when the near-poor, those living between 100 and 200 percent of the FPL are included. Sixty-three percent (63%) of the near-poor and

fifty-five percent (55%) of the poor live in the nation's suburbs. The poverty rates in the cities have continued to rise, but the range of poverty has expanded (p 16-20).

Poverty in the U.S., specifically in suburbia, is less obvious than in many places around the world because of a lack of images of kwashiorkor and marasmus. Tucker et al. (2011) used a variety of ethnographic methods to discern who self-identified as poor in Southwest Madagascar. The piece illustrated the emic nature of the label, "poor". This label has a different cultural meaning in Madagascar than in the U.S., however, world-wide, the label "poor" implies a level of social failure; a vulnerability. This stigma holds true in Oregon, Iowa, and Maryland (Gross and Rosenberg, 2010; Garasky et al, 2004; Oberholder and Tuttle, 2004). Gross and Rosenberg (2010) focus on the stigma and shame that rural Oregonian food stamp users feel. Their respondents felt less shame when the services were provided to the children rather than the family or adults. Garasky et al. (2004) surveyed and found that more households are eligible for federal programs than are using them and that of these programs. The Special Supplemental Nutrition Program for Women, Infants, and Children program (WIC) is more frequently utilized than the Supplemental Nutritional Assistance Program (SNAP) which was formerly known as food stamps. In Walker et al. (2007) the researchers in Appalachian Ohio are considering social capital outcomes and the choice not to use Farmer's Market vouchers is hypothesized to be related to "feelings of disgrace associated with receiving food assistance" (p 1992). Oberholder et al. (2004) also came to the conclusion that qualifying participants in Maryland chose not to access government program due to social stigma.

Food accessibility in the U.S. is determined by the logistical details of collecting food. In some households getting to a food store is a challenge. The urban environment often includes a number of public transportation options; the suburban environment often does not. There may be a bus system although lower number of riders and smaller city budget usually equates to minimal service. Even if service coverage is geographically useful, the schedule may be unreasonable (Kneebone, 2013). Food

insecure households often have one or more adults working outside the home (Hoefer and Curry, 2012). This causes a scheduling conundrum wherein the householder must choose to skip work or skip shopping, or at least shopping at a more distant store. This can limit the type and amount of food that is brought back to the home. Occasionally, there is the added issue of safety at the store. There is a recent trend at many stores in transitional neighborhoods to have armed guards in the evening hours. The shopper may not feel comfortable shopping in the evening when these guards are necessary. This can cause yet one more confounding factor to achieve food security.

Malnourishment in the U.S. often occurs in the form of obesity and overnutrition. It results from the intake of excessive kilocalories of fats and carbohydrates, without sufficient intake of micronutrients. Americans are both overweight and undernourished. Hadley and Crooks (2012a) considered the impact of various coping strategies on the health of the individual experiencing food insecurity. They found a statistical relationship between low socio-economic level and a less nutritious diet. Tanumihardjo et al. (2007) and Wells (2012) researched the same complex economic relationship between obesity and malnourishment. In a study by Gross and Rosenberger, they make this statement and quote an interviewee, “By the end of the month, quality food is hard to come by. ‘Its ramen or mac and cheese, ravioli at the end of the month’” (2010, p 57).

By far the most pervasive factor in food insecurity is the lack of financial capital with which to purchase food. As previously mentioned, an indicator of food security is the ability to acquire food from socially acceptable sources (USDA, 2013). The most common and socially acceptable method is to purchase food from standard grocery stores, supermarkets, or discount stores. The strategies used by many people who are food-insecure in the United States fall outside of this norm by varying levels of unacceptability.

Much of the research on food insecurity in the U.S. surrounds the use of local and national programs sponsored by the government, such as SNAP or WIC, or by local non-governmental

organizations (NGO) such as local churches, food banks, and grass roots community groups. However, a number of alternate strategies are also used (Gross and Rosenberger, 2010). Populations close to rural areas may be able to access traditional food acquisition methods such as hunting and fishing, or bartering of time or talent for another's hunting and fishing. One of the respondents in Gross and Rosenberger (2010) reported receiving elk, tuna, and halibut from family members. Children may be sent to eat at the homes of friends or family members, leftover food from the workplace may be brought home for the family's use. A strategy listed by Walker et al. is the sharing of assets for multiple households to complete a shopping trip; younger children may be cared for while a single vehicle was shared to make the drive (2004).

A number of food assistance programs are available. The most frequently used governmental programs are the National School Lunch Program (NSLP) which often paired with the School Breakfast Program (SBP). The NSLP became available in 1946 (USDA: NSLP, 2013) and are increasingly available in school districts nationwide. Lunch and breakfast are provided for elementary, middle, and high school students in both private or public schools. The cost of these lunches is subsidized by a federal allowance. Students who apply and fit the criteria, a household income of 130% of the FPL, receive free lunches, while students who fall between 130% and 185% of the FPL receive meals at a reduced cost. All of the research in this field discusses the use of these programs. Devaney et al. (1997) looked at the per-meal effectiveness and found disturbing results. The USDA requires that the NSLP provide one third of the recommended dietary allowance (RDA) for lunch and that the SBP provide one fourth of RDA for breakfast. These programs do meet the one-third and one-fourth in kilo calories, however, they fail to meet the nutritional standards in the Dietary Guidelines for Americans. The school food is high in saturated fats. They give the children a meal, but it is not a healthy meal (Devaney et al., 1997, p 98). This only increases the overall problem in the U.S. of over-nourishment and escalating obesity. Participation in the NSLP and the SBP provide a significant benefit that makes them more palatable and

they are ubiquitous. Every child goes through the lunch line and the categorization of free or reduced or fully paid is invisible. The kids do not have to deal with peer pressure to acquire a meal. Parents feel better when a program is targeted for children rather than themselves (Gross and Rosenberger, 2010).

The support of children makes WIC one of the most popular governmental assistance programs. There is no negative stigma associated or perceived to be associated with feeding children but, there is a level of guilt associated with an adult who can't feed him or herself (Garasky et al., 2004; Gross and Rosenberg, 2010; Oberholder and Tuttle, 2004; Walker, 2007). WIC has the highest level of per item-food regulation of all of the major federal programs. The program requires purchase of specific foods with higher nutritional value. Walker et al (2007) mention supplemental vouchers, available through the Athens, Ohio WIC program, that are available for use at a local farmer's market. This would allow a WIC family to access additional amounts of fresh seasonal fruits and vegetables. This voucher program is not mentioned in any other research and the effectiveness is unreported due to an incompatibility between garden season and the study's timeframe.

Much of the research available on U.S. food insecurity discusses the use of the SNAP program. In the late 1990s the use of a reloadable benefits card, called the EBT card, did away with the older, paper food stamps. This card makes the transactions smoother and less visible at the retail level. Ease of use of electronic transactions has lessened public embarrassment of using the service, but many beneficiaries remain uncomfortable with their need for assistance. This discomfort is illustrated in Gross and Rosenberger's (2010) heavily ethnographic research. Feelings of shame about the need to receive help is partnered with a need to give help. One individual was proud to have found a significant sale on Hamburger Helper in a bargain basket that allowed him to purchase food for his children to give at a food drive (Gross and Rosenberger, 2010, p 53). This giving, even without disposable income or assets, is empowering to SNAP users. It is a vital aspect of increasing their perception of social capital. The knowledge that a person needs this assistance can be stressful and it can impact health beyond the

aspect of nutritional intake. In young people this stress has been “linked to levels of suicidal ideation” (Hoefler and Curry, 2012, p 62).

NGO’s have stepped in to reduce the gap in food access in ever increasing numbers. Food banks and small local food pantries have higher and higher numbers every month (Biggerstaff, 2002, p 267). Oberholder and Tuttle (2004) concluded in their article that “evidence indicates that food insecurity and hunger persist despite the efforts of governmental and private food assistance programs” (p 790). Chilton and Rose (2009) point out that “since the USDA has started measuring food insecurity, there has been either increase or stagnation in these food insecurity rates” (p 1209). Thomas Leatherman (2005) concluded that vulnerability, poverty, and hunger all have a “local meaning” (p 51).

The literature on food insecurity concentrates on fiscal gaps in various programs. They have analyzed areas where programs are successful and also in the shortfalls in the dollars and amounts of food provided (Biggerstaff et al, 2002; Devaney et al, 1997; Hoefler and Curry, 2012; Oberholder and Tuttle, 2004; Walker et al, 2007). They have looked at the nutritional shortfall in the poor quality of foods available to the consumer (Gross and Rosenberg, 2010; Kirkpatrick, 2010; Walker et al, 2007). They have compared geographical issues of location and transportation (Chilton and Rose, 2009; Garasky et al,2004; Larson, 2009). One aspect of food insecurity is consistently glossed over with minimal coverage; the emotional impact of ongoing food insecurity in a perceived stable “middle-class” in one of the richest countries in the world.

Methods

Prior to beginning data collection the population and geographical focus was determined. This research used mixed methods including participant observation, semi-structured interviews, and unstructured interviews. The resulting qualitative data was analyzed using text analysis.

Setting and Research Design

The focus of this study was the lived experiences of food insecure individuals in the suburbs of Northeast Ohio. The definition of suburb is non-specific in regards to population or geography beyond a proximity to an urban hub. The U.S. Census Bureau only classifies tracts as urban or rural (U.S. Census, 2016). For the purposes of this study the hub city is Akron, Ohio. I defined the relevant communities that surround Akron as suburbs when the municipalities and unincorporated areas have a population density between 600 to 1500 people per square mile. In this study the area south of Akron is the primary focus as north of Akron the neighborhoods and towns are geographically connected to both Akron and Cleveland, creating an overlap of services. The population density to the north is much higher and resembles urban sprawl. The challenges and coping mechanisms in the more urban environment differ from those in the suburbs (Kneebone and Berube, 2013, p 57). Communities to the south of Akron have public transportation systems with fewer routes and times (Metro, 2016). This lack of public transportation created a barrier for pantry users and respondents without private vehicles.

These suburban communities, Lake Township, Green, and Uniontown, have the popular reputation of being middle-class. They are generally considered by locals as good areas and nice places to live, with statistically successful school districts. The districts in this area have free and reduced lunch rates that range from 19% to 57% (Niche.com, 2016). The Akron City School District is 60% and the National average free and reduced lunch rate is 51%. School district lunch data are often used as indices of poverty in scholarly literature (Connell et al, 2005; Crooks, 2007; Devaney et al, 1997; Gross et al, 2010; Holben, 2010). The communities in this study straddle the line between Summit and Stark counties. The Akron-Canton Regional Food Bank (ACRFB) serves needy households in both counties. The ACRFB based in downtown Akron provides a purchasing and warehousing hub for 500 small food pantries throughout the region (Akron, n.d.).

School district data are excellent for narrowing down a geographical area, but using data from direct face-to-face interviews with children was beyond the scope of Internal Review Board (IRB) approval. I used publicly available school district information to determine areas where I was likely to find food insecurity. It also validates the presence of food insecurity despite the low response rate. Several churches and area pantries were approached for collaborating in the process of recruiting potential participants for this study. I developed a partnership with the FISH Food Pantry in Lake Township for this purpose. They were cooperative and enthusiastic to raise awareness of the situation in their community.

Participant Observation

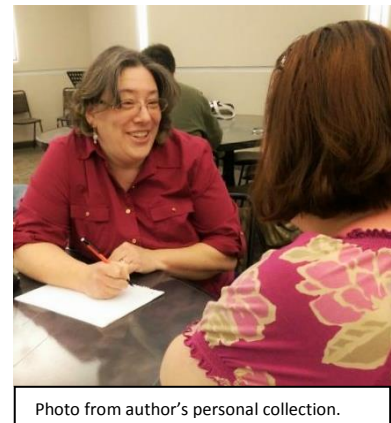
In the discipline of anthropology, participant observation is an essential method of data collection (Dewalt et al, 1998, p 259). Participant observation was carried out for the year between August of 2014 and July of 2015 in a variety of food disbursement venues, such as discount grocery stores, Salvation Army vegetable distribution days, and local food pantries. At the FISH food pantry, observation occurred twice a month for six months prior to active data collection. This allowed development of the necessary rapport with pantry workers and potential participants. By spending time in the pantry, pantry clients were able to become comfortable interacting with me, the research personnel. The pantry staff was able to share stories and insights into the local food security environment. The observation occurred at the food pantry during the Tuesday morning and Thursday evening shopping opportunities. The interaction occurred for a calendar year allowing me to include multiple seasons, which could affect food security or frequency of access to the pantry.

Sampling

Two methods of participant acquisition were used; the snowball sampling method (Bernard, 2011) and the recruitment of food pantry users. Non-intrusive solicitation is a casual and invitational

approach. In the spring, clients were approached for possible participation in the form of semi-structured interviews. A brief verbal explanation of the project was given, along with a flier. The flier included contact information and assurances that the client's pantry benefits were not impacted by their choice to assist in the research. The clients who volunteered were women of varying ages; nine were white and one black. Pseudonyms were assigned or chosen by the participant to protect their confidentiality. Consent forms and interview questions were all approved by The University of Akron IRB.

Data collection on this particular subject is difficult because poverty and lack of resources are stigmatized (Oberholser and Tuttle, 2004; Walker et al, 2007). No one likes to admit to being food insecure, which makes data collection challenging. Due to the nature of the research topic, the sample size was modest (n=12). Looking into the suburban environment for this problem is even more difficult as poverty is obscured through the invisibility of debt. The financial liquidity of a household is a reliable indicator of food insecurity (Gunderson et al, 2011). There is an outward appearance of success and financial adequacy that belies a desperate struggle to have enough to eat.



Interviews

Another method of data collection is the semi-structured interview. A series of questions was developed to elicit information about several food insecurity related topics, including coping strategies, feelings of stigma, and the effects on interpersonal relationships (See Appendix A). Interviews took place in semi-public venues such as libraries, parks, and coffee shops where participants could feel safe and comfortable with a modicum of privacy. Participants were asked the same questions, making comparisons possible, while still providing the opportunity for exploring subjects and topics that

occurred spontaneously in the interview (Bernard, 2011). A conversational style was employed to build rapport and elicit responses with greater detail. As primary investigator, it was necessary to share experiences that created a feeling of camaraderie with the participant. This person-centered interviewing and observational method provides the opportunity for a deeper and more emotional response from the respondent (Levy and Hollan, 1998).

These interviews of 30 to 75 minutes were recorded and transcribed. The transcriptions included actions such as crying and laughing. Prosodic features of speech, such as pitch change, sighing, or volume were analyzed and compared to corresponding field notes regarding body language (Bernard, 2011). Several key informants were interviewed. They provided a different perspective of the same types of interactions I observed at the pantry. All four of these informants were pantry volunteers; the pantry director, the floor supervisor, consulting clergy, and the gatekeeper that handled phone requests for financial assistance, such as payment of a utility bill. These key informant interviews also took place in similar semi-public locations. The questions were open ended and yet specific to the role each informant played in the process.

Text Analysis

Text analysis was performed using MAXQDA (2015). Text comparisons were made, searching for patterns and explanations, using grounded theory to “develop explanations of how things work” (Bernard and Ryan, 2010, p 248). This application of a blend of inductive and deductive approaches was used to develop a codebook with ten themes and a number of subthemes emerging from the process (Bernard and Ryan, 2010). Lexical searches were performed on the text and on notes regarding non-verbal communication embedded within the transcriptions. One hundred and twenty-two segments were coded from the respondent interviews. There were a number of *a priori* codes developed from my

research question and a number that emerged from the process. Field notes were also coded using the same codebook.

After the development of the codebook and the initial coding, the text was remitted to an additional coder. Intercoder reliability was assessed at 69%. Themes invoked in this study have a medium to high inference level. When Cohen's kappa is calculated, the results show that the intercoder reliability is .6270. This provides a "substantial" level of validity to the results (Bernard and Ryan, 2010).

Results

Participants began interviews with stiff posture and tight faces. Their posture and the pitch of their voices often conveyed a feeling of formality. The interviews were conducted in the summer and most participants arrived in casual slacks or Capri pants. They did not arrive in shorts or tank tops or "comfortable clothes." Some of them indicated that they had "dressed up" as they were uncertain how formal the interview would be. Most of them came alone or arranged for privacy.

The interviews did not start off comfortable. I began with small talk about myself that allowed them to relax. By the end of the interview, when I asked them why they were willing to work with me, they responded with an attitude of helpfulness. They felt that they were helping me make a difference.

Rose: "Because you deserve it, honey."

Charlie: "You seem like a nice lady on a good mission."

Mary: "...Because if I can help you open the eyes to people as to what's going on, that would be helpful."

Alena: "I didn't figure I could help much. I mean, I'm just one person and I'm older, but maybe it would help a little bit."

This study relies on a very small population of respondents; 12 individuals representing 10 households (see Appendix A for participant summaries). School lunch programs and increasing numbers of clients utilizing food pantries (USDA, 2013; Weinfeld, 2014) indicate much higher levels of food insecurity than these few responses suggest. A high level of stigma was anticipated, even in a common and safe situation. Few people want to talk about being food insecure. During participant observation

periods, some attendees explained why they would not discuss their situation, “this is just too personal to talk about.” Others would say things like, “this is just temporary, it's not always like this” and “it’s just been a rough month.” They didn’t want to see themselves in the larger picture as “poor” and so, to decrease the discomfort, food insecure individuals expressed themselves with the explanations that this is a temporary state, going on to explain the specific situation. The small number of willing participants is indicative of the stigma. A clerk in a local discount grocery store declined to be interviewed as a key informant stating that the store management would not approve and she could not afford to lose her job. Her manner was anxious and avoidant. Given the location and the standard wage range for grocery clerks, it is possible that she would have also fallen into the demographic of the participants. Her choice could have been made due to store policy or the stigma of possibly being in that situation.

Respondents identified themselves as poor or lower class when asked directly (See Appendix B) and yet, they would talk about others who were “worse off” than themselves. They seemed to find comfort in the belief or illusion that they were not completely destitute. In perceiving the situation as temporary or “not as bad as some” they seemed to be using a coping mechanism, making their food situation less stigmatizing. There was also a belief expressed that being broke and food insecure was acceptable if you were a young adult, a student, or just starting out in life. Destiny, a participant, made this point about college students, “they can’t afford hardly anything.” Destiny is a non-traditional college student herself, and yet when referencing poverty and food she refers to “they”. Michelle talked about her adult son who occasionally shows up to raid her refrigerator. She was frustrated by this but it was expected. Destiny’s pronoun use and Michelle’s acceptance illustrates that the tenuous food situation later in life is more stigmatizing. By the time a person is older and close to retirement, they should be established and food comfortable.

Perception and Asking for Help

Respondents who had used a social assistance program previously were more comfortable accessing it again, even if it was a different type of program. They were also more willing to talk about their situation. Mary, Marci, and Destiny all had long term familiarity with the institutional food system. They had lived with the situation for up to ten years (Mary; Destiny). They were familiar with the fact that people needed it. Their attitude of resignation was expressed with a shrug and acceptance that seemed to say, “sometimes, that’s way it is and that you have use SNAP or a food pantry.”

Other respondents, without long-term dependence, struggled emotionally to accept that they were needy and that they must access some type of assistance. Asking family or friends for help was very difficult for them. They exhibited a hierarchy of levels of acceptability in asking for help. The first tier of assistance was to ask for help from parents, but older individuals did not ask their children for direct help. There is a sense of family structure; help should come from above, but not below in the hierarchy. The second tier of assistance was the extended family of aunts, uncles, and grandparents, but no children, nieces, or nephews. Adult children who were in their own households and who had their own nuclear families were not asked for help. Lisa, Alena, and Herb and Harriet would casually arrange to be invited for meals. They would not admit to the need for a free meal, instead presenting the idea as an opportunity to visit. The next tier is a circle of close friends. After that it was a jump to a completely public and institutional assistance format; applying to WIC or SNAP. Formal programs were accessed before a public, yet relational situation like that of a church or club. To ask a semi-public group for help felt like a handout, a public admission of failure. However, by the time the respondents were looking at more public options, their situations became visible to other people in their lives. Harriet related a story where a church member told her, “Sometimes friends know things you don’t think they know.”

Social Lie

Food insecure individuals prefer to avoid directly asking for help and they would rather be offered a white lie or what I termed a social lie, when assistance is offered. Asking for and accepting help is demoralizing. Many respondents said they preferred to have a “gentle” approach. They wanted a layer of polite disambiguation when help was offered. When the help was offered in the form of food, a gift card, or a holiday basket, the givers would use the phrase, “a little extra.” The respondents were able to accept such assistance without feeling stigmatized. Sharing of food is socially acceptable and does not imply a subservient social position. When they offered help to someone else in their circle of friends they would use a comment like, “Well I had some extra and I wanted to share.” They needed a social cover to avoid overt social inequality.

When Herb and Harriet received a grocery store gift card from a church member, the card was given in a greeting card. When Harriet asked, “What is this?” the church friend had responded with the vague statement about friends; she did not boldly state that she was giving them money for food. This awareness of the need for subterfuge indicates that there is an understanding by both parties that poverty and food insecurity are socially debilitating. Michelle indicated that even in her semi-urban low income neighborhood individuals will ask if she has “a little somethin’ extra” in her freezer, but they will not ask directly for food. People do not want to be labeled as needy, and people with assets do not want those who they help to feel needy. It is an issue of presentation to save face (Gross and Rosenberger, 2010).

Altruism

The issue of receiving and providing help was also expressed in the form of the charity efforts undertaken by the respondents. People have a strong desire to feel that they are not pathetic and needy individuals. The ability to help another person makes them feel better about themselves. This

correlates with Lietz' findings that "families engage in prosocial practices to positively impact the lives of others, but also to some degree, for their own benefit" (2011, p 261). Participants were asked if they were active in any charity efforts or food drives. The original intent of the question was to determine if they had ever been pushed into a food donation situation that they were not prepared for, thus increasing the stigmatizing feelings. The answers were surprising. Not only did the respondents not feel pushed into charitable acts, all but one the respondents, Charlie, actively looked for opportunities to help others.

Charitable acts were financially minimal; putting money in the Salvation Army bucket at Christmas, setting aside a can of beets for the upcoming annual school food drive, or donating used clothing. They also participated in service activities. Samantha shared, "I will give somebody the shirt off my back if they need it. You know, I always tried to help when they do the food drives; I always donate stuff and clothes. We walked in the breast cancer walk. We do United Way." Sometimes the respondents were helping within their circle of friends. If a friend was without a vehicle they would share rides to the pantry. Alena would often take care of older friends whose health was more fragile. When her friends were recovering from surgery she would take on the role of temporary caregiver. She would feed pets, take care of people by cleaning their house, and taking them to medical appointments. She considered this her way of "paying" for the help she received. One of her friends had given her a used car, and another friend had placed her on his phone family plan. There is a give and take, in kind of services and goods that help to keep them afloat, although this does not include discussions of food resources. Alena, like the other respondents, had friends who would occasionally have "a little extra" to share.

The respondents did not discuss their charitable efforts, only in response to the one specific question. Samantha's mother was appreciative of the FISH food pantry and stated that "When [the] situation improves, then FISH will benefit too, with donations." At different times during an interview

and at various conversational points they would say things like, “Well I try to do what I can” or “I gotta give back.” Marci stated, “There is always somebody worse off than you.”

Fifty percent of the participants expressed a desire to help other people in the situation, to fix the system on an individual level. There was a sense of debt, and possibly guilt, surrounding the receiving of assistance. Helping others or even planning to help others, gave them some feeling of balance, even if the balance would take place in the future.

The only person who did not donate nor give of his time was Charlie. He was the youngest participant, a full time college student, and the father of a four year old boy. This choice may be indicative of attitudes of his generation, or it may simply be that his combined responsibilities did not leave him adequate time or assets to share.

Relationships

The respondents stated that when their food insecure status became known by their friends and family; it did not change their relationships. However, further comments show that the relationships were affected. Several participants are grandmothers and said things like, “Well the kids don't stay over as often because I can't feed them dinner” (Lisa). Alena’s grandchildren are teens so the food is less impactful, “...they can come over and we talk...it’s not...I don’t feed them.” The food situation did not make families love them any less or make the respondents feel less loved; it did change their relationships in the way they related to each other. They were not allowing themselves to interact as often due to the food and financial situation. Caring for grandchildren, even for one night, required a great deal of planning and food budgeting. Lisa stated it clearly, “I invite them whenever I have extra food.”

Those who have young children, or who had been food insecure when their children were minors, were aware that perception of poverty and the related food insecurity would affect custody

issues. Samantha expressed this with scared eyes, and white knuckles at the outset of the interview. “He can’t find out, he’ll take my daughter from me.” This intense fear increases the stigma and the feeling of failure. They need to hide the problem lest “He,” or any authority, take the most important part of their lives. Public knowledge of precarious economic circumstances presents a risk some respondents are unable to accept.

Skills based coping strategies

There are valuable coping mechanisms not all of the respondents have. Some of the respondents were more skilled at the use of leftovers and assessing the best use of unfamiliar foods. In Mary’s household, when they would receive a food item that was exotic to them, they would access the internet and find a way to use it. Lisa was the only householder who used a meat grinder as an option for re-tasking leftovers to form a different meal. Other respondents budgeted financial resources more efficiently than others. Michelle was diligent about using coupons, store discount cards, and watching ads for sales to make the most of her SNAP dollars; she referred to the process as “stretching the SNAP.”

This correlates to what was said in a key informant interview. Kathleen Schenk, the director of the FISH food pantry, had discovered clients who were uneducated in the potential of their financial resources. She related a story of a new client who wanted to use the pantry, but also to make a donation. The client was unaware of the amount of food that she could purchase with the \$20 at a discount grocery store. Many times clients, particularly those new to a food insecure situation, did not know how to budget effectively. They had always lived a fiscally stable life, so they didn't have to watch every penny as closely as those who had used assistance program, or were among the working poor. Some individuals like Alena were raised in a protected environment and did not see these problems until they were in the situation. Participants who were among the working poor had a better sense of effective budgeting.

One of the ways in which participants make the most of the food resources is for one individual, usually the food preparer, to serve specific portions to each person based on their needs. This was usually a parent or the dominant person in the household buffering the needs of the others. Marci and Destiny both pretended to have eaten earlier in the day or at work so that the other family members, most often children, did not see their sacrifice. Older children and teens, such as in Rose's household, were not buffered as much as young children. Lisa would adjust portions for her mother and Samantha's mom, Sandra, buffered for her due to Sam's chronic health issue. This careful portioning is an important strategy to extend food to more individuals and to make the meal look and feel more substantial than it was.

Michelle's commitment to couponing and attention to store sales is related to her flexible, and often unstable, income. She is a nanny, lives in subsidized housing, and receives a finite amount of SNAP benefits each month. She is known in her neighborhood as someone who often has enough food to make it through the month. Her budgeting skills are exponentially useful as her neighbors come to her for "a little extra." She has a variety of coping techniques, many of which are not directly used by others in her immediate community. In addition to couponing, Michelle has learned that grocery stores in her area offer more sale items, particularly on staple items like milk and ground beef, later in the month. Grocers increase their advertisements in an effort to increase traffic and corresponding profits. Many of her SNAP using neighbors do not have the benefit remaining on their card by the third week. Michelle, a household of one, deliberately holds her SNAP dollars until the latter half of the month so that she gets more food for less money. This fits with Wilde and Ranney's (2000) research on shopping strategies and the effectiveness of stretching the benefit dollars. Mary's household of eleven people, finds that by the third week her household is struggling. This is when they utilize their local food pantry. Waiting until later in the month is not an option for her. Michelle is aware that many of her neighbors

who receive SNAP benefits do not use store coupon cards. Michelle also says she is, “A stickler for shopping from my list.”

Michelle is a leader in a canning group in her community. They come together to make use of fruits and vegetables, particularly those that might not be at peak ripeness or usefulness. The canning



Michelle processing apples. Photo by Dig It Photography.

group is able to repurpose food items that would have been wasted at a market because they are not unblemished produce. Since these items are considered seconds, the group is consequently

able to purchase a larger amount for their dollars. They have also been given overripe tomatoes to process into spaghetti sauce, windfall apples became applesauce and apple butter. Too small cucumbers became pickles. The group is able to use fewer prime food sources and turn them into healthful assets.

There is a skill to utilizing leftovers successfully. Lisa and her mother are the only two people in their household so she can make use of very small amounts. She takes a single piece of leftover meat, such as one chicken breast, and grinds it into chicken salad for sandwiches the following day. One participant discussed “Kitchen Sink Soup”; another talked about the “Everything Casserole”. Several households had family nicknames for taking the available leftovers and using them in a single meal, turning it into something appetizing. Herb mentioned that for his mother Thursday night was “the chop basket”, when she would cook up everything left in the fridge. This skill was something he and Harriet often relied upon. It is a valuable coping strategy that many respondents shared with other people at the pantry, in their neighborhood, or in their circle of friends; not everyone has the level of creativity. When asked, “would you be willing to teach those skills in the form of a workshop”; Herb raised his hand and said, “In a heartbeat,” while Lisa and Alena also showed enthusiasm for the idea.

This idea parallels well with the mission for Michelle's Canning Club. It is a small group, consisting of about a half dozen people. It is supported through the Let's Grow Akron program. Technically, the group is in Akron, the urban hub, not a suburb. However, the neighborhood is transitional at the edge of suburbia; it is a subsidized housing area. The neighborhood is purely residential and farther from the urban core and less than three miles from a suburb. The Canning Club explained their vision; they were doing it to teach the younger generation that they could have less expensive and healthier foods. Young families did not have to rely on industrially processed, canned, frozen, or sugared foods. They could access fruits that tasted better and would be healthier with less sugar and less salt. They professed the need to share, to teach the new generation, and explained it was a health issue as well as a tradition. When Michelle was with the club members she endorsed this vision. During the private interview Michelle admitted that she was also doing it because it allowed her to have additional food sources that she would not have otherwise. It allowed her to have these foods for her household and gave her something to share with neighbors, and also as Christmas gifts, saving her limited cash resources. Participation in the group created affordable reciprocity.

Accessibility

Accessibility is vital and food insecure individuals are often challenged and unable to access the food system because of their own emotional status. Rose experienced anxiety attacks causing her to delay accessing the food pantry. On her third try she was able to overcome her fears. Samantha also struggled with fears until she had to be pushed by her mother, Sandra. Samantha was literally without food by the time she access the system.

Samantha: She basically pushed me downtown.

Sandra: Because we need the money elsewhere.

Samantha: I know, but it took every bit of my pride and it took everything...

For Samantha, Rose, and others like them, the inability to reach out for help was a barrier as real as transportation or money (Chilton and Rose, 2009; Leatherman, 2005). Accessibility requires makes the food emotionally available as well as physically available.

Basis for food insecure status

The origin of the food situation at first appeared to be due to a wide variety of reasons, job loss, minimal career training, illness, divorce, or family. However, many of these direct reasons extended from an underlying health issue. A connection between health and food insecurity has been well documented (Connell et al, 2005; Gowda et al, 2012; Hadley et al, 2012; Holben, 2010; Kirkpatrick et al, 2010; Walker et al, 2007) however, it usually looks at the health effects from food challenges, rather than from the food being affected by health challenges (Gunderson et al, 2011; Babic et al, 2014). The participant or a household member had a health situation that affected the problem that directly caused the food insecurity. Lisa explained their financial situation was dire due to her inability to work. Her mother sustained five strokes within a short period of time and Lisa needed to stay home and be a caregiver for her mother. She is paid as a caregiver but the amount is just above the 130% of the poverty level, rendering public assistance unavailable. Sometimes it was the participant's health situation, as in the case of Samantha, although this put her mother, Sandra's household in food jeopardy also. One of the potential coping strategies was to consider minimizing expenses and merging two households into one. At the time of the interview, food insecurity affected three generations.

Provider Results

There is a culture among the volunteers at the FISH food pantry. In a mixing of both sacred and secular, they profess Christian love and express it through giving. These volunteers referred to their work with the pantry as a "calling" implying a higher moral motivation. They see themselves as stewards of their faith and of the finite worldly goods that are provided for the pantry clients. These

moral foundations for their behaviors and attitudes come from a “moral selving”, a sense of themselves as a “more virtuous, and often more spiritual person” (Allahyari, 2000, p 4). As stewards of social justice they question the choices of the clients. They tended to be very concerned about the possibility of fraud and scam. They were concerned about people accessing food when they did not need it. They were concerned about swindles where an alleged client would take the food from the pantry, take it to the store, return it, and collect a gift card. An unscrupulous client would then use that gift card for unnecessary items, like toys, movies, or clothing. Participants did not believe that anybody really did that. During participant observation periods the client’s beliefs were reinforced. Many clients refused to take their full share of foods when the items were something that they could not use or of which they already had a sufficient supply.

During the course of my 50 food pantry observation hours spread out over the year, there was only one incident of fraud. A client was authorized as a proxy to collect the food for another client who was home-bound. Unfortunately, the incapacitated client had died and the proxy was continuing to collect extra food. Management was challenged to handle the situation as there was neither written policy nor any precedence to guide their response. The incident was problematic to the volunteers because of the infrequency of these events. The volunteers perceive it to be a bigger problem than it actually is.

Volunteers often expressed themselves as being non-judgmental and accepting, yet they would cluck and mumble after a client had moved on. One of the phrases regularly used by the volunteers is “bad choices.” They worried that the clients would always find themselves in the food insecure situation as long as they (the clients) continued to make bad choices such as smoking, using expensive phones, or taking vacations on credit. The volunteers felt a responsibility to use the charitable assets responsibly and they hoped for the same level of responsible behavior in others. Clients and volunteers did not interact beyond “small talk”, limiting their understanding of the client’s needs and beliefs.

Summary

The results of this study show a number of themes common to this sampling of the food insecure population. The causative factors vary, interpersonal and familial relationships are adjusted with food paucity, and the level of discomfort accessing available programs is fluid. The similarities are particularly apparent in the struggles with stigma and self-esteem. The participants have skills based coping strategies that enable them to function in this environment. They have a strong desire to help others increasing feelings of agency within themselves. The volunteers also have a strong desire to help coupled with a moral watchfulness. All of these aspects interact to create an emotional environment that can be challenging for food insecure individuals to access.

Discussion

Food insecurity and food accessibility are woven into the tapestry of poverty in the U.S. This tapestry has many threads; food deserts, public transportation, and the availability of affordable and healthful foods. These are interconnected with stress, depression, loss of self-esteem, lower productivity, domestic violence, and mental health (Chilton, 2007; Heflin et al, 2005; Lietz, 2011; Goodman et al, 2009). The respondents in this study often felt alone, bullied, and stigmatized. These emotional challenges predisposed them for negative outcomes. Increased emotional accessibility to food resources has the potential to improve personal health and well-being, and community stability.

The stigma that the food insecure population feels is related to the level of privacy they are given. The standard intake procedure at food disbursement points, like food pantries, the Salvation Army vegetable give-away, involves the sharing of personal data. Clients are asked to confirm identification, living situation, residential location, and some income data. This is the most vulnerable moment for those accepting help and it is the one that is often mishandled by the volunteers. The goal is that the client and the intake volunteer are the only two people directly interacting. Unfortunately, the reality is

that interactions take place at open tables in crowded spaces, long lines, side-by-side folding tables, visible computer screens, and cramped quarters. This often leads to overheard financial information, addresses, and names that are visible to the next client in the line, and a “cattle-call” attitude on the part of busy volunteers. There needs to be a system wide adjustment to afford clients a greater level of privacy; this need for privacy correlates to HIPPA regulations in place at doctor’s offices and banks.

Volunteer attitude and training are gateways for the individuals who need access to the system. Volunteers with a demeanor that is not only welcoming but respectful, render the process more acceptable. When there is empathy rather than sympathy, and understanding rather than judgment, public assistance is more palatable.

Training for volunteers should include more than an hour or two about intake paperwork and stocking shelves. It needs to include an awareness of how department can maximize a client’s comfort level; to facilitate an understanding of the impact of body language, eye contact, and implied bias. If clients feel judged and are found wanting, they will not return, even if they need the service. This was mentioned by Samantha who said, “I don’t want someone looking down on me.” Sandra followed with, “If you’re down on your luck, but you should not be treated like, ‘here’s the garbage I didn’t want’.” It is irrelevant if the perception of judgment is real or imagined; the belief that it exists can keep people from accessing food assistance. Potential clients are looking for behavior that indicates an attitude of “come in and sit down at my table; let’s eat together.” They abhor the implied condescension of “Oh, do you need help, Sweetie?”

During data collection, many participants were more willing to open up and share their experience once they heard my story, when they felt that we shared an experience. They felt that if I knew what it felt like to have only noodles or beanie weenies, then I would not think less of them. Once rapport was developed, they were willing to talk. This comfort level was expressed in situations like

Alena's. She was leaning forward to discuss efficient use of leftovers and a moment later her voice dropped in pitch and she hunched her shoulders when she discussed interfamilial relational changes illustrated the stigma and diminished self-esteem.

Food insecure individuals need a sense of camaraderie, of not feeling alone. It is difficult enough to ask for help but they do not want to feel like they are the only people in this situation. Almost all of the participants (11 out of 12) indicated feelings of loneliness and a desire to be part of a group, to feel less alone in their struggle. They needed to feel like they were part of a group so they could help each other. Alena discussed the atmosphere in the waiting area at the FISH food pantry, "For an hour, we're all family." They discuss children and recipes and "food and stuff." FISH had been providing recipes from a volunteer nutritionist and they mutually enjoyed the recipe for black bean brownies. The recipes encouraged the use of some of the foods that were more exotic to these clients. It created a feeling of cohesion and community belonging.

This sharing of food stories, recipes and skills helped clients to feel comfortable, but also increased their collective skills set and expanded the potential coping strategies. Clients who were new to the food insecure situation benefited from this kind of conversation. Some clients have skills, such as the cooking or canning, that others do not. If a person has been financially comfortable most of their life, they may not be as skilled in having to stretch that dollar, or understanding what can be done with leftovers. How many days can you eat that? How long is it good for? How can I fix that to make it palatable again? These skills, coupled with the desire to help others and to feel that they are doing something to give back, can be a priceless tool to the community. Those who have skills and can share them can find value in themselves. This could impact self-esteem and diminish depression creating positive outcomes.

The threads of our food tapestry need to be pulled together and smoothed into a clear picture of a more functional system. The U.S. does not have a food shortage, but it does have food insecurity.

We need to understand “the local meaning of hunger” (Leatherman, 2005, p 51). Food must become more accessible to those who need it (Biggerstaff et al, 2002; Chilton and Rose, 2009). The U.S. has an elaborate and growing system of food pantries, transportation systems, and formal assistance programs. Food deserts are diminishing due to the increasing number of discount grocery stores (Bracey, 2013; Gasparro, 2012).

Those who need to utilize available programs and resources need to have some agency in their situation (Chilton and Rose, 2009). They achieve this by “paying it back” and “paying it forward”; by sharing knowledge with others (Lietz, 2011). A series of workshops could be sponsored by a pantry or a community group, such as church coalition or local NGOs. These workshops could be presented by individuals within the food insecure community. They could include simple budgeting of food and financial resources. Subjects like how to feed a family with two chicken breasts or the best values with \$20, when to shop to make the most of the dollars and resources, how to successfully coupon, how to use skills like canning to make use of more foods. Call it “Stretching the SNAP.” Volunteers may feel that clients are not making so many “bad choices.” This program could increase pantry user’s self-esteem. The clients could feel empowered rather than stigmatized and worthless (Leatherman, 2005, Lietz, 2011). They won’t feel quite as alone.

Conclusion

The presence of food insecurity in the U.S. is well established along with an increasing number of programs to provide food to those who need it. The U.S. has an elaborate network of support systems and supplies to improve individual lives through increasing food security (Jones et al, 2013). As developed as these interconnected aspects may be, there are still characteristics of food insecurity that are missed. Suburban poverty is often camouflaged hidden in plain sight (Kneebone and Berube, 2013). Those who are challenged by poverty carry an emotional burden that is not as easily resolved as the

logistics of supply and demand (Chilton and Rose, 2007). Access is more than simply providing a ride to collect free food. There must be opportunity for individuals and households in need to access help without giving up self-esteem (Biggerstaff et al 2002, Hadley et al, 2012). Alena expressed the intensely negative feeling of asking for help. She hunched her shoulders, dropped her eyes, and said “You just wanna crawl into yourself.” The loss of self-esteem is more than a loss of pride; there is a lowering of productivity, and an increase in crime and personally harmful behavior (Biggerstaff et al, 2002; Leatherman, 2005). Gross and Rosenberger refer to this as “carry[ing] negative cultural capital” (2010, p 68).

The various characteristics of poverty in the U.S. illustrate an intersectionality of needs and problems that go far beyond this small study. There are larger systemic solutions that need to be found to truly resolve problems. There is a greater need for local responses to issues at the local level (Garasky, 2004; Leatherman, 2005). Food insecure individuals need “A sense of control, opportunity, and hope...” (Leatherman, 2005, p 51) and our communities need to hear the individual voices of this population. Further study is necessary to explore the nuances of suburban poverty, and the variation that may exist due to geographic and local environments. More voices are needed to understand the full range of limitations and assets within this population.

By sharing these voices we can see a glimpse of the problems the food insecure population face, and how they grapple with them. We can also see their strengths and their desire to achieve success for themselves, their families, and for others around them. We can provide a way to increase accessibility that has the potential to improve our communities.

Appendix A

Participant Summaries

Alena:

Alena is 70 and lives alone with her pets, a dog and three cats, “all inherited.” Alena lives in a mobile home on a rented lot. She has one son who lives in North Carolina and the second one lives in this area. There are several grandchildren, the oldest grandson is 23. Alena has been given a used car by a friend who continues to provide the insurance for it. Another friend provides her with cell phone service through his “family plan”. Alena takes care of her friends, their homes, and their animals as they all have health challenges. She is a retired pipe tobacco packer. She attended a business school many years ago but was unable to maintain an office job due to ADHD. She hates finding asparagus in her food pantry items and misses being able to eat fresh strawberries.

Charlie:

Charlie is a full time college student. He is 27, married, and has a four year old son. He has five people in his household. His sister who lives with them is the only person working full time and she is a server. His current major is metalsmithing although he has tried a number of different concentrations. His wife is a vegetarian but he and his son are not. He describes their household as “poor, super poor.” They use both the SNAP program and local food pantries. Charlie doesn’t have cash available to buy textbooks for his courses so he uses the library, borrows from other students, and works around the situation. He maintains an A/B average. When he was younger he was forced to shoplift for food but now he’s happy to be able to use the pantry.

Destiny:

Destiny is 45 years old. She is married to her husband Jeff (49) and they live with their two sons, Bob (23) and Eric (16). Destiny has Lymph edema and Jeff is diabetic. Destiny is a full time college student and Bob works full time as a caregiver. Their income level is below \$25,000 per year and Destiny considers their household to be in poverty. They own a vehicle but it is in need of expensive repairs so they rely on rides from friends to shop for food. Their home is owned by her father-in-law who provides it free of charge. Eric still in public high school and receives free lunches. They use the SNAP program and still access food pantries on a regular basis. Destiny also puts out table scraps for the stray cats in her neighborhood.

Herb & Harriet:

Herb is 60 and works as a sandblaster while Harriet, 70, is a retired cook. Herb is diabetic and epileptic. Harriet has ischemic colitis. They are active with two different churches. They have two adult children from Harriet’s first marriage. They have a dog and cats. They share one vehicle and shop together. At the moment they are not food insecure although they have had periods of it in the past when medical bills and decreased work hours affected them simultaneously. They emphasized the many ways to make the most of the food on hand. They describe themselves as “making do” and “surviving.” Herb takes pride in his ability to reuse leftovers and believes that it always turns out great; Harriet shakes her head.

Lisa:

Lisa is 59 and lives with her mother, Nina, who is 94. Lisa is a home health aide for Nina who had five strokes and is only minimally mobile. Lisa considers them to be poor and low income. Lisa has owned her house for many years but it has recently fallen into foreclosure. Lisa has been divorced for over 20 years and she has two sons, 33 and 35 years old that live nearby. She also has two grandchildren (7). Lisa bakes and sells pizelles. She and Nina do not qualify for SNAP. They use the food pantry on a regular basis. Lisa has a vehicle and occasionally brings other clients to the food pantry. When Lisa was younger she wanted to be a lawyer but had to quit school when Nina had her strokes.

Marci:

Marci is 42 years old, white, and married to her second husband, Mike. She lives with her parents, her daughter Bree (21) from her first marriage and her son, Jacob (5), from her current marriage. Marci works full time in the medical field and Mike works full time in retail. Bree also works full time, shifting between the food industry and retail. They live in a single-family home that is owned by the parents. Marci's mom is a part-time cosmetologist and her dad is retired. Marci describes the household as middle-class but they have not always been this financially comfortable. They have three vehicles between five drivers. They are active in a local church. They have lived in this community for at least 20 years. Marci is proud of Bree's ability to bargain shop and to stretch her dollars.

Mary:

Mary is 47 and lives in a household of 10 people. She considers her household to be low-income. Mary is married to Joe. Mary's two sisters, Georgette and Martha live with them. There are six children living in the household. Mary is a medical assistant, Georgette is a home health care provider, Joe is a seasonal manager at a drive in movie theatre, and Martha works in retail. The children are 11-17 years old and all attend public school. They are able to use the SNAP program and by the third week of the month they access a local food pantry. Mary is an insulin dependent diabetic and has sleep apnea and hypertension. Other household members have mental health challenges and learning disorders. They have several cars that are kept functional through the efforts of one of the boys, who attend a mechanics trade school. The family is active in their church, the 4H, and other singing groups. They consume eight to ten gallons a milk per week.

Michelle:

Michelle is 61 and lives alone in a low-income housing development that is on the edge of a suburban area. She has an adult son, James, and three grandchildren. James does not live with her but he frequently uses her home as a "landing place" between living with friends or girlfriends. Michelle works as a nanny and a tutor. She is former military and former after-school caregiver. Michelle uses the SNAP program and is frugal with her food dollars. She does not consider herself food insecure as long as she is careful. Michelle has celiac disease and hypertension. She cannot use food pantries in times of need because they do not provide gluten free food. She is a founding member of a Canning Club and has taught nutrition classes in the past. Michelle has a vehicle provided by her employer, available for use in shopping. She is also an avid gardener. Michelle was raised in the south and experienced the 1960's as a young black girl. She has an activist perspective and has broken the rules and sent food home with hungry kids, "here, put this in your backpack and go on about your business."

Rose: Rose is 62 and raising two young women, Dee and Karen (15 and 18). Dee is a friend's daughter for whom she now has guardianship and Karen is another friend. They live in an apartment and Rose is the only one working. Dee attends an online high school, ECOT, since she has Post Traumatic Stress Disorder. Karen is job hunting but only has a GED. Rose is in jewelry sales and is on partial disability for back problems. She also works "off the books" at an admissions gate at a local recreation area. Rose considers their household to be poor. They all work together to make things stretch. Rose has had to ask friends for help with groceries and suffered panic attacks at the thought of using a food pantry. Now they go twice a month.

Samantha:

Samantha (33) lives with her daughter Millie (7) and her mom, Sandra, lives in the other side of the duplex they rent. Samantha has been divorced for two years and still worries about the possibility of losing custody of Millie. Samantha has lupus and has struggled with it her entire life. Within the last year she lost her job and has been coping with a severe flare up of the disease. Sandra tries to buffer her daughter by paying some of the bills for Samantha's household. Both women have cars, although Samantha worries that she will not be able to keep hers for much longer. This is the first time Samantha has had such a tight financial situation. Sandra often eats with Samantha and Millie. They attend church together and it was Sandra that encouraged Samantha to apply for SNAP and disability. The two households function together.

Appendix B

Questions for participants for semi-structured interviews:

1. Age?
2. Gender?
3. Type of residence?
4. Which of these three income brackets do you fall into;
under \$25,000 per year,
between \$25,000-\$150,000 per year,
or over \$150,000 year?
5. What financial status do you consider yourself? [prompt: wealthy, incredibly wealthy]
6. How many people live in this household? [prompt: generally sleep here at least 5 days a week]
7. How many household members are under 18?
8. Of the household members that are above 18, how many work outside the home?
9. What is their [your] occupation?
10. Do you have a vehicle?
if not, how do you shop for food?
11. Are you active in any civic or church groups outside of work?
12. Are your kids involved in any extra-curricular activities?
13. Do you participate in these kid's groups with your kids? [prompt: like being a Scout Leader]
14. Is your child (or children) in any program at school, like a Title I reading etc.?
15. Do the children fix themselves meals or snacks? [if yes, what kinds of food]
16. How much sleep do you get? How much do you need?
17. Do you have any long term health concerns that you are willing to share?
18. Do you participate in any collection/drives/charity efforts?
19. What kind things, other than working at your main job, do you do financially to have money to spend on food?
20. When you have "extra" money in the form of a large windfall like a tax refund, what do you spend it on?
21. Who does the food shopping in your household?
22. Who does the cooking and meal prep in this household?
23. What are the household eating patterns, for instance, when and where do you eat? Who eats with you?
24. Are these patterns different for the kids than for you or the other adults?
25. Do you have different food strategies for you than your kids? [prompt: if you are short for a meal for you, do you handle that differently than for the kids?]
26. What are some common food items that you get regularly?
27. Do you ever throw out food? What and in what situations?
28. If you find yourself preparing a meal and you are one serving short of the main course, what do you do?
[prompt: for example you are short one chicken breast]
29. If someone gave you 5lbs of brown rice what would you do with it?
30. If someone gave you 2lbs of dried beans would you know how to cook them?
31. Is there some type of food that you love and used to eat but cannot afford anymore?
32. If you have any plated leftovers, how do you use them?

33. Is that different than if you have unplated leftovers?
34. Do you ever have to make the choice between food and something else?
[prompt: health care, gas for work, school supplies, non-food household or personal items, clothes]
35. What kinds of items things does your household go without so that you do have food?
36. In what order do you pay your monthly liabilities, your bills and expenses?
37. Have you ever gone without a meal due to an inability to pay for food?
 - a. Have your kids?
38. How long have you been in this situation? [or if not current, how long did it last]
39. Do you know someone else in your neighborhood in this situation?
40. Do any of your friends or work acquaintances know about your food situation?
 - a. How did they find out?
 - b. How did they react when they found out?
 - c. Was their involvement, if any, helpful? How or why not?
 - d. Did telling them about the food situation change your relationship?
41. Does your extended family know about your food situation?
 - a. How did they find out?
 - b. How did they react when they found out?
 - c. Was their involvement, if any, helpful? How or why not?
 - d. Did telling them about the food situation change your relationship?
42. If someone from outside your household thought you needed food, what would be the best way for them to contact you about it?
43. Are you using any kind of assistance program? [prompt with SNAP if needed]
44. What made you decide to use a food pantry [or SNAP or WIC]?
45. Aside from formal assistance programs, have you ever asked anyone for help with food or groceries?
 - a. How did that make you feel?
 - b. What was the result?
46. Have you had to do things to get food that you would have not done before you became food insecure? [prompt: if you are willing to share.]
47. Last time you were out of food before you were scheduled to receive your next income, what did you do?
48. What does the word hungry mean to you?
49. Have you ever been coerced or “guilted into” giving food at a food drive? For instance, having your child receive credit or points at school for bringing in food.
50. Do you know what caused your food insecure situation?
51. Why did you decide to participate in this study?
52. Do you have any questions for me?

Appendix C

**Experiences of Food Insecurity in a Suburban Environment
Interview Consent Form**

I am a student at the University of Akron conducting a study looking at the experiences of food insecurity in the suburban environment around Akron, Ohio. I am looking for individuals who will discuss the problems, coping strategies, and feelings about their current or previous food insecure situation.

These conversations will be interviews at the location of your choosing, that will be recorded with your permission, and later transcribed. The responses may be used in publication and presentation in the future. Due to the possibly personal and intimate nature of the information, privacy and confidentiality of the participant is securely protected. In order to maintain this confidentiality, a pseudonym will be assigned.

There are no risks nor are there any benefits to you for participating in this study. I hope that future groups and organizations may be able to use the data to improve their assistance to the households in need.

The study is completely confidential. None of the information you give us will be shared in a way that can be associated with you. All of the transcribed text will be kept under lock and key in the Anthropology department at the University of Akron. No one besides the research and her advising faculty will be able to see that you participated. Your name will not be released or published at any time.

Your participation in this study is completely voluntary. You are free to decline to participate or stop at any time for any reason. There will not be any penalty and you will not be negatively affected in any way. You may also choose not to answer any question, or end participation at any time without any consequence. Your participation or choice not to participate will not affect any benefit or access to any program at any time.

Tannya Forcone is the student conducting this research. Dr. Isa Rodriguez-Soto is her advisor and with Dr. Carolyn Behrman, is overseeing the project. They can be reached at:

Tannya Forcone: ts57@zips.uakron.edu 216.577.1125
Dr. Rodriguez-Soto: soto@uakron.edu 330.972.6695
Dr. Carolyn Behrman: Behrman@uakron.edu 330.972.2057

If you understand and agree to participate please sign below.

Authorization

Date

Appendix D

Experiences of Food Insecurity in a Suburban Environment Pile Sort Consent Form

I am a student at the University of Akron conducting a study looking at the experiences of food insecurity in the suburban environment around Akron, Ohio. I am looking for individuals who will perform a pile sort to help me understand the problems, coping strategies, and feelings about their current or previous food insecure situation.

You will be asked to use 20 cards with words or pictures associated with food insecurity. You will be asked to sort these cards into various groups and explain your choices. The responses may be used in publication and presentation in the future. Due to the possibly personal and intimate nature of the information, privacy and confidentiality of the participant is securely protected.

There are no risks nor are there any benefits to you for participating in this study. I hope that future groups and organizations may be able to use the data to improve their assistance to the households in need.

The study is completely confidential. None of the information you give us will be shared in a way that can be associated with you. All of the documentation and data analysis text will be kept under lock and key in the Anthropology department at the University of Akron. No one besides the research and her advising faculty will be able to see that you participated. Your name will not be released or published at any time.

Your participation in this study is completely voluntary. You are free to decline to participate or stop at any time for any reason. There will not be any penalty and you will not be negatively affected in any way. You may also choose not to answer any question, or end participation at any time without any consequence. Your participation or choice not to participate will not affect any benefit or access to any program at any time.

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Dr. Carolyn Behrman: Behrman@uakron.edu 330.972.2057

If you understand and agree to participate, please indicate by saying yes.

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